



**ORAL HEALTH EDUCATION POSTERS
ORDER FORM**

Please Indicate Where You Would Like the Posters to be Sent:

Name _____

Address _____

Phone Number _____

Please Check Language:

English _____

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***Send Check or Money Order Payable to The Oral Health
Network of Missouri Along with This Completed Order
Form to:***

**Karen Dent
Oral Health Network of Missouri
3325 Emerald Lane
Jefferson City, Missouri 65109-6879**

573-634-4022