



## MEDICAL BOARD OF CALIFORNIA Central Complaint Unit



### OUTPATIENT SURGERY – PATIENT DEATH REPORTING FORM

State law (Section 2240 (a) of the California Business and Professions Code) requires that whenever a patient death results from a medical procedure outside of a general acute care hospital, either by the physician or by a person acting under the physician's orders or supervision, the physician must complete this form and send it to: Medical Board of California, 2005 Evergreen Street, Sacramento, CA 95815, Attn: Central Complaint Unit

<p>1. Patient Name:</p> <p>Last _____ First _____ Middle _____</p> <p>Address: _____ Date of Birth: _____</p> <p style="text-align: center; font-size: small;">Number Street City State ZIP Code</p> <p>Medical Record Number: _____ Physical Location of Medical Record: _____</p>
<p>2. Name of physician who performed surgery:</p> <p>Last _____ First _____ Middle _____</p> <p>2a. Physician's practice specialty and ABMS certification: _____</p> <p>2b. Physician's license number: _____</p>
<p>3. Surgery Date: _____</p> <p>3a. Patient Identifier (Social Security Number, Patient ID Number, etc.): _____</p>
<p>4. Name and address of outpatient setting where surgery/outpatient procedure was performed:</p> <p>Name _____</p> <p>Address: _____</p> <p style="text-align: center; font-size: small;">Number Street City State ZIP Code</p>
<p>5. Outpatient setting is licensed, certified, and/or accredited by:</p> <p>a. _____</p> <p>b. _____</p> <p>c. _____</p>
<p>6. Type(s) of outpatient procedures performed:</p>   
<p>7. Circumstances of patient's death: (please attach additional sheets if necessary)</p>   
<p>8. Name and location of hospital or emergency center where patient was transferred: (a separate <b>Patient Transfer Form</b> must also be completed)</p>  
<p>9. Date of Report: _____ Physician Completing this Form: _____</p> <p style="text-align: right; font-size: small;">(Please Print Legibly)</p>