

PRIMARY CARRIER  
COMPANY CODE 04160

(FLORIDA CERTIFICATE OF AUTHORITY NUMBER) 84/01696

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: 01/23/84

(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 :  
05/04/84

*n/c*

PATIENT WAS SEEN IN THE ER AND WAS DESCRIBED AS HAVING GROSS TREMORS, RESPONDING HALLUCINATIONS AND AGGITATED. PATIENTS FINAL DIAGNOSIS WAS ALCOHOL WITHDRAWL DELIRIUM, HABITUAL EXCESSIVE DRINKING, ALCOHOLIC DETERIORATION AND ALCOHOLIC HEPATITIS. NOW AN ATTORNEY HAS REQUESTED RECORDS.

*[Handwritten Signature]*