

INTERNATIONAL FEEDBACK FORM

(To be filled out and signed by a medical professional upon return from a medical mission trip.)

Ministry Details

Organization/church/ministry name on your order:		
Blessings customer number:	Invoice number:	Order number:
If we follow up for more details about your group/trip, whom may we contact?		
Contact's email:	Contact's phone number:	
Were all the medicines/vitamins/supplies used for this trip supplied by Blessings International?		
Other sources used:		
If medicines were shipped ahead of time via air/ocean freight, please supply the following information:		
Carrier:	Bill of Lading number:	Date:

Trip Details

Where were the items used?	Nation:	City/Region:
Your departure date:	Return date:	Total team size:
Your team consisted of:		
How were the items transported in country?		Any issues with customs?
Estimates acceptable if actual totals are unknown.		
Total patients:	Adults:	Children:
Total prescriptions given out:	Total surgeries performed:	
Total glasses given out:	Total sunglasses given out:	
Most common needs/medications/items for patients:		
Other notable details (spiritual or other life-changing events):		(Please attach extra documents if possible. We use stories to inspire and inform of medical missions' impact around the world.)

Disposition of Unused Medicine (required)

Description of unused medicines:
Name of the person, title, and organization that the unused medicine was left with:
Please describe how & where the unused medicine will be stored & protected:

Signature

Name of medical professional:	
Email address:	Phone number:
By typing your name above, you are submitting your signature electronically.	
Signature:	Date:

Please select **one**:

I give permission for photos, videos, organization name, trip destination details, and my personal name to be used on the Blessings International website, social media, and publicity material.

I give permission for *only* my organization's info, trip destination, and photos/videos to be used on the Blessings International website, social media, and in publicity material.

I would rather no information about our trip be displayed publicly.

After completing this form, please save it as a PDF & attach it and any photos/stories in an email to info@blessing.org
THANK YOU FOR YOUR COOPERATION. WE ARE GRATEFUL FOR THE OPPORTUNITY TO SERVE YOUR MEDICAL NEEDS.