The American Board of Plastic Surgery, Inc.®

REAPPLICATION MALPRACTICE CLAIMS FORM

Name of Candidate: ____

(**Print Full Name Clearly**)

Signature of Candidate: ___________________________________Date:______________________

Disposition **1 – Dropped** **2 – Pending** **3 – Dismissed** **4 – Plaintiff Verdict** **5 – Defense Verdict**	**Indicate M/D/Y of Surgery**	**Indicate Hospital, Surgery Center, or Office**	**Dollar Amount of Settlement**	**Surgery Performed**	**Issue Infection, Death, Poor Outcome, Dissatisfied Patient**	**Comments**

Reapplication Material Malpractice Claims Form – effective 2-2024

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