



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: Fortress Insurance Company

Covered Practitioner (DMD, DDS, RDH only):

License #: D5354	Name: Jeffrey A. Williamson, DDS	Phone: (503)884-4174
Address: 5 Center Pointe Drive, Suite 260		State: OR
City: Lake Oswego	Zip: 97035	

Injury/Incident Data:

Injured person's name: Denise L. McMerrick

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)

Practitioner denies all allegations of the Complaint. See attached copy of the Complaint.

Closure Data: