

Appendix 5

**List of Core and Specialised Procedures for
Diagnostic Radiology**

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.

CORE PROCEDURES	Tick the correct box	
	Yes	No
Diagnostic Ultrasonography		
Diagnostic Computed Tomography		
Diagnostic Magnetic Resonance Imaging		
Percutaneous Image Guided Needle or Catheter Placement for Diagnostic or Therapeutic Purpose		
Peripheral Angiography		
Diagnostic Nuclear Medicine		
Diagnostic Radiography & Fluoroscopy		
Mammotome Procedures		
Bone Densitometry		
Image Guided Trans-Nasal, Trans-Oral, or Trans-Stomal Enteric Catheter Placement		

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	
Carotid Stenting			
Percutaneous Vertebroplasty			
Peripheral Transluminal Angioplasty/Thrombolysis/ Other Therapeutic Measures (e.g. Embolisation)			
Renal Denervation			
Laser Surgery			
Radiofrequency Ablation			

Signature of applicant: _____

Date: _____