

REC'D JUL 29 2003

Orrin A. Moore, M.D.
Professional Liability History

DATE OF OCCURRENCE: May 21, 1988

DATE CLAIMS WERE FILED: Unknown

PROFESSIONAL LIABILITY CARRIER INVOLVED: MAG Mutual Insurance Company, Atlanta, Georgia.

PATIENT NAME: **Confidential**

CLAIMANT/PLAINTIFF NAME (IF OTHER THAN PATIENT): Same

DEFENDANT(S): 1) Feminist Women's Health Center.
2) Orrin A. Moore, M. D.

Describe allegations against you and alleged injury to the patient:

Failure to recognize cervical laceration. Failure to transfer patient to hospital promptly.

The patient, 32 year old female, underwent a termination of pregnancy by Dilatation and Evacuation (D & E), at 19 weeks gestation. She experienced post-operative bleeding. When conservative measures failed to resolve the problem, the patient was transferred to the hospital. A cervical laceration was found and repaired transvaginally. The patient later developed DIC and was transfused several units of blood products. She was discharged home in satisfactory condition after a two day stay in the hospital.

Has claimant/plaintiff filed suit in court? Yes No

CASE NUMBER: State Court: State: County/Parish:

CASE NUMBER: Federal Court (US District Court): District:

Present status of the claim or case
The case or claim is still pending

Verdict or judgment for the plaintiff was entered in the amount of:
The portion of the verdict or judgment attributed to me was:

Case or claim settled for: Approximately **Confidential**
The portion of the settlement which was paid on my behalf was: **Confidential**

The case was dismissed by the court.

The claimant/plaintiff voluntarily withdrew the claim/lawsuit.

The claimant/plaintiff voluntarily dismissed me from the lawsuit.

Identify your attorney for this claim/lawsuit:

NAME: W. Allen Separk

FIRM: W. Allen Separk

STREET: 271 Roswell Street, P.O Box 1149

CITY: Marietta

STATE: Georgia

ZIP: 30061