



Malpractice History

Provider Name: Shelley Sella

Please DUPLICATE this form and complete for EACH case.

1. Patient Name: _____

2. Diagnosis: Sixteen weeks undesired pregnancy

3. Your involvement in the case, i.e... Attending, Consulting, Etc.: Attending

4. Allegation(s): Negligent performance of an elective D+E

leading to a perforated uterus and associated complications.

5. Clinical Case Summary: 28 year old sustained a perforated

uterus during an elective D+E.

6. Patient Outcome: good

7. Other pertinent details: Other parties named: Kaiser Foundation Health Plan, Inc.,

Permanente Medical Group, Kaiser Foundation Hospital

8. Date of incident: Dec. 6, 1994 Date filed: Nov. 30, 1995

Date closed: Sept 20, 1996

9. Resolution of case, i.e. Dismissed, Settled Out of Court, Litigated, Pending,

Other: Settled

10. Settlement amount paid on your behalf (if any): \$25000 on behalf of The Permanente Group

11. Professional liability insurer involved:

a. Name of Insurer: Kaiser Permanente Medical Care Program

b. Address of Insurer: One Kaiser Plaza Oakland CA

12. Defense attorney: Harding Cook, Lopez, Engel

and Berger 94612

Shelley Sella
Signature

9/29/2009
Date