

Ref. no.: _____

(For official use)

Chronic Disease Co-Care Pilot Scheme (CDCC Pilot Scheme)

Request Form for Reference Pricing Information of Specified Drugs

Note: *This Form is subject to and shall be interpreted under the 'Chronic Disease Co-Care Pilot Scheme Terms and Conditions of Agreement with Private Doctors' (T&C) of the CDCC Pilot Scheme.*

(A) Request

- I wish to receive the reference pricing information via:
- Email (email address: _____)
 - Fax (fax number: _____)
 - Mail (clinic address: _____)
- I understand the reference pricing information and Specified Drugs under the CDCC Pilot Scheme may change from time to time and subject to continued agreement between the Drug Suppliers and the Government to participate in the CDCC Pilot Scheme.

(B) Undertaking

I agree to comply with the Confidentiality Undertaking as stipulated in paragraph 10 of the T&C.

Signature of Private Doctor: _____ Date: _____

Name of Private Doctor: _____

Telephone number: _____

Please fax the completed Request Form to **3427 9359** or email cdccdoctor@healthbureau.gov.hk

For enquiries, please call our Enquiry Hotline at **2157 0500**