



***New York State Board for Professional Medical Conduct***

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

Antonia C. Novello, M.D., M.P.H., Dr. P.H.  
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NYS Department of Health*

Dennis P. Whalen  
*Executive Deputy Commissioner  
NYS Department of Health*

Dennis J. Graziano, Director  
*Office of Professional Medical Conduct*

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*Chair*

Denise M. Bolan, R.P.A.  
*Vice Chair*

Ansel R. Marks, M.D., J.D.  
*Executive Secretary*

May 18, 2001

***CERTIFIED MAIL-RETURN RECEIPT REQUESTED***

Neil Greenidge, M.D.  
2710 Arlington Avenue  
Bronx, New York 10463

RE: License No. 103216

Dear Dr. Greenidge:

Enclosed please find Order #BPMC 01-122 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect May 18, 2001.

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 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: Alan Lambert, Esq.  
LaBarbera and Lambert, P.C.  
The Lincoln Building  
602 E. 42nd Street, Suite 3401  
New York, NY 10165

Leslie Eisenberg, Esq.

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

IN THE MATTER  
OF  
NEIL GREENIDGE, M.D.

CONSENT  
ORDER  
BPMC No. 01-122

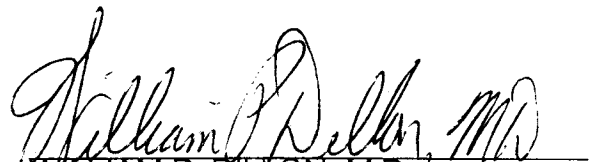
Upon the proposed agreement of Neil Greenidge, M.D. (Respondent) for Consent Order, which application is made a part hereof, it is agreed to and

ORDERED, that the application and the provisions thereof are hereby adopted and so ORDERED, and 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 Consent 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: 5/17/01

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

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

IN THE MATTER  
OF  
NEIL GREENIDGE, M.D.

CONSENT  
AGREEMENT  
AND  
ORDER

STATE OF NEW YORK )  
COUNTY OF ) ss.:

Neil Greenidge, M.D., (Respondent) being duly sworn, deposes and says:

That on or about March 13, 1969, I was licensed to practice as a physician in the State of New York, having been issued License No. 103216 by the New York State Education Department.

My current address is 2710 Arlington Avenue, Bronx, NY 10463, and I will advise the Director of the Office of Professional Medical Conduct of any change of my address.

I understand that the New York State Board for Professional Medical Conduct has charged me with two specifications of professional misconduct.

A copy of the Statement of Charges is annexed hereto, made a part hereof, and marked as Exhibit "A".

I admit guilt to the First and Second Specification, in full satisfaction of the charges against me. I hereby agree to the following penalty:

That my license to practice medicine in the State of New York shall be limited pursuant to New York Public Health Law Section 230-a(3), so as to permit only the performance of screening examinations on behalf of employers regarding

Occupational Safety and Health Administration provisions and, subject to the prior written approval of the Director of OPMC and as further set forth in attached Exhibit "B", screening examinations regarding other regulatory requirements or independent medical examinations.

I further agree that the Consent Order for which I hereby apply shall impose the following conditions, as well as the further conditions set forth in Exhibit "B":

That, except during periods of actual suspension, Respondent shall maintain active registration of Respondent's license with the New York State Education Department Division of Professional Licensing Services, and pay all registration fees. This condition shall be in effect beginning thirty days after the effective date of the Consent Order and will continue while the licensee possesses his license; and

That Respondent shall fully cooperate in every respect with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Order and in its investigation of all matters regarding Respondent.

Respondent shall respond in a timely manner to each and every request by OPMC to provide written periodic verification of Respondent's compliance with the terms of this Order. Respondent shall meet with a person designated by the Director of OPMC as directed. Respondent shall respond

promptly and provide any and all documents and information within Respondent's control upon the direction of OPMC. This condition shall be in effect beginning upon the effective date of the Consent Order and will continue while the licensee possesses his license.

I hereby stipulate that any failure by me to comply with such conditions shall constitute misconduct as defined by New York State Education Law §6530(29).

I agree that in the event I am charged with professional misconduct in the future, this agreement and order shall be admitted into evidence in that proceeding.

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

I understand that, in the event that this Application is not granted by the Board, 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 Board shall be made without prejudice to the continuance of any disciplinary proceeding and the final determination by the Board pursuant to the provisions of the Public Health Law.

I agree that, in the event the Board grants my Application, as set forth herein, an order of the Chairperson of the Board shall be issued in accordance with same. 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 Consent 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 Consent Order for which I hereby apply, whether administratively or judicially, and ask that the Application be granted.

DATED 5/2/01

Neil T. Greenidge  
NEIL GREENIDGE, M.D.  
Respondent

Sworn to before me  
on this 2<sup>nd</sup> day of  
May 2001

Randi Martos  
NOTARY



The undersigned agree to the attached application of the Respondent and to the proposed penalty based on the terms and conditions thereof.


DATE: 5/3/01

  
ALAN LAMBERT, ESQ.  
Attorney for Respondent

DATE: 5/7/01

  
LESLIE EISENBERG, ESQ.  
Assistant Counsel  
Bureau of Professional  
Medical Conduct

DATE: 5/12/01

  
Dennis J. Graziano  
Director  
Office of Professional Medical Conduct

"EXHIBIT A"

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

**IN THE MATTER  
OF  
NEIL GREENIDGE, M.D.**

STATEMENT  
OF  
CHARGES

Neil Trevor Greenidge, M.D., the Respondent, was authorized to practice medicine in New York State on or about March 13, 1969, by the issuance of license number 103216 by the New York State Education Department. Respondent is currently registered to practice medicine with the New York State Department of Education from December 1999 through November 2001.

**FACTUAL ALLEGATIONS**

- A. Respondent provided care and treatment to Patients A through J from on or about April 1, 1981 through on or about May 9, 1995. (All patients are identified in the attached Appendix)
1. Respondent on more than one occasion failed to take and note an adequate history.
  2. Respondent on more than one occasion failed to perform and note an appropriate physical examination.
  3. Respondent inappropriately prescribed medications without documented necessity.
  4. Respondent failed to maintain records that accurately reflect the care and treatment rendered to his patients including but not limited to failing to provide meaningful medical information to other practitioners.



**SPECIFICATION OF CHARGES**

**FIRST SPECIFICATION**

**NEGLIGENCE ON MORE THAN ONE OCCASION**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(3)(McKinney Supp. 2001) by practicing the profession of medicine with negligence on more than one occasion as alleged in the facts of two or more of the following:

1. Paragraph A and each of its subparagraphs.

**SECOND SPECIFICATION**

**FAILURE TO MAINTAIN RECORDS**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(32)(McKinney Supp. 2001) by failing to maintain a record for each patient which accurately reflects the care and treatment of the patient, as alleged in the facts of:

2. Paragraph A and each of its subparagraphs.

DATED: January , 2001  
New York, New York

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ROY NEMERSON  
Deputy Counsel  
Bureau of Professional  
Medical Conduct

## EXHIBIT "B"

### Conditions

1. Respondent shall conduct himself in all ways in a manner befitting his professional status, and shall conform fully to the moral and professional standards of conduct and obligations imposed by law and by his profession.
2. Respondent shall submit written notification to the New York State Department of Health addressed to the Director of the Office of Professional Medical Conduct, New York State Department of Health, 433 River Street, Suite 303, Troy, NY 12180-2299; said notice is to include a full description of any employment and practice, professional and residential addresses and telephone numbers within or without New York State, and any and all investigations, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility, within thirty days of each action.
3. Respondent's professional performance may be reviewed by the Director of OPMC. This review may include, but shall not be limited to, any and all medical or practice records, interviews with or periodic visits with Respondent and his staff at practice locations or OPMC offices.
4. Respondent shall maintain legible and complete medical records which accurately reflect the evaluation of patients. The medical records shall contain all information required by State rules and regulations regarding controlled substances.
5. In the event that Respondent holds a Drug Enforcement Agency (DEA) certificate, Respondent shall within fifteen (15) days advise the DEA in writing of the licensure action and shall surrender his DEA controlled substance privileges to the DEA. Respondent shall promptly surrender any unused DEA #222 U.S. Official Order Forms Schedules 1 and 2 to the DEA.
6. Respondent shall within fifteen (15) days return any unused New York State official prescription forms to the Bureau of Controlled Substances of the New York State Department of Health. Respondent shall cause all prescription pads bearing his name to be destroyed. If no other licensee is providing services at his practice location, all medications shall be properly disposed.
7. Respondent's limited practice may include records review, screening evaluations including physical examinations, preliminary reviews of diagnostic tests such as EKGs, x-rays or pulmonary function tests (on the further condition that there shall be an official reading by an appropriate specialist who shall prepare a final report), administration of PPD screening tests and urine dipstick tests, and, the drawing of blood. Respondent shall not be authorized to render treatment.
8. Respondent shall comply with all terms, conditions, restrictions, limitations and penalties to which he is subject pursuant to the Order and shall assume and bear all costs related to compliance.