



Sample Laboratory Case Point of Origin and Material Disclosure Form

Dentist Information:

Name: _____ Phone: _____
 Practice Name: _____ Fax: _____
 Address: _____ Email: _____
 City: _____ State: _____ Zip: _____
 Florida License No.: _____

Laboratory Information:

Laboratory Name: _____ Phone: _____
 Address: _____ Fax: _____
 City: _____ State: _____ Zip: _____
 Florida Registration No.: _____ Email: _____
 Date Restoration Delivered/Shipped to Dentist: _____ Date Received by Dentist: _____

Patient Name or Number: _____ Male Female Age: _____

Known Allergies: _____

Technician Name: _____ CDT No.: _____
Name of technician that manufactured or oversaw the production of the case. If applicable

Laboratory CDL No.: _____ DAMAS No.: _____
If applicable If applicable

Laboratory ISO Registration No. *If applicable:* _____

Return Information:

This portion of the case: _____

- Was manufactured by technician(s) in our own laboratory.
- Was manufactured by a third party provider located in _____
Contact information provided upon request.

Materials used in this portion of the case:
 _____ _____
 _____ _____

Laboratory should write in products and brand names on the lines above. Identalloy sticker, Identceram sticker, manufacturer provided material content & lot number information, MSDS sheet or certificate of authenticity should be affixed below or attached as an addendum.

This portion of the case: _____

- Was manufactured by technician(s) in our own laboratory.
- Was manufactured by a third party provider located in _____
Contact information provided upon request.

Materials used in this portion of the case:
 _____ _____
 _____ _____

Laboratory should write in products and brand names on the lines above. Identalloy sticker, Identceram sticker, manufacturer provided material content & lot number information, MSDS sheet or certificate of authenticity should be affixed below or attached as an addendum.

This portion of the case: _____

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