



PRIVATE HEALTH SERVICES REGULATORY COUNCIL

Dispensaries and Surgeries (Full Time/ Part Time)

1. Name of the Medical Institution -
2. Address -
3. Date of Establishment -
4. Province - District -
5. Name of the Medical Officer/ Specialist maintaining the Medical Institute -
Sri Lanka Medical Council (SLMC) registration no. -
6. Whether Full Time or Part Time -
7. Hours of Practice -
8. **Consultation Rooms**

a.	<i>Number of consultation rooms</i>	
	<i>Square area of the each room (Minimum floor area 70 sq.ft. and height 8 ft.)</i>	

b. **Equipments**

<i>Examination bed</i>	
<i>Table and chairs</i>	
<i>Wash basin</i>	

<i>Weighing scale</i>	
<i>Adequate ventilation and illumination</i>	

9. Availability of Services -

10. Method of sterilization of instruments and dressings –

11. Method of Clinical Waste Disposal –

12. **Provincial Director's Comments -**

Name of the Provincial Director of Health Services -

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Signature

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Seal

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Date