

**Request for Written Judgments of Disciplinary Inquiries
of the Dental Council of Hong Kong**

索取香港牙醫管理委員會紀律研訊裁決表格

(This form can be completed either in English or Chinese. Please read the Notes below before writing.)
表格可以英文或中文填寫，填寫前請細閱備註。

I. Applicant's Particulars 申請人資料

姓名 Name : _____ 先生／太太／女士／小姐 Mr/Mrs/Ms/Miss*

聯絡電話 Tel. No. : _____ 電郵地址 Email address : _____

II. Written Judgment Requested 要求索取的裁決

I request for the following written judgment 本人申請索取以下裁決 -

牙醫姓名 Name of Dentist : _____

裁決年度 Year of the judgment made: _____

III. Provision of Written Judgment 提供裁決方式

I request the judgment to be sent to me by the following means (choose one only)

請將裁決以下列途徑提供給我(只可選取一個方式) -

- 郵寄 By Post (郵寄地址 Address: _____)
- 電郵 By Email (電郵地址 Email: _____)
- 傳真 By Fax (傳真號碼 Fax: _____)

Signature _____ **Date** _____
申請者簽署 日期

* Please delete as appropriate 請刪去不適用者

Notes 備註

1. A charge reflecting the cost of reproducing the written judgment as requested may be levied. The secretariat of the Dental Council of Hong Kong will advise you in advance of any such charge. No fee will be charged if the written judgment is provided by email or fax.

香港牙醫管理委員會秘書處會按照翻印裁決所需的成本收取費用，並將會預先告知你所需費用。如裁決以電郵或傳真形式提供，則不需收費。

2. Please submit the completed proforma to the secretariat of the Dental Council of Hong Kong by post, fax or email -

By post: 4/F, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong

By fax: 2554 0577

By email: dchk@dh.gov.hk

請將填妥的表格以郵寄、傳真或電郵遞交至香港牙醫管理委員會秘書處 -

郵寄: 香港黃竹坑道99號香港醫學專科學院賽馬會大樓4樓

傳真: 2554 0577

電郵: dchk@dh.gov.hk