

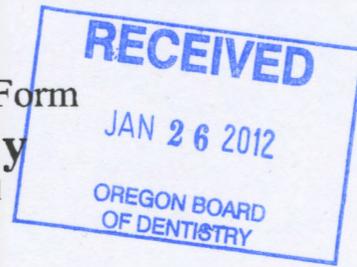


### Oregon Negligence/Malpractice Claim Report Form

# 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: Fortress Insurance Company

### Covered Practitioner (DMD, DDS, RDH only):

License #: D7063

Name: Aoto, Charles E.

Address: 540 Union Avenue

Phone: (541 )476-7781

City: Grants Pass

State: OR

Zip: 97527

### Injury/Incident Data:

Injured person's name: Harden, Larry C. "Skip"

**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 that implant and crown work placed by insured failed.

### Closure Data: