Sample Laboratory Procedure Prescription

Dentist Information:
Name: ________________________________  Date Sent to Lab: ____________________
Practice Name: ________________________  Phone: _____________________________
Address: ______________________________  Fax: ________________________________
City: ________________________________  Email: ______________________________
Florida License No.: ____________________

Laboratory Information:
Laboratory Name: ________________________  Date Received by Lab: ________________
Technician Name: ________________________  Phone: _____________________________
Address: ______________________________  Fax: ________________________________
City: ________________________________  Email: ______________________________
Florida Registration No.: __________________

Patient Name or Number: ____________________  Male □  Female □  Age: ____________
Known Allergies: ____________________________________________________________

Design Case Here:
Please provide descriptive information to clearly identify each separate and individual piece of work to be performed in the area below. Additionally, please specify materials to be contained in each work product (or use check boxes below).

INSTRUCTIONS:

Shade: ____________________________________________  Please schedule shade verification.

The following materials are to be used in producing the above restoration:

□ ____________________________________________  □ ____________________________________________
□ ____________________________________________  □ ____________________________________________
□ ____________________________________________  □ ____________________________________________
□ ____________________________________________  □ ____________________________________________

(Laboratory should write in products or brand names available on the lines above.)

Return Request:
Month __________ Date __________ Year __________ Time __________

I authorize the above procedure to be performed.

Prescribing Dentist Signature: __________________________  Date: __________________________

Signature can be original or electronic.

Copies of this prescription must be maintained, either on paper or stored electronically for a period of four (4) years. This prescription form is provided as a sample by the Florida Dental Laboratory Association. It is recommended that laboratories reference Chapter 466, Section 466.021 of the Florida Statutes and Section 64B5-17.006 of the Florida Administrative Code before use.