



US Oral Surgery Management and its Medical Mission Committee deeply appreciate the passion you have for helping those in need, including sharing your expertise and compassion on domestic and international medical mission trips.

Please complete this brief form for approval prior to your medical mission trip and submit to maureen.mccann@usosm.com. Dr. Auzins and Dr. Bell will review and notify you of approval.

Thank you,
Maureen McCann and the USOSM Medical Mission Committee

MEDICAL REIMBURSEMENT REQUEST	
Name _____	Practice _____
Please briefly describe your Medical Mission including if it is domestic or international:	
Please note the opportunities you will have to teach and share knowledge during your mission:	

By filling in your name below, you are verifying your commitment to providing a brief write-up and photo(s) within 30 days of your trip completion so that your mission work may be shared amongst our practices.

Name

Date

