CONFIDENTAL

NOTICE OF ACTUAL OR POTENTIAL CLAIM

PREPARED FOR DEFENSE COUNSEL USE IN LITIGATION

NOT PART OF PATIENT'S MEDICAL RECORD

Steward Health Care System
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Dallas, Texas 75201
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INSURED		
Name:		
Address:		**Specialty:**
City:	**State:**	**Zip Code:**
Office Phone:		**Other Phone:**

PATIENT INFORMATION		
Name:	**Age (DOB):**	**Sex:**
Address:		
Marital Status:	**Occupation:**	
Medical Status/Reason for Presentation:		

INCIDENT INFORMATION		
Date/Time/Location:		
Description/Injuries/Allegations:		
Others Involved (Witness's):	**Position/Specialty:**	**Insurer:**

STATUS				
☐ **Summons**	☐ **Deposition**	☐ **Claim**	☐ **Incident**	☐ **Complaint by Patient/Other**
Attorney:	**Address:**			**Phone:**
Court/Docket #:	**Date of Service:**			**How Served:**
Other Defendants:				

REMARKS
Previously Reported: ☐ **Yes** ☐ **No**

ATTACH SUPPORTING DOCUMENTATION

FOR INTERNAL USE ONLY

C.C. File:	**Prepared By:**	**Date:**