

# PRINTED MATERIALS REQUEST FORM

## MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE, OFFICE OF ORAL HEALTH

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Organization: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
 City | St | Zip: \_\_\_\_\_  
 County: \_\_\_\_\_

Date: \_\_\_\_\_ Date Needed By: \_\_\_\_\_

<b>Printed Materials</b> <small>(Free of Charge, Please specify quantity requested)</small>	<b>English Version</b>	<b>Spanish Version</b>
Keeping Your Smile Healthy	____: Qty Requested (Max Limit: 50)	____: Qty Requested (Max Limit: 25)
Dental First Aid for Children – Flip Chart (for health professionals)	____: Qty Requested (Max Limit: 5)	
Dental Health Tips for Pregnant Women	____: Qty Requested (Max Limit: 50)	____: Qty Requested (Max Limit: 25)
Fluoride Varnish: What You Need to Know	____: Qty Requested (Max Limit: 50)	____: Qty Requested (Max Limit: 25)
Foods for Healthy Teeth	____: Qty Requested (Max Limit: 50)	____: Qty Requested (Max Limit: 25)
Healthy Teeth, Healthy Kids	____: Qty Requested (Max Limit: 50)	____: Qty Requested (Max Limit: 25)
Healthy Teeth, Healthy Kids - Fluoride	____: Qty Requested (Max Limit: 50)	____: Qty Requested (Max Limit: 25)
Healthy Teeth, Healthy Kids - Pregnancy	____: Qty Requested (Max Limit: 50)	____: Qty Requested (Max Limit: 25)
How to Have a Healthy Mouth	____: Qty Requested (Max Limit: 50)	____: Qty Requested (Max Limit: 25)
Lift the Lip	____: Qty Requested (Max Limit: 50)	____: Qty Requested (Max Limit: 25)
Maryland Oral Health Resource Guide (for health professionals)	____: Qty Requested (Max Limit: 5)	
Maryland Oral Health Resource Referral Pad (for health professionals)	____: Qty Requested (Max Limit: 1)	
Mouth Guards: How to Protect Your Child’s Teeth	____: Qty Requested (Max Limit: 50)	
Oral Cancer	____: Qty Requested (Max Limit: 50)	
Oral Health and Your Young Child	____: Qty Requested (Max Limit: 50)	____: Qty Requested (Max Limit: 25)
Oral Health for Seniors	____: Qty Requested (Max Limit: 50)	
Dental Sealants – Mighty Tooth	____: Qty Requested (Max Limit: 50)	____: Qty Requested (Max Limit: 25)
Community Water Fluoridation	____: Qty Requested (Max Limit: 50)	
<b>Fact Sheets</b> <small>(Free of Charge, Please specify quantity requested)</small>	<b>English Version</b>	
Community Water Fluoridation (for health professionals)	____: Qty Requested (Max Limit: 10)	
Diabetes and Oral Health	____: Qty Requested (Max Limit: 10)	
Hypertension and Oral Health	____: Qty Requested (Max Limit: 10)	
Oral Health Care during Pregnancy: At-a-Glance Reference Guide (for health professionals)	____: Qty Requested (Max Limit: 10)	

**How to Order** (If you require more copies than the maximum limit allows, please contact us via e-mail or phone.)

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