

Date 日期\_\_\_\_\_

Our Ref\_\_\_\_\_

Name 姓名 \_\_\_\_\_ Signature 簽署\_\_\_\_\_

All original laboratory test reports and imaging films will be stored in our clinic for 30 days after the report date, beyond which TY Medical Practice may destroy the mentioned originals without further notice.

所有化驗報告及影像檢查之正本會存放於本醫務所 30 天 ( 以報告日期起計 ) 。請於限期前取回有關之正本，否則天一醫務所當將其銷毀而不作另行通知。

☐ I agree and accept the above. A copy of this document shall be valid as the original.

☐ 本人明白及同意上述細則。此文件之影印本與正本功能無異。

Type of originals 正本種類 ☐ X-rays X-光 ☐ USG 超聲波素描 ☐ CT 電腦素描 ☐ MRI 磁力共振素描

☐ Lab Test 化驗報告 ☐ Others 其他\_\_\_\_\_