



Malpractice History

Provider Name: ANABELA A AREN

Please **DUPLICATE** this form and complete for **EACH** case.

1. Patient Name: E [REDACTED] P [REDACTED]

2. Diagnosis: Postpartum hemorrhage, placental abruption, DIC  
Cesarean hysterectomy

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

4. Allegation(s): Failure to perform a timely and proper cesarean  
section and negligently causing and failing to treat DIC

5. Clinical Case Summary:  
Patient went into DIC after a cesarean delivery  
due to presumed placental abruption. Had extended  
SICU care with hysterectomy and multiple  
blood transfusions

6. Patient Outcome: Discharged to home

7. Other pertinent details:  
\_\_\_\_\_  
\_\_\_\_\_

8. Date of incident: 4/22/1992 Date filed: \_\_\_\_\_

Date closed: \_\_\_\_\_

9. Resolution of case, i.e. Dismissed, Settled Out of Court, Litigated, Pending, Other:  
Settled on behalf of St. Lukes/Rockwell Hospital  
Discontinued on my behalf.

10. Settlement amount paid on your behalf (if any):  
\_\_\_\_\_

11. Professional liability insurer involved: National Union Fire Insurance

a. Name of Insurer: \_\_\_\_\_

b. Address of Insurer: \_\_\_\_\_

12. Defense attorney: \_\_\_\_\_

WA  
\_\_\_\_\_  
Signature

8/25/2021  
\_\_\_\_\_  
Date

HSC  
8/30/2021  
CVS