

**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: \_\_\_\_\_

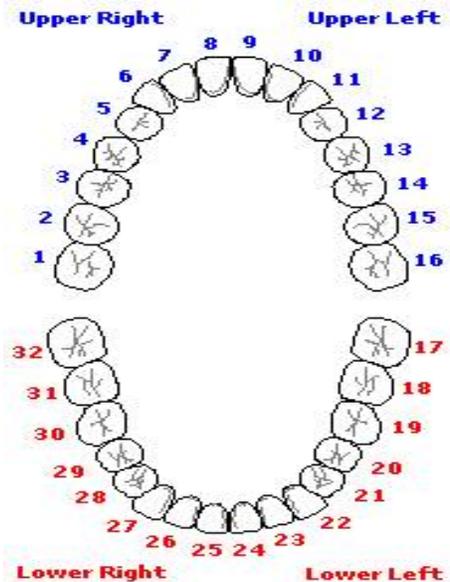
Physical Address: \_\_\_\_\_  
\_\_\_\_\_

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

E-mail Address (optional): \_\_\_\_\_

Return by: \_\_\_\_\_

Instructions:



Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name Printed: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Email Address (optional): \_\_\_\_\_