



Royal College of  
Dental Surgeons of Ontario

*Ensuring Continued Trust*

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# Health Profession Corporation Name Pre-approval Form

## PROPOSED HEALTH PROFESSION CORPORATION NAME:

PROPOSED NAME (PLEASE PRINT):

## I WOULD LIKE THE COLLEGE'S REPLY TO BE FORWARDED TO:

NAME OF DENTIST(S) FORMING CORPORATION (PLEASE PRINT):	RCDSO REGISTRATION NUMBER(S):
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EMAIL:

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*

registration@rcdso.org