TSEUNG KWAN O HOSPITAL

Receipt No.: 收據編號:	DRQ030945U
Patient's Name: 病人姓名:	HO KAR LEE 何嘉莉
OPD No.: 門診編號:	SOPD0926169X
Pay Code:	EP1
Receipt Date: 收據日期:	2026-02-09 11:25
Drug Charge: 應付藥費:	$80.00
Waived Amount: 豁免藥費:	$0.00
Previous Payment: 已付藥費:	$0.00
Received Amount: 收費銀碼:	$80.00 (OCTOPUS)
Balance Due: 尚欠藥費:	$0.00
Remaining Value(八達通餘額):	$807.80
Octopus No(八達通號碼):	169350924
Device No(機號):	58963C

Last add value by Online on 2026-02-09
上一次於 2026-02-09 網上增值

The receipt will eventually fade out
Please make photocopy for a more lasting document.
收據字體會褪色,若需保留,請自行影印.

Please keep the receipt for checking.
請保留收據以作核對

MOETKO2600949436

Pharmacy has started processing your prescription order. There is no need to submit the drug slip at Pharmacy.
藥劑部已開始處理你的處方，

毋須到藥劑部繳交藥單

取藥籌號

TKO / WKS2 09/02/2026

B09

100

Please collect medications today(9/2/2026)

醫院管理局
Hospital Authority
將軍澳醫院
Tseung Kwan O Hospital
日間大樓二樓,2/F Amb.Care Blk

Registration Time
登記時間 上午10:30 AM

輪候籌號
Queue No.
B22

Receipt (*Control no) 收據(編號):	R202619105322
Patient's Name: 病人姓名:	Ho, Kar Lee 何嘉莉
OPD No: 門診編號:	SOPD-09-26169(X)
Attendance Date: 到診日期:	09/02/2026 10:30
Priority No: 編號:	GYN-GEN 1454
Amount Received: 收費銀碼:	**(OC) $250.00 EP1**
Print Date:	09/02/2026 10:58 AM
Octopus Remaining Value: 八達通餘額:	$887.80
Octopus No: 八達通號碼:	169350924
Device No: 機號:	58DDC9

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The receipt will eventually fade out.
Please make photocopy for a more lasting document.
收據字體會褪色, 若需保留, 請自行影印.

Waiting Zone 等候區域
婦科大堂等

Latecomers will be arranged according to the clinic's situation at that time.
過時者，會因應診所當時情況再作安排。

Name: HO, KAR LEE (何嘉莉)
Sex: F Age: 41y Pat. Status: EP1 H.K.I.D.: Z045452(5)
Address: 3D TAI WO TSUEN, SAI KUNG

Case No.: SOPD0926169(X)
Order Date: 9-Feb-2026 Next Appt.: Nil

8383 GYNAECOLOGY
GYNAECOLOGY CLINIC (GENERAL)

門診取藥

Out-Patient Drug Slip
將軍澳醫院
Tseung Kwan O Hospital
醫院管理局 HOSPITAL AUTHORITY

Drug Allergy: (1)NSAID (2)AUGMENTIN

Medication

			Chargeable Unit
*	ND 1.	MEDROXYPROGESTERONE ACETATE (DEPO PROVERA) injection 150mg/ml 1ml (depot) parenteral : 150 mg daily [im] for 12 weeks	3
*	2.	PARACETAMOL (PANADOL) tablet oral : 500 mg q4h prn (100%) for 4 weeks	1

Total Chargeable Units (Total Drug Charge): 4 ($80.0)

URGENT

Generic substitution is allowed unless otherwise specified.

MOETKO2600949436

For Pharmacy Use Only

Filled by | Checked by | Issued by

Order No.: MOETKO2600949436
Printed on : 9-Feb-2026 11:19 am

此文件只供醫院管理局內部使用
This document is for HA internal use

請先前往繳費處/一站式電子服務或使用HA Go 繳付藥費，然後到藥劑部取藥。如有經濟困難，請聯絡醫務社工，請於當天取藥，此單有效期爲四個工作天。

Please produce the slip at the Shroff Counter/one stop electronic service or using HA Go for drug payment before collecting medications at the Pharmacy. If financial assistance is required, please contact medical social worker. Please collect medications on the same day when the slip is received. The slip is valid for 4 working days.

Ordered by WONG, Ming Yi Denise, Resident on 9-Feb-2026 11:19 am (with e-Cert).

請往 日間醫療大樓 地下低層藥劑部交此文件及取藥
服務時間 ： 星期一至五（公眾假期除外）：
上午10時至下午6時
其他非服務時間 ：
請往主座地下低層藥劑部交此文件及取藥
(主座藥劑部服務時間 ：
星期一至五： 上午9時至下午7時
星期六： 上午9時至下午1時
星期日及公眾假期除外)

Please hand in this document and collect medications at **Ambulatory Care Block** Pharmacy on LG Floor.
Service Hours:
Monday to Friday(except public holidays): 10:00 to 18:00
Outside service hours: Please hand in this document and collect medications at Main Block Pharmacy on LG Floor.
(Service hours of Main Block Pharmacy:
Monday to Friday : 09:00 to 19:00
Saturday : 09:00 to 13:00
Except Sunday and Public Holidays)

醫院管理局
HOSPITAL AUTHORITY

Medical Certificate
醫生證明書

病人姓名 何嘉莉
Name of Patient HO, KAR LEE

編號
Case No. SOPD-09-26169(X)

Tseung Kwan O Hospital

GYNAECOLOGY

Tel. 電話: 22080576

Date 日期: 09/02/2026

This is to certify that the above-named patient: 茲證明上述病人:

(a) has attended here on 已於 *09-Feb-2026* *AM.* 上午 在本處診治。

(b) has been an in-patient from 於 *N/A* to 至 *N/A* 爲本院住院病人。

(c) is suffering from 因患 *gynecological condition*

(d) is recommended for sick leave from 建議給予病假由 *09-Feb-2026 AM* to 至 *09-Feb-2026 AM* inclusive. 止。

(e) is required to follow up on 須於 *N/A* . 覆診。

(f) is advised to avoid heavy physical duty for 建議由本證明書簽發日起計 *N/A* **day** from the date of this certificate. 日避免粗重工作。

Remarks (if any): 備註(如有):
N/A

Digitally signed by WONG, Ming Yi Denise

Doctor's signature: 醫生簽名 Date: 09-Feb-2026 11:21

Name in Block Letters: 醫生姓名 WONG, Ming Yi Denise

Resident
Department of Obs & Gynae

IMPORTANT NOTES

1. This certificate is digitally signed and shall not bear any handwritten signature or official stamp.
2. The patient or other parties concerned can scan the QR code located at the upper right corner and verify the certificate online.
3. a. If there are any enquiries about this certificate, the patient or other parties concerned should approach the relevant clinic/hospital.
   b. Any request for additional information other than those contained in this certificate will be processed as a form of medical report. This will require written consent of the patient, and will be charged as a medical report.
   c. All written enquiries should clearly specify the points in question, and should enclose a copy of the patient's identification document and a good-quality printout/copy of the certificate in question for authentication.

重要事項

1. 本證明書已數碼簽署，並不需要書面簽署或機構印章。
2. 病人或其他有關人士可以掃描右上角的二維碼在線核實本證明書。
3. a. 如果對本證明書有任何疑問，病人或其他有關人士應向相關診所或醫院查詢。
   b. 如要求取得本證明書所載以外的任何額外資料，則會視作申請醫事報告處理。申請醫事報告必須得到病人的書面同意，以及繳交有關的費用。
   c. 所有書面查詢必須清楚列明查詢要點，並須附有病人身份證明文件的影印本，以及有關醫生證明書的清晰列印 / 影印本。

N/A = Not Applicable （不適用）