

U.S. CLINIC/OUTREACH FEEDBACK FORM

(To be filled out and signed by a medical professional.)

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:		

PLEASE TELL US ABOUT YOUR EXPERIENCE AS IT RELATES TO YOUR CLINIC/OUTREACH

Clinic start date:	Clinic end date:	Number of clinic days:
Number of staff:	Number of volunteers:	
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:	
Please describe your patient population:		
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.)

Signature

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

Blessings International is honored to work with your organization for your U.S. clinic/outreach efforts. The donations we receive from our donors allows us to place a discount on your order. Would you please help us by providing stories, quotes, spiritual and other life-changing events along with any photos you might be able to provide?

We understand that with HIPAA, photos might be difficult to come by, so we suggest taking pictures from behind, thus giving privacy to your patients or simply asking their permission to be in your photo.

We hope to include the information you provide in our printed promotional materials, and also on our social media accounts.

Please select below the box with the level of permission you are comfortable with.

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.

Blessings International 1650 N. Indianwood Ave, Broken Arrow, OK 74012

Phone: (918) 250-8101

Fax: (918) 250-1281

E-Mail: info@blessing.org