

OREGON MEDICAL BOARD  
1500 SW First 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: \_\_\_\_\_