

**LIGA International**  
**El Carrizo Clinic Referral Form**

**Today's Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**From:** \_\_\_\_\_ **To:** \_\_\_\_\_  
*(name and/or specialty)* *(name and specialty)*

**To:** \_\_\_\_ San Blas \_\_\_\_ El Fuerte \_\_\_\_ Other \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** M \_\_\_\_ F \_\_\_\_  
*(Last Middle First)*

**DOB:** \_\_\_\_\_  
Month Day Year

**REFERRAL**

**Reason For referral:**

**REPORT** (please return to El Carrizo Clinic)

**Date of Examination:** \_\_\_\_\_  
Mo Day Year

**Findings/Recommendations:**

\_\_\_\_\_  
*(name and specialty)*

# EL CARRIZO CLINIC STAFFING SCHEDULE

MONTH/YEAR \_February 8-9, 2003

CLINIC COORDINATOR Chris Hernandez Co-coordinator: Janet Lapp

GENERAL MED DOCTOR Dan haspert

GENERAL MED DOCTOR \_\_\_\_\_

PEDIATRIC DOCTOR \_\_\_\_\_

DENTIST \_\_\_\_\_

DENTAL ASSISTANT \_\_\_\_\_

PSYCHOLOGIST \_\_\_\_\_

INTERPRETER \_\_\_\_\_

INTERPRETER \_\_\_\_\_

INTERPRETER \_\_\_\_\_

PHARMACIST \_\_\_\_\_

PHARMACIST ASSIST. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL STAFF POSTIONS \_\_\_\_\_

TOTAL STAFF THIS MONTH \_\_\_\_\_

PERCENTAGE STAFFED \_\_\_\_\_