



Royal College of
Dental Surgeons of Ontario

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Reporting a Tier 1 Event

TIER ONE EVENTS:

Serious adverse events must be reported to the RCDSO in writing within 24 hours of knowledge of the event.

- Death of a patient within the facility.
- Death of a patient within 10 days of a procedure performed at the facility.
- Transfer of a patient from the facility directly to a hospital for care.

1. COMPLETION OF REPORT

Name of Person Completing this Report: _____

Title: _____

Telephone: _____

Date report completed: _____

2. GENERAL INFORMATION

Facility Owner: _____

Facility: _____

Dentist: _____

Date of the Incident:

Day: _____

Month: _____

Year: _____

Sedation performed by: _____

Dentist: Dr. (Name): _____

Modality: _____

3. PATIENT INFORMATION

Patient Identification Number (if applicable): _____

Patient Name: _____

HT: _____ WT: _____ Gender: Male Female Age: _____

Date of Birth: _____

ASA Classification: _____

Treatment Proposed: _____

Treatment Performed: _____

Description of complication, patient status, and disposition of incident:

Pre Op:

Intra Op:

Post Op:

If hospital, name of hospital: _____

Once you have completed the form and are ready to submit it, [email us](#).

We will send you an encrypted email, which you will be able to reply to with your completed form attached, in order for the transmission to be private and secure.