

DENTAL LABORATORY WORK ORDER FORM

Date: _____

Laboratory:

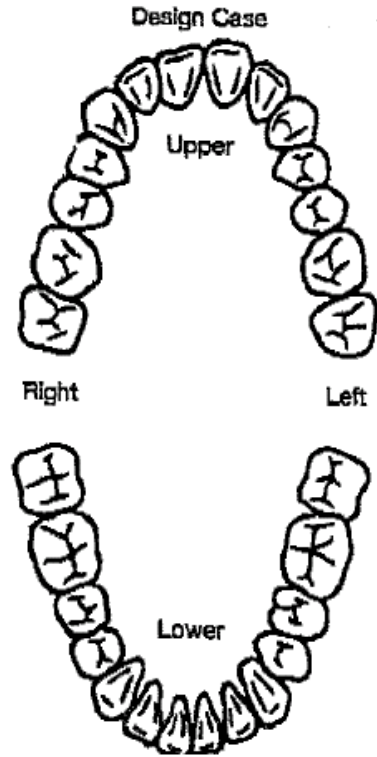
Name _____

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.