## Malpractice Claims Explanation Supplemental Form

\* REQUIRED RESPONSE (IF THIS PAGE IS USED). NO RESPONSE MAY CAUSE PROCESSING DELAYS AND REQUIRE FOLLOW-UP.

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	DESCRIPTION OF ALLEGATIONS* (USE ALL FOUR LINES BELOW, IF NECESSARY)																											
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	WERE YO		PRIMARY DEFENDANT					DEFEN	IDANT					NUMBER OF OTHER CO-DEFENDANTS (I														
	YOUR IN	YOUR INVOLVEMENT IN CASE* (ATTENDING, CONSULTING, ETC)																										
	DESCRIPTION OF ALLEGED INJURY TO THE PATIENT (USE ALL FOUR LINES BELOW, IF NECESSARY)																											
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	DID THE ALLEGED INJURY RESULT IN DEATH?  YES  NO  TO THE BEST OF YOUR KNOWLEDGE, IS THE CASE INCLUDED IN THE NATIONAL PRACTITIONER DATA BANK (NPDB)?*  YES													NO														
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