



Name of the Applicant: _____

Nuclear Medicine		Privileges Applied by Applicant	Privileges Granted by CUHKMC
(A) Core Privileges			
1.	Cardiovascular & Pulmonary		
2.	Endocrinology		
3.	Neurology GI & Hepatobiliary		
4.	Nephrology & Urology		
5.	Haematology Infection & Oncology		
6.	Skeletal		
7.	PET/CT		
(B) Others (Please specify)			

Signature of Applicant

Date (dd/mm/yyyy)

(Form version: 20240925)

For Official Use only

Approved by:

Signature: _____ Date: _____

Name & Title: _____