



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

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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: Fortress Insurance Company

Covered Practitioner (DMD, DDS, RDII only):

Table with practitioner details: License #: 08573, Name: Johnson, Craig D., Date of Birth, Address: 511 Southwest 10th Avenue, Suite 813, Phone: (503) 224-2745, City: Portland, State: OR, Zip: 97205

Injury/Incident Data:

Injured person's name: Carter, Alexis

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)

See attached copy of complaint. Practitioner denies all allegations of the complaint.

Closure Data: