



PRIVATE HEALTH SERVICES REGULATORY COUNCIL

Dental Laboratories

1. Name of the Dental Laboratory-
2. Address -
3. Date of Establishment -
4. Province - District -
5. Name of the person operating the Dental Laboratory -
6. Name of the Dental Laboratory Technician -
Qualifications -
7. Facilities available -

8. Method of Clinical Waste Disposal –

9. Business registration no. -

10. **Provincial Director's Comments** -

Name of the Provincial Director of Health Services -

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Signature

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Seal

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Date