



Department of Paediatrics and Adolescent Medicine



兒童及青少年科學系

抽血 / 心電圖檢查須知

Instruction for Blood Taking / ECG

Affix Patient's Gum Label

BC/ID: _____

Name: _____

Sex/Age: _____

HN: _____

請於_____年_____月_____日，_____午_____時_____分，
到瑪麗醫院：K座地下兒童及青少年科專科診所

Please attend: Paediatrics & Adolescent Medicine Specialist Clinic, G/F, Block K, QMH

On _____ at _____.

☐

抽血

Blood taking

1)

無須繳費

Free of charge.

2)

空肚抽血：請於午夜12時後開始禁食，只可飲清水。

Fasting blood test: No food/drink after midnight except water.

3)

藥物水平：抽血當天早上請勿服食藥物，但須帶備足夠藥物，
留待抽血後服用。

Drug Level: Please bring along the prescribed drug and take it after
blood taking.

☐

心電圖

ECG

1)

無須繳費

Free of charge.

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其他：

Others:

請攜同此便條依時登記。任何查詢，請電2255 3343。

Please bring along this instruction sheet and attend on time, any query, please phone 2255 3343.

Signature: _____