



远距咨询/第二意见咨询申请同意书

Telehealth Consultation/ Second Opinion Application Form

| | | | | | |
|---|---|---|--|-----------|-----------|
| 中文姓名 Chinese Name | | 英文姓名 English Name | | | |
| 国籍 Nationality | | 护照号码/身份证号码 Passport or ID | | | |
| 性别 Sex | <input type="checkbox"/> 男 Male <input type="checkbox"/> 女 Female | 手机号码 Cell Phone | | | |
| 生日 (yyyy/mm/dd) Date of Birth | | 住家电话 Phone (H) | | | |
| 居住地住址 Address | () Zip code | | | | |
| 目前是否居住台湾 Are you in Taiwan Now? | <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No | 语言 Language | <input type="checkbox"/> 中文 Mandarin <input type="checkbox"/> 英文 English <input type="checkbox"/> 其他 Others _____ | | |
| 疾病诊断/治疗项目 Diagnose/ Treatment | | 看诊科别/医师姓名 Physician's Name | | | |
| 如何得知本院就医信息? How did you get the information of our hospital? | <input type="checkbox"/> 网络搜寻 Internet <input type="checkbox"/> 医师介绍 Doctor <input type="checkbox"/> 新闻媒体 Media | <input type="checkbox"/> 亲友介绍 Family/ Friends <input type="checkbox"/> 转介平台 Referral Name: _____ <input type="checkbox"/> 社交软件 Social Media | <input type="checkbox"/> 病友介绍 Other Patients _____ <input type="checkbox"/> 其它 Others: _____ | | |
| 远距咨询/第二意见咨询申请 Telehealth / Second Opinion Application | | | | | |
| <input type="checkbox"/> 书面咨询 (新台币 6,000/次, 或美金 200 元/次) Written Consultation: NTD 6,000/each person/time, or USD 200/each person/time | | | | | |
| <input type="checkbox"/> 视讯咨询 (基本: 新台币 6,000/30 分钟, 或美金 200 元/30 分钟) Telehealth consultation-Basic charge: NTD 6,000/each person/30mins, or USD 200/each person/30mins | | | | | |
| 1. 请您准备具有视讯镜头之计算机/笔电/智能型手机/平板....等, 可进行网络通讯之讯备, 并确保您的连线状态是稳定的 (建议于 WIFI 环境下连线)。 Please prepare a camera-enabled computer/laptop/smart phone/ I-Pad, and ensure your internet connection status is stable. (WIFI connection is recommended) | | | | | |
| 2. 请先下载 Cisco WebEx Meetings 视讯会议系统, 并完成服务器设定, 以便与本院医师进行视讯连线。 Please download the Cisco WebEx Meetings app and complete the settings to allow video conference with our Physician. | | | | | |
| 备注: 1. 视讯咨询以 30 分钟为原则, 若延长时间需再加收费用, 未满 30 分钟以 30 分钟计。 Remark: 1. Each Teleconsultation is 30 mins in length, additional charges will apply if go overtime. | | | | | |
| 2. 影像报告 (X 光、CT 和 MRI 如张数过多需再加收费用) 2.If there is an excessive amount of X Ray, CT and MRI, then additional charges will apply | | | | | |
| 3. 本收费可能会依实际情况或科别有所差异, 以上费用仅供参考。 3.Consultation fees will vary depending on each case or specialty, above described fee are for reference. | | | | | |
| 欲预约时段 (请打勾√) Appointment period: | | | | | |
| | 星期一 (Mon) | 星期二 (Tue) | 星期三 (Wed) | 星期四 (Thu) | 星期五 (Fri) |
| 09:00-12:00 | | | | | |
| 14:00-17:00 | | | | | |
| 本人同意使用视讯/书面咨询 I hereby declare I agree to pay for Telehealth/ Written Consultation. | | | | | |
| 姓名 (Name): _____ | | | 签名 (Signature): _____ | | |
| 护照号码 (Passport No): _____ | | | 日期 Date (yyyy/mm/dd): _____ | | |

