

Appendix 5

**List of Core and Specialised Procedures for
Orthodontics**

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 |
| Metallic Restoration | | |
| Crown | | |
| Bridge | | |
| Denture or Denture Component | | |
| Occlusal Therapy | | |
| Application of Braces to Teeth | | |
| Partial Banding | | |
| Full Arch Banding | | |
| Insertion of Fixed Palatal or Lingual Arch Appliance | | |
| Provision of Maxillary Arch Appliance | | |

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 | |
| Implant Prosthesis | | | |

Signature of applicant: _____

Date: _____