



Appendix 5

List of Core and Specialised Procedures for Prosthodontics

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 <u>also subject to review</u> 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
Denture or Denture Component		





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

Please list the procedures that you are performing (if any) for review by the Farrer Park Hospital and/or Farrer Park Medical Centre and/or Medical Boards. Further information and/or interview may be requested after the review.

Name of Referee:			
Designation:			
Date:			
Note to referee: Please sign against the procedures to is competent to perform these procedures safely and in			ffirm that he/she
	Tiol the		l
SPECIALISED PROCEDURES	Yes	orrect box No	Signature of Referee
	100		
Signature of applicant:	-	Date:	