Request to College

Informal Mediation between Patient and Practitioner

Please print this page, complete it, and fax to the Registrar at (780) 466-5969 or

Mail to Alberta College of Optometrists - #102, 8407-Argyll Road NW Edmonton AB T6C 4B2

Patient Name: ……..

Patient Address: ……..

…… Postal Code …….

Telephone: …….. Fax: ……..

Date: …….

Practitioner Name: …….

Practitioner Address: …….

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Nature of Complaint: ……..

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Patient Signature: ……..

For Office use only:

Date received: …….

Mediator Appointed: …….