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CDPA MEMBER INCIDENT REPORTING FORM

Please complete this form and then submit email to incident@cdpa.com, Please put "Requesting Assistance" in the subject line and send this completed document as an attachment.

In order to best assist you, please answer the following questions as completely as possible:

1. Please describe all relevant events related to the Incident in your own words:
2. Please state the date upon which you first became aware of this Incident:
3. What actions have you taken to this point:
4. Please state what assistance you are seeking:

Please provide contact phone number(s): (_____) _____
(_____) _____

If there is any correspondence and /or documentation relevant to this Incident to be sent to the CDPA, please forward it a separate attachment to the same email.

It is very important that you not contact the patient or any party that is or may be involved with this Incident until you have been contacted, and given advice, by a Dentist Advisor from the CDPA Assistance Program.
