

FLUORIDE SUPPLEMENT SUPPLIES
Private Providers
Packing Slip/Order Blank

- _____ Water Sample Kits
 Test Tubes, Mailing Cartons
 Postage Paid Mailing Labels (LAB-505B)
 LAB-505C
 Parent's Instructions

- _____ Parent's Consent Forms (OH-9) For Local Health Departments

- _____ Guidelines with Dosage Schedules
 Marked copies are sent to you with water test results

- _____ Protocol and Standing Order for Fluoride Supplementation
 For Local Health Departments – one signed copy will cover all children in program

- _____ Fluoride from the Start (formerly "Little Folks")

- _____ Follow-up Chart (**Optional**)

- _____ Bottles of 120 Tablets (0.5 mg. Fluoride)

- _____ Dropper Bottles of 1 oz. Fluoride Liquid Drops

- _____ Peel-Off Labels for Dropper Bottles

- _____ Packing Slip/Order Blank (to order these free supplies)

MAIL OR FAX ORDER TO:

LINDA GRACE PIKER, MS, MPH, RD, LD
ORAL HEALTH PROGRAM
DEPARTMENT FOR PUBLIC HEALTH
275 EAST MAIN ST. HS2W-B 75
FRANKFORT, KENTUCKY 40621
Phone: (502) 564-3246 Fax: (502) 696-5159
linda.piker@ky.gov

SHIP SUPPLIES TO: _____

County _____ Phone _____

Date: _____ Attn: _____
Revised March 2007