雅麗氏何妙齡那打素醫院
Alice Ho Miu Ling Nethersole Hospital
caring since 1887

AHNH Pathology
Request for Change of Particulars / Cancellation of Tests

Please fill in ink. Any correction made should be crossed and signed.

Date: _____

Patient's Gum Label

Incident Date & Time: _____

Reporting Doctor's Name: _____ Doctor's Code: _____

Signature: _____

Patient Type: In-patient ☐ Out-patient ☐

Laboratory Action Required (e.g. Cancellation of Request, etc.)

_____
_____
_____
_____

Reasons for Request

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