



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.

Covered Practitioner (DMD, DDS, RDH only):

License #: D00006968

Name: Anthony J Newkirk, DMD

Phone: (503)656-9331

Injury/Incident Data:

Name of the Person who filed Claim: Linda Newgard

Date Claim Filed: 08/12/2010

Person filing claim reason or reasons: Patient dissatisfied with extraction of tooth #16.

Settled at a settlement conference.

Closure Data:

- Judicial Findings.
- Admission of Liability.
- Money Judgement, Award Against Practitioner by Court, Jury, or Arbitration.
- Withdrawal or Dismissal of Claim.

Settlement of Claim. *2/7/13 Kristine Smith, DBIC*