Ambulatory Centers
Information Sheet (International)

LEGAL INFORMATION
Name of the Ambulatory Center ____   ____   *Name of Owner (s)* ____   *(Please check and fill the answer)*   ☐ *Medical Laboratory*   *Name of Physician in charge: First Name Middle Name Family Name*   *Dr.* ____________ _______________ ______________   *Diploma* ________________________ *School* ____________________________   *Graduation year* _______ *Order Registration Number* __________   ☐ *Radiology Center*   *Name of Physician in charge: First Name Middle Name Family Name*   *Dr.* ____________ _______________ ______________   *Diploma* ________________________ *School* ____________________________   *Graduation year* _______ *Order Registration Number* __________   *Year of establishment of the Center* __________

II- ADMINISTRATIVE INFORMATION
A- Address
Country _________________   *Region* __________________   *City* __________________   *Street* __________________   *Building*__________________   *Floor* ___________________

Telephone # ______________________________

Cellular # ______________________________

Fax # ______________________________

P.O. Box ______________________________

E-mail ______________________________

Website ***http://***__________________________

B- Working days and hours

Days (From - To)	***Hours (From – To)***

C- In Case of Emergency, Person(s) On-call

Name	***Phone #***	***Days***	***Hours***

D- Specialized Physicians in the Center

Name	***Specialty***	***Services Performed***

E- Other employees

position	***Number of employees***

F- Others

Medical Files

Medical Files are Available? ☐***Yes*** ☐ ***No,***

If yes, please indicate information included? ________________________________

___

Accessories

Do you have:

Computer ☐***Yes*** ☐ ***No,*** ***If yes, how many?*** _________

Printer ☐***Yes*** ☐ ***No,*** ***If yes, how many?*** _________

Modem ☐***Yes*** ☐***No,*** ***If yes, how many?*** _________

Photocopy Machine ☐***Yes*** ☐***No,*** ***If yes, how many?*** _________

Credit Card Reader ☐ ***Yes*** ☐ ***No,*** ***If yes, how many?*** _________

Please fill in where available

Which Microsoft Windows Version? ☐ ***Win95*** ☐ ***Win98*** ☐ ***Win***________

Do you have an internet account? ☐ ***Yes*** ☐ ***No***

Which Browser do you use? ☐ ***Internet Explorer*** ☐ ***Netscape*** ☐ ***Other***

Do you accept any of these cards? ☐***Visa*** ☐ ***Master*** ☐***American Express*** ☐***Link***
Others, Specify______________

Facilities

Area of the Center __________***(m2)***

Number of Rooms ___________

Do you have:

Parking ☐ ***Yes*** ☐ ***No***

If yes, Briefly describe where? ______________________

Elevator in the Building ☐ ***Yes*** ☐ ***No***

Waiting Room ☐ ***Yes*** ☐ ***No***

Affiliation with Hospitals or other Centers
Affiliated: ☐ ***Yes*** ☐ ***No*** ***If yes, name of the Institution(s)*** ______________________________
If yes, Kindly attach a list of the tests that are sent to these centers or hospitals

Kindly attach if present		
Road Map to the center	☐ ***Yes***	☐ ***No***
Picture of the Center	☐ ***Yes***	☐ ***No***
Logo	☐ ***Yes***	☐ ***No***

III- CUSTOMER SERVICES		
<u>Do you Offer</u>		
Comparison of results of requested tests and previously performed ones	☐ ***Yes***	☐ ***No***
Free Collection of Samples from houses (Medical labs. only)	☐ ***Yes***	☐ ***No***
Free Delivery of Results to houses	☐ ***Yes***	☐ ***No***
Within Which areas? ______________________________		
If the above Services are not free, what are the special conditions for providing them? ______________________________		

Laboratory services	*Availability*	*Special Tests that cannot be done Elsewhere*
Hematology		
Cytochemistry stains		
Flow Cytometry		
Blood Bank		
Histocompatibility Studies		
Blood Coagulation Studies		
Chemistry		
Parasitology		
Serology		
Endocrinology		
Endocrinology Stimulation Tests		
Bacteriology		
Tumor Markers		
Cytogenetics: Karyotyping		
Pathology-Cytology		
Immuno-Histo-Chemistry		

Diagnostic Radiology Services		***Special Remarks***
General Radiography		
Mammography		
Bone Densitometry ***Fluoroscopic Procedures***		
Ultrasound-Echography		
Ultrasound: Breasts		
Ultrasound/ Obstetrical: Pregnancy		
Ultrasound-Doppler: Vascular Duplex		
CT scan		
Spiral CT		
CT Angio or 3D study		
FNA Under CT guidance		
Biopsy Under CT guidance		
MRI		
MRI-Angiography: MRA		
Angiography		
Interventional Procedures		
Barium Enema for Reduction of Intussuception		
ERCP: Endoscopic Retrograde Cholangiography & Pancreatography		
Transhepatic Cholangiography: Percutaneous		
Biliary Drainage: Internal or External (+Percutaneous Cholangiography, Biliary Dilatation, & Stent insertion)		
Biliary Stones Extraction: Percutaneous		
Percutaneous Pyelography, Antegrade (+ Whitaker Test)		
Nephrostomy: Percutaneous (+Ureteral Dilatation & Stent insertion)		
Urinary Stones Extraction: Percutaneous		
FNA or Biopsy Under U/S or CT guidance		
Percutaneous Drainage of Fluid Collection Under U/S or CT guidance		
Percutaneous. Cath Drainage: Abcess Or Collections Under U/S or CT guidance		
Percutaneous Cholecystostomy +Cath Under U/S or CT guidance		
Neurolysis of Celiac Plexus or other nerves: Percutaneous		
Vertebroplasty: Percutaneous		
Breast Mass Localisation Under Mammography guidance		
Steriotactic Breast mass Biopsy		
Brain Localisation under CT Scan guidance		
Nuclear Procedures/ Scan		

Date: **Signature:**

المستندات المطلوبة من قبل شركة مدنت لبنان
للانضمام الى شبكة مختبر طبي عام

١- تعبئة انموذج (Information Sheet) المتوفر لدى شركة مدنت لبنان .

٢- صورة عن ترخيص بإدارة مختبر طبي عام .

٣- صورة عن تعاقد المختبر مع الصندوق الوطني للضمان الاجتماعي .

٤- صورة عن إجازة فتح واستثمار مختبر طبي عام .

٥- خريطة بالغرف التي يشغلها المختبر .

٦- لائحة بالتجهيزات الفنية .

٧- لائحة بالعناصر البشرية مع ذكر للإجازات التي يحملونها .

المستندات المطلوبة من قبل شركة مدنت لبنان
للانضمام إلى شبكة مراكز الأشعة الخاصة

١- تعبئة أنموذج (Information Sheet) المتوفر لدى شركة مدنت لبنان .

٢- صورة عن إجازة ممارسة مهنة الطب و عن شهادة الاختصاص .

٣- صورة عن إجازة فتح واستثمار مركز أشعة .

٤- صورة عن بطاقة الانتساب إلى النقابة (صالحة).

٥- خريطة بالغرف التي يشغلها المركز .

٦- لائحة بالتجهيزات الفنية .

٧- نسخة عن التعاقد مع الضمان الاجتماعي.