

PDT Mission Donation Request

DATE OF REQUEST:	Needs by Date:	
Non-profit tax ID #:	Phone Number: ()
Ship to Name and Address [US ONLY]:		
Country and date range of Mission:		
How many Doctors?:	Hygienists?:	_
How many Set-ups?:	_ How many patients do you ex	pect?:
Quantity of Instruments requested? [v	ve cannot guarantee specific mo	dels]:
Montana Jack	Jack B Nimble	Queen of Hearts
Assorted Scalers	Assorted Graceys	Assorted Universals
Assorted Probes	Assorted Explorers	Mirrors
☐ Please provide whatever miscella	aneous items have been dona	ted (matrix bands, etc.)
\square We would like to request the loan o	of <u>one</u> R911 surgical kit for use d	luring our mission, containing (1 ea):
Root-elevator CRYER 39	Root-elevator CRYER 40	Luxating instrument #2
_		Extracting forceps 150 - extra grip
Extracting forceps 23 Cowhorn	Scissors La-Grange 11.5	Extracting forceps 151 - extra grip

Please email any photos that you have to share from the mission to: marketing@pdtdental.com



Your Earthcare™ donations make this program possible.

Thank you!