



THIS FORM MUST BE SUBMITTED
WITHIN 30 DAYS OF YOUR RETURN
TO QUALIFY FOR FUTURE SHIPMENTS.

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 #: | Order #: |
| If we follow up for more details about your group/trip, whom may we contact? | | |
| Contact's email: | Contact's phone #: | |
| 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 #: | 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? | |
| Total # of prescriptions given out: | Total # of surgeries performed: | | |
| Total # of glasses given out: | Total # of sunglasses given out: | | |
| Total # of patients: | # of adults: | # of children: | |
| Most common needs/medications/items for patients: | | | |
| Other notable details (spiritual or other life-changing events): | | <small>(Please attach extra documents if possible. We use stories to inspire and inform of medical missions' impact around the world.)</small> | |
| | | | |
| | | | |

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 #: |
| Signature: | Date: |

By typing your name above, you are submitting your signature electronically.

Please select **one**:

I give permission for photos, 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 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.