

## Application for Robotic Surgery Privilege

### I. Applicant

Name of Applicant: \_\_\_\_\_ Specialty: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### II. Application for Types of Robotic Surgery

<input type="checkbox"/> Cardiac Surgery	<input type="checkbox"/> Colorectal Surgery
<input type="checkbox"/> General Surgery	<input type="checkbox"/> Gynecologic Surgery
<input type="checkbox"/> Head & Neck Surgery	<input type="checkbox"/> Thoracic Surgery
<input type="checkbox"/> Urologic Surgery	<input type="checkbox"/> Orthopaedics Surgery
<input type="checkbox"/> Spine Surgery	

### III. Experience

Time Period (approximate)	Types of Robotic Procedures	Number of Cases Performed

***Kindly provide the log sheet(s) of procedures/surgeries to ascertain competency.***

### IV. References

(Please provide contact details for **two** referees who perform robotic surgery and currently practicing in the same specialty as you.)

\_\_\_\_\_  
Doctor Contact Address / Fax No. / Email Address

\_\_\_\_\_  
Doctor Contact Address / Fax No. / Email Address

### V. Certificate

Please attach copies of relevant certificates.

Number of certificate(s) attached herewith: \_\_\_\_\_

**Please return to Medical Affairs Office, 4C La Rue Building, 40 Stubbs Road, Hong Kong, or by email at [medicalaffairs@hkah.org.hk](mailto:medicalaffairs@hkah.org.hk) or fax on +(852) 2574 6001.**  
**Thank you for your cooperation.**

**FOR OFFICE / COMMITTEE MEMBERS USE ONLY**

VI. **Privilege Status** (please tick as appropriate )

- Accept
- Decline
- Selective Privilege:  
(✓ as appropriate procedures) \_\_\_\_\_

Name of Applicant & Specialty: \_\_\_\_\_

Name of Committee: \_\_\_\_\_

Committee members' signatures: 1. \_\_\_\_\_ ( \_\_\_\_\_ )  
2. \_\_\_\_\_ ( \_\_\_\_\_ )

Date of approval: \_\_\_\_\_

**ROB – Robotic Assisted (Procedure Name with codes)**

Procedure Name (HATS code)

Cholecystectomy (OPR 01)	<input type="checkbox"/>
Colectomy (OPR 02)	<input type="checkbox"/>
Gastrectomy (OPR 03)	<input type="checkbox"/>
Liver Resection (OPR 04)	<input type="checkbox"/>
Nephrectomy (OPR 05)	<input type="checkbox"/>
Partial Nephrectomy (OPR 06)	<input type="checkbox"/>
Prostatectomy (OPR 07)	<input type="checkbox"/>
Pyeloplasty (OPR 08)	<input type="checkbox"/>
Operation (OPR 10)	<input type="checkbox"/>
Tonsillectomy (OPR 11)	<input type="checkbox"/>
Tongue Base (OPR 12)	<input type="checkbox"/>
Spine (OPR 13)	<input type="checkbox"/>
Knee Replacement (OPR 14)	<input type="checkbox"/>
Hip Replacement (OPR 15)	<input type="checkbox"/>