



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**RECEIVED**

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OREGON BOARD
OF 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 #: D8126

Name: Chung, Paul H.

Date of Birth: 01/24/1975

Injury/Incident Data:

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

Date of injury: 05/09/2006

Date reported to insurer: 07/16/2009

If re-opened, date re-opened:

Is Claim Court-Filed? Yes No

If Yes, Date Filed in Court: 12/28/2010

If Filed in Court, Name and Location of Court: CIRCUIT COURT FOR THE STATE OF OREGON FOR JOSEPHINE COUNTY

Plaintiff attorney's name: Miller, Robert A.

Address: 400 Country Club Road, Suite 350

City: Eugene

State: OR

Zip: 97401

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: