



**Royal College of
Dental Surgeons of Ontario**

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**Health Profession
Corporation Name
Pre-approval Form**

| PROPOSED HEALTH PROFESSION CORPORATION NAME: | |
|--|--|
| PROPOSED NAME (PLEASE PRINT): | |
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| I WOULD LIKE THE COLLEGE'S REPLY TO BE FORWARDED TO: | |
|--|-------------------------------|
| NAME OF DENTIST(S) FORMING CORPORATION (PLEASE PRINT): | RCDSO REGISTRATION NUMBER(S): |
| | |
| EMAIL: | |
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Please print, complete, and return to the College by fax, email or mail.

Mail

Royal College of Dental Surgeons of Ontario

Registration

6 Crescent Road

Toronto ON M4W 1T1

Fax

416-922-1507

Attention: Registration

Email

hpcinfo@rcdso.org