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| Registration – bed numbers |
| Day procedure centres |

The Department of Health and Human Services requires details of the prescribed health services to be offered and the number of beds that are used for each health service.

For the purpose of this form, please write the proposed number of beds for the health service establishment. This should total the number of beds recorded on the department “Certificate of Registration” for this establishment.

Please mark (number of beds or Y/N) in the tables provided.

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| --- | --- | --- | --- |
| Name of Facility: | | | |
| Medical health services |  | Name of person completing form |  |
| Surgical health services |  | Role of person completing form |  |
| **Total number of beds** |  | Contact details of person completing form |  |

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| --- | --- | --- | --- |
| ***Speciality health services for provision of*** | Number of beds |  | Number of beds |
| Anaesthesia | Y / N | Oncology (chemotherapy) |  |
| Bariatric procedures |  | Oncology (radiation therapy) |  |
| Cataract surgery |  | Renal dialysis |  |
| Endoscopy |  | Specialist rehabilitation services |  |
| Liposuction (Removing in total at least 200ml of lipoaspirate) |  | Paediatric services (provided to patients at least 28 days and under 18 years when admitted) | Y / N |
| Mental health services |  | Oocyte retrieval |  |

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