Oregon Negligence/Malpractice Claim Report Form

Oregon Board of Dentistry

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(971) 673-3200 • www.oregon.gov/Dentistry

Per ORS 742.400 (4), "…any insurer required to report to a board under this section shall also be required to advise the appropriate licensing board of any settlements, awards or judgments against a physician, optometrist, ***dentist or dental hygienist*** or naturopath within 30 days after the date of the settlement, award or judgment…" **The form below should be completed for every claim received by the reporting entity.** Please send the printed, completed form to the Oregon Board of Dentistry at the address above.

Covered Practitioner (DMD, DDS, RDH only):

License #:	Name:	Phone: ( )

Injury/Incident Data:

Name of the Person who filed Claim:	
Date Claim Filed:	

Person filing claim reason or reasons:

Closure Data:

- ☐ Judicial Findings.
- ☐ Admission of Liability.
- ☐ Money Judgement, Award Against Practitioner by Court, Jury, or Arbitration.
- ☐ Withdrawl or Dismissal of Claim.
- ☐ Settlement of Claim.