



**REPORT OF UNEXPECTED OUTCOME OR OTHER CIRCUMSTANCES WARRANTING
ATTENTION
(PLEASE PROVIDE TO THE OFFICE OF THE GENERAL COUNSEL)**

1. Your name and position: _____
2. Your telephone number and/or cell number: _____
3. Email address: _____
4. Name of patient: _____
5. Patient's date of birth: _____
6. Date of admission or treatment: _____
7. Reason for admission or treatment: _____
8. Treatment rendered or provided: _____

9. Please describe the treatment, outcome, and/or other circumstances that give rise to this report: _____

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