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| **香港特別行政區政府**  **衞 生 署**  {#ConfirmLetterAddress\_Voucher\_CHI#} |  | **THE GOVERNMENT OF THE HONG KONG**  **SPECIAL ADMINISTRATIVE REGION**  **DEPARTMENT OF HEALTH**  {#ConfirmLetterAddress\_Voucher\_EN#} |

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| --- | --- | --- | --- | --- |
| From:  由 | {#ConfirmLetterName\_Voucher\_EN#}  {#ConfirmLetterName\_Voucher\_CHI#} | To:  致 | {#SP\_Eng\_Name#} ({#SP\_ID#}) | |
| Our Ref:  檔號 | {#File\_Reference\_No#} | Fax No.:  傳真號碼 | {#Means\_Of\_Communication\_Fax#} | |
| Date:  日期 | {#Current\_Date\_Print#} | Total pages (Including this page):  總頁數 （包括此頁） | | 1 |
|  | |  | | |
| Please notify {#Case\_Officer\_Name#} at Telephone No. {#Case\_Officer\_Contact\_No#} if message received is incomplete.  如傳真頁數不全，請致電 {#Case\_Officer\_Contact\_No#} 與 {#Case\_Officer\_ChiName#} 聯絡。 | | | | |

Dear {#SP\_Eng\_Name#}

**Health Care Voucher Scheme   
Arrangement of Inspection Visit**

I refer to the conversation with your clinic staff {#Confirmation\_with#} on {#Confirmation\_Dtm\_Print#} and would like to confirm the arrangement of visit as follows:

Date: {#Visit\_Date\_Print#} ({#Visit\_Date\_WeekDay#})  
Arrival time: {#Visit\_Begin\_Dtm\_Print#} – {#Visit\_End\_Dtm\_Print#}  
Name of practice: {#Practice\_Name#}  
Address of practice: {#Practice\_Address#}

The purpose of visit is for checking and collecting the originals of consent forms for voucher claims. If you need to retain copies of the consent forms for your own record, please make your own arrangement during the inspections.

For identification purpose, our team will bring along their staff ID card and a copy of this confirmation note. If you have any question, please contact {#Case\_Officer\_Name#} at {#Case\_Officer\_Contact\_No#} .

Yours sincerely,

{#Case\_Officer\_Name#}  
for Director of Health