



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 #: D5280	Name: WILLIAM UNDERWOOD, DMD	
Address: 13908 SE STARK, SUITE A		Phone: (503) 257.0545
City: PORTLAND	State: OR	Zip: 97233

Injury/Incident Data:

Injured person's name: JUDITH SMITH

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 TWO RTC'S, AN APICAL AND REFERRAL FOR EXTRACTION WERE COMPLETELY UNNECESSARY AND THERE WERE NO PROBLEMS WITH HER TEETH. SHE DEMANDS HER MONEY BACK.

Closure Data: