



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 judgements against a physician, optometrist, **dentist or dental hygienist** or naturopath within 30 days after the date of the settlement, award or judgement...." **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: Continental Casualty Company	NAIC #:	Claim File ID:
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Covered Practitioner (DMD, DDS, RDH only):			
License #: D7086	Name: WONG,CHAD		Date of Birth:
Address: 12845 SE 93rd Ave.			Phone: 503-794-1900
City: Clackamas	State: Oregon	Zip: 97015	
Injury/Incident Data:			
Injured person's name: MARCUM,TIMOTHY	Age:	<input checked="" type="radio"/> M <input type="radio"/> F	

Allegations and reason 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 was in the care of defendants for replacement of metal filings of teeth 2,3,4,12,13. Allegeing damage to temporomandibular joints causing permanenty inury.
