

The American Board of Plastic Surgery, Inc.

REAPPLICATION MALPRACTICE CLAIMS FORM

Name of Candidate: _____
 (Print Full Name Clearly)

Signature of Candidate: _____ Date: _____

Number	Disposition 1 – Dropped 2 – Pending 3 – Dismissed 4 – Plaintiff Verdict 5 – Defense Verdict	Indicate Month, Day and Year Date of Surgery	Indicate Place of Surgery Hospital, Surgery Center, Office	Dollar Amount of Settlement	Surgery Performed	Issue Infection, Death, Poor Outcome, Dissatisfied Patient	Comments
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							