



# 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)

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 #: <u>D 7829</u>	Name: <u>DENNIS P Clark DMD</u>	Phone: ( )
Address: <u>9430 SW Coral Street Suite 200</u>		
City: <u>Tigard</u>	State: <u>OR</u>	Zip: <u>97232</u>

### Injury/Incident Data:

Injured person's name: Amy S Wittgen

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)*

insured allegedly damaged tooth #7 while hunting for impacted supernumary tooth 7A

### Closure Data: