



OFFICIAL

Aboriginal Oral Health Program

Resource Request Form

Date: ____/____/____

Requesting person's name: _____

Phone number: _____

Organisation: _____

Role within organisation: _____

Reason for request: _____

Approximate number of people total: _____

Demographics (Ages and number of participants per age)

☐

0-5: ____

☐

5-12: ____

☐

12-18: ____

☐

18+: ____

Delivery address for items: _____

* Please note deliveries can take up to 3 weeks to process

Size	Resource Title	Amount/Notes
A4 Trifold	AOHP Brochure	
A4 Trifold	AOHP Regional/Remote	
A4 Trifold	Tips for Healthy Teeth	
A5 Fact Sheet	Brushing Technique	
A5 Fact Sheet	Tooth Abscess	
DL/ Postcard	AOHP Lift the Lip	
DL/ Postcard	AOHP Teen	
A6	AOHP Tooth friendly eating	
A6	AOHP Cleaning your teeth	
A6	AOHP Pregnancy	
A6	Rheumatic heart disease	

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Size	Resource Title	Amount/Notes
Toothbrushes	Children	
	Adult	
Toothpaste	Children (0-6 Years Old)	
	Adult	

Signed: _____

SA Dental Contact information: Aboriginal Oral
Health Program SA Dental, SA Health
Phone: 7117 0080
Email: Health.SADentalPrograms@sa.gov.au

www.dental.sa.gov.au/

Health Promotion Use Only:

Date Request Received: ____/____/____

Approved ☐

Partially Approved ☐

Not Approved ☐

Reason: _____

Date Items Shipped/ Delivered: ____/____/____

Person Responsible: _____

Signed: _____

Recorded on Resource Tally spreadsheet ☐

