FDIA Sample Laboratory Case Point of Origin and Material Disclosure Form

Dentist Information:		
Name:	Phone:	
Practice Name:		
Address:	Email:	
City:	State:	Zip:
Florida License No.:	-	
Laboratory Information:		
Laboratory Name:	Phone:	
Address:		
Florida Registration No.:	Email:	
Date Restoration Delivered/Shipped to Dentist:		Date Received by Dentist:
Patient Name or Number		□ Male □ Female Age.
Known Allergies:	Email:	
Fechnician Name:		No :
Name of technician that manufacturered or oversaw the production	of the case.	If applicable
	DAM	AS No .
_aboratory CDL No.:		
<i>If applicable</i>		If applicable
Laboratory ISO Registration No. <i>If applicable</i> :		If applicable
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This disclosure 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 sections of the Florida Administrative Code that govern dental laboratories before use.