

Kentucky Public Health Laboratory
100 Sower Blvd., North Loading Dock,
P.O. Box 2020
Frankfort, Kentucky 40602-2020
Phone: 502/564-4446 Fax: 502/564-7019

(Please complete a separate form for each water supply.)



Kentucky Public Health
Prevent. Promote. Protect.

Fluoride Test For Supplement Program

Name of Child(ren):

Sex:

DOB:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Home Address

City

State

Zip Code

Name of Parent or Guardian:

Send Report To:

Office/Clinic

Street Address (P.O. Box)

City

State

Zip Code

County

()
Phone Number

Specimen Information:

Water Supply: Well Cistern City Bottled Water

Other, specify _____

Laboratory Findings:

____ . ____ (parts/million) µg/mL

Date Received:

Laboratory Number:

Date Reported:

Technologist: