

**VIRGINIA BOARD OF DENTISTRY
APPROVED TEMPLATE FOR
DENTAL LABORATORY WORK ORDER FORM**

This form is provided by the Board to guide dentists on meeting the legal requirements for work order forms in §54.1-2719 of the **Code of Virginia**. Dentists have the option of using this form or another form to meet the requirements of the law. Regardless of the form the dentist chooses to use, the information requested below must be included as part of the patient’s treatment records and maintained as required by 18VAC60-20-15 of the **Regulations Governing Dental Practice**.

PATIENT NAME, INITIALS or ID#: _____

Laboratory Name: _____

Physical Address: _____

Contact Person: _____

E-mail Address (optional): _____

RETURN BY: _____

TYPE OF RESTORATION MATERIALS:

INSTRUCTIONS FOR WORK TO BE DONE (include diagrams if needed):

INSTRUCTIONS FOR SHADING (include diagrams if needed):

INSTRUCTIONS FOR SUBCONTRACTING THIS ORDER:

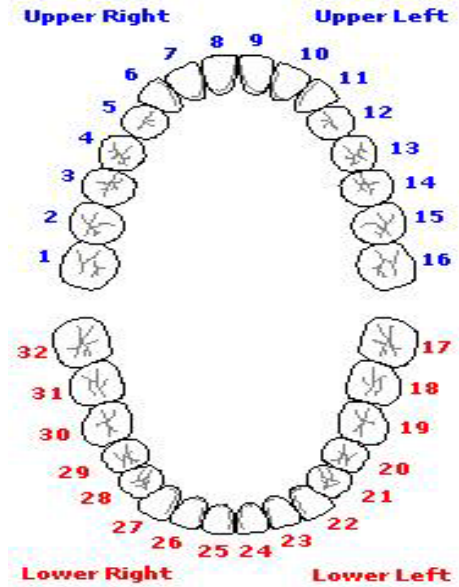
- _____ to a domestic lab approved
- _____ to an overseas/international lab approved
- _____ to either a domestic or overseas lab approved
- _____ contact me before subcontracting

Dentist’s Signature: _____ Date: _____

Dentist’s Name Printed: _____ Dental License # _____

Dentist’s Address: _____ Telephone: _____

Dentist’s Email Address (optional): _____



INSTRUCTIONS FOR RETURNING THE RESTORATION:

- Provide the sanitized restoration in a sealed container.
- Provide the name and physical address of the location where the restoration was fabricated.
- Provide a copy of the information the lab received from a manufacturer on the composition of the casting and ceramic materials used in fabrication, such as an Identalloy sticker