

菲臘牙科醫院

初步 口腔 檢查服務

為招收各類牙科病人以配合香港大學牙醫學院提供的
本科教學及本院提供的牙科輔助人員訓練課程的需要，
本院只收取象徵式費用，以鼓勵市民前來就診。

診症費(每日到診計) **\$50***

(接受牙科衛生護理及矯齒治療除外)

1



◆ 輪籌/電話預約 ◆

14歲或以上人士：
到院輪籌
14歲以下之小童：
電話預約

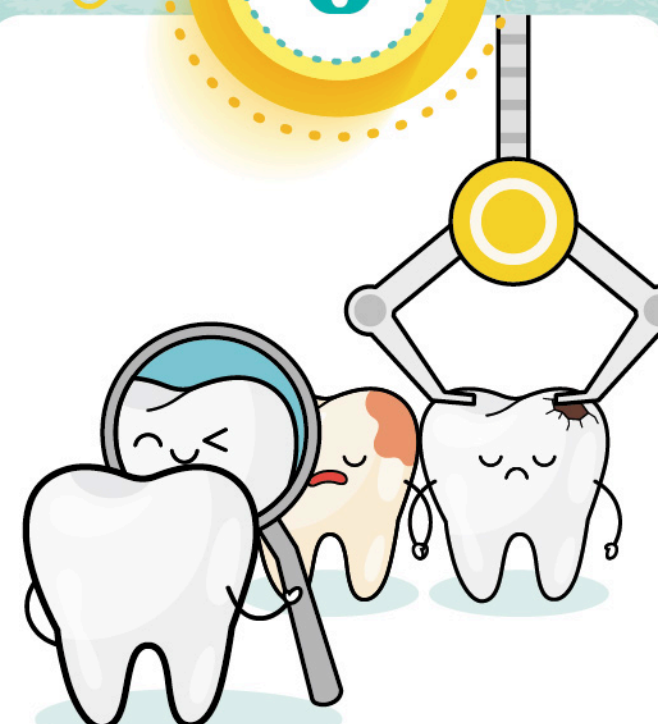
2



◆ 資料核實 ◆

登記時出示
身份證明文件正本及
簽署聲明書

3



◆ 口腔檢查及篩選 ◆

接受初步檢查及篩選，
以評核是否適合
特定教學目的

4



◆ 輪候接受治療 ◆

如被採納為教學病人，
職員會另行通知
覆診日期*



更多資訊

港鐵西營盤站A1/B2出口 ➤ 菲臘牙科醫院

步行約3分鐘



查詢電話 ☎ 2859 0238

電郵 ✉ enquiry@ppdh.org.hk

地址 📍 香港西營盤醫院道34號



菲臘牙科醫院
The Prince Philip Dental Hospital

Creative & Strategic by
favicon

*收費詳情請參閱本院網站的收費表。輪候時間將視乎教學需要。

The Prince Philip Dental Hospital (“the Hospital”) believes that oral health education and care should start from an early age, and therefore the Hospital is now launching a pilot scheme to recruit young teaching patients for the designated purpose of teaching undergraduate dental students of Faculty of Dentistry of The University of Hong Kong, which also helps encourage our young citizens to learn about the importance of oral health care and how to develop good hygiene habits.

- (1) Limited quota. **1 000 on first-come-first-served basis.**
- (2) Participants must fulfill the following criteria:
 - aged 14 to 24 as of 1 May 2021; **and**
 - full-time students; **and**
 - have never received initial examination or treatment in the Hospital
- (3) Interested persons may apply by providing the following details or the completed form in this page to the Hospital via fax (no.: 2859 0232) or by email (enquiry@ppdh.org.hk). Please mark “Recruitment of Young Teaching Patients” in the submission.

➤ Name

➤ Date of birth

➤ School/ class attending

➤ Name of Contact Person

➤ Contact number
- (4) Successfully registered persons will be contacted by the Hospital in due course.
- (5) Participants will receive an initial examination free of charge. The attendance fee would not be waived if the person concerned could not present a valid student card on registration.

- (1) Oral hygiene instruction
- (2) Scaling
- (3) Restoration
- (4) Extraction of teeth
- (5) Endodontic treatment
- (6) Crown restoration

Recruitment of Young Teaching Patients	
Name of person seeking treatment	:
School/ Class attending	:
Date of birth	: (DD/MM/YYYY)
Name of Contact person	:
Contact number	: