



Medical Board of California

Outpatient Surgery Patient Death Reporting Form

Enforcement Program
2005 Evergreen Street, Suite 1200
Sacramento, CA 95815-5401
Phone: (916) 263-2528
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www.mbc.ca.gov

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, **within 15 days after the occurrence.**

1. PATIENT INFORMATION			
Last Name		First Name	Middle Name
Street address		City	State Zip Code
Date of Birth	Medical Record Number	Physical Location of Medical Record	
2. PHYSICIAN WHO PERFORMED SURGERY INFORMATION			
Last Name		First Name	Middle Name
2a. Physician's Practice Specialty and ABMS Certification		2b. Physician's License Number	
3. SURGERY INFORMATION			
Surgery Date		3b. Patient Identifier (Social Security Number, Patient ID Number, etc.)	
4. NAME AND ADDRESS OF OUTPATIENT SETTING WHERE SURGERY/OUTPATIENT PROCEDURE WAS PERFORMED			
Name			
Street address		City	State Zip Code
5. ACCREDITING AGENCY			
Select one <input type="checkbox"/> AAAHC <input type="checkbox"/> AAAASF <input type="checkbox"/> JC <input type="checkbox"/> ACHC			
and/or <input type="checkbox"/> CDPH/CMS			
6. TYPE(S) OF OUTPATIENT PROCEDURES PERFORMED:			
7. CIRCUMSTANCES OF PATIENT'S DEATH: (PLEASE ATTACH ADDITIONAL SHEETS IF NECESSARY)			
8. NAME AND LOCATION OF HOSPITAL OR EMERGENCY CENTER WHERE PATIENT WAS TRANSFERRED: (A SEPARATE PATIENT TRANSFER FORM MUST ALSO BE COMPLETED)			
9. REPORT DATE AND FORM COMPLETION			
Date of Report: _____		Physician Completing this form: _____ (Please Print Legibly)	