



HONG KONG SANATORIUM & HOSPITAL
2 Village Road, Happy Valley, Hong Kong
Tel. : 2835-8800, Fax : 2835-8008

Application for Hospital Privilege for Robotic Surgical Service

The Hospital has specified the following requirements for the granting of Hospital privilege for Robotic Surgical Service:

Surgeons who already have minimally invasive surgery privileges of the Hospital may apply for:

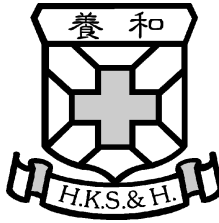
- Provisional Privilege
 - Surgeons who have undergone a recognised course of training and have been certified by the Intuitive Surgical Inc.

- Full Privilege
 - Surgeons who
 - (a) have been certified to have performed not less than 5 cases of Robotic surgery independently in another institution and assessed to be competent; or
 - (b) after certification, have undertaken a minimum of 5 cases as a primary surgeon operating **together with** a mentor-surgeon, preferably in the same specialty, appointed by the Hospital and are assessed to possess the necessary skill by the Hospital Management Committee.

Currently the hospital-appointed mentor-surgeons include:

Dr. WONG Wai Sang (Urology)
Dr. YUEN Pong Mo (Gynaecology)
Dr. YEUNG Chung Kwong (Paediatric Surgery)
Dr. Kossen HO (Surgery)

For enquires, please contact 2835-8833.



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Name _____
(Block Letters - Surname, Given Name) (In Chinese)

I have been granted Minimally Invasive Surgery Privileges and I would like to apply for Robotic Surgical Privilege in Hong Kong Sanatorium & Hospital.

1. Application for Provisional Privilege

- I have undertaken a recognised course of training
(Please tick as appropriate)
- Certificate of Training is attached.

2. Application for Full Privilege

- I have been certified to have performed not less than 5 cases of Robotic Surgery independently in another institution and assessed to be competent.
- after certification, I have undertaken 5 or more cases as a primary surgeon operating together with a mentor-surgeon, preferably in the same specialty, appointed by the Hospital.
(Please tick as appropriate)

A summary of all Robotic Surgery cases is attached.

Date : _____ Signature : _____

For Hospital Use

Privilege for	1. Provisional Privilege	*Granted / Not Granted (Please delete as appropriate)
	2. Full Privilege	*Granted / Not Granted (Please delete as appropriate)

Date : _____ Signature : _____