BUKU LOG PRIVILEGING

Jabatan : Radiologi

Jawatan : Pegawai Perubatan

Hospital Wanita dan Kanak-Kanak Sabah
ver. 2025

MAKLUMAT PEMOHON

Nama :

No. Kad Pengenalan:

Jawatan :

No. Pendaftaran MMC ;

Saya mengesahkan bahawa maklumat yang diberikan dalam Buku Log Privileging ini adalah benar. Saya juga memahami bahawa sekiranya terdapat maklumat palsu atau tidak benar, maka Jawatankuasa C&P Hospital berhak untuk menarik balik sijil privileging yang telah dikeluarkan.

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Tanda Tangan Pemohon

Tarikh:

RINGKASAN PROSEDUR PERMOHONAN PRIVILEGING

		Observed		Assisted		Performed	
Bil.	**Permohonan Prosedur**	**D**	**R**	**D**	**R**	**D**	**R**
1.	Reporting Of Radiographs		5		5		10
2.	Reporting Of Ultrasound		5		5		10
3.	Reporting of CT (Assisted)		5		5		10
4.	Reporting of MRI (Assisted)		5		5		10
5.	Reporting of Mammogram (Assisted)		5		5		10
6.	Reporting of Fluoroscopy (Assisted)		5		5		10
7.	Assisted interventional procedures		5		5		10

*R = *requirement (minimun requirement no. of procedures), *D = Done*

Tarikh lengkap :

RINGKASAN PROSEDUR PERMOHONAN PRIVILEGING

		Observed		Assisted		Performed	
Bil.	Permohonan Prosedur	D	R	D	R	D	R
1.	Reporting Of Radiographs		5		5		10
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5.	Reporting of Mammogram (Assisted)		5		5		10
6.	Reporting of Fluoroscopy (Assisted)		5		5		10
7.	Assisted interventional procedures		5		5		10

*R = *requirement (minimun requirement no. of procedures), *D = Done*

Tarikh lengkap :

1. REPORTING OF RADIOGRAPHS

No.	Date	Patient ID / RN	Supervisor's Signature	Remarks
OBSERVE				
1.				
2.				
3.				
4.				
5.				
ASSISTED				
1.				
2.				
3.				
4.				
5.				
PERFORMED				
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				

10.				