



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](http://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 #: 4955

Name: LIND, STEVEN

Address: 6965 ORVILLE RD S

Phone: (503) 314.8908

City: SALEM

State: OR

Zip: 97306

**Injury/Incident Data:**

Injured person's name: MILLER, NANCY

**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 ALLEGES A 6-UNIT BRIDGE WAS POORLY MADE AND SEATED.

**Closure Data:**