

Professional Insurance Management Company
P. O. Box 40198, Jacksonville, Florida 32203

Florida State Medical Malpractice Closed Claim Report

File # A79-2154-77 **79 929**

Primary Carrier Florida Physicians Insurance Reciprocal

Policy Number 7901-06804

Excess Carrier -----

Policy Number -----

Insured C. Brooks Henderson, M.D.

Address 2 South W. 12th Street, Ocala, Florida 32670

Specialty One - Psyc.

County Marion

Date of Incident 12/77

Date of Suit -----

Disposition of Incident:

Date 7/18/79

Settlement \$ 00

Defense Cost \$ 00

Summary Judgement ----

Directed Verdict ----

Let Out by the Jury ----

Reason for final disposition, if no settlement. *Marion County*

No claim activity

Summary of occurrence which created claim.

Pt has been under the care of a man who is a clinical social worker and first saw pt in 12/77 and again in February 1979. Pt later saw a neurologist which revealed a brain tumor which was malignant. Insd consulted with the man off the record but never saw pt or treated him. Now father is upset and possibly will seek legal advice.