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 allegations(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: _____

Arkansas Board of Podiatric Medicine
4200 RODNEY PARHAM SUITE 100
Little Rock, AR 72212