



FAMILIES OF SMA CHARITABLE TRUST
脊髓肌肉萎縮症慈善基金

Emergency Loan of Medical Equipment Acknowledgement & Receipt Form

緊急借用醫療儀器確認書

Patient Information 申請者資料			
Patient Name 病人姓名	English 英文	Chinese 中文	Age 年齡
Carer Name 照顧者姓名		Relationship 關係	

Description of Loan Equipment 借用儀器詳情			
Loan Equipment 借用儀器			
Loan Date 借用日期		Estimated Date of Return 預算歸還日期	
Reason 借用理由			

Please Attach Doctor's Recommendation Letter. 請附上醫生推薦信

I _____ (Patient/Parent/Carer) declare that I had already taken proper lessons from therapists/nurse/professionals from _____ (Hospital Name) and had learnt to operate and use the above machine safely on the patient. I understand that the equipment is the property of FSMA Charity and will store it carefully, use it with caution and appropriately. Should the patient no longer need the machine, I shall inform the charity and return it to the Charity as soon as possible.

本人_____ (病人/家長/照顧者) 在此聲明，本人已從_____ (醫院)的治療師/護士/醫護人員學習如何於病人身上正確操作及安全使用所借用的儀器。本人明白所借用之儀器為貴機構的財物，本人將小心且正確使用及妥善保存。如病人不再需要這部儀器，本人將盡快通知貴機構及歸還該儀器。

Signature 簽署

Date 日期

Name 姓名：

(Patient 病人/Parent 家長/Carer 照顧者)

Internal Use			
Latest Review Date		Remarks	