



MISSISSIPPI STATE BOARD OF MEDICAL LICENSURE

For Every Patient. For Every Provider. For Every Mississippian.

SURGICAL EVENT REPORT FORM

NOTE: Part 2635, Chapter 2 of the Administrative Code of the Mississippi State Board of Medical Licensure requires surgeons to report any surgical event to the Board within 15 days of the event. A "surgical event" is recognized as a potentially harmful or life threatening episode related to either the anesthetic or the surgery. Any "surgical event" in the immediate perioperative period that must be reported are those which are life-threatening, require special treatment, or require hospitalization, including, but not limited to the following: (1) serious cardiopulmonary or anesthetic events; (2) major anesthetic or surgical complications; (3) temporary or permanent disability; (4) coma; or (5) death.

Date: _____ Time: _____

Name and Title of Person Filing Report: _____

Provider Information

Name of Physician: _____ MS License #: _____

Specialty: _____ Board Certified? Yes No

Phone: (____) _____

Address: _____

Event (Refer to patient by file number only)

Patient File Number: _____

DO NOT SEND PATIENT MEDICAL RECORDS

Age of Patient: _____ Sex: Male Female

Name/Nature of Procedure(s): _____

Anesthesia/Analgesia (include dosage): _____

Nature of Surgical Event (e.g., anaphylaxis, syncope, infection, rash, etc.):

Treatment for Event: _____

Patient Outcome/Disposition: Hospitalized? Yes No

(Additional information may be given on a separate page.)

RETURN BY MAIL TO:

Mississippi State Board of Medical Licensure
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