

From : DM, Chemical Pathology,

Prince of Wales Hospital

To : Account Department,

Prince of Wales Hospital

Tel : 3505 2325

Date:

## Replacement Fee POCT User Card (Account No.: HAPWH 01 34999 553 XPA1 \_ LBZE)

An amount of HK\$50.00 was enclosed as payment for replacement of POCT user card.

- 2. Please issue receipt for the card replacement fee to Dr / Mr / Ms ABC (用者姓名).
- 3. Should you have any query, please free feel to contact me at Ext 2325 or Miss Audrey CHAN at Ext 2377.
  - 4. Thank you for your attention.

Ms Karen LAW
Department Manager,
Chemical Pathology,
Prince of Wales Hospital