The Red Crescent Clinic of Tampa was founded in 2000 by members of the Islamic Society of Tampa Bay for one sole purpose. To provide high quality medical care for the needy and uninsured in our community.

It is estimated that over 47 million Americans lack health insurance. Many families can not

afford private health insurance and are ineligible for public assistance. Also, many immigrants lack adequate access to affordable medical treatment. The Red Crescent Clinic was created to help fill this void in healthcare and serve all those in need as much as possible.

You can help us continue our noble mission to provide healthcare for Tampa Bay's medically underserved. Since we do not charge any patient for treatment, we depend on the generosity of our benefactors and committed volunteers. Your tax deductible contributions will help cover our operating costs, purchase supplies, and enhance our level of care. Help make a difference today in improving the health and wellbeing of our community.

# RED CRESCENT CLINIC OF TAMPA BAY

7328 E. Sligh Ave. Tampa, FL 33610 Phone: 813-246-5009 Fax: 813-498-2712

E-mail: info@redcrescenttampa.org Web: www.redcrescenttampa.org

### How you can help us today:

- Bring in your completed form, cash, or check in person to the clinic
- 2. Mail the completed form along with your check or credit card information
- 3. Securely donate online by Paypal or credit card on our website.

# Improving the health and wellbeing of our community



Clinic of Tampa Bay

# About our organization

The Red Crescent Clinic of Tampa Bay is governed by a community Board of Directors who set clinic policies and are actively involved in clinic activities. Our medical director, Dr. Magsood Siddique, is a well respected local cardiologist who provides the main oversight for our clinical operations. We are a non-profit 501(c) 3



corporation under current federal regulations. All of our providers and staff work on a volunteer basis and comply with the guidelines set by Florida's Department of Health Volunteer Health Care Provider program.

# Services provided by the clinic

- Routine physical exams for children and adults
- General pediatric primary care (sick visits, minor injuries, asthma/allergies, etc.)
- Routine internal medicine primary care (hypertension, diabetes, cholesterol, anticoagulation, minor injuries, infections, depression, etc.)
- Routine screening referrals as needed (colonoscopy, mammograms, prostate blood tests)
- FKG
- Flu vaccines
- Discounted lab tests and radiology exams for patients referred through our clinic
- Eye exam referrals at reduced cost
- Referral to ACCESS Florida for additional state services

The following subspecialties are available:

- Cardiology (with exercise treadmill stress
- Hematology/Oncology
- Urology
- Endocrinology
- Gastroenterology
- **Psychiatry**
- Rheumatology
- Dental Clinic
- **Orthopedics**

#### **Donation Form**

Name	
Address	
City, State ZIP	
E-mail	
Phone	
Your information is for payment processing and Internal recordkeeping. It will not be disclosed to a third party (unless required by law enforcement authorities)	
Method of Payment	
Check	American Express
☐ Visa	Discover
MasterCard	Cash
Credit Card # * last 3 digits on back of card	CVC* Exp. date
Signature	Donated Amount

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