

**GREENWOOD LEFLORE HOSPITAL
PHYSICIAN OCCURRENCE REPORT**

This report is to be completed by physician & submitted to Medical Staff Services (MSS) for logging purposes.
MSS will forward report to Quality Management for investigation.
Quality Management will document result of investigation and action taken.
Final report will be forwarded to Medical Executive Committee

I. Description of occurrence. If additional space is needed, continue on plain paper and attach to this form.

➤ If Patient related, place patient label here:

➤ If no patient label, please print Name, MR # of patient, and Room #

Pt. Name: _____
MR # _____ Room # _____

Name of Person making report Date

Received in Medical Staff Services: Date _____ Log # _____

II. REPORT Received in Quality Management on (date) _____

Name of person in Quality Management receiving report: _____

Result of investigation by Quality Management:

III. ACTION TAKEN:

Final/completed report to Medical Staff Executive Committee

Date