KIDS SMILES

Fluoride Varnish Program Ordering Blank

|  |  |
| --- | --- |
| Quantity | Fluoride Varnish Screening and Application Kit |
|  | (Fluoride Varnish, 2x2 gauze pads, Mouth Mirror, Gloves, Toothbrush) |

**Please Forward the Order to:**

|  |  |
| --- | --- |
| Local Health Department |  |
| Contact at Health Department |  |
| Mailing Address |  |
|  |  |
|  |  |
| Phone |  |
| Email |  |

**Please email this order form to:**

[kidssmile@uky.edu](mailto:kidssmile@uky.edu)

Cyndy Beebout (Current staff contact)

UK Dental Science Building

770 Rose Street

Lexington, KY 40536

859-323-5208

Signature of Ordering Individual:

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|  |

Revised 7/22