



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](http://www.oregon.gov/Dentistry)

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JUN 25 2008

OREGON BOARD  
OF 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 #: 5169	Name: Fischer, Frederick	Date of Birth: 08041947
Address: 8375 SW Warm Springs St		Phone: ( 503 )885-8899
City: Tualitin	State: OR	Zip: 97062

**Injury/Incident Data:**

Injured person's name: Kustrum, Ann	Age:
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**Allegations and 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)**

Patient alleges an unspecified number of root canals were completed unnecessarily.

**Closure Data:**