

Name of the Applicant: _____

Ophthalmology	Number of Procedures Performed	Privileges Applied by Applicant	Privileges Granted by CUHKMC
(A) Core Privileges			
1. To examine, evaluate and diagnose disorders of the eye			
2. To provide medical and surgical treatment of disorders of the eye (in all age groups), other than the procedures requiring additional proof of training and competence			
(B) Special Privileges			
3. Phacoemulsification			
4. Botulinum Toxin Injection for Strabismus			
5. CO2 Laser Blepharoplasty			
6. Endoscopic Brow Surgery			
7. Endoscopic Dacryo-Cystorhinostomy			
8. Glaucoma Drainage Implant Surgery			
9. LASIK			
10. Oblique Muscle Surgery			
11. Orbital Surgery - Orbital Decompression and Lateral Orbitotomy			
12. Retinal Detachment			
13. Retinoblastoma Management			
14. Retinopathy of Prematurity Laser or Cryopexy			
15. Sedation for Procedures			
16. Trabeculectomy with Mitomycin			
17. Vitrectomy (Posterior)			
(C) Others (Please specify)			

Please submit a logbook for the procedures applied to facilitate the determination of your scope of practice.

Signature of Applicant

Date (dd/mm/yyyy)

(Form version: 20250428)

For Official Use only

Approved by:

Signature: _____ Date: _____

Name & Title: _____