



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)

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AUG 15 2013

Oregon Board of Dentistry

ORS 742.400(2) Within 30 days after receiving notice of a claim a reporter listed in ORS 742.400(1)(d)(A)(B)(C) and (D) shall report the disposition of the claim to the appropriate Board. ORS 742.400(1)(a) defines a claim as a written demand for payment for an injury alleged to have been caused by professional negligence that is made in a complaint filed with a court of appropriate jurisdiction. Disposition of a claim means:

- A. A judgment or award against the covered practitioner by a court, jury or an arbitrator.
- B. A withdrawal or dismissal of the claim.
- C. A settlement of the claim.

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

License #: D7560	Name: DANIEL HARPER	Phone: (541 ) 344.4867
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**Injury/Incident Data:**

Name of the Person who filed Claim: GLORIA HANSON

Date Claim Filed:	UNCERTAIN
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**Person filing claim reason or reasons:**

LAWSUIT ALLEGES PARASTHESIA AS A RESULT ON DENTAL IMPLANT PLACEMENT.

**Closure Data:**

If Claim is closed, check appropriate box below:

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

*Settled in mediation*