

FILED

OCTOBER 31, 2011

NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS

STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF MEDICAL EXAMINERS

IN THE MATTER OF THE SUSPENSION	:
OR REVOCATION OF THE LICENSE OF	:
	:
AMGAD HESSEIN, M.D.	:
LICENSE NO. MA067650	:
	:
TO PRACTICE MEDICINE AND SURGERY	:
IN THE STATE OF NEW JERSEY	:

On October 13, 2011, Paula T. Dow, Attorney General of New Jersey, filed with the State Board of Medical Examiners an Order to Show Cause and Verified Complaint seeking the temporary suspension of the license of Amgad Hessein, M.D. (Dr. Hessein or respondent). The emergent action was in response to allegations that include Dr. Hessein has either engaged and continues to engage in a pervasive scheme of financial fraud, which renders his medical records mere fiction rather than a contemporaneous recordation of care provided to vulnerable patients, or that the manner in which he renders medical care, including interventional pain therapies and invasive injections, poses a substantial risk of harm to patients, or both. The Attorney General alleges he practices in a manner that constitutes gross and repeated acts of negligence, malpractice or incompetence; that he creates and maintains medical records that do not accurately reflect treatment rendered; and that he repeatedly bills for services that are not performed, including billing for

services on many dates when he was not present or practicing in his office. The Attorney General argued that Dr. Hessein's conduct both in the poor quality of medical care and in his fraudulent billing evidenced a deficiency of clinical skills and a lack of trustworthiness such that his continued practice constitutes a clear and imminent danger to the public health, safety, and welfare, warranting the temporary suspension of his license under the provisions of N.J.S.A. 45:1-22.

When, at its October 12, 2011, meeting, the Attorney General's application was presented for consideration of whether to sign the Order to Show Cause requiring respondent to appear at a hearing, the Board determined the exigent nature of the allegations required that the matter not wait until the Board's next scheduled meeting four weeks hence. Therefore, upon motion and vote, the Board delegated to a committee of the Board the authority to hear the Attorney General's application on October 26, 2011, and to take action if warranted. The full Board is to consider the record developed at the hearing, including the transcript of the proceedings, and the committee's ruling at its November 9, 2011, meeting. This order embodies the committee's determination, subject to ratification by the Board. The Board may accept, modify or reject the committee's decision.

In support of her application, the Attorney General, by Kay Ehrenkrantz, D.A.G., submitted the certifications of David

Nechamkin, a detective employed by the Union County Prosecutor's Office; Jennifer Yanow, M.D., the State's expert witness; Gina Galloni and Marianne Nucci, both investigators with Division of Consumer Affairs. Each certification referred to other exhibits appended to the emergent application.

The Order to Show Cause and Verified complaint were served on DeCotiis, Fitzpatrick & Cole, LLP, (Alex Keoskey, Esq.) counsel for respondent, on or about October 13, 2011, with the complete exhibits provided to counsel over the next several days. By letter dated October 24, 2011, respondent, through counsel, entered a General Denial to the allegations, and submitted a brief outlining his arguments against the application going forward.

As scheduled, the committee heard the application on October 26, 2011, at the offices of the Division of Consumer Affairs in Newark, New Jersey.¹ After extensive argument, the committee denied respondent's motion to dismiss, finding the Attorney General's papers set forth sufficient grounds to proceed to the hearing. The committee also denied the motion to prevent the committee from hearing the matter, finding the specific delegation from the Board on October 12, 2011, coupled with the harm alleged,

¹ Five members of the Board, all physicians, comprised the committee: Steven Lomazow, M.D.; Zeyad Baker, M.D.; Elliott Krauss, M.D.; George Ciechanowski, M.D.; and Stewart Berkowitz, M.D.

authorized its actions.²

Dr. Hessein, who was initially licensed in this State in 1998, is Board certified in anesthesiology, with a sub-certification in pain medicine. Over the last ten years, he has maintained offices in Newark, Union, Rossland, South Orange, Belleville, practicing under the name "Advanced Pain Management Specialists, PC." He has privileges at Saint Michael's Hospital in Newark, and Overlook Hospital in Summit. He treats patients for chronic pain, using various therapeutic modalities, including invasive interventional injections, trigger point injections, and pharmacologic therapy.

As detailed in the certification of Detective Nechamkin (P-1), the investigation into Dr. Hessein's practice was initiated upon a joint investigation of the Union County Prosecutor's Office and the Office of the Inspector General, United States Department of Health and Senior Services. On November 17, 2010, Dr. Hessein and his

² Respondent has argued that only a quorum of the full Board (not less than majority of appointed members) may enter an order of temporary suspension. The Board has long recognized the authority of the Board president or other committee to act in exigent circumstances. For more than 25 years, the Board has had a policy that delegates to an officer of the Board the authority to act. This has enabled the Board to address emergent issues and applications as they arise, often between Board meetings (the Board meets once a month). Here, a quorum of the Board specifically delegated to this committee the authority to hear this matter. An agency entrusted with protection of the public health, safety, and welfare must have the ability to enjoin practices that put the public in jeopardy without the need to await the convening of a multi-member board. As noted, the record of the hearing, including the transcript, will be available at the Board when it considers ratification of the committee's order on November 9, 2011.

brother, Ashraf A. Sami (Sami), were arrested and charged with health care fraud. At that time, the prosecutor's office executed a search warrant for the Belleville practice location and respondent's homes in West Paterson and Belmar, New Jersey, seizing records including patient charts, progress notes, consent forms, billing records, and appointment schedules. On the same day, investigators from the Division of Consumer Affairs inspected the Belleville office. As detailed in her certification, Ms. Galloni observed several dozen vials of expired medications in the treatment rooms at that location (P-7, pp 0113-0114). Following Dr. Hessein's arrest, Detective Nechamkin continued his investigation and, in addition to interviews taken pre-arrest, interviewed several persons who were Dr. Hessein's patients and employees. The interviews were recorded either on audio-tape or DVD. Transcripts of those recordings were admitted, over objection, into evidence as P-10 and P-11. ³

³ The committee has accepted the statements of these patients and employees into evidence as they bear sufficient indicia of reliability to satisfy the verification requirements of N.J.S.A. 45:1-22. Detective Nechamkin has certified that the Exhibits P-10 and P-11 (Exhibits J and K as attached to the Verified Complaint) are accurate. He conducted the interviews, which were transcribed, and which transcripts he reviewed (P-1, p 003). For interviews that were contemporaneously typed, the witnesses reviewed and initialed the statements, verifying their accuracy. Importantly, at the outset of each interview, the witness agreed to tell the truth and the conclusion of the interview, acknowledged to Detective Nechamkin, who is an attorney at law in this State, the truth of his or her statement. See:

On August 3, 2011, a Grand Jury sitting in Union County indicted Dr. Hessein and his brother Sami, who worked in respondent's practice and does not hold a license to practice medicine or other health care profession, for multiple counts of health care claims fraud and conspiracy to commit health care fraud (Ex. P-2). The indictment having issued, Division of Consumer Affairs investigators were, on August 8, 2011, finally able to view and obtain copies of documents that had been seized under the search warrant executed in November 2010. Those documents, including patient records for B.Z, D.C., T.A., A.G., J.R., and J.C., were then reviewed and data were analyzed and compiled to show, among other things, dates of service, procedure codes billed, whether certain documents were in the record, and whether

Statement of T.A., April 8, 2011 Ex. P-10 pp 0203, 0226;
Statement of J.A., May 9, 2011, Ex. P-10, pp 0229, 0248;
Statement of B.B., May 3, 2011, Ex. P-10, pp 0249, 0259-60;
Statement of D.C., May 6, 2011, Ex. P-10, pp 0261, 0264;
Statement of F.C., May 6, 2011, Ex. P-10, p 0279 conclusion only)
Statement of A.G., April 6, 2011, Ex. P-10, pp 0281, 0294;
Statement of K.S-A, June 8, 2011, Ex. P-10, pp 0296, 0318;
Statement of M.S., April 13, 2011, Ex. P-1, pp 0320, 0331;
Statement of J.R., July 19, 2011, Ex. P-10, pp 0333, 0358;
Statement of B.Z., May 11, 2011, Ex. P-10, pp 0359,0374;
Statement of J.C., June 24, 2010, Ex. P-10, pp 0375,0380;
Statement of J.C., October 7,2010, Ex. P-10, pp 0391,0412;
Statement of J.C., June 16, 2011, Ex. P-10, pp 0413, 0418;
Statement of Kim Godoy, August 17, 2009, Ex. P-11, pp 0426, 0434
(signed by Ms. Godoy);
Statement of Samirah McDaniel, December 10, 2010, Ex. P-11, pp
0435, 0442 (signed by Ms. McDaniel);
Statement of S.M., March 25, 2011, Ex. P-11, pp 0444, 0517;
Statement of Dolores Gilmore, March 31, 2011, Ex. P-11, pp 0519,
0578.

procedures were billed on consecutive days or on a Sunday and Monday when the offices were closed.

The patient records were given to Jennifer Yanow, M.D., for review and assessment of the treatment rendered to those patients. Dr. Yanow is Board certified in Physical Medicine and Rehabilitation and by the sub-specialty Board of Pain Medicine. She submitted a report dated September 21, 2011, in which she discussed the treatment rendered to the patients, finding that Dr. Hessein had repeatedly engaged in acts and practices that constituted gross deviations from accepted standards of care, both in his injection technique (including performing invasive injections without contrast dye (use of flouroscopy) and on patients taking anticoagulants); in his failure to have discussions with patients concerning potential side effects of treatment (such discussions were not documented in the chart) thus preventing the patients' from giving informed consent to the procedures; not following up on treatment rendered or tests performed or documenting benefits of treatment; treating patients under IV sedation where the record lacks any documentation that vital signs were monitored; and having procedure notes that are "missing, vague, or difficult to interpret." (Ex. P-5, p 0104).

Based on the Dr. Yanow's report (P-5, Ex. E), and her conclusions that some of the treatment reflected in the records could result in catastrophic complications, including stroke,

paralysis, and death, and the information detailed from patient and billing records (P-7, Ex. G), the Attorney General filed a ten-count complaint, alleging regular, gross and repeated deviations from the standard of care owed to the patients whose charts were reviewed, in both the quality and quantum of treatment; in the manner in which records were maintained (or not); and in his billing practices.

At the October 26, 2011 hearing, after the committee disposed of preliminary motions and heard opening statements, the Attorney General presented her case. The Deputy Attorney General advised that she would not present any witnesses, and moved into evidence, over objection, exhibits P-1 through P-23.⁴ (Full list of exhibits attached at the end of the order).

At the conclusion of the State's case, respondent again moved to dismiss and the committee again denied the motion. Respondent then presented Alexander Weingarten, M.D., as an expert. Dr. Weingarten, a physician licensed in New York is a Board certified anesthesiologist, with a subspecialty certification in pain management, and is Board certified in Pain Medicine (R-5,

⁴The committee, as noted in footnote 3 above, found P-10 and P-11 to be acceptable as verifying documents. P-14 through P-20 are true copies of medical records seized from respondent's practice under the search warrant executed in November 2010. Dr. Yanow and the State's investigators, as well as Detective Nechamkin, have certified the materials they submitted. As noted, when exhibits were accepted into evidence, the committee has fully considered respondent's objections and has assigned appropriate weight to those exhibits.

curriculum vitae). Dr. Weingarten was accepted as an expert and his 35 page report was accepted into evidence over the deputy's objection. Respondent also offered three other expert reports, from Jeff Gudin, M.D., Board certified in anesthesiology, with subspecialty in pain medicine (R-1 report and curriculum vitae); Zvi Herschman, M.D., Board certified in anesthesiology, and pain management (R-3, report and curriculum vitae); and Saad George Sobhy, M.D., a practitioner in the field of interventional pain management (R-4, no curriculum vitae provided). These also were accepted over the objection of the Deputy Attorney General, who stated that she had received the reports the evening before the hearing and had not had an opportunity to review them. Because the committee, too, had not previously seen the reports, it took a recess to read and evaluate the reports.

After the recess, Dr. Weingarten testified to several areas of Dr. Hessein's practice and, consistent with his expert report, stated his opinion that Dr. Hessein's treatment of the patients whose records he reviewed was appropriate. Citing to his experience and to various articles produced (R-6), he disputed the conclusions in Dr. Yanow's report. The Deputy Attorney General cross-examined the witness and the committee members posed questions to the witness regarding Dr. Hessein's practices. Notably, Dr. Weingarten did not review the statements of patients or employees (P-10 and P-11).

In further support of his case, respondent's counsel offered Dr. Hessein's curriculum vitae (R-2), certifications from patients B.Z. (R-7), J.S. (R-8); T.A. (R-10), who remain patients in Dr. Hessein's practice; and the certification of Milana Green, an office manager with the practice (R-11). These were accepted into evidence, as was R-9, sample sheets labeled "sedation log" that reflect monitoring of two patients under IV sedation on various dates. The Deputy Attorney General noted the log sheets were not part of the patient records maintained in the office, that they were presented for the first time on the day of the hearing, appeared to be in the same handwriting, and did not have any indication as to the person(s) recording the vital signs or creating the record, or other indicia of reliability. In fact, these sample log sheets were provided to respondent's expert, Dr. Weingarten, only when he asked for some evidence that the patients had been monitored. Dr. Weingarten noted that these monitoring reports should be part of the patient record and would be expected to have been included in the chart. Although accepted into evidence, the Committee agrees with the Deputy Attorney General that little or no weight should be accorded to R-9 as the records appear to have been created after the fact. Dr. Hessein did not testify.⁵

⁵ The Attorney General bears the burden in this action and Dr. Hessein was not required to testify. The committee notes, however, that Dr. Hessein did choose to speak to the physicians

In closing, respondent's counsel again argued that the State had not demonstrated that Dr. Hessein's practice demonstrated a clear and imminent danger. The Deputy Attorney General used her closing argument to highlight where, in the evidence admitted, Dr. Hessein's conduct did rise to that level and urged the Committee to suspend his license. As she had in her brief in support of the application, the deputy attorney general cited to hundreds of thousands of dollars in fraudulent claims, including billing for fluroscopy procedures in his Newark office when that equipment was not available in that office until August 2009; consistently billing for treatment on Sundays and Mondays when his offices were not open on those days, as well as on repeated dates that evidence demonstrates he was out of the country; billing for treatment on dates when patients denied receiving treatment (several examples of billing on consecutive days); and billing for drug counseling when not provided.

The deputy attorney general cited to gross deficiencies in medical care, as highlighted by Dr. Yanow including not using appropriate techniques (for example, not using contrast dye when

who prepared expert reports on his behalf. Those reports are replete with references to Dr. Hessein's representation regarding his treatment of patients. This "filling in the blanks" to answer questions that rise regarding his treatment strikes the committee as convenient, if not completely self-serving. While as discussed below, all expert reports are of limited value, because they are based on apparently fraudulent records, expert opinions that find the treatment adequate when Dr. Hessein amplifies his woefully inadequate records are especially suspect.

performing certain invasive procedures, putting patients at risk for paralysis); not monitoring patients under interavenous sedation; failing to document discussions with patients; failing to ensure patients taking anti-coagulent medications have stopped taking the medications before invasive procedures; failing to provide adequate follow-up with on-going medical care; failing to have an adequate basis for performing tests; and failing to document pertinent information in patient records. These substantial and significant departures from standards governing the practice of medicine continue to place patients at risk of harm.

The Committee went into executive session to deliberate.

After fully reviewing the record created, including the expert reports of Dr. Yanow, Dr. Gudin, Dr. Herschman, Dr. Sobhy, and Dr. Weingarten, the testimony of Dr. Weingarten, the exhibits in evidence, and arguments of counsel, the committee has found, as detailed below, that Dr. Hessein's continued practice palpably demonstrates a clear and imminent danger to the public health, safety and welfare as his medical records are unreliable and unbelievable, having been fabricated to justify his extraordinary fraud, and as a result have prevented a meaningful assessment of his clinical skills.

That finding rests upon the committee's determination that Dr. Hessein has engaged in a widespread pattern of economic fraud and falsification of patient records over a protracted period of time.

This is not a case of simple upcoding or sloppy recordkeeping. Dr. Hessein in 2006 and in 2007 billed for procedures on 365 days of the year. In 2008, he billed for treatment rendered on 352 days. In 2009, he billed for 334 days. Proofs demonstrate that during this period his office was closed on Sundays and Mondays (which account for more than 100 days in any calendar year), and when travel records indicate he was out of the country (P-1), pp 009-10). There were no other physicans in the office to provide care on these dates.

His former employees provided statements that respondent was aware of everything that went on in his office, that he and his unlicensed brother together conspired to perpetrate that fraud. Together the statements paint a picture of an office where submission of false claims was the norm. S.M. told of Sami completing forms, making up procedure numbers (Ex P-11, pp 437-38; 477-780). Kim Godoy, and Samirah McDaniel similarly reported that Sami fills out the super bill for treatment not rendered (Ex. P-11, p 430; pp 437-439;). J.C., who was both an employee and a patient, stated that Dr. Hessein would make minimal entries and Sami would add to the charts. (Ex. P-10, p 0404). Dolores Gilmore and S.M. reported that Dr. Hessein and Sami would go over the bills at the end of the day (Ex. P-11, pp 0534,0552-53; 0478). S.M. reported that patients complained that they had been billed for treatment not rendered and when she confronted Dr. Hessein, he told her "not

to worry about it." (Ex. P-11, p 0502). Dr. Hessein has falsified patient records - and by doing so violated the sacrosanct compact between a physician and his patients. The veracity and trustworthiness of medical records are the very foundation of the practice of medicine. Respondent's actions make it difficult, if not impossible for a reviewer to assess his clinical practice - to know what treatment was rendered, whether patients were given alternatives to treatment, whether risks were explained, and whether treatment that was rendered was successful. Respondent's patients, many of whom suffer from intractable and chronic pain are vulnerable. They trust him. The abrogation of his duty to accurately record his patient's conditions and treatment rendered is not a technicality. What is most important, subsequent treating physicians and other health care providers cannot rely on these fabricated and/or incomplete records. Respondent's patients, when seeking care from other health care professionals, cannot provide an accurate record of the care they have received.

Further, third party-payors, whether the government through Medicare or Medicaid or private insurers, as well as private persons paying for medical treatment out of pocket, are all victimized by false records. Billing for services not provided when the record falsely reflects that it has been done, may cause a future provider to eliminate a treatment modality believing it to have been ineffective. Yet another pernicious effect: "using"

health care dollars so annual or other limitations are exhausted, thus depriving the patient of necessary therapies going forward.

Respondent's patients do not have a medical record; they have documentation supporting respondent's massive, fraudulent billing scheme - and therein lies the clear and imminent danger.

Consider, for example: J.C. reported that she had been billed for procedures that had not occurred. On three occasions she sat on a folding chair in the office. As she described the visits, Dr. Hessein:

"came in, asked how I was doing. I said great. He touched my back, um he put his finger down my spine, he pushed on my lower back and he said okay, you're doing great. And he sat in another folding chair; he wrote my prescription and I left."

She noted the visits were "maybe ten minutes" and that she did not undergo any procedures at those visits. She then received explanations of benefits from the insurance company showing Dr. Hessein had billed her for procedures with fluoroscopic guidance, with fees of over \$9,000. (Ex P-10, 0410-11). The anxiety experienced by J.C. is evident:

If he's been billing me for the past two years or three years, which I never really went through my EOBs. I, I was never really that interested until I started seeing them coming in at such, you know, high amounts. With your lifetime maximum, you pay the maximum with your health insurance and you no longer have health insurance. Once you hit if it's \$100,000, if it's \$500,000. I'm ill, I have emphysema. I have hospital bills. I'm in the hospital every six weeks and then I have him billing me for \$9,000 for sitting in a chair and eventually I'm gonna run out of health insurance, And I'm gonna have nothing. And that is one of my biggest concerns as far as

a personal problem. Um, and my husband also, he does the same thing to my husband every time we go. (Ex. P-10, p 0411).

The evidence demonstrates that in addition to billing for procedures that he did not perform when patients were in the office, Dr. Hessein billed for procedures on dates when patients were not present, for example: D.C. stated that he had not gone for treatment on consecutive dates (Ex. P-10, p 0263), yet, as noted in P-9, the summary prepared by the Division of Consumer Affairs investigative staff, Dr. Hessein billed D.C. for 35 sets of consecutive days.

A physician willing to expose his patients to these risks, and willing to arrogate to himself limited health care dollars at the expense of the public, demonstrates that he lacks the character and integrity to hold a license, and that his practice constitutes a clear and imminent danger.

Moreover, by this own hand, respondent has prevented an honest assessment of his clinical practice. Experts spent valuable time in reviewing patient records that are unreliable as to treatment that may or may not have been rendered or rendered differently, and thus the expert reports in evidence are of limited value to the Committee and the Board. But those reports do provide a glimpse into respondent's current practices as respondent chose to speak with those experts when they were reviewing his records in preparation for this hearing. Of particular note to this Committee

is Dr. Gudin's report (R-1). He writes:

When asked about performing neuraxial injections in patients on Plavix - he opined that it is only a 'relative' contraindication to discontinue anticoagulants for pain management procedures... when asked about the use of contrast dye during his injections, he stated that in his experience after thousands of such injections, he knows when his needle tip is successfully placed, and always aspirates for blood before injecting any substance. Some of these practices are contrary to current pain literature, and may reflect practice from the early 1990's when Dr. Hessein trained. (R-1, p.2).

These admissions to Dr. Gudin cause the committee to be concerned about Dr. Hessein's fund of knowledge and his clinical and practical skills. When added to evidence in patient records that include reference to administration of medications in quantities that are highly improbable (See Ex. P-5, p 0101); by lack of consistent, complete informed consent (Ex. P-8); and lack of documentation that he has followed-up on procedures performed, as well as the concern over whether he adequately (if at all) monitors patients under IV sedation, and the presence of dozens of expired medications in his treatment rooms (Ex. P-7, p 0113), they buttress the conclusion that Dr. Hessein's continued practice is inimical to his patients and the public health, safety, and welfare.

Further to the committee's conclusions, respondent has shown no insight regarding his practices. There is no indication in the materials put forth here that he has modified his practices in any way. Dr. Hessein, as noted above, defends his practice of not using

contrast dye with invasive injections, asserting that he has enough experience to inject without its use. While the experts note that there may be patients for whom use of contrast dye is contraindicated (those with allergies, for example), there is no indication in the record that respondent's patients were allergic to the dye or had a medical condition that would suggest it not be used. The standard of care is to employ this technique. Perhaps the reason it is not used is that respondent, while billing for such procedures, is simply not performing them.

The committee is keenly aware of the heightened standard to be employed here; palpable demonstration of a clear and imminent danger must be found to impose a temporary suspension. The Committee has evaluated the evidence critically and thoroughly while remembering its paramount obligation to protect the health, safety and well being of the public. As physicians, we thoroughly understand the issues, the evidence, and the standards involved. Practicing medicine in this State is a privilege that is burdened with conditions, among them is the requirement of fidelity to the patient - as manifest in accurate records and truthful billing and delivery of competent, safe care.

Dr. Hessein has betrayed the trust of his patients, the public, and the regulated community, and has raided the public coffers. His flagrant disregard for the integrity of medical records and his rapacious billing practices have already harmed his

patients and the public. The Legislature through N.J.S.A. 45:1-22 has given licensing boards the authority to temporarily suspend a license in such circumstances. .

The Attorney General has demonstrated to the committee's satisfaction that Dr. Hessein continued practice palpably demonstrates a clear and imminent danger to the public health, safety and welfare. The massive, fraudulent billing scheme perpetrated here and his creation of fictitious records bespeaks a lack of trustworthiness so profound that no monitor or less restrictive alternative will suffice. The committee finds that no action short of a temporary suspension will serve adequately to protect those interests.⁶

THEREFORE, IT IS ON THIS 31st DAY OF OCTOBER, 2011

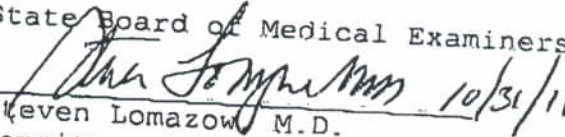
ORDERED:

1. The license of Amgad Hessein, M.D., as announced at the hearing on October 25, 2011, is temporarily suspended effective 5:00 p.m. on October 28, 2011, pending the outcome of the plenary hearing on the allegations of the Verified Complaint.

⁶This order has been prepared on an expedited basis as requested by the Honorable Philip S. Carchman, P.J.A.D., to assist the Appellate Division in reviewing respondent's application for a Stay of the committee's order temporarily suspending respondent's license as of October 28, 2011. Because of the expedited nature of the order, and because the full Board will be reviewing this Order on November 9, 2011, the committee and the Board reserve the right to set forth a Supplemental Order if necessary to clarify and enhance the findings of fact and conclusions of law undergirding the decision.

2. During the period of temporary suspension, respondent shall comply with the Directives for Disciplined Licensees, attached here.

3. This Order is subject to review and ratification by the Board at its meeting on November 9, 2011. In determining whether to accept, reject or modify this Order, the Board shall review the record related in this matter, including the transcript of the October 26, 2011 hearing.

State Board of Medical Examiners

Steven Lomazow M.D.
Committee Chairman