



Arizona State Board of Dental Examiners

“Caring for the Public’s Dental
Health and Professional Standards”

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MALPRACTICE ADDENDUM

Complete this form only if you answered “YES” to question 4 under the conduct questions on the application. You must complete this form for *each* malpractice settlement, judgment or pending case. You will need to submit one form for each case.

Last Name

First Name

Middle Name or MI

Please note: You are required to complete this entire form and forward all applicable documents to the Board. If your matter is pending – as soon as it’s complete, you must notify the Board of the final outcome and you will be expected to submit all applicable documents to Board’s office.

1. Date of Incident: _____
2. Patient Initials: _____
3. Date of Settlement/Judgment: _____
4. Amount of Settlement/Judgment: _____
5. Has this case been reviewed/investigated by any other dental board? Yes or No
6. If yes, which jurisdiction/State? _____

You are required to attach the following for each case:

- Copy of plaintiff’s complaint and your response;
- Copy of Judgment or Settlement Agreement; and
- A complete copy of all medical/dental patient records including x-rays or diagnostic films. You must submit records for any case that resulted in a court judgment. If this is your only malpractice case and it was resolved through a settlement agreement and it was settled more than 10 years ago or the case was settled less than 10 years ago, but the amount of settlement was less than \$10,000, then you do not need to submit records.

Below, provide a detailed clinical narrative regarding the malpractice case. Please refer to your patient only by their initials. Provide the patient's age, sex and physical address of the incident/occurrence. Do *not* omit the answers to the aforementioned, shorten the contextual and material facts or make reference to attached documents when providing this clinical narrative. This section must be completed with your own description that includes all of the facts. NOTE: HIPAA regulations do not prevent you from responding and providing the requested information.

I verify that the above information provided by me is true, complete and correct and I have disclosed each of my malpractice cases, including malpractice cases that are still pending and/or ultimately resulted in my favor.

Signature

Date