香港中文大學醫院
CUHK
Medical Centre

Name of the Applicant: _____

	Paediatric Neurology	Privileges Applied by Applicant	Privileges Granted by CUHKMC
(A)	**Core Privileges**		
1.	Muscle or peripheral nerve Biopsy	☐	☐
2.	EMG and NCV examination	☐	☐
3.	EEG interpretation (including conventional & 24hrs video EEG monitoring)	☐	☐
(B)	**Special Privileges**		
4.	Brain Mapping and Functional MRI Imaging	☐	☐
5.	Ketogenic Diet Therapy	☐	☐
6.	Neurometabolic enzyme replacement therapy	☐	☐
(C)	**Others** (Please specify)		
	_____	☐	☐
	_____	☐	☐

For Official Use only

Approved by: _____

Signature: _____ Date: _____

Name & Title: _____