

**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 18VAC60-21-90 of the **Regulations Governing the Practice of Dentistry**.

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:

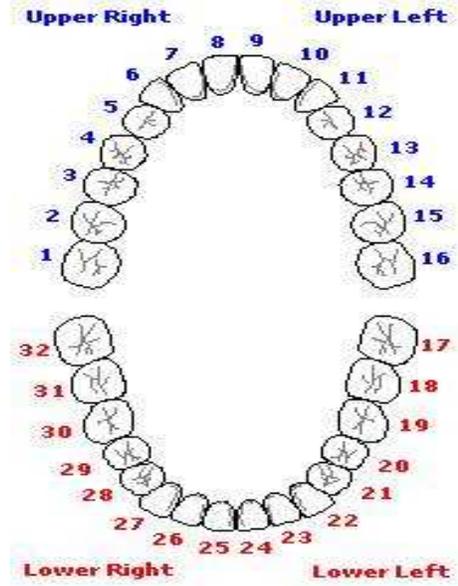
- \_\_\_\_\_ to a domestic lab approved
- \_\_\_\_\_ to an overseas/international lab approved
- \_\_\_\_\_ to either a domestic or overseas lab approved
- \_\_\_\_\_ contact me before subcontracting

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