

Oral Health Materials Order Form

Name: _____




Organization: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Please indicate quantity needed:

Quantity Needed	ML/CR#	Publication's Title		Quantity Filled
	ML-025439	First Birthday Card (Dual Language)		
	CR-009913	Protect Your Child's Smile Poster (11" x 17")		
	CR-009918	Avoid the Baby Bottle Blues Poster (11" x 17")		

Questions? Please contact the Division of Oral Health at (803) 898-0194 or oralhealth@dhec.sc.gov.

Please complete the form and fax to:
Mary Kenyon Jones
SC DHEC, Division of Oral Health
(803) 898-2065

INTERNAL USE ONLY	
Order:	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved
Mailed:	<input type="checkbox"/> Via courier _____ <input type="checkbox"/> Via USPS _____