



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

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.

Insurer Name: Fireman's Fund Insurance Company

Covered Practitioner (DMD, DDS, RDH only):

License #: D8023

Name: Bill Osmunson

Address: 121-112th NE #B

Phone: (425)455-2424

City: Bellevue

State: WA

Zip: 98004

Injury/Incident Data:

Injured person's name: Jo Ann Robben

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 had a reaction to something used in her treatment. Possibly Gluma by Hcracus Kulzer. It caused her pain and burning.

Closure Data: