

PHILIPPINE ACADEMY OF OPHTHALMOLOGY-SIGHT PRESERVATION COMMITTEE
Mission Coordinating Monitoring Center
Mission Information Sheet

1. **Date/Period:** _____
2. **Place (Hospital & Town/Province):** _____

3. **Nature-Pure Ophthalmic:** _____
Multi-Specialty: _____
4. **Type of Services:** _____
 - **Medical:** _____
 - **Surgical:** _____
 - **Medical & Surgical:** _____
 - **PHACO:** _____
5. **Sponsor of Mission:** _____
6. **Local Sponsor:** _____
7. **Local Ophthalmologist:** _____
8. **Visiting Ophthalmologist:** _____
9. **Designated Head of Mission:** _____
10. **Designated Person who will follow up cases:** _____
11. **Designated Person who will submit report to PAO:** _____
12. **Source of Mission Supplies:** _____
13. **Remarks:** _____