

SPHF-NURD-015
Official Use ONLY

Booking of Maternity Bed for Local/Mainland China Resident*

To: St. Paul's Hospital Fax No.: 2837 5221 Date: Patient's Particulars (in BLOCK letters) English Name: Chinese Name: Date of Birth (day/month/year): Travel Document Type & No./HKID Card No.*: Spouse of Hong Kong permanent resident: ☐ Yes ☐ No/Unknown Official Use ONLY Booking is: Category of Hospital Bed: ☐ Standard ☐ Semi-private ☐ Private Patient's Telephone No.:

Pregnancy History: Gravida Para Please pay on or before: * Please delete as appropriate. I confirm that I have seen and examined the above-named patient in Hong Kong on (day/month/year) Date(s) of antenatal check-up conducted by case doctor: (day/month/year) (day/month/year) Expected date of confinement as certified by case doctor: (day/month/year) Signature of Doctor: _____ (Doctor Code: _____) Name of Doctor (in BLOCK letters): MCHK Registration No: Telephone/Pager No.: Fax No.:

- 1. Please complete ALL items on this form to reserve maternity bed.
- 2. Please pay reservation deposit BEFORE
 - 34 weeks of pregnancy for local residents.
 - 28 weeks of pregnancy for Mainland China residents, IN PERSON.
- 3. For those who fail to pay reservation deposit 24 hours prior to admission, availability of maternity bed will be subject to service capacity. A surcharge of HK\$4,280 will apply.
- 4. Office address: Obstetrics & Gynaecology Department (In-patient), 5/F, Block B, St. Paul's Hospital

Office hours: Monday - Friday Local Residents: 08:00 – 20:00, Mainland China Residents: 09:00 – 17:00

Saturday Local Residents: 08:00-16:00, Mainland China Residents: 09:00-13:00

Sunday and public holidays Closed

- 5. Maternity booking hotline: 2830 3959
- 6. Reservation deposit is NOT refundable.