

OREGON MEDICAL BOARD
1500 SW 1st Avenue #620
Portland, OR 97201-5847
Phone (971) 673-2700
www.oregon.gov/omb

VOLUNTEER EMERITUS MALPRACTICE /MEDICAL PROFESSIONAL CLAIMS INFORMATION

Furnish information on a separate sheet for each malpractice claim. Make copies of this form if necessary. Print or write legibly.

Applicant Name: _____
(Please Type or Print Legibly)

Name of Patient:

Date of Incident:

Location (Hosp, Etc):

Allegation:

Condition / Diagnosis
at Time of Incident:

Description of Medical
Treatment Rendered:

Condition of Patient
Subsequent to
Treatment:

Disposition of Claim
(Include Settlement Amount)

Disposition by Medical
Board if Applicable:

APPLICANT SIGNATURE: _____

DATE: _____