



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
A3	AOHP Antenatal Flip Chart	
A3	AOHP Keep Smiling Flip Chart	
A4 Trifold	AOHP Brochure	
A4 Trifold	AOHP Regional/Remote	
A4 Fact Sheet	Program Eligibility List	
A4 Trifold	Tips for Healthy Teeth	
A5	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	

Size	Resource Title	Amount/Notes
Toothbrushes	Children	
	Adult	
Toothpaste	Children (0-6 Years Old)	
	Adult	
	Sensitive	
	Black Tote Bags	
	Plastic PVC Toiletry Bags	
	Triathlon Drink Bottles	

Signed: _____

SADS Contact information:

Aboriginal Oral Health Program

SA Dental, SA Health

Phone: 7117 0080

Email: health.SADSAOHP@sa.gov.au

www.sahealth.sa.gov.au/sadental

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

