

OFFICE OF THE SYNDIC

INQUIRY REQUEST

COMPLAINANT

Name: First name: Sex: Male Female

Address:

City: Province: Postal code:

Phone-Residence: Phone-Office:

Name of patient (if different from complainant):

DENTIST TO BE INVESTIGATED

Name:

Address:

City: Province: Postal code:

Phone:

INFORMATION REQUIRED TO PROCESS THE COMPLAINT

1 Are there any witnesses to the facts surrounding the complaint? If so, please provide their names and addresses.

Name:

Address:

City: Province: Postal code:

Phone:

Name:

Address:

City: Province: Postal code:

Phone:

2 Have you seen any other dentist or professional in connection with your complaint? If so, please provide their names and addresses.

Name:

Address:

City:

Province:

Postal code:

Phone:

Name:

Address:

City:

Province:

Postal code:

Phone:

Name:

Address:

City:

Province:

Postal code:

Phone:

Name:

Address:

City:

Province:

Postal code:

Phone:

3 It may be necessary to request information from your former dentist during the inquiry. Please provide the dentist's name and address.

Name:

Address:

City:

Province:

Code postal :

Phone:

AUTHORIZATION TO RELEASE A MEDICAL OR HOSPITAL RECORD

If you have been hospitalized, or if you have seen a doctor in connection with your condition, please fill out and sign the authorization below:

I authorize Dr. _____ or the following hospital _____ to release a copy of my medical or hospital record to the Syndic of the Ordre des dentistes du Québec.

Signature:

Date:

ADDITIONAL INFORMATION

It may be necessary for the Syndic to transmit a copy of your declaration to the dentist who is the subject of this complaint, in order to obtain his or her version of the events and understand the nature of your complaint.

We typically conduct our inquiry based on the documents provided by dentists and other professionals involved in the case (medical records, x-rays, study models, reports, and so forth). However, we may ask you to be re-examined by an expert dentist, appointed by us, at our expense. The examining dentist's notes and report will then be added to the inquiry records held by the Office of the Syndic. The notes and the report may not be released to you or used in civil litigation.

If the case leads to disciplinary procedures, we assume that we can count on your co-operation as a witness.

HOW TO SUBMIT YOUR REQUEST

Please mail this form to:

Office of the Syndic
Ordre des dentistes du Québec
800 René-Lévesque West, Room 1640
Montréal (Québec) H3B 1X9

Only signed requests will be accepted. Forms may not be e-mailed or faxed.