

# Guatemala Medical Travel

Antigua, Guatemala: Lori Shea 502-5737-3023

## Preferred Medical Provider Form

**CONTACT INFORMATION**

Doctor's Name: \_\_\_\_\_

Specialty \_\_\_\_\_ Sub-specialty \_\_\_\_\_

Partner or associate's Name: \_\_\_\_\_

Office Manager: \_\_\_\_\_

Office phone \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_

Street Address: \_\_\_\_\_

Email address: \_\_\_\_\_

Web-site: \_\_\_\_\_

Do you want to link your web-site to GuatemalaMedicalTravel.com? \_\_\_\_\_

How did you hear about Guatemala Medical Travel? \_\_\_\_\_

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**ABOUT YOUR EDUCATION**

University: \_\_\_\_\_ Years \_\_\_\_\_

Graduate Studies \_\_\_\_\_ Years \_\_\_\_\_

Hospital Residency at: \_\_\_\_\_ Years \_\_\_\_\_

Special Studies:

\_\_\_\_\_  
Professional Association Membership

\_\_\_\_\_  
Are you Board certified in another country?

\_\_\_\_\_

Continuing Education. What conferences and workshops have you attended recently? \_\_\_\_\_  
Can you please provide a copy of your resume or CV? \_\_\_\_\_

### **ABOUT YOUR PRACTICE**

How long have you been in practice at this location? \_\_\_\_\_  
Do you work with a partner or associate? Who? \_\_\_\_\_  
What ailments do you most commonly treat? \_\_\_\_\_

How many of them do you perform in a month? \_\_\_\_\_  
How many patients do you see in a month? \_\_\_\_\_  
What medical procedures and clinical tests are offered at your office or clinic? \_\_\_\_\_

What procedures and tests do you refer out to other doctors, specialists, labs or hospitals? \_\_\_\_\_  
At which local hospitals do you have privileges? \_\_\_\_\_

What are your proudest achievements in the last three years? \_\_\_\_\_

What sort of treatment do you prefer to provide? \_\_\_\_\_

What sort of patient do you prefer not to see? \_\_\_\_\_  
Will you see emergency or seriously injured patients within 24 hours? \_\_\_\_\_  
Who is your anesthesiologist? Why? Explain. \_\_\_\_\_

### **ABOUT YOUR OFFICE**

Please describe your office and medical staff, and give their job descriptions. \_\_\_\_\_

What are your office hours? \_\_\_\_\_  
Are there "slower" months of the year when more appointments need to be filled? \_\_\_\_\_  
What forms of payment do you accept? \_\_\_\_\_  
How do you feel your prices compare to other doctors Guatemala? \_\_\_\_\_

How do you feel your prices compare to other doctors in the United States? \_\_\_\_\_

### **ABOUT YOUR PATIENTS**

Can you provide letters of recommendation from your patients? \_\_\_\_\_

Do your patients ever have trouble understanding your explanations and instructions in English? \_\_\_\_\_  
Can patients call your cell phone to discuss pain, changes, or questions in their recovery? \_\_\_\_\_ What hours? \_\_\_\_\_

**ABOUT YOUR PHILOSOPHY**

What preventive measures and periodic testing do you recommend for general health in your field?

What medical advances have you been studying recently in order to offer the most modern treatments available?

**RECOMMENDATIONS**

What other highly-respected doctors would you recommend to be preferred providers of Guatemala Medical Travel? \_\_\_\_\_

Do you have a preferred pharmacy for the best quality medications? Most helpful, well-educated pharmacist? Largest selection? \_\_\_\_\_

Additional notes and information that our clients and patients need to know about you.

\_\_\_\_\_  
Signature, Doctor or Health Care Provider

\_\_\_\_\_  
Date