



The Prince Philip Dental Hospital
菲臘牙科醫院

To: Information Technology Office
Hospital Administration

**Statement of Undertaking and Acknowledgment
in Respect of Dental Health Information System**

I have read the “Rules Governing Patient Care and Handling of Patient Information”, and agreed to abide and be bound by them as well as their subsequent revised versions issued by the Director of The Prince Philip Dental Hospital from time to time.

I also acknowledge the receipt of my Dental Health Information System user account and password.

Name of Applicant

Signature

*Staff / Student No. (Group):

Date

**Delete whichever is inappropriate*

Verified by ITO :

Name Title Signature Date