



DENTAL LABORATORY CLOSURE NOTIFICATION FORM

Texas State Board of Dental Examiners

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Austin, Texas 78701-3942

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Instructions:

1. Use this form to notify the Texas State Board of Dental Examiners of a Texas Registered Dental Laboratory closure.
 2. Provide information regarding the maintenance of Dental Laboratory records.
 3. Notification must be made within 60 days of a closure.
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DATE

MOBILE FACILITY NAME

MOBILE FACILITY REGISTRATION NUMBER

ADDRESS

CITY

STATE

ZIP CODE

NAME OF OWNER OR ORGANIZATION POINT OF CONTACT

DATE OF FACILITY CLOSURE

E-MAIL ADDRESS

PHONE NUMBER

DENTAL LABORATORY RECORD MAINTENANCE:

Provide the name of the person or organization maintaining patient dental records in accordance with SBDE Rule 108.8.

NAME OF INDIVIDUAL OR ORGANIZATION MAINTAINING PATIENT DENTAL RECORDS

ADDRESS

CITY

STATE

ZIP

PHONE NUMBER

E-MAIL ADDRESS

SIGNATURE

DATE