



### 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 #: 6959

Name: Matthew Hayden

Address: 1050 W. Elm St, # 240

Phone: (541) 567.8414

City: Hermiston

State: OR

Zip: 97838

#### Injury/Incident Data:

Injured person's name: Billie Alvarado

**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)**

Alleged Insured allowed a crown to be aspirated during extraction. Please note the patient is elderly and has been institutionalized in healthcare facilities for many decades.

#### Closure Data: