



Argonaut Insurance Company

9200 S. Dadeland Blvd., Suite 400, Miami, Florida 33156

1214

File # 83M004739

Primary Carrier ARGONAUT INSURANCE COMPANY

Policy Number GL83-306-604661

Excess Carrier ARGONAUT INSURANCE COMPANY

Policy Number IL83-312-812837

Insured SHELDON ALAN ROEN, M.D.

Address 4300 ALTON ROAD MIAMI BEACH, FLORIDA

Specialty RADIOLOGIST

Date of incident 10-21-74

Date of Suit NONE

MEDICAL MEDIATION CLAIM 6-14-76

Disposition of incident:

Date N/A

Settlement \$ 0

Defense Cost \$ 3279.00

Summary Judgement N/A

Directed Verdict N/A

Let out by the jury N/A

Reason for final disposition, if no settlement.
MEDIATION PANEL FOUND NO ACTIONABLE NEGLIGENCE.
CLOSED 5-5-77.

Summary of occurrence which created claim.
ALLEGES INJECTION OF DYE FOR VENOGRAM CAUSED SLOUGH OF TISSUE IN RIGHT FOOT.