

物理治療轉介書  
Referral for Physiotherapy

Date: \_\_\_\_\_

To: Physiotherapist in-charge/ \_\_\_\_\_

Re: (Patient's Name): \_\_\_\_\_

(Patient ID No.): \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Clinical Information:

Remarks:

Doctor's Signature and Chop: \_\_\_\_\_

沙田 Shatin

新界沙田澤祥街 9 號香港中文大學醫院 1 樓運動醫學及康復中心  
Sports Medicine & Rehabilitation Centre, 1/F, CUHK Medical Centre,  
9 Chak Cheung Street, Sha Tin, N.T.

Tel 電話:  
3946 6588  
Fax:  
3504 3657

尖沙咀 Tsim Sha Tsui

九龍尖沙咀河內道 5 號普基商業中心 9 樓 902-903 室  
Unit 902-903, 9/F, Podium Plaza, 5 Hanoi Road, Tsim Sha Tsui, Kowloon

Tel 電話:  
3946 6599