

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? _____

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