



International Medical Relief

INSTRUMENT LOAN PROGRAM POLICY

IMR has an inventory of two surgical instrument sets available for rental to licensed professionals. A major credit card (Visa, MasterCard) is required before these instruments will be loaned. An approximate deposit of \$250 will be placed on your card for usage fees, shipping charges, and the safe return of **ALL** instruments loaned. Replacement fees for any missing Instruments will also be charged to your credit card on file.

Applicants must have read the **IMR INSTRUMENT LOAN POLICY**, complete page 2 of this document, sign on the space provided, and return it to me along with a copy of your **current license** before kits will be shipped. Requests are on a first come, first served basis.

IMR Instrument kits must be returned **minus any organic debris**, placed in ultrasonic, **sterilized**, and **in the condition in which you received them**. Failure to meet these conditions will result in an a cleanup charge of \$100.

DAILY USAGE FEES are calculated from the day you meet the Team at the designated departure site through the day received at IMR at the conclusion of your trip. The Surgical Instrument Kit costs \$5/day.

Please avoid extra costs by returning the kit within 5 days of your return home. This also makes the kit quickly available for the next renter.

An **INVENTORY SHEET** will be included in the kit for you to complete upon your return. Perform the instrument count and place the sheet in the kit before shipping back to IMR.

SHIP back to IMR via **USPS** and insure for \$1800 to:

DON VOLLMER, DDS
15109 Verbena Street
Thornton, CO 80602

The condition of the instruments will be evaluated upon receipt; the cost of replacement, and clean up (if necessary) will be added to your credit card if applicable.



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PLEASE DO NOT USE BLEACH OR BLEACH PRODUCTS on IMR instruments as this is **corrosive** to the metal. You are responsible for any lost, stolen, or damaged instruments. Please make sure all instruments are completely **DRY** before packaging. Treat them as if they are your personal instruments.

Any questions, please contact Don Vollmer, DDS at 303-835-2505 or email dmlvollmer@comcast.net

Please continue to the next page, complete, and return to Don Vollmer, DDS.



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HAVING READ AND AGREED TO COMPLY WITH THE ABOVE GUIDELINES, I
ACCEPT RESPONSIBILITY FOR THE PROPER USE OF IMR INSTRUMENT KIT:

SIGNATURE: _____

Print Name: _____ (circle) DDS DMD Other
Dental License # _____ State & Country of
Lic: _____

BILLING ADDRESS (circle) Business Residence

Name _____
Address _____
City, State, Zip _____

SHIPPING ADDRESS (circle) Business Residence

Name _____
Address _____
City, State,
Zip _____

Phone _____ **FAX** _____

Cell _____
Phone _____ **Email** _____

Date of Trip _____ Country
visiting _____
Quantity of kits _____

CREDIT CARD INFORMATION (circle) **VISA** **MASTERCARD**

Card
Number _____
Expiration Date _____ Verification code _____
Name (as it appears on
card) _____
Address in full for this
card _____

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SURGICAL INSTRUMENT KIT INVENTORY

WEIGHT 15 POUNDS - For use for one dentist on a trip

EXAMINATION

- 5 Aspirating syringes
- 4 Explorers/Probes
- 4 Explorers #12
- 3 College/cotton Pliers
- 10 Plastic Mirrors (Leave with Host)

FORCEPS

- 1 150s Max Cuspid/bicuspid-pedo
- 2 150 Max Cuspid/bicuspid
- 1 53R Max Molar Right
- 1 53L Max Molar Left
- 1 88R Max Molar Right
- 1 88L Max Molar Left
- 1 151s Mand Cuspid/bicuspid-pedo
- 2 151 Mand Cuspid/ bicuspid
- 2 23 Mand Molar Cowhorn
- 1 99C Universal Bayonet

ELEVATORS

- 2 #46 Straight
- 2 #81 Straight
- 1 #34S Straight
- 1 #301 Straight
- 1 #77 R Serrated Bayonet

EAST/WEST ELEVATORS

- 1 Set Potts #6/#7
- 1 Set Seldin #1L/#1R
- 1 Set Root Tip Picks #9L #9R
- 1 Set Schmeckeber #4 #5

HEMOSTATS/SCISSORS

- 1 Crile Hemostat 6.25" CVD
- 1 Kelly Hemostat 5.5" CVD
- 1 Kelly Hemostat 5.5" STR
- 1 Kelly Operating Scissors 5.5" CVD
- 1 Kelly Operating Scissors 5.5" STR
- 1 Suture Scissors S/3

MISCELLANEOUS

- 1 Scalpel Handle #3
- 1 Blumenthal Mini Rongeurs
- 1 Miller #12 Bone File
- 3 Periosteal Elevators Molt #M9
- 1 Adson Tissue Forceps
- 1 Curette #84
- 1 Curette #86
- 1 CARRY CASE

TOTAL VALUE OF KIT \$2,800

Contact Information

Don Vollmer, DDS

Phone: 303-835-2505

Fax: 970-635-0440

Email: dmlvollmer@comcast.net