

**Vermont Department of Health Laboratory
Fluoride in Well Water Order Form
for families with children under the age of 4**

For questions, please call:
The Office of Oral Health, Vermont Department of Health
802-863-7330 or 866-331-5622

INSTRUCTIONS: Mail or fax (802-338-4706) this form directly from the provider's office to the Vermont Department of Health Laboratory.

Section A - Primary Care Provider information

Section B - Parent/Guardian information

**Section A. To be filled out by the Physician or Dentist who will receive the test result:
(Mailing label or office stamp is acceptable)**

Provider Name: _____
Mailing Address: _____
Town/City: _____ State _____ Zip Code _____
Phone: _____
Email address: _____

Section B. To be filled out by the Parent/Guardian: PLEASE PRINT

Parent Name: _____
Mailing Address: _____
Town/City: _____ State _____ Zip Code _____
Daytime /Cell phone: _____
Email Address: _____
Child's Name: (First & Last) _____

_____ Check here if you would like additional information about Vermont Department of Health drinking water testing recommendations or testing services at the Vermont Department of Health Laboratory.

Fluoride testing services provided by:
The Vermont Department of Health Laboratory
Mailing address: PO Box 1125, Burlington Vt, 05402-1125
Physical Address: 359 South Park Drive, Colchester, Vt. 05446
(800) 660-9997 or (802) 338-4724 FAX: (802) 338-4706
<http://healthvermont.gov/>

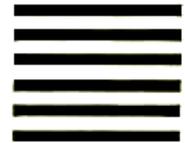
WATER TEST RESULTS ARE PUBLIC RECORD

Admin 501C Rev 8 02/2018

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NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST CLASS MAIL PERMIT NO. 411 BURLINGTON, VT
POSTAGE WILL BE PAID BY ADDRESSEE

VERMONT DEPARTMENT OF
HEALTH LABORATORY
PO BOX 1125
BURLINGTON VT 05402-9992



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