



## OFFICE OF ORAL HEALTH SERVICE REQUEST FORM

Please fill out the form and e-mail it to [oralhealth@bphc.org](mailto:oralhealth@bphc.org) at least two (2) weeks prior to the date of the event

### CONTACT INFORMATION

Current Date		<input style="width: 150px;" type="text"/>	
Last Name	<input style="width: 250px;" type="text"/>	Address	<input style="width: 350px;" type="text"/>
First Name	<input style="width: 250px;" type="text"/>	City	<input style="width: 100px;" type="text"/> State <input style="width: 30px;" type="text"/> Zip Code <input style="width: 60px;" type="text"/>
Title	<input style="width: 250px;" type="text"/>	Phone Number	<input style="width: 300px;" type="text"/>
Organization	<input style="width: 250px;" type="text"/>	E-Mail	<input style="width: 350px;" type="text"/>

### SERVICE REQUEST

Event Title:	<input style="width: 450px;" type="text"/>	Zip Code:	<input style="width: 100px;" type="text"/>
Date:	<input style="width: 70px;" type="text"/>	# of Attendees:	<input style="width: 70px;" type="text"/>
		Neighborhood:	<input style="width: 70px;" type="text"/>
		Time:	<input style="width: 70px;" type="text"/>
<b>Request Type:</b>		<b>Language for Materials</b>	
<input type="checkbox"/> Brochures	<input type="checkbox"/> Supplies	<input type="checkbox"/> Haitian Creole	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Presentation/Workshop	<input type="checkbox"/> Event/Fair	<input type="checkbox"/> English	<input type="checkbox"/> Chinese
<input type="checkbox"/> Spanish			
<b>Audience:</b>			
<input type="checkbox"/> General Public	<input type="checkbox"/> Infants	<input type="checkbox"/> Dentist	<input type="checkbox"/> Homeless
<input type="checkbox"/> Children	<input type="checkbox"/> Parents	<input type="checkbox"/> Teens	<input type="checkbox"/> Elderly
<input type="checkbox"/> Health Care Providers	<input type="checkbox"/> Child Care Providers	<input type="checkbox"/> School Based Staff	<input type="checkbox"/> Pregnant Women
			<input type="checkbox"/> Adults
			<input type="checkbox"/> Others
Comments:	<input style="width: 95%; height: 95%;" type="text"/>		