



The Hong Kong Medical Association



The Hong Kong Association of Private Eye Surgeons

## EYE COURSE 2010

Date	Topic	Speakers
1 June 2010 (Tuesday)	<b>Major causes of visual impairment in Hong Kong:</b> (1) cataract: new trends in management (2) glaucoma: diagnosis, management and follow-up (3) diabetic eye diseases (4) age-related macular degeneration	Dr. Pian YIP Pui Wai Dr. Benson CHEUNG Tze On
8 June 2010 (Tuesday)	<b>Ophthalmic emergencies in a GP's clinic</b>	Dr. Patrick TAM Mang Kwan
15 June 2010 (Tuesday)	<b>The approach to common ophthalmic problems in a GP's clinic, and what not to miss:</b> (1) red eyes (2) the blurry eyes (3) the itchy eyes (4) the crossed eyes (5) the painful eyes	Dr. NEOH Eng Leong Dr. Michael LAI Fai To Dr. LEE Chat Chuen
22 June 2010 (Tuesday)	<b>Common children's eye problems:</b> (1) lazy eyes (2) refractive errors (3) squint (4) allergic eye diseases	Dr. WONG Chun Yu
29 June 2010 (Tuesday)	<b>Systemic diseases and the eye</b>	Dr. Alan NG Chun Kwan
6 July 2010 (Tuesday)	<b>Useful ocular therapeutics and examination techniques for a GP</b>	Dr. Jeffrey PONG Chiu Fai

**Time** : 2:00–3:00 p.m. (Registration and lunch start at 1:15 p.m.)  
**Venue** : HKMA Dr. LI Shu Pui Professional Education Centre, 2/F,  
 Chinese Club Building, 21-22 Connaught Road, Central, HK  
**Fee** : Free-of-charge  
**Capacity**: 80

**Registration:** Interested members please complete the following reply slip and fax it back to The Hong Kong Medical Association on 2865 0943. Please register early – *first come, first served.*

This course is co-sponsored by



**Accreditation:** Each lecture carries 1 CME point under the MCHK/HKMA CME Programme. Accreditation from various colleges is pending.

**Enquiry** : The Hong Kong Medical Association (Tel: 2527 8452)

### Reply Slip

I would like to register for the following lecture(s): (Please "✓" as appropriate.)

**Fax: 2865 0943**

1 June 2010    8 June 2010    15 June 2010    22 June 2010    29 June 2010    6 July 2010

Name: \_\_\_\_\_ HKMA No. (if any): \_\_\_\_\_

Tel. No.: \_\_\_\_\_ Fax. No.: \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Data collected will be used and processed for the purposes related to this educational activity only.