



Name of the Applicant: \_\_\_\_\_

<b>Neurology</b>	<b>No. of Procedures Performed</b>	<b>Privileges Applied by Applicant</b>	<b>Privileges Granted by CUHKMC</b>
<b>(A) Core Privileges</b>	/		
1. To admit, evaluate, diagnose, consult, perform history and physical exam, and provide non-surgical treatment to patients presenting with illnesses, injuries of the neurologic system			
2. To admit, evaluate, diagnose, consult, perform history and physical exam, and provide non-surgical treatment to patients presenting with cognitive, behavioral, or emotional disorders			
3. Consultation with physicians in other fields regarding mental, behavioral, emotional, and geriatric psychiatric disorders			
<b>(B) Special Privileges</b>			
4. Muscle biopsy			
5. Nerve conduction study (NCS) / Electromyography (EMG)			
6. Evoked potentials (EP) – Interpretation			
7. Electroencephalography (EEG) – Interpretation			
8. EEG telemetry interpretation			
9. Botulinum toxin injection			
10. Neurosonology			
11. Sleep studies (interpretation)			
12. Magnetic stimulation			
13. Lumbar puncture			
<b>(C) Others (Please specify)</b>			
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\_\_\_\_\_

**Signature of Applicant**

\_\_\_\_\_

**Date (dd/mm/yyyy)**

*(Form version: 20240925)*

**For Official Use only**

Approved by:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name & Title: \_\_\_\_\_