

MICROFILMED

Professional Insurance Management Company
P. O. Box 40198, Jacksonville, Florida 32203

Florida State Medical Malpractice Closed Claim Report

File # C79-2078-78 **831**

Primary Carrier Florida Physicians Insurance Reciprocal

Policy Number 7901-20845

Excess Carrier -----

Policy Number -----

Insured Michael H. Millward, M.D.

Address 6875 Estero Blvd., Ft. Myers Beach, Florida 33931

Specialty One - Gen. Practice

County Lee

Date of Incident 3/31/78

Date of Suit -----

Disposition of Incident:

Date 12-4-79

Settlement \$ 0

Defense Cost \$ 0

Summary Judgement -----

Directed Verdict -----

Let Out by the Jury -----

Reason for final disposition, if no settlement.

no liability

Summary of occurrence which created claim.

Atty is requesting records on pt surrounding the extraction of a tooth and the treatment of her in the hospital prior to this, along with the medication she was on.