

FLORIDA DEPARTMENT OF INSURANCE  
MEDICAL MALPRACTICE CLOSED CLAIM REPORTING FORM

FILE # A84-8298-84

84 01605

PRIMARY CARRIER  
COMPANY CODE 04160 (FLORIDA CERTIFICATE OF AUTHORITY NUMBER)

COMPANY NAME FLORIDA PHYSICIANS INSURANCE RECIPROCAL  
POLICY NUMBER 8401 - 06804

EXCESS CARRIER  
COMPANY CODE (FLORIDA CERTIFICATE OF AUTHORITY NUMBER)

COMPANY NAME  
POLICY NUMBER

CALENDER YEAR CLAIM CLOSED 84

INSURED HENDERSON, M.D./C. BROOKS  
ADDRESS 2 SOUTHWEST 12TH STREET

COUNTY CODE 14

- (1) SURGERY CODE: 19 SPECIALITY: PSYCHIATRY - INCLUDING CHILD - CODE: 1  
(2) DATE OF INCIDENT: 04/09/84  
(3) DATE SUBMITTED FOR MEDIATION: N / A  
(4) DISPOSITION OF MEDIATION: N / A  
(5) DATE OF SUIT: NONE  
(6) DISPOSITION OF INCIDENT (CHECK ONE):  
(1) FINAL JUDGEMENT (2) SETTLEMENT  
(3) FINAL DISPOSITION NOT RESULTING IN PAYMENT ON BEHALF OF THE INSURED  
(7) DATE AND AMOUNT OF JUDGEMENT OR SETTLEMENT:  
A. PRIMARY INDEMNITY \$ .00 C. EXCESS INDEMNITY N / A  
B. PRIMARY DEFENSE \$ .00 D. EXCESS DEFENSE N / A  
(8) SUMMARY JUDGEMENT (1) FOR PLAINTIFF (2) FOR DEFENDENT  
(9) DIRECTED VERDICT (1) FOR PLAINTIFF (2) FOR DEFENDENT  
(10) TRIAL (1) YES (2) X NO  
(11) DATE AND REASON FOR FINAL DISPOSITION, IF NO SETTLEMENT OR JUDGEMENT :  
07/06/84

*n/c*

PT NEEDED ANTIDEPRESSANT FOR ORGANIC PERSON-  
ALITY SYNDROME RESULTING FROM INDUSTRIAL AC-  
CIDENT. PT ALLERGIC TO AMITRIPTYLINE DUE TO  
PREVIOUS MI. PT'S FORMER PHYSICIAN, DR. MAR-  
TIN, APPROVED DESIPRAMINE. PT SUFFERED CAR-  
DIAC EPISODE, WAS HOSPITALIZED AND TOLD BY  
DR. MARTIN DESIPRAMINE CAUSED PROBLEM. PT  
STILL SEES INSD AND BELIEVES IT MAY NOT HAVE  
BEEN CAUSATIVE. PRECAUTIONARY REPORT.

*AL*