

**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)**

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) \_\_\_\_\_

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**

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NO POSTAGE  
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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