

Oregon Negligence/Malpractice Claim Report Form Oregon Board of Dentistry

1500 SW 1st Avenue, Suite 770 • Portland, Oregon 97201 (971) 673-3200 • www.oregon.gov/Dentistry

ORS 742.400(2) Within 30 days after receiving notice of a claim a reporter listed in ORS 742.400(1)(d)(A)(B)(C) and (D) shall report the disposition of the claim to the appropriate Board. ORS 742.400(1)(a) defines a claim as a written demand for payment for an injury alleged to have been caused by professional negligence that is made in a complaint filed with a court of appropriate jurisdiction. Disposition of a claim means:

- A. A judgment or award against the covered practitioner by a court, jury or an arbitrator.
- B. A withdrawal or dismissal of the claim.

C. A settlement of the claim.			
Covered Practitioner (DMD, DDS, RDH only):			
License #:	Name:	Phone: ()
	Injury/Incident Dat		,
Name of the Person who filed Claim:			
Date Claim Filed:			
Person filing claim reason or re	asons:		
	Clagram Data		
	Closure Data:		
If Claim is closed, check appropriate box below:			
Judicial Findings.			
Admission of Liability. Money Judgement, Award Against Practitioner by Court, Jury, or Arbitration.			
Withdrawl or Dismissal of Claim.			
Settlement of Claim.			