

Dental Restoration Disclosure Form

Suggested form by the SCDLA

This Dental Device was manufactured by, or the manufacture was supervised by:

_____ *Technician*** _____ *SC Registration No.*

at: _____
Laboratory

in: _____, _____, _____;
City *State* *Country*

Date: _____ Dentist: _____
Name of Dentist Issuing Prescription

Case: _____
Patient Name or Case No.

Complete the following, if applicable:

This Dental Device was outsourced to _____, _____
Dental Laboratory *Country*

for _____ of the manufacturing process.
All or part

Outsource Laboratory Technician: _____ SC Registration No.: _____
Outsource laboratory technician must complete a separate disclosure form.

Materials used:

Name of Material	Manufacturer	Address and/or phone	Material Composition*

Use reverse side if necessary

**if known*

Signature: _____ Date: _____
***Registered Technician*