



Dental Restoration Disclosure Form

This case was manufactured by,

CDT Name: _____

CDT Number: _____

at _____ (Dental Laboratory),

in _____, _____

(City)

(State)

(Country)

using the following FDA registered materials in the final restoration:

Our laboratory employs a Certified Dental Technician (CDT) to protect you and provide a safe, quality product for your patients. For more information regarding the CDT designation or to verify certification of this dental technician, please contact the National Board for Certification in Dental Laboratory Technology (NBC) at www.nbccert.org or 800/684-5310.

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IdentCERAM
Sticker Here*