



Information Update

Primary Care Directory



Welcome to the Primary Care Directory!

Registered doctors, dentists, and practising CMPs providing continuing, co-ordinated and person centred primary care services, starting with the sub-directories of doctors, dentist

Enter your user ID and password to login to your account.

provision of directly accessible, comprehensive, primary care services. The Directory is being developed in phases,

I have not enrolled yet
Enroll now

A button for 'Primary Care Provider Enrolment' featuring a small image of a doctor at a computer and a blue 'ENTER HERE' button.

- [About the Primary Care Directory](#)
- [Enrolment Guide](#)
- [Terms and Conditions](#)
- [Demonstration of Enrolment Procedure](#)
- [FAQs for Service Providers](#)
- [Useful Primary Care Resources](#)

I have enrolled already
Log in to your account

User ID

Password

▶ LOGIN

- [Forgot Password](#)
- [Demonstration of Information Updated](#)
- [FAQs for Enrolled Service Providers](#)
- [Conditions for Maintenance of Listing](#)
- [Continuing Education and Development Events](#)
- [Page for Public](#)


Primary Care Directory



15/08/2012 15:41:56

[Logout](#)

Welcome MA, WING JAK!

 **My Info**
You can update your information here.


[View my information](#)

[Go](#)

 **My Account**
You can manage your account here.

Last Successful Login 01/06/2012 00:00
Last Failure Login -

[Go](#)

 **Inbox**
You can receive the latest news or information here.

You have 0 unread message.

[Go](#)

 **Task List**
You have no outstanding task!

Click "Go" under "My Info" to view and/ or update your information.

Primary Care Directory



Welcome MA, WING JAK!

[Back To Home](#)

[Logout](#)

My Info

You can view your information on this page. If your want to update your information, press "Edit" .

[Edit](#)

Personal Particulars

Name in English (Also Known As)	MA, WING JAK <i>(Not provided)</i>
Name in Chinese (Also Known As)	馬永澤 <i>(Not provided)</i>
Gender	Female
Email **	wingjak@ma.com
Mobile **	91111111
Pager	<i>Not provided</i>
Correspondence Address **	Rm1, 15th Floor, Sunshine Building, Causeway Bay, Hong Kong



** Will not be disclosed to public

Professional Information

Dentist [1 Practice(s)]

Registration No.	D42698
Specialist Registration No.	<i>Not provided</i>
Qualification	• Bachelor of Dental Surgery of the University of Hong Kong / 香港大學牙醫學士 / BDS (HK) [1996]

Welcome MA, WING JAK!

[Back To Home](#) [Logout](#)

My Info

My editing information
All the information provided below correct and in compliance with the

In edit mode, you can update your information. For example, update your mobile no,

Primary Care Directory. Please provide information which is true, ion.

[Cancel](#) [Save](#) [Save & Confirm](#)

* indicates mandatory.

* Personal Particulars

* Professional

Information Others

* Name on HKIC ?	MA	WING JAK	(in English)	馬永澤	(in Chinese)
Also Known As ?	Surname	First Name	(in English)		(in Chinese)
Gender	Female				
* Email ?	wingjak@ma				
* Confirm Email	wingjak@ma	n			
	<input type="checkbox"/> Please check the box if you agree to display your email address to the public.				
Mobile ?	91234567				
(Will not be disclosed to the public)					
Pager ?		Page			
	<input type="checkbox"/> Please check the box if you agree to display your pager no. to the public.				
Correspondence Address (in English)	Hong Kong				
(Will not be disclosed to the public)	Wan Chai	Causeway Bay			
	Rm1, 15th Floor, Sunshine Building, Causeway Bay, Hong Kong				

Photo ? [Change](#) [Remove](#)[Need help?](#)[Cancel](#) [Save](#) [Save & Confirm](#)



My editing information

All the information provided below (except otherwise indicated) will be uploaded to the Primary Care Directory. Please provide information which is true, correct and in compliance with the Code of Conduct / Discipline / Practice of your profession.

[Cancel](#)[Save](#)[Save & Confirm](#)

* Personal Particulars

* Professional Information

Qualification Information

Practice Information

Others

* indicates mandatory.

Dentist

and practice name.

Practice 1 x [+ Add Practice](#)* Type of Primary Care Provider **Dentist*** Type Non-governmental Organisation Private University

* General Information

Opening Hours

Service Provision & Fee

Other Information

Practice Name (in English) (in Chinese)

* Practice Address

 , Lai Chi Kok, Kowloon (in English)九龍 荔枝角 (in Chinese)

Contact Number

Telephone Emergency Contact Number Fax [Need help?](#)[Cancel](#)[Save](#)[Save & Confirm](#)

My Info

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[Cancel](#) [Save](#) [Save & Confirm](#)

- [* Personal Particulars](#)
- [* Professional Information](#)
- [Qualification Information](#)
- [Practice Information](#)
- [Others](#)

* indicates mandatory.

Dentist

Practice 1 x [+ Add Practice](#)

* Type of Primary Care Provider **Dentist**

* Type Non-governmental Organisation Private University

[* General Information](#) [Opening Hours](#) [Service Provision & Fee](#) [Other Information](#)

Practice Name (in English)
 (in Chinese)

* Practice Address
 , (in English)
 (in Chinese)

Contact Number Telephone Emergency Contact Number Fax

You may press "Save" to temporarily save your edited information. However, you need to confirm your amendment later in order to submit the update request.

[Need help?](#)

[Cancel](#) [Save](#) [Save & Confirm](#)

Primary Care Directory

Welcome MA, WING JAK!

You may view your editing information, which is temporarily saved.



My Info

You can update your information here.

View my editing information

[Go](#)

My Account

You can manage your account here.

Last Successful Login 01/06/2012 00:00
Last Failure Login -

[Go](#)

Inbox

You can receive the latest news or information here.

You have 0 unread message.

[Go](#)

Task List

Pending Confirm Amendment

You have an amendment which is pending your confirmation.

[Go](#)

A reminder will also be shown in the "Task List" if you have amended information which is pending your confirmation. You may press "Go" to proceed to confirm your amendment.



My Info

My editing information

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[Cancel](#)[Save](#)[Save & Confirm](#)

* indicates mandatory.

* Personal Particulars

* Professional Information

Qualification Information

Practice Information

Others

Dentist

Practice 1 x [+ Add Practice](#)* Type of Primary Care Provider **Dentist*** Type Non-governmental Organisation Private University

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Practice Name (in English) (in Chinese)

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 , Lai Chi Kok, Kowloon (in English)九龍 荔枝角 (in Chinese)

Contact Number

Telephone Emergency Contact Number Fax

Alternatively, you may also press "Save & Confirm" after you amend your information. Your update request will be submitted directly.

[Need help?](#)[Cancel](#)[Save](#)[Save & Confirm](#)

Primary Care Directory



Welcome MA, WING JAK!

[Back To Home](#) [Logout](#)

My Info

Your request for information update is received. Your updated information will be uploaded to the Directory within 7 working days if the request is approved.

[OK](#)

Please note that your update request has already been submitted when you see this acknowledgement page.

Primary Care Directory



[Logout](#)

Welcome MA, WING JAK!



My Info

You can update your information here.

View the information which is pending approval.

[Go](#)



My Account

You can manage your account here.

Last Successful Login 01/06/2012 00:00
Last Failure Login -

[Go](#)



Inbox

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You have 0 unread message.

[Go](#)



Task List

You have no outstanding task!

You may view the information which is pending approval.

Primary Care Directory



Welcome MA, WING JAK!

[Back To Home](#)
[Logout](#)

My Info

[Edit](#)
[Withdraw Amendment](#)

Personal Particulars

Name in English (Also Known As)	MA, WING JAK (Not provided)
Name in Chinese (Also Known As)	馬永澤 (Not provided)
Gender	Female
Email **	wingjak@ma.com
Mobile **	91234567
Pager	Not provided
Correspondence Address **	Rm1, 15th Floor, Sunshine Building, Causeway Bay, Hong Kong

Amended information which does not require approval will be updated after mid-night.



** Will not be disclosed to public


Professional Information


Dentist [1 Practice(s)]



Registration No.	D42698
Specialist Registration No.	Not provided
Qualification	• Bachelor of Dental Surgery of the University of Hong Kong / 香港大學牙醫學士 / BDS (HK) [1996]

Registration No.	D42698
Specialist Registration No.	Not provided
Qualification	<ul style="list-style-type: none"> Bachelor of Dental Surgery of the University of Hong Kong / 香港大學牙醫學士 / BDS (HK) [1996]
Continuing Education / Professional Development	<ul style="list-style-type: none"> Currently enrolled in Continuing Professional Development (CPD) program of Dental Council of Hong Kong CPD-Certified (valid up to 31/12/2010)
Affiliated Private Hospital with Admission Right	Not provided


Amended information which is pending approval is highlighted in different color and the respective data field is marked with a pencil icon.

Practice 1 | 

 General Information

Type of Practice	Private
Practice Name 	Healthy Dental Clinic (健康牙科診所)
Practice Address	<div style="border: 1px solid #add8e6; padding: 2px;">Original Value </div> p 10, Ground Floor, Block D, Healthy Building, Healthy Street, Lai Chi Kok, Kowloon 龍荔枝角健康街健康大廈D座地下10號舖
Telephone	<div style="border: 1px solid #add8e6; padding: 2px;">Practice Name</div> Not provided 11111
Emergency Contact Number	92222222
Fax	Not provided

You may click the pencil icon to view the original information of the data field.

 Service Provision & Fee

Payment Method	<ul style="list-style-type: none"> Cash EPS 								
Government Primary Care Enhancement Programme	Not provided								
Basic Consultation Fee	\$100 (for general examination only)								
List of Service Provision	<table border="1"> <tr> <td>Basic consultation (for general examination only)</td> <td>\$100</td> </tr> <tr> <td>Scaling</td> <td>*</td> </tr> <tr> <td>Radiographic Examination</td> <td>*</td> </tr> <tr> <td>Small intra-oral film</td> <td>*</td> </tr> </table>	Basic consultation (for general examination only)	\$100	Scaling	*	Radiographic Examination	*	Small intra-oral film	*
Basic consultation (for general examination only)	\$100								
Scaling	*								
Radiographic Examination	*								
Small intra-oral film	*								