



# Aboriginal Oral Health Program

## Resources Request Form – SA Dental

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 Fact Sheet	Program Eligibility List	
A4 Trifold	Tips for Healthy Teeth	
A5	Brushing Technique	
DL/ Postcard	AOHP Lift the Lip	
DL/ Postcard	AOHP Preschool	
DL/ Postcard	AOHP Primary school	
DL/ Postcard	AOHP Teen	
DL/ Postcard	AOHP Adults	
DL/Postcard	AOHP Pregnancy	

Size	Resource Title	Amount/Notes
Tooth Brushes	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](mailto:health.SADSAOHP@sa.gov.au)

[www.sahealth.sa.gov.au/sadental](http://www.sahealth.sa.gov.au/sadental)

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**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

