

Primary Care Directory

Demonstration of Information Update



General Public

The Primary Care Directory (the Directory) is a web-based electronic database containing practice information and professional qualification of primary care providers in the community to facilitate the public to search for suitable primary care doctors, dentists and Chinese medicine practitioners (CMPs).

-  Search Demonstration
-  Frequently Asked Questions
-  Community Services
-  Resource Corner



Search for Primary Care Provider →

Primary Care Provider

Registered doctors, dentists and practising CMPs in Hong Kong who are committed to providing directly accessible, comprehensive, continuing, co-ordinated and person-centred primary care services, are eligible for enrolment in the Directory.

-  Enrolment
-  Demonstration of Information Update
-  Maintenance of Listing
-  Reactivation of Account
-  Continuing Education and Development
-  Frequently Asked Questions
-  Message to Healthcare Professionals 



Enrol Now →

Login →

You may visit our “Primary Care Directory” at www.pcdirectory.gov.hk and click on “Login” to access the login page.



Log in to your account

User ID

Password

[Login](#)

[Forgot User ID or Password](#)

[Reactivate Account](#)

 [Login with iAM Smart](#)

[More Info](#)

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



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.

Welcome MA, WING JAK!

You can view your information on this page.
For information update, please click "Edit".

 Edit



My Info

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]

My Info

My editing information

All the information provided below correct and in compliance with the Code of Con

y. Please provide information which is true,

Practice of your profession.

[Cancel](#)

[Save](#)

[Save & Confirm](#)

* indicates mandatory.

Personal Particulars

Professional Information

Personal Information

Practice Information

Others

* Name on HKIC ?

MA

WING JAK

(in Chinese)

Also Known As ?

Surname

First Name

(in Chinese)

Gender

Female

* Email ?

wingjak@ma.com

* Confirm Email

wingjak@ma.com

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 ?

Correspondence Address

(in English)

(Will not be disclosed to the public)

Please enter your mobile phone or daytime contact telephone number for future direct communication.

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. Or you may press "Save & Confirm" to submit the update request directly for processing after input of all updated information,.

the public.

Bay, Hong Kong

[Cancel](#)

[Save](#)

[Save & Confirm](#)

[Need help?](#)



My Info

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](#)

* indicates mandatory.

* Personal Particulars

* Professional Information

Qualification Information

Practice Information

Others

Dentist

Practice 1 [x](#) [+ Add Practice](#)

Please check and update your practice information (such as practice name, address, opening hours, service provision & fee) regularly.

* Type of Primary Care Provider Dentist* Type Non-government 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) (in Chinese)

Contact Number

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



1. Fill in the Form

2. Confirm Details

3. Terms and Conditions

4. Completion

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.

Back Next

Personal Particulars Professional Information Qualification Information Practice Information Others

* indicates mandatory.

Practice 1 X + Add Practice

Type of Primary Care Provider Dentist
Type Private

You may update the regular opening hours of your clinic.

General Information Opening Hours Service Charges & Fee Other Information

Regular

Start Date	End Date	Timeslot 1	Timeslot 2	Timeslot 3		
Monday	Friday	09:00 - 13:00	15:00 - 20:30		<input type="checkbox"/> 24 Hours	Remove
Saturday	Saturday	09:30 - 13:30				

If service is provided on public holidays, please input the service hours.

By Appointment

Special Arrangement

Start Date	End Date	Timeslot	
19/04/2019	Good Friday	-- Please Select --	<input type="checkbox"/> Service provided by other Dentist
20/04/2019	The day following Good Friday	-- Please Select --	<input type="checkbox"/> Service provided by other Dentist
21/04/2019	21/04/2019	-- Please Select --	<input type="checkbox"/> Service provided by other Dentist
22/04/2019	Easter Monday	-- Please Select --	<input type="checkbox"/> Service provided by other Dentist

If service will be provided during public holidays, you may update the service hours under "Special Arrangement" by clicking "+ Add Public Holiday".

Please note that "No Service" will be set by default for public holidays unless service hours are inputted under the "Special Arrangement".

The information on special arrangement will be displayed on the list of service providers who provide services during long holidays, i.e. the Lunar New Year, Easter and Christmas holiday, on the Primary Care Directory website.

+ Add Public Holiday + Add

Need help?

Cancel Save Save & Confirm

Please select the public holidays that you will provide service or you may click "Select all" to select all public holidays.

1. Fill in the Form 2. Confirm Details
All the information provided below (except otherwise indicated) will be uploaded to the Public Health and Medical Practitioners Board for their review and approval. Conduct / Discipline / Practice of your profession.

compliance with the Code of

Back Next

* indicates mandatory.

Practice 1 X + Add Practice

* Type of Primary Care Provider
* Type

* General Information Opening Hours

Regular

Start Date	End Date

If service is provided on public holiday

By Appointment

Special Arrangement

Start Date	End Date

The information on special arrangement services during long holidays, i.e. New Year's Day, Chinese New Year, etc., is available on the Public Health and Medical Practitioners Board Directory website.

Public Holiday

Please select **Public Holiday**

Select all

2019

- 05/04/2019-Ching Ming Festival
- 19/04/2019-Good Friday
- 20/04/2019-The day following Good Friday
- 22/04/2019-Easter Monday
- 01/05/2019-Labour Day
- 13/05/2019-The day following the Birthday of the Buddha
- 07/06/2019-Tuen Ng Festival
- 01/07/2019-Hong Kong Special Administrative Region Establishment Day
- 14/09/2019-The day following the Chinese Mid-Autumn Festival

Click "Confirm"



1. Fill in the Form 2. Confirm Details 3. Terms and Conditions 4. Completion

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.

< Back > Next

* Personal Particulars * Professional Information Qualification Information **Practice Information** Others

* indicates mandatory.

In the selected public holidays, please select "Other opening hour" and input the opening hours during the selected day(s)

Other Information

Regular

Start Date	End Date	Timeslot 1	Timeslot 2	Timeslot 3		
Monday	Friday	- 13:00	15:00 - 20:30		<input type="checkbox"/> 24 Hours	<input type="button" value="x Remove"/>
Saturday	Saturday	- 13:30			<input type="checkbox"/> 24 Hours	<input type="button" value="x Remove"/>

If service is provided on public holiday, please input the service hours under "Special Arrangement".

By Appointment

Special Arrangement

Start Date	End Date		Timeslot 1	Timeslot 2	Timeslot 3	
19/04/2019	Good Friday	No Service				<input type="button" value="x Remove"/>
		<input type="checkbox"/> Service provided by other Doctor				
20/04/2019	The day following Good Friday	Other opening hou	09:00 - 14:00	16:00 - 20:00		<input type="button" value="x Remove"/>
		<input type="checkbox"/> Service provided by other Doctor				
21/04/2019	21/04/2019	Other opening hou	09:00 - 14:00	16:00 - 20:00		<input type="button" value="x Remove"/>
		<input type="checkbox"/> Service provided by other Doctor				
22/04/2019	Easter Monday	Other opening hou	09:00 - 14:00	16:00 - 20:00		<input type="button" value="x Remove"/>
		<input type="checkbox"/> Service provided by other Doctor				

Number of service providers who provide Christmas holiday, on the Primary

Check this box if the service will be provided by other doctor

[Need help?](#)

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.

Doctor

Practice 1 [x](#) [+ Add Practice](#)

* Type of Primary Care Provider
* Type

If the service hours of certain weekdays are different from regular weekdays, please update the information under "Special Arrangement". Otherwise, services hours for regular weekdays will be displayed.

*** General Information** **Opening Hours** **Services**

Regular

Start Date	End Date	Timeslot 1	Timeslot 2	Timeslot 3		
<input type="text" value=""/>	<input type="checkbox"/> 24 Hours	x Remove				

If service is provided on public holidays, please input the service hours under "Special Arrangement".

Special Arrangement

Start Date	End Date	Timeslot 1	Timeslot 2	Timeslot 3			
18/04/2019	18/04/2019	-- Please Select --	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	x Remove	
19/04/2019	Good Friday	<input type="checkbox"/> Service provided by other Dentist	-- Please Select --	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	x Remove
20/04/2019	The following Good Friday	<input type="checkbox"/> Service provided by other Dentist	-- Please Select --	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	x Remove
21/04/2019		<input type="checkbox"/> Service provided by other Dentist	-- Please Select --	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	x Remove
22/04/2019	Easter Monday	<input type="checkbox"/> Service provided by other Dentist	-- Please Select --	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	x Remove

Select the day or period (start and end dates) with special opening hours or arrangement

[Need help?](#)

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

My Info

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

Practice 1 x [+ Add Practice](#)

- * Type of Primary Care Provider **Dentist**
- * Type Non-governmental Organisation Private University

After input of all updated information, press "Save & Confirm" to submit the update request directly.

- * 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

[Need help?](#)

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

Welcome MA, WING JAK!



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](#)

Acknowledgement of update request will be shown on this page.

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

You can receive the latest news or information here.

You have 0 unread message.

[Go](#)



Task List

You have no outstanding task!

You may view the information which is pending approval.

Welcome MA, WING JAK!

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, Building, Causeway Bay, Hong Kong



** Will not be disclosed to public

Amended information which does not require approval (such as phone number) will be updated in the Directory after mid-night.

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 indicated 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 #ccc; padding: 2px;"> Original Value x </div> <p>Shop 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</p>
Telephone	<div style="border: 1px solid #ccc; padding: 2px;"> Practice Name </div> <p>Not provided 1111</p>
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" style="width: 100%;"> <tr> <td>Basic consultation (for general examination only)</td> <td style="text-align: right;">\$100</td> </tr> <tr> <td>Scaling</td> <td style="text-align: right;">*</td> </tr> <tr> <td>Radiographic Examination</td> <td style="text-align: right;">*</td> </tr> <tr> <td>Small intra-oral film</td> <td style="text-align: right;">*</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	*								