

THE UNIVERSITY OF HONG KONG

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Academic Building
3 Sassoon Road
Pokfulam, Hong Kong



Tel: (852) 3917 6881
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UNIVERSITY HEALTH SERVICE @ SASSOON ROAD

Repeat Prescription Request Form

Please read the following before you complete the form:

All Repeat Prescription Requests are subjected to Doctor's approval.

Your request will NOT be approved in the following situations:

- If the medicine requested has not been prescribed in the past one year.
- If the medicine is a dangerous drug or has serious side effects and should not be prescribed without doctor's assessment.
- If the condition for which the medicine is used requires periodic review by the doctor.
- If the doctor who prescribed the medicine in the first place has been on leave.
- In situations which the doctor feels uncomfortable to prescribe without seeing the patient.

Collection of Medication:

- If you do not receive any phone call, please collect your prescription after 3 working days at the University Health Service Dispensary.
- If the medication is to be collected on your behalf, please provide a signed authorisation letter.

Personal Information Collection Statement (PICS)

Please read the Personal Information Collection Statement (PICS) before you provide any personal information to the University Health Service. <https://www.uhs.hku.hk/> → About Us → Personal Information Collection Statement

Name : _____
Student / Staff No. : _____
Doctor Responsible : _____
Contact Tel No. : _____
E-mail Address : _____

Details of Drugs Requested:

Drug Name and Dosage	No. of Days

Applicant's Signature: _____

Date: _____

UNIVERSITY HEALTH SERVICE @ SASSOON ROAD

重覆處方申請表格

填寫表格前，請先留意以下事項:

所有重覆處方需由醫生核准方可作實

以下情況，本處將不會重覆處方:

- 於過去十二個月內，該藥物未曾處方過
- 受管制或會引致嚴重副作用之藥物
- 當閣下之病情需要由醫生定時跟進時
- 閣下的主診醫生放假期間
- 當醫生認為需要先見閣下才可開出該處方時

領取藥物:

- 如沒有收到任何電話聯絡，可於三個工作天後到藥房領取藥物
- 如閣下需要他人代為領取藥物，必須提供已簽名的授權信

個人資料收集聲明在您向香港大學醫療保健處提供任何個人資料前，請先閱讀個人資料收集聲明。

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姓名 (全名) : _____
學生 / 職員編號 : _____
主診醫生 : _____
聯絡 / 手提電話 : _____
電郵 : _____

所需藥物的詳細資料:

藥物名稱和份量	所需日數

申請人簽署: _____

日期: _____