



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 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:** Columbia Casualty Company

Covered Practitioner (DMD, DDS, RDH only):			
License #:	D6843	Name:	PHAM,JOHN
Address:		1515 NW LOUISIANA AVE	Date of Birth:
City:	Chehalis	State:	Washington
		Zip:	98531
Injury/Incident Data:			
Injured person's name	GRIJALVA,EFRAIN		Age:

<b>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)</b>
Plaintiff allegation was "bad dental work." Actual allegation was that crown placed to remedy decayed tooth was made of the wrong material.
Closure Data: