

VIRGINIA BOARD OF DENTISTRY APPROVED TEMPLATE FOR DENTAL APPLIANCE WORK ORDER FORMS

This form is provided by the Board to guide dentists on meeting the legal requirements for written or digital work order forms as addressed 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 and the format 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 18VAC60-21-90 of the **Regulations Governing the Practice of Dentistry**.

PATIENT NAME, INITIALS or ID#: _____

Laboratory Owner’s or
Business Name: _____

(include diagrams if needed)

Physical Address: _____

E-mail Address: _____

Phone Number: _____

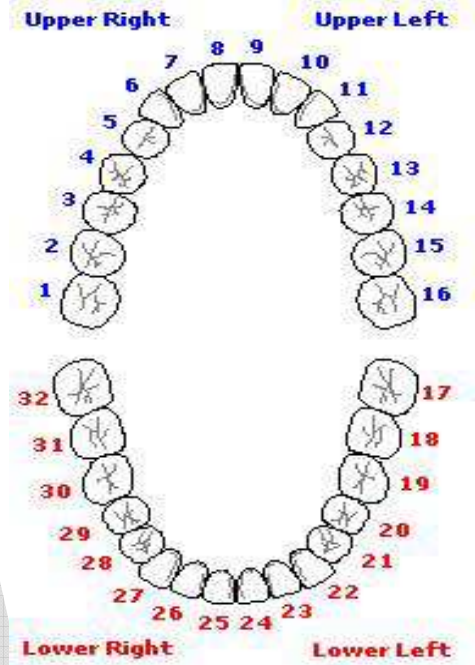
Contact Person: _____

RETURN BY: _____

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

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

INSTRUCTIONS FOR SHADING:



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 REGARDING SUBCONTRACTING THIS ORDER OR PORTIONS OF THIS ORDER

_____ I do not authorize subcontracting this order or any part of this order. Return the order to me if you are unable to complete this order.

_____ Contact me before subcontracting any work for this order.

_____ I authorize subcontracting to a domestic lab.

_____ I authorize subcontracting to an overseas/international lab.

_____ I authorize subcontracting to either a domestic or overseas lab.

NOTICE OF ACTIONS YOU ARE REQUIRED BY LAW TO TAKE WHEN SUBCONTRACTING THIS ORDER OR PORTIONS OF THIS ORDER - §54.1-2719.C of the Code of Virginia

- You must send me, the ordering dentist, a written disclosure of subcontracting this order with the subwork order you issued to the subcontractor.
- The written disclosure must include:
 - The name and address of the person, firm or corporation and subcontractor;
 - A number identifying the subwork order with the original order;
 - The date any subwork order was written;
 - A description of the work to be done and the work to be done by the subcontractor, including diagrams and digital files, if necessary;
 - Specification of the type and quality of material to be used; and
 - The signature of the person issuing the disclosure and subwork order.

Dentist's Signature: _____ Date: _____

Dentist's Name Printed: _____ Dental License # _____

Dentist's Address: _____ Telephone: _____

Dentist's Email Address (optional): _____