



World Dental Relief

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Policy Guidelines

World Dental Relief was founded to facilitate the collection and distribution of donated dental supplies to needy recipients throughout the world by Christian dental and medical missionaries. The following policy guidelines have been established and required by the contributing companies and the World Dental Relief Board of Directors.

1. **Use of supplies.** All supplies must be used under the direct supervision of a licensed, missionary dentist or physician serving the poor and needy. Federally restricted dental supplies or pharmaceuticals may not be dispensed or used by untrained laypersons, unless they are functioning under the direct supervision of a licensed dentist or physician.
2. **Receipt of supplies.** Only licensed dental professionals or clinics may receive these supplies and all supplies must be used for charitable purposes (non-profit). Please provide a copy of the license for the dentist who will be responsible for the mission trip or clinic
3. **No liability or warranty.** Acceptance of these supplies by a dentist, physician or clinic signifies a waiver from any and all liability resulting from proper or improper use of said supplies against World Dental Relief warehouse, its Board of Directors, its subsidiaries, or the product manufacturers. WDR does not make express or implied claims of effectiveness or warranties concerning the products that we distribute.
4. **Confirmation of Sponsor.** World Dental Relief requires verification from the dentist, physician or the agency requesting supplies that the clinic or healthcare mission sponsor is a faith-based, charitable organization before supplies will be shipped.

For international dentists, this should be a letter from the Church or parachurch agency that has provided support for the dental clinic or mission and a copy of that organization's mission statement. In addition, we will require a copy of the dentist's license for that country. World Dental Relief reserves the right to refuse to ship dental supplies to any group which has not provided these required certifications. Our intent is to only provide supplies to dentists or physicians who are in full-time Christian charity clinics. While these verifications will be kept on file by World Dental Relief, the dentist or physician must personally confirm that he/she is going on a mission trip with the same organization before receiving supplies for any subsequent trip(s).

5. **Advanced order timing.** A minimum of thirty (30) days advance notice is required for any supply order. All requests are filled on a first-come, first-served basis.
6. **Fees for receiving supplies.** A 25% participation fee will be assessed based upon the value of the supplies and a 50% participation fee will be assessed on the value of equipment to cover World Dental Relief's overhead and warehouse operating expenses.
7. **Shipping Cost.** The shipping costs must be paid by the dentist, physician or organization receiving the supplies. Shipping costs and fuel surcharges are increasing weekly.
8. **No Returns.** None of the supplies may be returned for credit, refund or exchange. If an item is no longer useful, it must be destroyed in a safe and proper manner.
9. **Expiration Dates.** A product's expiration date may or may not be current; however, all products shipped will be safely usable. If there is a question regarding the expiration date, we will discuss that with you as the health professional. Please notify us in advance if expiration dates are an issue with the local government where the trip is planned. If you have questions regarding which governments may prohibit entry of such products, please contact World Dental Relief.

Having read the above guidelines, I accept responsibility for the proper use of these relief supplies.

Signature _____

Print Name _____

Title (DDS, DMD, etc): _____

Dental or Medical License # _____

State/Country of Licensure: _____

Check one for **BILLING Address**: Business Residence

Name _____

Address: _____

City, State & Zip _____

Shipping Address if different from billing address Check one: Business Residence

Name _____

Address _____

City, State & Zip _____

Phone: _____

Fax: _____

Alt. Phone _____

Email: _____

Charitable organization
Or Church Name: _____

Name of country visiting: _____

Date of trip(s): _____

Date supplies are needed BEFORE trip
departs. Please do NOT put ASAP.

We cannot guarantee delivery of supplies if less than 30 days in advance of departure.

Please MARK your
method of payment

CHECK

CREDIT CARD

(If credit card please complete following information)

Credit Card Info (please check one): Visa MasterCard Discover

Credit card number: _____

Expiration date: _____ Verification code (3 digits on back) _____

Name as it appears on the card: _____

Billing address AND Zip code for the credit card:

