

Medical supplies are always in need at the Mission at Natuvu Creek. If you are able to bring or donate any of the following supplies, please contact one of our coordinators for information about transporting medical supplies:

**Trip Coordinator**

Janet Walker  
Janet@Natuvu.Org  
949-462-0888  
949-767-5659 fax

**Founder / Dental Coordinator**

Marta Tooma  
Marta@Natuvu.Org  
949-395-3795

Please indicate the supplies you will be able to donate and quantity and fax or email. Thank you!

- |  |  |
|--|--|
| <input type="checkbox"/> Antifungal Cream  | <input type="checkbox"/> Silver Sulfadiazine cream   |
| <input type="checkbox"/> Grissofulvin tablet or Flucomatole Tablet                     | <input type="checkbox"/> 18G 1, 1 ½ needles  |
| <input type="checkbox"/> Amoxicillin 125mg/250mg tablet (children)                     | <input type="checkbox"/> Pouches 3.5” x 9” (9 x 23 cm – small) 5 ¼”<br>x 10 “ – medium and 7 ½ “ 13” – large |
| <input type="checkbox"/> Amoxicillin 500mg tablet                                      | <input type="checkbox"/> Surgery caps/men’s caps/boot/shoe covers/<br>masks                                  |
| <input type="checkbox"/> Amoxicillin 200 syrup   | <input type="checkbox"/> Autoclave cleaner   |
| <input type="checkbox"/> Cephalexin 250mg caps (children)                              | <input type="checkbox"/> Suture: Prolene 2-0, 3-0, 4-0   |
| <input type="checkbox"/> Cephalexin 500mg caps/200mg syrup                             | <input type="checkbox"/> Blades: #11, #12, #15   |
| <input type="checkbox"/> Casts – Different Sizes .3.4.5”                               | <input type="checkbox"/> Antiseptic hand rubs  |
| <input type="checkbox"/> Gauze 4x4 sterile / non sterile, 2x2 non sterile /<br>sterile | <input type="checkbox"/> Oxygen masks – children/medium sizes  |
| <input type="checkbox"/> Ventolin inhaler  | <input type="checkbox"/> 10ml, 12ml syringes   |
| <input type="checkbox"/> Ibuprofen 200 mg / Children’s Ibuprofen Elixir                | <input type="checkbox"/> Non sterile gloves: medium and large  |
| <input type="checkbox"/> Lice Treatment  | <input type="checkbox"/> Mayo stand covers   |
| <input type="checkbox"/> Sulfur Powder   | <input type="checkbox"/> Medium converters sheet   |
| <input type="checkbox"/> ORS (Oral Rehydration)  | <input type="checkbox"/> Compression bandages  |
| <input type="checkbox"/> Hydrocortisone Cream  | <input type="checkbox"/> Glucometer strips   |
| <input type="checkbox"/> 1% Silver Sulfadiazine cream                                  | <input type="checkbox"/> Pregnancy tests   |
| <input type="checkbox"/> Antibiotic Powder   | <input type="checkbox"/> CO Bands: Brown/Red/Blue for dressing<br>different sizes                            |
| <input type="checkbox"/> Antibiotic Cream  | <input type="checkbox"/> Doxycycline 100mg caps  |
| <input type="checkbox"/> Surgical Tape   | <input type="checkbox"/> Acetaminophen 250mg and 500mg   |
| <input type="checkbox"/> Band Aids   | <input type="checkbox"/> Nicotine Patches  |
| <input type="checkbox"/> Iodine prep pads/swab sticks                                  |  |
| <input type="checkbox"/> Surgical gloves: 7, 7 ½, 8, 8 ½ sizes                         |  |
| <input type="checkbox"/> Scabies cream   |  |

- Fluconazole 200mg tabs
- Loratadine 10mg
- Ophthalmic Drops
- Antibiotics: Vigamox, Zymar;
- Antibiotic-Steroids: Poly-Pred 35, TobraDex 9, TobraDex (ung) 8, Maxitrol 10;
- Steroids: Lotemax 110, FML 25, Vexol 12, Flarex 72, Pred Forte 23; NSAID: Acular 72;
- Anesthetics: Alcaine 35, Proparacaine 3; Glaucoma: Betagan 13, Lumigan 24, Alphagan P 36;
- Allergy: Patanol 48, Naphcon-A 5;
- Artificial Tears: Tears Natural Forte 6, Optive 11;
- Kenalog 40, Kenalog 10,
- Miostat,
- Dexamethasone
- Trypan Blue
- Goniosoft
- Gonak
- Elestat
- Lidocaine 1% with epi, Lidocaine 2% with epi, Lidocaine 2% gel,
- Patient paper dresses for surgery
- Plastic bags to hold several medicines – laboratory sample bags.

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

**Email Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Trip Scheduled?**    No    Yes   **Date:** \_\_\_\_\_

Please email or fax to Janet Walker: [Janet@Nativu.Org](mailto:Janet@Nativu.Org) / 949-767-5659 fax