

Section A – Details of the Medical Practitioners	
Name:	_____
Job Title:	_____
Speciality:	_____

Section B – Details of New Procedure / Technology/ Treatment
Total no. of Procedure / Technology/ Treatment Performed :
What kind of monitoring / clinical audit was conducted?
Results (Clinical Performance/ Patient's satisfaction / Cost effectiveness) :
Any Adverse Outcome ?

Section C – Approval for Continuation of New Procedure / Technology / Treatment
<p>Chief of Specialty</p> <p>Approval Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Signature: _____</p> <p style="text-align: right;">Date: _____</p>

Review of Newly Introduced Clinical Procedure / Technology / Treatment

Chairman of the Clinical Effectiveness and Technology Management Committee

Approval Yes No

Signature: _____

Date: _____

Chief Operating Officer

Approval Yes No

Signature: _____

Date: _____

Chief Executive Officer

Approval Yes No

Signature: _____

Date: _____