Department of Health Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Tallahassee, FL 32399-3275



## Physician Office Adverse Incident Report

## 1. OFFICE INFORMATION

Office Name:									
Address:									
Street	City		State		ZII				
County: Office S	C:Office Surgery Center License #:								
			(if applic	cable)					
Physician Name:	Name of Licer	see Rep	orting:						
2. PATIENT INFORMATION				(if appli	cable)				
Patient Identification #:			Medicaid	Medicar	<b>A</b>				
Patient Name:	Date	of Birth:	1111/00000	Gende	er:				
Address			MM/DD/YY	YY					
Address: Street	City		State		ZII				
Data of Visit:	800 800 <b>5</b> 00								
Date of Visit: Purpose of Visit:	allus record tree ence								
Diagnosis:									
Diagnosis									
ICD-10 Code:		Level	of Surgery:	1 11	Ш				
(description of incident)									
3. INCIDENT INFORMATION									
Location of Incident: Operating Room Reco	very Room	Othe	er:						
Incident Date: Incident	Time:		AM PI	м					
MM/DD/YYYY			7.00	VI.					
If the incident involved a death, was the medical examine	er notified?	Yes	No						
Was an autopsy performed? Yes No		3120							
			2						
A. Describe circumstances of the incident (use addit	ional sheets if r	necessar	у)						
-									
В.									
ICD-10 CM Codes	110				Mela Elli				
Surgical, diagnostic, or treatment procedure being per time of incident. (ICD-10 Codes 01-99.9)	rformed at								
Accident, event, circumstance, or specific agent that of injury or event. (ICD-10 E-Codes)	caused the	Sel Bay	- depuis		edation :				
Resulting injury (ICD-10 Codes 800-99	9.9)				20 m. 10 02 01				

ffice	Name:	Patient Identification #:								
C.	List any equipn	nent used if directly	involved in th	e incident (use	additional s	heets if necessary)				
D.	Outcome of inc	ident						=		
	Death		Brain Da	mage		Spinal Damage		7		
	Surgical procedure performed on the wrong patient.									
	A procedure to remove unplanned foreign objects remaining from surgical procedure.									
	Surgical repair of injuries or damage from a planned surgical procedure.									
	Surgical procedure performed on the wrong site **									
	Wrong surgical procedure performed **									
	Any condition that required the transfer of the patient to hospital.									
	Outcome of transfer (e.g., death, brain damage, observation only									
	Name of t	acility to which pat	ient was trans	ferred:						
		** If it resulted i	n:	7 8				_		
		Death		Damage	Spinal Da	mage				
				ot to include th						
					0 1110101011 0	56.				
	Fracture or dislocation of bones or joints  Limitation of neurological, physical or sensory function									
				the transfer of						
F.	List witnesses,	including license n	umbers if licer	nsed, and locati	ing informat	ion if not listed abov	е.	-		
		CORRECTIVE A		e additional sh	eets if nece	ssary)				
В.	Describe correc	ctive or proactive a	ction(s) taken	(use additional	sheets if ne	ecessary)		7		
SIG								-		
Sig	gnature:	Physician /Lice	nsee Submittir	ng Report	Li	cense #:		_		
Da	te Report Comp	oleted:		Time Repor	t Completed	l:	AM	ı		