Neratinib 乳癌患者資助計劃
主診醫生轉介信
Breast Cancer Patient Assistance Program – Neratinib
Doctor's Referral Letter

(Application period: 1 January 2025 – 31 December 2026)

私家診所或私家醫院專用 (For private clinics and private hospitals only)

致:香港乳癌基金會 Neratinib 乳癌患者資助計劃

To: Hong Kong Breast Cancer Foundation

Breast Cancer Patient Assistance Programme－Neratinib

申請人姓名Applicant's name: _____

申請人聯絡電話

Applicant's contact telephone no.: _____

處方Neratinib 乳癌藥物劑量(粒數) Dosage (No. of tablets): _____

或 預計開始服用Neratinib日期

Or expected Neratinib treatment start date: _____

診斷 ☐乳癌 Breast Cancer

Diagnosis:

主診醫生

Doctor in-charge: _____

主診診所 / 醫院

Private Clinic / Hospital in-charge: _____

主診醫生電話

Doctor-in-charge's telephone no.: _____

主診醫生簽署	日期	私家醫院/診所印章
Signature of doctor-in-charge	Date	Private Hospital's/ clinic's chop

備註:

1. 如有需要，香港乳癌基金會會聯絡申請人，索取進一步資料。
   Note: Hong Kong Breast Cancer Foundation may contact the applicant for further information about the application.
2. 如額外申請醫療保險索賠，申請者需先遞交收據正本予基金會，再以基金會所發回的認證的真實副本用作醫療保險索賠。
3. 符合條件的申請人將獲得為期 12 個月的資助。