



New York State Board for Professional Medical Conduct

Corning Tower • Empire State Plaza • Albany, NY 12237 • (518) 474-8357

Barbara A. DeBuono, M.D., M.P.H.
Commissioner of Health

Charles J. Vacanti, M.D.
Chair

November 13, 1995

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Thomas H. Heineman, M.D.
169 Main Street
Hamburg, New York 14075

RE: License No. 045740

Dear Dr. Heineman:

Effective Date: 11/20/95

Enclosed please find Order #BPMC 95-267 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect upon receipt of this letter or seven (7) days after the date of this letter, whichever is earlier.

If the penalty imposed by the Order is a surrender, revocation or suspension of this license, you are required to deliver to the Board the license and registration within five (5) days of receipt of the Order.

Board for Professional Medical Conduct
New York State Department of Health
Empire State Plaza
Tower Building-Room 438
Albany, New York 12237-0756

Sincerely,

Charles Vacanti, M.D.
Chair
Board for Professional Medical Conduct

Enclosure

cc: John W. Lester, Esq.
38 Henderson Place
Hamburg, New York 14075

Peter Van Buren, Esq.

STATE OF NEW YORK : DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

-----X

IN THE MATTER :
OF : ORDER
THOMAS H. HEINEMAN, M.D. : BPMC 95-267

-----X

Upon the Application of THOMAS H. HEINEMAN, M.D., to Surrender his license as a physician in the State of New York, which application is made a part hereof, it is

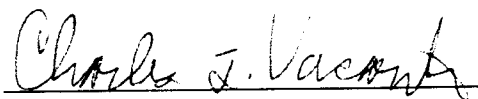
ORDERED, that the application and the provisions thereof are hereby adopted; it is further

ORDERED, that the name of Respondent be stricken from the roster of physicians in the State of New York; it is further

ORDERED, that this Order shall take effect as of the date of the personal service of this Order upon Respondent, upon receipt by Respondent of this Order via certified mail, or seven days after mailing of this Order via certified mail, whichever is earliest.

SO ORDERED,

DATED: 2 November 1995



CHARLES J. VACANTI, M.D.
Chairperson
State Board for Professional
Medical Conduct

STATE OF NEW YORK : DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

-----X

IN THE MATTER : APPLICATION TO
OF : SURRENDER
THOMAS H. HEINEMAN, M.D. : LICENSE

-----X

STATE OF NEW YORK)

ss.:

COUNTY OF ERIE)

THOMAS H. HEINEMAN, M.D., being duly sworn, deposes and
says:

On or about April 24, 1947, I was licensed to practice
medicine as a physician in the State of New York having been
issued License No. 045740 by the New York State Education
Department.

I am currently registered with the New York State Education
Department to practice as a physician in the State of New York
from an address at 169 Main Street, Hamburg, New York 14075.

I understand that the Office of Professional Medical Conduct
of the New York State Department of Health is conducting an
investigation into my prescribing of medication to patients.

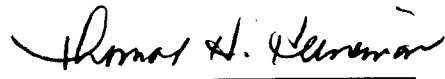
Rather than contest any charges which might result from such investigation, I am applying to the State Board for Professional Medical Conduct for permission to surrender my license as a physician in the State of New York.

I hereby make this application to the State Board for Professional Medical Conduct and request that it be granted.

I understand that, in the event that the application is not granted by the State Board for Professional Medical Conduct, nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against me, such application shall not be used against me in any way, and shall be kept in strict confidence during the pendency of the professional misconduct disciplinary proceeding; and such denial by the State Board for Professional Medical Conduct shall be made without prejudice to the continuance of any disciplinary proceeding and the final determination by a Committee on Professional Medical Conduct pursuant to the provisions of the Public Health Law.

I agree that in the event the State Board for Professional Medical Conduct grants my application, an order shall be issued striking my name from the roster of physicians in the State of New York without further notice to me. I further agree that I will not reapply for licensure in the State of New York. I understand that this is a disciplinary surrender of my license.

I am making this Application of my own free will and accord and not under duress, compulsion, or restraint of any kind or manner.



THOMAS H. HEINEMAN, M.D.
Respondent

Sworn to before me this
20th day of Oct, 1995


NOTARY PUBLIC

JOHN W. LESTER
Notary Public, State of New York
Qualified in Erie County
My Commission Expires 2/28 1997

STATE OF NEW YORK : DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

-----X

IN THE MATTER : APPLICATION TO
OF : SURRENDER
THOMAS H. HEINEMAN, M.D. : LICENSE

-----X

The undersigned agree to the attached application of the Respondent to surrender his license.

Date: Oct. 20, 1995

Thomas H. Heineman M.D.
THOMAS H. HEINEMAN, M.D.
Respondent

Date: Oct. 20, 1995

John W. Lester
JOHN W. LESTER, Esq.
Attorney for Respondent

Date: Oct. 30, 1995

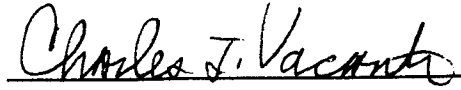
Peter D. Van Buren
PETER D. VAN BUREN, Deputy Counsel
Bureau of Professional
Medical Conduct

Date: Nov. 2, 1995



KATHLEEN M. TANNER
Director, Office of
Professional Medical Conduct

Date: 2 November 1995



CHARLES J. VACANTI, M.D.
Chairperson, State Board
for Professional Medical Conduct