



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: DBIC

Covered Practitioner (DMD, DDS, RDH only):

License #: D5954

Name: David Fuller, DMD

Address: 2250 NE Professional Ct.

Phone: (541) 388.1434

City: Bend

State: OR

Zip: 97701

Injury/Incident Data:

Injured person's name: Carie Romaine

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)

This has already been adjudicated by the OBOD under Case _____ . Submitting as small claims suit files.

Closure Data: