**ONTARIO PHYSICIANS AND SURGEONS DISCIPLINE TRIBUNAL**

**Tribunal File No.:** Insert No.

College of Physicians and Surgeons of Ontario

**College**

- and -

Dr. [First name(s)] [Last name]

**Member**

**RESPONSE TO REQUEST TO ADMIT**

In response to your request to admit dated **[**Click here to enter a date**]**, responding party name:

1. admits the truth of facts at paragraphs numbered
* list admitted facts by paragraph number in the request
1. admits the authenticity of documents at paragraphs numbered
* list admitted documents by number in the request
1. denies the truth of the following facts because:
* list facts and why you deny them by paragraph number in the request
1. denies the authenticity of the following documents because:
* list documents and why you deny their authenticity by number in the request
1. refuses to admit the truth of the following facts because:
* list facts and why you refuse to admit them by paragraph number in the request
1. refuses to admit the authenticity of the following documents because:
* list documents and why you refuse to admit their authenticity by number in the request

**Date:** Click or tap to enter a date.

Click or tap here to enter Name, address, email and phone number of representative or party filing document.

**TO:**

Click or tap here to insert names of other participants and their representatives, if applicable.