

Wellington-Dufferin-Guelph Public Health

Oral Health Team – Outreach Referral Form

Date: _____

Agency/Organization Name: _____

Contact Person: _____

Position/Title: _____

Phone Number: _____

Email Address: _____

Outreach Services Requested

(Please check all that apply)

- ☐ Oral health presentation (general information session)
 - ☐ Interactive demonstrations on proper oral hygiene practices
 - ☐ Dental screening
 - ☐ Fluoride varnish application (if eligible)
 - ☐ Assistance with insurance applications such as CDCP, HSO and OSDCP (if eligible)
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Preferred Audience

(Please check all that apply)

- ☐ Children
- ☐ Youth
- ☐ Seniors

☐ Families

☐ Other: _____

Additional Information

Please provide any details that would help us tailor the visit (e.g., preferred topics, special considerations, number of participants expected):

Location Details

Type of space available for visit: _____

Is there privacy? ☐ Yes ☐ No

How large is the space? _____

Is Wi-Fi available? ☐ Yes ☐ No

Best Time for Outreach Visit

☐ Morning

☐ Afternoon

☐ Evening

☐ Specific Date(s): _____

Consent & Acknowledgment

I understand that Wellington-Dufferin-Guelph Public Health's Oral Health Team will use this information to coordinate outreach services for my organization.


Signature of Contact Person: _____

Date: _____

Submission Instructions

Please return this form to the WDGPB Oral Health Team at:

 dentaladmin@wdgpublichealth.ca

 **1-800-265-7293 ext. 2661**