## Christ the Healer - *Cristo Sana*

***Attachment C***

**Physician/Dentist Name: _____**

**Medical/Dental License #: _____**

**The Ministry of Health of Nicaragua requires all physicians to complete the form below for any and all medications and supplies to be used for patients in Nicaragua.**

**Please fill out the form and fax 30 prior days to trip departure to: Cristo Sana 504-527-5798 *fax***

| MEDICATION/SUPPLIES | COUNT | UNIT | EXPIRATION | COST |
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**Pontifical Mission Societies ● *Archdiocese of New Orleans* ● 7887 Walmsley Avenue, New Orleans, La 70125 ● *Phone:* 504-527-5771 ● *Fax*: 504-527-5798 ● *E-mail:* pof@archdiocese-no.org**