

Hong Kong Arthritis & Rheumatism Foundation (HKARF)
Patient Support Fund / Expensive Drug Support Scheme
Doctor / Therapist's Recommendation

To be completed by the doctor-in-charge / therapist-in-charge

Name of the Patient: _____

HKID No.: _____

Age: _____

or place a sticker with particulars of
patient here

Has the patient been referred to Samaritan Fund?

Yes: The patient is not entitled to apply for Patient's Support Fund / Expensive Drug Support Scheme.

No: Please indicate which of the following scheme the patient is going to apply for.

1. **Expensive Drug Support Scheme** (Only restricted to the below medications)

Infliximab (Remicade®)

Etanercept (Enbrel®)

Adalimumab (Humira®)

Golimumab (Simponi®)

Tofacitinib (Xeljanz®)

Certolizumab (Cimzia®)

OR

2. **Patient Support Fund**

Drugs

Rehabilitation Aids

Home Modifications

I certify that the drugs/ rehabilitation aids/ home modifications below can improve the health / quality of life of the patient concerned but the patient has to bear the expenses. Thus I refer him/her to Hong Kong Arthritis & Rheumatism Foundation to get the support.

1. Diagnosis: _____

2. Drugs/ rehabilitation aids/ home modifications required:

3. Other remarks: _____

4. Whether patient has been recruited into clinical studies related to the medications? Yes No

Name of referring doctor / therapist: _____ Post: _____

Department of: _____ Hospital: _____

Signature: _____ Date: _____

If the referring doctor is a non-specialist resident, this application form should be countersigned by a specialist doctor

Name of specialist: _____ Post: _____

Department of: _____ Hospital: _____

Signature: _____ Date: _____

秘書處

九龍深水埗南山邨
南偉樓地下 103-106 室

Secretariat

Flat 103-106, Nam Wai house
Nam Shan Estate, Sham Shui Po, Kowloon

電話 Tel: (852) 2346 6336

傳真 Fax: (852) 2346 6136

電郵 Email: mail@hkarf.org

網站 Website: http://www.hkarf.org