

Physician Malpractice Reporting Form

1. Physician's Name: _____ License# _____

2. Address: _____

3. Name of Claimant: _____

4. Claimant's Attorney: _____

5. Have allegations been reduced to lawsuit? _____

6. Check most appropriate allegation(s) of malpractice listed against you from this complaint.

Negligence _____

Standard of Care _____

Wrongful Death Failure to Diagnose _____

Acts of Omission _____

Failure to Render Correct/Proper Treatment _____

Carelessness _____

Failure to Refer _____

Other _____

7. Facility where incident occurred: _____

8. Brief statement of diagnosis and procedures, which relates to the act(s) of malpractice alleged to have been committed by you. "SEE COMPLAINT or SEE ATTACHED" IS NOT ACCEPTABLE.

9. What malpractice company covered this incident? _____

Policy # _____ Amount of coverage: \$ _____

10. Has settlement been made? _____

Date of settlement: _____

11. Amount of settlement: _____

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