



# Product Report Form

Please share your trip details with our team! We request that you kindly return this form with the information requested below along with any photos, videos and first person experiences you are willing to share. This information may be used on our web site to inspire other surgeons to act.

**Please describe your humanitarian effort:**

**Contact name**

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**Institution name**

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**Phone number**

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**Email address**

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**Date of trip (if applicable)**

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**Location**

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**Type of clinical settings that were visited (For example, eye care centers)**

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**Number of patients treated**

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**Number of patients that were turned away**

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**Number of local doctors trained**

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**Types of healthcare providers engaged**

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**Number and types of surgical procedures performed**

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**Types of diseases treated (please specify)**

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**Were all the donated products used?**

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**If no, what did you do with the excess of each?**

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**What else would you like to report? Please feel free to share a favorite story!**

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**Any additional feedback/suggestions?**

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