ALABAMA STATE BOARD OF MEDICAL EXAMINERS

William M. Perkins, Executive Director

Post Office Box 946 36101-0946
848 Washington Avenue
Montgomery, Alabama 36104

Phone (334) 242-4116
Email bme@albme.gov

OFFICE-BASED SURGERY
ADVERSE EVENT REPORT FORM

Physician Name: AL License #:

Address:
Street City State Zip

Physician Specialty:

Date of Surgery: Type of Surgery:

Type of Anesthesia: Moderate Deep General

Name/Title of Person Administering Anesthesia:

Date of Adverse Event: Patient Age: Patient Gender:

Description of Adverse Event (i.e., 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

Provide a brief description of adverse event and any protocol changes implemented as a result. Include any underlying disease processes.

Please **type or print legibly** (no handwritten script). Attach additional pages if necessary.

I hereby certify the foregoing information to be correct to the best of my knowledge, information, and belief. I also understand that the Alabama Board of Medical Examiners may conduct an on-site inspection at any time. Knowingly providing false information to the Alabama Board of Medical Examiners or Medical Licensure Commission of Alabama could result in disciplinary action.

I swear (affirm) that the information set forth on this Office-Based Surgery Adverse Event Report is true and correct to the best of my knowledge, information, and belief.

Signature* of Physician: Date:

* I understand and agree that by typing my name, I am providing an electronic signature that has the same legal effect as a written signature pursuant to Ala. Code §§ 8-1A-2 and 8-1A-7 (if applicable).

Complete form and submit via email to mellis@albme.gov or mail to an above-listed address.