



New York State Board for Professional Medical Conduct

433 River Street, Suite 303 Troy, New York 12180-2299 • (518) 402-0863

Dennis P. Whalen
Executive Deputy Commissioner of Health
Anne F. Saile, Director
Office of Professional Medical Conduct
William J. Comiskey, Chief Counsel
Bureau of Professional Medical Conduct

William P. Dillon, M.D.
Chair
Denise M. Bolan, R.P.A.
Vice Chair
Ansel R. Marks, M.D., J.D.
Executive Secretary

November 25, 1998

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Pierino Graziosi, M.D.
20 Rockwood Terrace
New City, New York 10956

Re: License No. 093204

Dear Dr. Graziosi:

Enclosed please find Order #BPMC 98-281 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect **November 30, 1998**.

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 to the Board for Professional Medical Conduct, New York State Department of Health, Hedley Park Place, Suite 303, 433 River Street, Troy, New York 12180.

Sincerely,

Ansel R. Marks, M.D., J.D.
Executive Secretary
Board for Professional Medical Conduct

Enclosure

cc: Stanley Zinner, Esq.
Greene & Zinner, P.C.
202 Mamaroneck Avenue
White Plains, New York 10601

Daniel Guenzburger, Esq.

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

IN THE MATTER
OF
PIERINO GRAZIOSI, M.D.

SURRENDER
ORDER
BPMC #98-281

Upon the proposed agreement of PIERINO GRAZIOSI, M.D. (Respondent) to Surrender his license as a physician in the State of New York, which proposed agreement is made a part hereof, it is agreed to and

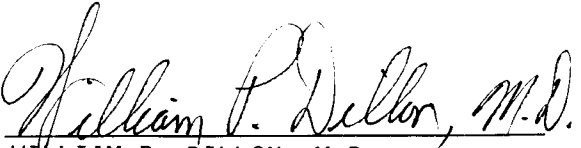
ORDERED, that the application and the provisions thereof are hereby adopted; it is further

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 be effective upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy of the Surrender Order to Respondent at the address set forth in this agreement or to Respondent's attorney by certified mail, or upon transmission via facsimile to Respondent or Respondent's attorney, whichever is earliest.

SO ORDERED.

DATED: 11/21/98


WILLIAM P. DILLON, M.D.
Chairperson
State Board for Professional
Medical Conduct

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

IN THE MATTER
OF
PIERINO GRAZIOSI, M.D.

SURRENDER
OF
LICENSE

STATE OF NEW YORK)
 ss.:
COUNTY OF WESTCHESTER)

PIERINO GRAZIOSI, M.D., being duly sworn, deposes and says:

On or about October 16, 1964, I was licensed to practice medicine as a physician in the State of New York having been issued License No. 093204 by the New York State Education Department.

My current address is 20 Rockwood Terrace, New City, New York.

I understand that I have been charged with one specification of professional misconduct as set forth in the Statement of Charges, annexed hereto, made a part hereof, and marked as Exhibit "A". I do not contest the one specification of the Statement of Charges.

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. The effective date of the license surrender shall be November 30, 1998.

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 agree that such order shall be effective upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy of the Surrender Order to me at the address set forth in this agreement, or to my attorney, or upon transmission via facsimile to me or my attorney, whichever is earliest.

I am making this Application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner. In consideration of the value to me of the acceptance by the Board of this Application, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive any right I may have to contest the Surrender Order for which I hereby apply, whether administratively or judicially, and ask that the Application be granted.

AFFIRMED:

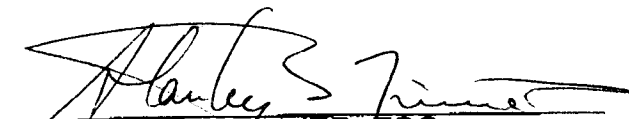
DATED Nov. 7, 1998

Pierino Graziosi
 PIERINO GRAZIOSI M.D.
 RESPONDENT

PIERINO GRAZIOSI MD
 49 W. BROAD ST.
 HAVERSTRAW, NY 10927
 (914) 429-4010

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

Date: Oct. 26, 1998


STANLEY ZINNER, ESQ.
Attorney for Respondent

Date: November 12, 1998


DANIEL GUENZBURGER
Assistant Counsel
Bureau of Professional
Medical Conduct

Date: November 17, 1998


ANNE F. SAILE
Director
Office of Professional Medical Conduct

"EXHIBIT A"

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

IN THE MATTER
OF
PIERINO GRAZIOSI, M.D.

STATEMENT
OF
CHARGES

PIERINO GRAZIOSI, M.D., the Respondent, was authorized to practice medicine in New York State on or about October 14, 1964, by the issuance of license number 093204 by the New York State Education Department. Respondent practices general medicine at his office located at 49 Broad Street, Haverstraw, New York.

FACTUAL ALLEGATION

- A. From approximately January 1994 until the present the Respondent has practiced medicine while impaired by the physical disability of impaired vision.

SPECIFICATION OF CHARGES

**SPECIFICATION
PRACTICING WHILE IMPAIRED**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(7)(McKinney Supp. 1998) by practicing the profession while impaired by physical disability as alleged in the facts of the following:

1. Paragraph A.

DATED: October , 1998
New York, New York

ROY NEMERSON
Deputy Counsel
Bureau of Professional
Medical Conduct