

FLUORIDE SUPPLEMENT SUPPLIES
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")

_____ 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: ORAL HEALTH PROGRAM
DEPARTMENT FOR PUBLIC HEALTH
275 EAST MAIN STREET HS2W-A
FRANKFORT, KENTUCKY 40621
Phone: (502) 564-3246, Ext. 4421 / Fax: (502) 696-5159

SHIP SUPPLIES TO: _____

County _____ Phone _____

Date: _____ Attn: _____

Revised: July 2013