



South Carolina Department of Labor, Licensing and Regulation

**South Carolina Board of Medical Examiners**

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**MALPRACTICE CLAIM INFORMATION**

This form must be completed if you have ever been named as a defendant in a malpractice lawsuit, verdict or settlement.

Practitioner Name \_\_\_\_\_

Office Telephone No. \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

**MALPRACTICE COMPLAINT:**

Include name of patient, age, sex, date of occurrence and location, i.e., office or name and address of hospital.

Patient's Name: (Not required) \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Occurrence: \_\_\_\_\_

Place of Occurrence: \_\_\_\_\_

Indicate your position in case: (i.e., resident, primary physician, etc.) \_\_\_\_\_

**FILED AGAINST:**     Individual     Group     Hospital

List names of other defendant-doctors and/or hospitals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**DISPOSITION:**     Pending     Jury Verdict     Settled     Dismissed     Dropped

If the lawsuit against you was dismissed, was it dismissed by the Court on the merits or was it dismissed as a result of settlement negotiations?

On the merits     Dismissed before settlement

If there has been a verdict or settlement, please provide the following information:

Legal Outcome: \_\_\_\_\_

Total Amount Paid: (If any) \_\_\_\_\_ Date Paid: \_\_\_\_\_

Amount attributable to you: \_\_\_\_\_

1. On a separate sheet, provide a detailed written explanation of the background and medical issues involved in the case.
2. Attach copies of the complaint, answer, release, settlement documents and all other relevant legal documents.
3. Form may be duplicated as needed. A separate report must be completed for each malpractice claim.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_