



medicine  
for all people

Order #:

Allocated:

## Ethicon Endo Medical Mission Program Shipping Instructions Form

MAP International 4700 Glynco Parkway Brunswick, GA 31525  
Customer Service: 912-280-6627 Fax: 912-280-6638 Email: orders@map.org

**There is a limit of one order per physician per calendar year.**

Due to inventory limitations, product inclusion and quantity provided are subject to availability.

**\*All orders must be submitted at least 6 weeks prior to departure date**

All individuals who receive donated supplies are required to complete an online survey when they return from their trip.  
Please keep this survey in mind during your travels.

### ACCOUNT INFORMATION

MAP Account #: \_\_\_\_\_

Acct. Name: \_\_\_\_\_

### ORDERING PHYSICIAN

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### DESTINATION

Country: \_\_\_\_\_

City/Region: \_\_\_\_\_

Hospital, Clinic or Project:  
\_\_\_\_\_  
\_\_\_\_\_

### PAYMENT

The Service Fee for an Ethicon Endo order is \$65 USD.  
UPS ground shipping charges to most US destinations are included. **Expedited shipping will incur additional freight charges. Shipments to destinations outside the USA will incur additional freight charges.**

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Card Holder's Name (as it appears on card):  
\_\_\_\_\_  
\_\_\_\_\_

Card Holder's Billing Address:  
\_\_\_\_\_  
\_\_\_\_\_

### COMPLETE DELIVERY ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Residential Address  Business Address

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

### SPECIAL INSTRUCTIONS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Team Departure Date: \_\_\_\_\_

Team Return Date: \_\_\_\_\_

**Requested Shipment Delivery Date:** \_\_\_\_\_

*\*Any additional donation to help support MAP's medicine programs is very much appreciated. If you wish to contribute, please indicate the extra amount here: \$ \_\_\_\_\_*

Your Name: \_\_\_\_\_

Today's date: \_\_\_\_\_



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Email: [orders@map.org](mailto:orders@map.org)  
Phone 912-280-6627 Fax 912-280-6638

Customer Service hours:  
Monday thru Thursday 8am to 5pm ET  
Friday 8am to 12pm ET

PHYSICIAN NAME: \_\_\_\_\_

**Ethicon Endo Medical Mission Program  
April 2024**

**\*All orders must be submitted 6 weeks prior to departure date\***

Please list the procedures that will be performed:

Item#	Product Description	Quantity
00918-LX107-00	Ligaclip Clip Applier Small 19cm 1ea	
00918-LX207-00	Ligaclip Clip Applier Medium 19cm 1ea	
00918-PPH03-00	Proximate PPH Procedure for Prolapse and Hemorrhoids Set 1	
00918-LC310-01	Ligaclip Clip Applier Med/Lg 26.7cm 1ea	
00918-0HPBL-UE	Ethicon Harmonic Blue Hand Piece w. Blue Test Tip 1ea	
00918-HAR9F-00	Harmonic Focus Shears 9cm 6ea	
00918-HP054-00	Ethicon Harmonic Hand Piece 1ea	

After entering the quantities, please print and fax your order to 912-280-6638, along with the additional application forms or return as an email attachment to:

[orders@map.org](mailto:orders@map.org)

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