

Fee	Date
Registration Number	
Approved By	
Renewal Approval Date	

FOR KBD USE ONLY

Kentucky Board of Dentistry



312 Whittington Parkway, Suite 101
 Louisville, KY 40222
 502/429-7280
<http://dentistry.ky.gov>

RENEWAL APPLICATION FOR REGISTRATION OF DENTAL LABORATORIES

Please print in ink or type your responses.

Kentucky Board of Dentistry Laboratory Registration Number _____

Laboratory Name _____

Laboratory address _____
 Number & Street (**PO Boxes Not Acceptable**)

City _____ State _____ ZIP _____ KY County _____ Phone # _____

Email address _____ Cell phone number _____

Certified Dental Technician Name _____ Cell phone number _____

OR

Supervising Dentist Name _____ License # _____

This laboratory meets the infectious disease control requirements under Occupational Safety and Health Administration (OSHA) and the Centers for Disease Control and Prevention (CDC) of the United States Public Health Service.

YES NO

As the supervising CDT/Dentist, I acknowledge that this laboratory will provide material disclosure to the prescribing dentist that contains the U.S. Food and Drug Administration registration number of all patient contact materials contained in the prescribed restoration in order that the dentist may include such numbers in the patient's record.

Certified Dental Technician/Dentist Signature _____ Date _____

As the supervising CDT/Dentist, I acknowledge that this laboratory will disclose to the prescribing dentist the point of origin of the manufacture of the prescribed restoration. If the restoration was partially or entirely manufactured by a third-party provider, the point of origin disclosure shall identify the portion manufactured by a third-party provider and the city, state, and country of such provider.

Certified Dental Technician/Dentist Signature _____ Date _____