

**VIRGINIA BOARD OF DENTISTRY  
APPROVED TEMPLATE  
DENTAL APPLIANCE SUBCONTRACTOR  
DISCLOSURE and SUBWORK ORDER FORM**

This form is provided by the Board to guide owners of dental laboratories (owners) on meeting the legal requirements for subwork orders to be issued to subcontractors as addressed in §54.1-2719 of the **Code of Virginia**. The owner has 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 and the format the owner chooses to use, the information addressed below must be included in the subwork order sent to the subcontractor. The owner is required to retain a copy of the subwork order; to attach the copy of the subwork order to the order received from the dentist; and to maintain both orders for not less than three years.

PATIENT NAME, INITIALS or ID#: \_\_\_\_\_

Subcontractor Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

E-mail Address \_\_\_\_\_

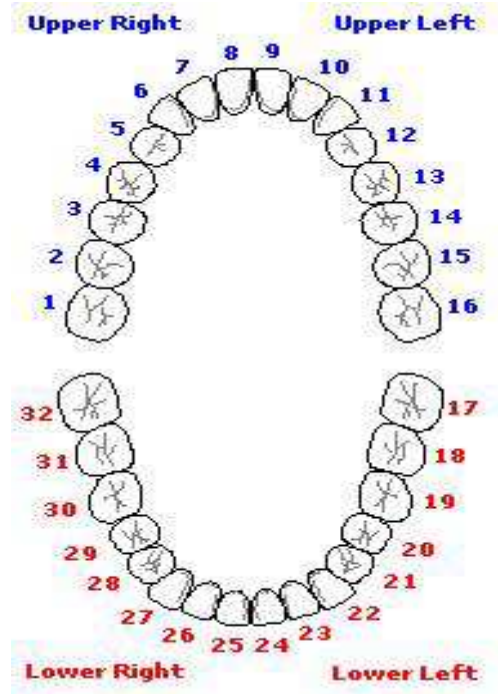
Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**RETURN BY DATE:** \_\_\_\_\_

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

TYPE AND QUALITY OF RESTORATION MATERIALS:  
(include diagrams if needed)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**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.

INSTRUCTIONS FOR SHADING:  
(include diagrams if needed)

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Signature:  
Name Printed:  
Address:  
Email Address:

Date:  
Telephone: