

## STATE OF FLORIDA Rick Scott, Governor

## PHYSICIAN OFFICE ADVERSE INCIDENT REPORT

## SUBMIT FORM TO: Department of Health, Consumer Services Unit 4052 Bald Cypress Way, Bin C75 Tallahassee, Florida 32399-3275

I.	OFFICE INFORMATION	
Name	of office	Street Address
City	Zip Code County	Telephone
Name	of Physician or Licensee Reporting	License Number & office registration number, if applicable
Patien	nt's address for Physician or Licensee Reporting	
II.	PATIENT INFORMATION	
Patien	nt Name	Age Gender Medicaid Medicare
Patien	nt's Address	Date Office of Visit
Patien	nt Identification Number	Purpose Office of Visit
Diagn	osis	ICD-10 Code for description of incident
		Level of Surgery (II) or (III)
III.	INCIDENT INFORMATION	
Incide	ent Date and Time	Location of Incident:  ☐ Operating Room ☐ Other
Note	: If the incident involved a death, was the Was an autopsy performed? □ Yes □	ne medical examiner notified?   Yes   No
<b>A)</b> [	Describe circumstances of the incurse additional sheets as necessary for complete r	ident (narrative) esponse)

Surgical, diagnostic, or treatment procedure being performed at time of ncident (ICD-10 Codes 01-99.9)	Accident, event, circumstances, or specific agent that caused the injury or event. (ICD-10 E-Codes)		Resulting injury (ICD-10 Codes 800-999.9)		
C) List any equipment used if directly involved in the incident (Use additional sheets as necessary for complete response)					
O) Outcome of Incident (Please	e check)				
Death		Surgical procedu	re performed on the wrong site **		
Brain Damage		Wrong surgical p	procedure performed **		
Spinal Damage			f injuries or damage from a planned		
Surgical procedure performed on the surgical performance	he wrong patient.	surgical procedu	re.		
A procedure to remove unplanned		** if it resulted in  Death	:		
remaining from surgical procedure.		□ Brain Damage			
Any condition that required the transfer of the		<ul><li>Spinal Damage</li><li>Permanent disfigurement not to include the</li></ul>			
patient to a hospital.			dislocation of bones or joints		
Outcome of transfer – e.g., death, brair bservation only	n damage,	<ul><li>Limitation of function.</li></ul>	neurological, physical, or sensory		
lame of facility to which patient was	to a section and	Λ Α α α !!!! α			
ariie or raciiity to which patient was	transferred:	patient to a	n that required the transfer of the nospital.		
E) List all persons, including licen hey were involved in this incident	se numbers if licens	patient to a lead	nospital. one capacity in whi		
E) List all persons, including licen	se numbers if licens , this would include	patient to a leading info	rmation and the capacity in whi		
E) List all persons, including licen hey were involved in this incident care providers.	se numbers if licens, this would include the numbers if license	patient to a sed, locating info	ermation and the capacity in white, support staff and other health		
E) List all persons, including licenthey were involved in this incident are providers.  E) List witnesses, including licens  V. ANALYSIS AND CORRE	se numbers if license, this would include the numbers if license the	patient to a sed, locating info	ermation and the capacity in white, support staff and other health		
E) List all persons, including licenthey were involved in this incident are providers.  E) List witnesses, including licens  V. ANALYSIS AND CORRE A) Analysis (apparent cause) of this	se numbers if licenses, this would include the numbers if licenses action(s) taken (Use actio	patient to a sed, locating info anesthesiologis ed, and locating is sheets as necessary fo	ermation and the capacity in whit, support staff and other health information if not listed above recomplete response)		

B) ICD-10-CM Codes