

Alabama Board of Medical Examiners
P.O. Box 946, Montgomery, AL 36101

Office-Based Surgery
Adverse Event Report Form

Name: _____ AL License # _____

Address: _____
Street City State Zip

Physician Specialty: _____

Date of Surgery: _____ Type of Surgery: _____

Type of Anesthesia (Moderate, Deep, or General): _____

Name & Title of Person Administering Anesthesia: _____

Date of Adverse Event: _____ Patient Age: _____ Patient Gender: _____

Indicate Adverse Event (ie. Surgical complication, post-op infection, etc.):

Patient Hospitalized: Yes ___ No ___
Patient Outcome: Full Recovery ___ Disability ___ Death ___ ** Pending ___

** If patient outcome is pending, please provide a follow-up report within 14 days of the patient's discharge and/or recovery.

Please provide a brief narrative description of what occurred during this event and what changes in office protocols have been implemented in order to prevent this complication from re-occurring. Include any underlying disease processes.

**Please type or print legibly (No Handwritten script)
Attach additional pages if necessary.**

I swear (affirm) that the information set forth on this Office-Based Surgery/Adverse Event Report Form is true and correct to the best of my knowledge, information and belief. I also understand that the Board of Medical Examiners may conduct an on-site inspection at any time.

Signature of Physician: _____ Date: _____

* Please print and return to Amy T. Dorminey, Board Secretary, by e-mail to adorminey@albme.org, fax to (334) 242-4155 or mail to the above listed address.