DENTAL LABORATORY WORK ORDER FORM

Date: _______________

Laboratory:
Name ______________________________
Address ______________________________
Phone # ____________________________

Patient Name or ID #: ________________________

Description of work to be done. Type and Quality of materials to be used. (Include diagrams if necessary)

___________________________________
___________________________________
___________________________________
___________________________________
___________________________________
___________________________________
___________________________________
___________________________________

Dentist Signature:___________________________________   Dental Lic. # ________________

Dentist Name (Please Print): _______________________________________________________

Dentist Address: _________________________________________________________________

Telephone: ________________________________________________

Laboratory must furnish dentist with subcontractor work order form if the dental lab uses a subcontractor and must comply with all items checked below:

___ Prior to beginning work, the prescribing dentist must be notified of any foreign subcontractor involved in fabrication or component/materials supply.

___ Prior to beginning work, the prescribing dentist must be notified of any domestic subcontractor involved in fabrication or component/materials supply.

___ Prescribing dentist must be notified of all materials in the delivered appliance/restoration.

___ Prescribing dentist must be notified in writing that materials in the delivered appliance/restoration DO NOT contain more than very small trace amounts (less than 200 ppm) of lead or any other metal not expressly prescribed.

___ Before returning finished case to prescribing dentist, the fabricated appliance/restoration must be cleaned, disinfected, and sealed in an appropriate container or plastic bag.