



PLEASE COMPLETE THE FORM AND HAND IN THE  
PRINTED FORM WHEN YOU ARRIVE AT THE CLINIC  
ON THE DAY OF YOUR MEDICAL APPOINTMENT.

You can fill out the fields in this document to type on your device or you can do it by  
hand once it's printed.

## WHERE TO STAY IN CIUDAD JUÁREZ?

Hotel or Guest House: \_\_\_\_\_

## CONTACT FORMS

Mobile 1: \_\_\_\_\_ Mobile 2: \_\_\_\_\_

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

## ADDRESS IN MEXICO

Last place where you live or lived in Mexico

Street and number: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

## US ADDRESS

Where are you going to live or do you live in the US?

Street and number: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip code: \_\_\_\_\_

To learn how SMF protects your personal data, please see our privacy notice at [smf.com.mx](http://smf.com.mx).



### LOCATION ON THE MAP

Scan the code with your phone

Prol. Ramón Rivera Lara 8950,  
Cd. Juárez, Chih., México.

More information: [www.smf.com.mx](http://www.smf.com.mx)

### FREE TRANSPORTATION

Request the service by calling:



**+52 656 688 2700**

From the USA you can also dial:  
**888 4560 038**