Oregon Negligence/Malpractice Claim Report Form

Oregon Board of Dentistry

1600 SW 4th Avenue, Suite 770 • Portland, Oregon 97201
(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: ( )
Address:		
City:	State:	Zip Code:

Injury/Incident Data:

Person who filed Claim:		
Date Claim Filed:	Date reported to insurer:	If re-opened, date re-opened:

Reasons for claim. State patient's actual, original, abnormal condition and any material diagnosis, procedure, planning error, medical injury or other allegation: (*Attach a copy of the complaint to this sheet*)

Closure Data:

- ☐ Judgement or Award against Practitioner by Court, Jury, or Arbitration
- ☐ Withdrawl or Dismissal of Claim.
- ☐ Settlement of Claim.