



TEXAS MEDICAL BOARD

Report of Action or Event that Compromises Independent Medical Judgment of Physician

Name and address of hospital

As the chief medical officer or designated physician member of the medical executive board of the above-named physician, I am reporting the following action or event that I reasonably and in good faith believe constitutes a compromise of the independent medical judgment of a physician in caring for a patient, as required by law (Health and Safety Code, Sec. 311.063, Special District Local Laws Code, Sec. 1071.0625, Health and Safety Code, Sec. 281.0283).

Attach additional pages as needed.

**Chief Medical Officer/Physician Medical
Executive Board Member Name - Printed**

License Number

Signature

Date

**Print, complete and mail to:
Texas Medical Board
Investigations Department, MC263
P.O. Box 2018
Austin, TX 787682018**