

SEE International Ophthalmology Profile

7200 Hollister Avenue, Unit A, Goleta, CA 93117

Phone: 805-963-3303 ♦ Fax: 805-965-3564 ♦ Web Address: www.seeintl.org



Please complete accurately and thoroughly – all information is required for new clinics.

Host Information

Host Ophthalmologist's Name _____
Address _____
City _____ State _____
Country _____ Zip Code _____ Phone _____
Fax _____ Cell Phone _____
E-Mail _____ Is the host ophthalmologist a SEE Affiliate? _____
Are your nurses familiar with scrubbing on eye surgery cases? _____
Is English translation available in the Operating Room? _____
Indicate the type and number of surgeries performed by host annually at this hospital/clinic
ECCE _____ M/SICS _____ Phaco _____ YAG _____ Diode _____ Strabismus _____ Pterygia _____

Host Facility

Name of Facility _____
Address _____
City _____ State _____
Country _____ Zip _____
Phone _____ Fax _____
E-Mail Address _____
How many local ophthalmologists will participate in the SEE International clinic? _____
How many cases do you anticipate during the clinic? _____ Types of cases? _____
Number of operating rooms and operating tables available to the SEE International team
Operating Rooms _____ Operating Tables _____

Sterilization Technique – Required

Do you have a sterilizer?(Yes or No) _____
If yes, what is the make and model? _____
Is it located in the operating room department? _____
How many minutes does it take to sterilize? _____ Can you provide distilled water? _____
What electrical voltage do you use? _____ (110v or 220v) Do you have a transformer? _____
If you do not have an autoclave/sterilizer, please select the chemical sterilization agent(s) used:
Cidex _____ Acetone _____ Alcohol (70%) _____

Do you have sterile water available for rinsing? _____

From the list below, please indicate the equipment that is available for the upcoming SEE clinic. Please include the make and model to ensure that the appropriate supplies are sent.

Equipment	Yes / No	How Many?	Make	Model
Microscope				
Phaco Machine				
Vitreotomy Machine				
Slit Lamp				
Keratometer				
A-Scan				
Sterilizer				
YAG Laser				
Argon Laser				
Diode Laser				
Cataract Instrument Set			Not Applicable	Not Applicable
Other Instrument Set			Not Applicable	Not Applicable

From the list below, please indicate the supplies that are needed from SEE International:

Medicines	Type/Style/Quantity	Surgical Supplies	Type/Style/Quantity
Anesthetics		Suture	
*BSS		Knives	
Glaucoma		IOL 's	
Miotics		Viscoelastics	
Steroids		Other	

**please note BSS may not be possible to bring due to baggage restrictions in some countries.*

Participants, Logistics & Education Seminar

How many visiting ophthalmologists would you like to invite? _____ Maximum number: _____

Will the host provide accommodations for the SEE International team? _____

Please provide the Name, Address, Phone Number and other contact information for the accommodations: _____

Will the host provide transportation to/from the airport and to/from the clinic site? _____

Will the host provide assistance to the team with Customs? _____

Would you like the visiting ophthalmologist (s) to present an educational seminar? _____

Please list the topics you would like the team to present _____

Indicate audio/visual equipment available _____

How many ophthalmologists/medical personnel would attend the seminar? _____

Additional information may be attached to this page.