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) ______________________________________________

_______ 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

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