

## List of Core and Specialised Procedures for Ophthalmology

The list below of privileges for core and specialised procedures is **subject to periodic review** by Farrer Park Hospital and/or Farrer Park Medical Centre from time to time depending on its business needs and/or regulatory changes.

As such, please note that your application for practising privileges is **also subject to review** and where required, Farrer Park Hospital and/or Farrer Park Medical Centre will notify you in writing to make a fresh application.

**Part A: Please tick in the appropriate boxes for the core procedures that you are applying for.**

<b>CORE PROCEDURES</b>	<b>Tick the correct box</b>	
	<b>Yes</b>	<b>No</b>
To Examine, Evaluate and Diagnose Disorders of the Eye	<input type="checkbox"/>	<input type="checkbox"/>
To Provide Medical and Surgical Treatment of Disorders of the Eye (In All Age Groups), other than the Specialised Procedures listed in Part B	<input type="checkbox"/>	<input type="checkbox"/>

**Part B: Application to perform specialised procedures requires a referee's affirmation of applicant's clinical competency.**

Name of Referee: \_\_\_\_\_

Designation: \_\_\_\_\_

Date: \_\_\_\_\_

Note to referee: Please sign against the procedures ticked "Yes" by applicant to affirm that he/she is competent to perform these procedures safely and independently.

SPECIALISED PROCEDURES	Tick the correct box		Signature of referee
	Yes	No	
Botulimum Toxin Injection for Strabismus			
CO <sub>2</sub> Laser Blapharoplasty			
Corneal Transplantation			
Endoscopic Brow Surgery			
Endoscopic Dacryo-Cystorhinostomy			
Excimer Laser Prk			
Glaucoma Drainage Implant Surgery			
Goniotomy/Trabeculectomy for Paediatric Glaucoma			
LASIK			
Oblique Muscle Surgery			
Orbital Surgery- Orbital Decompression and Lateral Orbitotomy			
Retinal Detachment			
Retinoblastoma Management			
Retinopathy of Prematurity Laser or Cryopexy			
Sedation for Procedures			
Trabeculectomy with Mitomycin			
Pars Plana Vitrectomy			
Retinal Laser Surgery			

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_