Dental Laboratory Subcontractor Work Order Form

Date: ________________

Subcontractor
Name: ______________________________________________________
Address: ____________________________________________________
City: ____________________________State: __________ Zip:_________

Patient Name or ID #:_____________________________________________________
(This information is required and MUST match the Patient Name or ID # on the Original Work Form)

Name & Address
Of Dentist originating work order: _____________________________________
Address _____________________________________
City _________________________________
State _________ Zip____________________

Description of the Work to be done.
Type and quality of materials to be used.
(Attach diagrams or additional pages if necessary.)
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________
________________________________________

Name of person or firm issuing Subcontractor
Work Order Form: ___________________________________________
Address ___________________________________________
City ___________________________________________
State ____________Zip____________________________

Signature of Person Issuing
Subcontractor Work Order Form:_________________________________________

Subcontractor Laboratory must furnish contracting laboratory with written confirmation of all checked items:

__ Prior to beginning work, the contracting laboratory must be notified if subcontractor is a foreign lab involved in fabrication or component/materials supply.

__ Prior to beginning work, the contracting laboratory must be notified if subcontractor is a domestic lab involved in fabrication or component/materials supply.

__ Contracting laboratory must be notified of all materials in the delivered appliance/restoration.

__ Contracting laboratory 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 contracting laboratory, the fabricated appliance/restoration must be cleaned, disinfected, and sealed in an appropriate container or plastic bag.