

**Bridging The Gaps: Philadelphia Community Health Internship Program
Request for Oral Health Educational Materials**

Please email request sheet to shund@upenn.edu at least 5 days in advance of your requested pick up date.

Please call Ms. Underwood at 215-898-4971 to confirm pick up time & location.

Today's Date: _____

Requested Pick UP Date: _____

Name of BTG Intern _____

School _____

Phone _____ Email _____

Site Name _____

Date(s) of Oral Health Presentation(s) _____

Describe Oral Health Presentation(s) and/or Activities

PRE-PRESENTATION	AGE OF PARTICIPANTS			
	Under 8	8-13	14-18	ADULTS
How many participants do you <u>anticipate</u> for your presentation, by age?				

What education materials do you need? (check)

_____ tooth models	<u>Number</u> of oral health supplies needed
_____ puppets	# _____ toothbrushes
_____ flip charts about oral health	# _____ floss
_____ Storybooks for young children	# _____ toothpaste
_____ Other	# _____ disclosing tablets
	# _____ <i>other</i> _____

Estimated RETURN Date: _____

BTG Intern Signature: _____

For Accounting:	Date Packed _____
	Date Picked Up _____
	Date Returned _____