



SAMARITANOS VOLADARES

CATARACT SURGERY REFERRAL NOTICE

Hospital El Buen Pastor  
San Quintin, B.C.N., Mexico

REFERRED BY: \_\_\_\_\_ SCHEDULED CLINIC DATE : \_\_\_\_\_

Chapter : \_\_\_\_\_

Date Seen : \_\_\_\_\_

CALO Contact Person : \_\_\_\_\_

Physician : \_\_\_\_\_

CALO Contact email : \_\_\_\_\_

PATIENT'S INFORMATION :

Name : \_\_\_\_\_

Date of birth : \_\_\_\_\_

Phone : \_\_\_\_\_

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

PHYSICIAN'S NOTES:

check this box if additional documents

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- Please copy completed form for patient to hand-carry to San Quintin
- Please email completed form to [flyingsams@yahoo.com](mailto:flyingsams@yahoo.com)

*There is a destiny that makes us brothers... none goes this way alone.  
All that we send into the lives of others... comes back into our own.*

