



Department of Consumer & Business Services

Insurance Division

TYPE 1

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SEP 24 2007
OREGON BOARD
OF DENTISTRY

Oregon Medical/Dental
Negligence Claim
Report Form

A separate form for each claimant-insured pair is to be completed for each claimant within 30 days of notice to insurer and again when closed, including claims closed without payment.

Send completed forms to the appropriate licensing boards: Board of Medical Examiners, Oregon Board of Optometry, Oregon Board of Dentistry, or Board of Naturopathic Examiners. ORS 742.400

NAIC no.: _____ Claim file ID: _____

Physician/Dentist

License no.: D5476 Name: David Zachary Age: Unknown

Address: 504 E. 7th Street Phone: (541) 298-4411

City: The Dalles State: OR ZIP: 97058-2677

Injury Data

Injured person's name: Adele Walshaw

Allegations and reasons for claim. State patient's actual, original, abnormal condition and any material diagnosis, procedure, or planning error, medical injury or other allegation: