

PRINTED MATERIALS REQUEST FORM

MARYLAND DEPARTMENT OF HEALTH, OFFICE OF ORAL HEALTH

Name: _____ **Title:** _____
Organization: _____ **Email:** _____

Mailing Address: _____
City | St | Zip: _____
County: _____

Date: _____ **Date Needed By:** _____

Printed Materials <small>(Free of Charge, Please specify quantity requested)</small>	English Version Quantity Requested <small>(Max Qty Limit: 50, unless otherwise noted)</small>	Spanish Version Quantity Requested <small>(Max Qty Limit: 25)</small>
Dental First Aid for Children – Flip Chart (for health professionals)	____: Qty (Max Limit: 5)	
Dental Sealants – Mighty Tooth	____: Qty	____: Qty
Diabetes and Oral Health	____: Qty	____: Qty
Fluoride Varnish	____: Qty	____: Qty
Foods for Healthy Teeth	____: Qty	____: Qty
Healthy Smile Guide (Keeping Your Smile Healthy)	____: Qty	____: Qty
Healthy Teeth, Healthy Kids	____: Qty	____: Qty
Healthy Teeth, Healthy Kids Fluoride	____: Qty	____: Qty
Healthy Teeth, Healthy Kids Fluoride Poster	____: Qty (Both Eng/Span)	
Heart Disease and Oral Health	____: Qty	____: Qty
How to Have a Healthy Mouth	____: Qty	____: Qty
Lift the Lip	____: Qty	____: Qty
Maryland Oral Health Resource Guide (for health professionals)	____: Qty (Max Limit: 5)	____: Qty (Max Limit: 5)
Maryland Oral Health Resource Referral Pad (for health professionals)	____: Qty (Max Limit: 1)	
Mouth Guards for Kids	____: Qty	____: Qty
Opioids – Dental Pain Management	____: Qty	____: Qty
Oral Cancer Screening	____: Qty	____: Qty
Oral Health For Kids (Oral Health and Your Young Child)	____: Qty	____: Qty
Oral Health for Seniors	____: Qty	____: Qty
Oral Piercings	____: Qty	
Tobacco and Oral Health	____: Qty	
Resources for Pregnant Women:		
Oral Health Care During Pregnancy: Practice Guidance for Maryland’s Prenatal and Dental Providers	____: Qty (Max Limit: 2)	
Dental Referral Pad for Pregnant Women	____: Qty (Max Limit: 1)	
Oral Health and Pregnancy	____: Qty	____: Qty