UNION HOSPITAL

Doctor Liaison Office **Application Form for Privilege – Plastic & Aesthetic Procedures**

Instruction Notes:

(i) For new applicants (no existing admission right or clinical privilege in UH), please complete the form CHM-001 Application Form for Admission Right & Clinical Privileges and attach this form (+/- other privilege forms) as supplementary document(s).
(ii) Please provide supporting evidence of relevant training and experience**.**
(iii) Please submit completed application forms together with supporting documents by post to Doctor Liaison Office, Union Hospital, 18 Fu Kin Street, Tai Wai, NT. Please mark "Application for Admission Right & Clinical Privileges" on the envelope.
(iv) Application processing normally **takes about 12 weeks**. To check status of your application, please contact Doctor Liaison Office at 2608 3125 or email to vms@union.org.
(v) All personal data collected will be treated in strict confidence and be used for application purposes only.

For Hospital Use Only
Date received: _____
App. Ref. No.:_____
Doctor's code:_____

Please complete this form in BLOCK letters.

I. Personal Particulars

Doctor's Name		Doctor's Code in Union Hospital	

II. Training and Experience in Aesthetic / Plastic Procedures

Are you a registered Specialist?
❑ No
❑ Yes, registration with ❑ Aesthetic / Plastic ❑ Dermatology
❑ Others: _____

Are you a Fellow of the Hong Kong Academy of Medicine?
❑ No ❑ Yes, since: _____

Have you ever been granted the privilege to practice in aesthetics / plastic surgery related work in any hospital / clinic in Hong Kong or overseas?
❑ No ❑ Yes, please list: _____

Have you ever been suspended, refused or restricted in privilege to practice in any hospital / clinic in Hong Kong or overseas?
❑ No ❑ Yes, please specify: _____

III. Previous training and experience (if relevant)

Institution 1		Supervisor	
Year		Email	
Institution 2		Supervisor	
Year		Email	

Remarks: supervisors may be contacted via mail or email to verify information of this application.

IV. Application for Privilege in Performing Aesthetic / Plastic Procedures

For Hospital Use Only
Screened by:
Date:

	Applied	Granted	Remarks
Non-invasive:			
Chemical Peels	❑	❑	
External Lipolysis (Heat / Ultrasound)	❑	❑	
Intense Pulse Light	❑	❑	
#Lasers (Medical)	❑	❑	
Microdermabrasion	❑	❑	
Photodynamic / Photopneumatic Therapy	❑	❑	
Radiofrequency, Infrared and other devices	❑	❑	
Others, please specify: _____	❑	❑	

(Cont'd)

❑Please ✓ as appropriate. * Please delete as appropriate.

	Applied	For Hospital Use Only: Granted	For Hospital Use Only: Remarks
Minimal-invasive:			
Botulinum Toxin Injection	❑	❑	
Filler Injection	❑	❑	
#Lasers (Vascular Lesions, Skin Pigmentation and Skin Rejuvenation)	❑	❑	
Sclerotherapy	❑	❑	
Phlebectomy	❑	❑	
Others, please specify: _____	❑	❑	
Invasive:			
Abdonminoplasty	❑	❑	
Blepharoplasty (including Double Eyelid)	❑	❑	
Breast enhancement or reduction	❑	❑	
Brow Lift	❑	❑	
Dermabrasion (Mechanical)	❑	❑	
Free Fat Grafting	❑	❑	
Hair Implantation	❑	❑	
Implants (excluding Breast Implants)	❑	❑	
Liposuction	❑	❑	
Rhinoplasty	❑	❑	
Rhytidectomy (Facelift)	❑	❑	
Others, please specify: _____	❑	❑	

#For applicant who wishes to perform laser procedures in Union Hospital, please also fill out "CHM-045 Application Form for Privilege - Laser Procedures".
Note: The privilege will be reviewed every 2 years.

V. Declaration

I declare that the information provided above is accurate and true.					
Name in BLOCK Letters		HKID No.			
Signature		Initials		Date	

VI. Internal Vetting (For Hospital Use Only)

Director of Plastic and Aesthetic Centre / Chairman of Operating Theatre Committee

Comment	❑ Supported / ❑ Not supported		
Signature		Date	

Deputy Medical Director (DMD)

Comment	❑ Supported / ❑ Not supported		
Signature		Date	

Chief Hospital Manager & Medical Director

Comment	❑ Approved / ❑ Declined		
Signature		Date	

VII. Administration (For Hospital Use Only)

Date of completing PMI Data Entry		Signature					

CHM-041-20-3121(R3)

❑Please ✓ as appropriate. * Please delete as appropriate.