



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: DB

Covered Practitioner (DMD, DDS, RDH only):

License #: D4855	Name: NOLAND, GEORGE, DMD	Date of Birth: 01271943
Address: 511 SW 10TH AVE, #914		Phone: (503)223.4775
City: PORTLAND	State: OR	Zip: 97205

Injury/Incident Data:

Injured person's name: COMBS, JERI

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 ALLEGING FULL MOUTH RECONSTRUCTION WORK FAILED.

Closure Data: