



CENTRO MÉDICO PEDDER

◆ 仁 德 醫 療 中 心 ◆

備考：PEDDER/F/15/008

代領授權書

本人_____，持_____（證件類別）/_____（證

件編號）（須跟掛號所出示的身份證明文件一樣），因未能親臨仁德醫療中心領取（化驗報

告 / 病理報告 / X-ray 報告 及其他相關等報告）之正本/副本，現授權_____，

持_____（證件類別）/_____（證件編號）代本人領取。

授權人簽署：_____ 聯絡電話：_____ 日期：_____

- 填妥後請出示授權人身份證明文件副本、代領人身份證明文件正本及此授權書到澳門仁德醫療中心前台辦理。

Authorization Letter

I, _____, holder of (type of ID) _____ / no. _____ (which

should be identical to the registration information), authorize Mr/Ms _____,

holder of (type of ID) _____ / no. _____, to collect the following document(s)

on my behalf: Laboratory tests/pathology report/X-ray report and other: _____

Authorizer's signature: _____ Contact tel. no.: _____ Date: _____

- The authorized representative must present this letter, copy of ID of the authorizer and the authorized person's ID for verification when collecting the documents.