



HONG KONG SANATORIUM & HOSPITAL

養和醫院

Application Form for Hospital Privilege for the Purpose of LASIK Surgery

Attach
recent
photograph

HOSPITAL PRIVILEGE FOR REFRACTIVE SURGERY CENTRE FACILITIES

Name: _____ Sex / Age: _____
(Block Letters in English) (In Chinese)

Marital Status: Single / Married Date of Birth: _____ HKID No.: _____

Office address: _____

Home Address: _____

Office telephone: _____ Office fax: _____ Mobile: _____

Home telephone: _____ Home fax: _____ Pager: _____

Year of registration with the Medical Council of Hong Kong: _____

University from which graduated: _____

Year of graduation: _____ Nature of qualification: _____

POST-GRADUATE EXPERIENCE *

1. Appointments: _____

2. Specialties: _____

3. Higher degrees: _____

4. Fellowship of Hong Kong Academy of Medicine: _____

5. Membership in other Professional Societies: _____

6. References: _____

* Please use separate sheet if not enough space

- Please attach copies of:
- | | |
|--|--------------------------------------|
| 1. Certificate of Registration (HKMC) | 2. H.K. Identity Card |
| 3. Current H.K. Annual Practicing Certificate | 4. Certificate of LASIK Training |
| 5. University and Post-graduate Diploma | 6. Certificate of Intralase training |
| 7. Current Medical Insurance Certificate | |
| 8. Experience proof in LASIK (either reference letter from previous employer or case counts) | |

Signature: _____ Date: _____

(For Hospital use only)

- N.B. 1. The Hospital reserves the sole right to grant particular types of privilege.
2. All approved privileges are subject to review by the Hospital from time to time.