DATE RECEIVED
CASE FILE NO

PHILIPPINE DENTAL ASSOCIATION

COMMITTEE ON ETHICS & CONDUCT

CONDUCT REVIEW REQUEST FORM

PLEASE FOLLOW INSTRUCTIONS:

- All inquiry below should be answered completely. Type or print in black ink.
- Describe the inquiry/complaint in a CLEAR and CONCISE manner as the basis for the request.
- Additional materials may be submitted if they are necessary to your inquiry / complaint / request.
- Additional testimony can be given at the Validation Interview / Mediation meeting.
- *Please SIGN the form and have it authenticated by a notary public.*

PERSON REQUESTING / INQUIRING:

COMPLETE NAME		BIRTHDATE	AGE	☐ MALE ☐FEMALE
RESIDENCE ADDRESS				
LAND TELEPHONE	CELLULAR PHONE	E–MAIL ADDRESS		
OFFICE ADDRESS		POSITION		
LAND TELEPHONE	CELLULAR TELE PHONE	E–MAIL ADDRESS		

REQUESTING / INQUIRING ON BEHALF OF:

COMPLETE NAME		BIRTHDATE	AGE	☐ MALE ☐FEMALE
RELATIONSHIP				
LAND TELEPHONE	CELLULAR TELE PHONE	E–MAIL ADDRESS		

DENTIST – MEMBER OF INTEREST :

COMPLETE NAME		BIRTHDATE	AGE	☐ MALE ☐FEMALE
CLINIC ADDRESS				
LAND TELEPHONE	CELLULAR TELE PHONE	E–MAIL ADDRESS		
DENTAL CHAPTER	PRC ID#		PDA ID#	
DENTAL SOCIETY	VALID UNTIL		VALID UNTIL	

PDA INFORMATION OFFICER	DATE

STATE BRIEFLY THE FACTS OF YOUR INQUIRY / COMPLAINT / CONCERN :

Please print or type a description of the nature of your inquiry / complaint/ CONCERN including dates, names and addresses of other persons who may be involved. (Please attach copies of all documents relevant to your inquiry / complaint / concern, such as letters and other correspondence, contracts, witness statements and drawings. If more space is needed, please use additional paper.)

_____

_____

_____

PLEASE, state what do you want to realize or happen in order to address / resolve your inquiry / complaint / concern :

_____

_____

_____

Have you seen any other DENTIST(s) / PRACTITIONER(s) / INDIVIDUAL(s) prior to or after in connection with this inquiry / complaint / concern ? □ YES □ NO
(if YES, please, provide the name and address and contact number of the said dentist / practitioner) :

_____

_____

I certify that all of the information provided above is true, accurate and complete.

Signature over printed name _____
(if 18 years old or over)

Signature of Parent or Legal Guardian _____
Both Parents are Required to Sign
(if the inquirer is a minor or incompetent) _____

REPUBLIC OF THE PHILIPPINES)
_____) s.s.

On this _____th day of _____, 20___ before me personally appeared MR/MS/MRS_____

_____ (with Community Tax Receipt No

_____,issued at _____on _____
known to me to be the person who is described in and who executed the foregoing instrument, and acknowledged to me that they executed the same.

_____
Notary Public

Doc. No. _____
Page No. _____
Book No. _____
Series of _____

DISPOSITION OF THE REQUEST

- □ ACCEPTED FOR FURTHER VALIDATION
- □ REFER TO RESPECTIVE DENTAL CHAPTER / DENTAL SOCIETY _____
- □ SCHEDULE INQUIRY – VALIDATION INTERVIEW _____
- □ SEND REQUEST FOR REPLY TO DENTIST-MEMBER OF INTEREST _____
- □ REMARKS:_____
_____

COMMITTEE REPRESENTATIVE : _____/_____

CASE FILE NO.		
DATE RECEIVED		

PHILIPPINE DENTAL ASSOCIATION
COMMITTEE ON ETHICS & CONDUCT

CONDUCT REVIEW PROGRESS NOTES

PERSON INQUIRING / REQUESTING	
DENTIST-MEMBER OF INTEREST	

- ☐ **FULLY ACCOMPLISHED / VALIDATED AND NOTARIZED C.R. R. FORM**
- ☐ **ENDORSEMENT BY PDA DENTAL CHAPTER / SOCIETY**
- ☐ **OTHER DOCUMENTS / MATERIALS AS REQUESTED**

_____

NATURE OF CONCERN

- ☐ ETHICAL CONDUCT
- ☐ QUALITY OF CARE
- ☐ PROFESSIONAL COMPETENCY
- ☐ MORAL TURPITUDE
- ☐ BREACH OF AGREEMENT
- ☐ PATIENT ABANDONEMENT
- ☐ POOR RECORDKEEPING
- ☐ REFUSAL TO TRANSFER RECORDS
- ☐ OTHER:_____
- ☐ INAPPROPRIATE CONTACT WITH PATIENT
- ☐ INAPPROPRIATE MANAGEMENT OF A CHILD PATIENT
- ☐ POOR COMMUNICATION OR CHAIRSIDE MANNER
- ☐ INSURANCE FRAUD
- ☐ FEE DISPUTE
- ☐ BILLING FOR SERVICES NOT RENDERED
- ☐ SUBSTANCE ABUSE
- ☐ VIOLATIVE DRUG PRESCRIPTION

DISPOSITION OF THE CASE :

- ☐ ACCEPTED FOR FURTHER VALIDATION
- ☐ REFER TO RESPECTIVE DENTAL CHAPTER / DENTAL SOCIETY _____
- ☐ REVIEW OF THE INQUIRY / REQUEST
- ☐ SCHEDULE INQUIRY – VALIDATION INTERVIEW _____
- ☐ SEND REQUEST FOR REPLY TO DENTIST-MEMBER OF INTEREST _____
- ☐ SCHEDULE OF PRELIMINARY MEDIATION MEETING _____
- ☐ SCHEDULE OF FINAL MEDIATION MEETING _____
- ☐ COMMITTEE FINAL REVIEW _____
- ☐ READING AND PROMULGATION OF RECOMMENDATION _____

CASE REVIEW

_____

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RECOMMENDATION

DATE	DISPOSITION OF THE CASE	ATTENDING OFFICER