

**MINNESOTA REPORT OF PROFESSIONAL MALPRACTICE
SETTLEMENT OR AWARD**

(within 30 days of payment)
*Relating to Licensed dental provider
pursuant to Minnesota Statutes Chapter 150A*

Send to: Minnesota Board of Dentistry
2829 University Ave., SE, Ste. 450
Minneapolis MN 55414

1. Name of Insurance Company, address and phone number		2. Claim File Identification	
3. Name of Practitioner	4. Address & Telephone Number	5. License Number/Field of Licensure	
6. Case Name			
7. Amount of settlement or award		8. Date of settlement or award	
9. Summarize the allegations of the claim.			
10. Indicate the severity of injury and whether or not death resulted.			
11. Name and phone number of person completing this report and date report completed.			