香港中文大學醫院
CUHK
Medical Centre

Name of the Applicant: _____

	Otorhinolaryngology	Number of Procedures Performed	Privileges Applied by Applicant	Privileges Granted by CUHKMC
(A)	**Core Privileges**			
A1	Microsurgery of the ear, petrous bone, facial nerve and related structures		☐	☐
A2	Nasal and paranasal sinus surgery		☐	☐
A3	Endoscopic sinus surgery		☐	☐
A4	Maxillofacial surgery including orbits, jaw and facial skeleton		☐	☐
A5	Aesthetic, plastic and reconstructive surgery of the face, head and neck		☐	☐
A6	Resection of head and neck neoplasia		☐	☐
A7	Surgery of the upper aerodigestive tract		☐	☐
A8	Surgery of the thyroid, parathyroid and salivary gland		☐	☐
A9	Surgery of the lymphatic tissues of the head and neck		☐	☐
A10	Head and neck reconstructive surgery relating to the restoration of form and function in congenital anomalies and head and neck trauma and neoplasms		☐	☐
A11	Endoscopy of the airway (larynx, trachea, and bronchial tree), both diagnostic and therapeutic		☐	☐
A12	Endoscopy of the upper digestive tract (nasopharynx, hypopharynx, oesophagus), both diagnostic and therapeutic		☐	☐
A13	Use of laser in otolaryngological and aesthetic surgery		☐	☐
A14	Biopsies of head and neck area		☐	☐
A15	Extraction of teeth incidental to tumor resection or repair of traumatic injury		☐	☐
A16	Collagen injection, dermabrasion; minor excisions of cysts and moles; scar revisions		☐	☐
A17	Harvesting graft material for reconstruction (e.g. Skin, abdominal fat, fascia lata, sural nerve grafts)		☐	☐
(B)	**Special Privileges**			
B1	Administration of sedation		☐	☐
B2	Use of fluoroscopy equipment		☐	☐
B3	Skull-base surgery		☐	☐
B4	Operative neurotology (posterior and middle fossa craniotomy)		☐	☐
B5	Free flaps		☐	☐
B6	Radiofrequency Ablation (RFA) for Thyroid Nodules		☐	☐
B7	Robotic assisted procedures: Console Surgeon **Please provide the following information:** ☐ **(a) Robotic system in which you currently certified:** Da Vinci Sentire Surgical System (C1000) of Cornerstone Robotics Others (please specify): _____ ☐ **(b) Training certificate (please attach)** ☐ **(c) Logbook for robotic procedures (please attach)**		☐	☐
(C)	**Others** (Please specify)		☐	☐
	_____			
	_____			

Signature of Applicant **Date (dd/mm/yyyy)**

(Form version: 20260909)

For Official Use only

Approved by:

Signature: _____ Date: _____

Name & Title: _____