



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 #: 7987

Name: MARK KAIP, DDS

Date of Birth: 06211973

Injury/Incident Data:

Injured person's name: STACEY MARTINSON

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)*

CLAIMANT ALLEGES THE DOCTOR FAILED TO DIAGNOSE PROBLEMS WITH TOOTH #10 IN 2007 AND THAT LED TO IT'S REMOVAL IN 2009.

Closure Data: