

## **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.**

<b>CORE PROCEDURES</b>	<b>Tick the correct box</b>	
	<b>Yes</b>	<b>No</b>
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:** \_\_\_\_\_