

Applicable Specified Services and Mode of Service Delivery for Outpatient Medical Service

| Licensable Healthcare Service | | Permanent Premises | Temporary Premises | Conveyances | Remote |
|-------------------------------|--|--------------------|--------------------|-------------|--------|
| Outpatient Medical Service | | ✓ | ✓ | ✓ | ✓ |
| Specified Services (SS) | Blood Transfusion (for Oncology, Haematology Specialties only) | ✓ | | | |
| | Collaborative Prescribing | ✓ | ✓ | ✓ | ✓ |
| | Electrocardiography Stress Testing | ✓ | | ✓ | |
| | Endoscopy Services | ✓ | ✓ | ✓ | |

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| Outpatient Medical Service | | ✓ | ✓ | ✓ | ✓ |
| Specified Services (SS) | Liposuction Services | ✓ | | | |
| | Radiation Oncology & Radiation Therapy | ✓ | | | |
| | Proton Beam Therapy | ✓ | | | |