



Ophthalmology Profile

Please complete accurately and thoroughly, all information is required.

Host Ophthalmologist Information

Local Host Ophthalmologist's Name:		Date:	
Address Line 1:			
Address Line 2:			
Address Line 3:			
Country:	Phone:	Fax:	Cell:
E-Mail Address:	Is the host a SEE affiliate?		Yes <input type="checkbox"/> No* <input type="checkbox"/>

**Please note if the host ophthalmologist is not an affiliate they must also complete a SEE Affiliate Application.*

Indicate the number of surgeries performed annually by the host ophthalmologist at this hospital/clinic:							
ECCE		M-SICS		Phaco		Retina	
Diode		Strabismus		Pediatric		Other	

Host Facility Information

Name of Facility:			
Address Line 1:			
Address Line 2:			
Address Line 3:			
Country:	Phone:	Fax:	
Contact Name (if different than host):		E-mail:	

How many cases do you anticipate during the clinic?	
Types of cases?	

Number of operating rooms available for clinic:		Number of operating tables:	
How many local ophthalmologists will participate in the SEE International clinic?			
Is there a retina specialist at your site?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, who?	

Are your nurses familiar with scrubbing for eye surgery cases?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Notes:	
Is English translation available in the operating room?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Notes:	
Do you have running water?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Do you have steady electricity?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Needs Assessment

Are there any other international organizations with whom you collaborate? (This will not affect SEE's support.)		
Estimated distance from your facility to the nearest clinic or hospital:		
Estimated population of the area your facility serves for eye care services:		
What are the major health problems of the communities served by your eye care facility?		
Is there charge for services at this facility?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how is the amount of the charge determined?
I understand that services offered in connection with SEE International are free of charge: _____		

Equipment

Please indicate the equipment that is in working condition & will be available for the upcoming SEE clinic.

Equipment	Yes or No	How Many?	Make	Model
Microscope	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Instruments	Yes <input type="checkbox"/> No <input type="checkbox"/>			N/A
A-Scan	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Keratometer	Yes <input type="checkbox"/> No <input type="checkbox"/>			
YAG Laser	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Argon Laser	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Diode Laser	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Vitreotomy Machine	Yes <input type="checkbox"/> No <input type="checkbox"/>			
Phaco Machine	Yes <input type="checkbox"/> No <input type="checkbox"/>			

Sterilization Technique

Do you have an autoclave/sterilizer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Make and Model?
Is it located in the operating room?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sterilization time:
Do you have a transformer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Distilled Water? Yes <input type="checkbox"/> No <input type="checkbox"/>
Chemical sterilization used:	Cidex? <input type="checkbox"/>	Acetone? <input type="checkbox"/>	Alcohol 70% <input type="checkbox"/>
Do you have sterile water for rinsing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Your electrical voltage?

Supplies

From the list below, please indicate the medications that are needed from SEE for the clinic.

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

A more detailed list of supplies available may be provided by SEE during the planning process.

Participants, Logistics & Educational Seminar

How many visiting ophthalmologists would you like to invite?	
Will visiting ophthalmologists need to apply for a medical license in your country?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Will the host provide accommodations for visiting SEE International team?	
Name, Address, Phone and other contact information for the accommodations (or recommended hotel):	
Will the host provide transportation to and from the airport and the clinic site?	
Will the host provide assistance to the visiting SEE team with customs?	
Would your site be interested in having an Alcon representative visit at the clinic and potential provide a Phaco machine? (Possible in some countries.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Would you like the visiting SEE team to provide and educational seminar?	
Please list the topics that you would like the visiting SEE team to present:	
Please indicate the audio/visual equipment available	
How many ophthalmologists/medical personnel would attend the seminar?	

Additional information may be attached to this page. Submit form via email, mail or fax.

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Surgical Eye Expeditions (SEE) International is a non-profit 501(c)(3) humanitarian organization that provides medical, surgical and educational services by volunteer ophthalmic surgeons with the primary objective of restoring sight to disadvantaged blind individuals worldwide.