



**OUTCOME OF SENTINEL EVENT** *(If death, actual physical injury with permanent loss or actual psychological injury with permanent loss occurred, please indicate.)*

**Describe the Outcome:**

**CORRECTIVE ACTIONS** *(If equipment repair or procedure, policy, or process modification or change took place, please indicate.)*

**Corrective Action Taken:**

**SIGNATURE** *(Please sign and date below. A separate Sentinel Event Report Form is required for each and every reportable sentinel event. A signature is required on each and every form.)*

**Print Name:** \_\_\_\_\_

**License Number:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Doctor's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_