



Department of Consumer & Business Services
Insurance Division

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OCT 09 2007
OREGON BOARD
OF CLAIMS

Oregon Medical/Dental
Negligence Claim
Report Form

A separate form for each claimant-insured pair is to be completed for each claim 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.: 6249 Name: Susan Weinberg Age: _____

Address: 9735 SW Shady Lane, #307 Phone: 503-968-1696

City: Tigard State: OR ZIP: 97223

Injury Data

Injured person's name: Bradley Roberts Age: _____

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: [see attached]

