

**CHDP Oral Health Program**

**Educational Materials and Incentives  
Order Form**

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

**Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Agency:** \_\_\_\_\_

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

**Fluoride Varnish Brochure English/Spanish** *(see below website)*  
[www.cdph.ca.gov/programs/MCAHOralHealth](http://www.cdph.ca.gov/programs/MCAHOralHealth)  
*(under Publications & Reports)*

**Fluoride Varnish** Qty: \_\_\_\_\_

**Mouth Mirrors** Qty: \_\_\_\_\_

**Toothbrushes**

**Adults** Qty: \_\_\_\_\_

**Children** Qty: \_\_\_\_\_

**Infants** Qty: \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

( \_\_\_\_\_ )  
*Received Signature*

( \_\_\_\_\_ )  
*Date*

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**Fax to (805) 658-4505**



Funded in part by the Ventura County Tobacco Settlement Program