

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

This form is provided by the Board to guide owners of dental laboratories (owners) on meeting the legal requirements for work order forms in §54.1-2719 of the **Code of Virginia**. Owners have the option of using this form or another form to subcontract all or part of a dentist’s work order to another dental laboratory (subcontractor). Regardless of the form the owner chooses to use, the information requested below must be included in the work order sent to the subcontractor. The owner is required to retain a copy of the order; to attach the copy to the order received from the dentist; and to maintain both orders for three years.

PATIENT NAME, INITIALS or ID#: _____

Subcontractor Name: _____

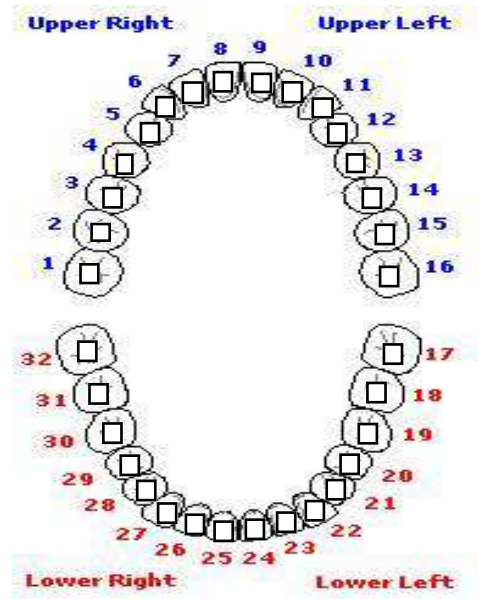
Physical Address: _____

Contact Person: _____

E-mail Address (optional): _____

Return by: _____

Instructions:



Signature: _____ Date: _____

Name Printed: _____ Telephone: _____

Address: _____

Email Address (optional): _____