

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: _____

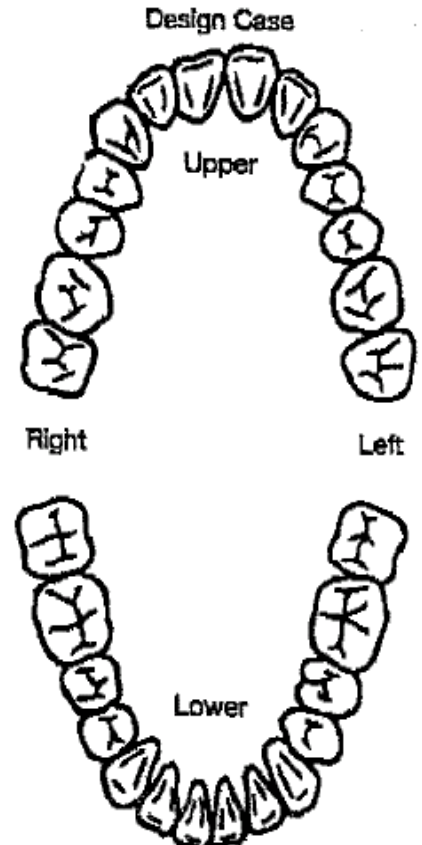
Address _____

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.