



New York State Board for Professional Medical Conduct

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

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

Patrick F. Carone, M.D., M.P.H.
Chair
Ansel R. Marks, M.D., J.D.
Executive Secretary

December 29, 1997

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Muhammad Rafiq Chaudry, M.D.
344 Mercer Loop
Jersey City, New Jersey 07302

RE: License No. 164981

Dear Dr. Chaudry:

Enclosed please find Order #BPMC 97-336 of the New York State Board for Professional Medical Conduct.

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
Hedley Park Place, Suite 303
433 River Street
Troy, New York 12180

If the penalty imposed by the Order is a fine, please write the check payable to the New York State Department of Health. Noting the BPMC Order number on your remittance will assist in proper crediting. Payments should be directed to the following address:

Bureau of Accounts Management
New York State Department of Health
Corning Tower, Room 1315
Empire State Plaza
Albany, New York 12237

Sincerely,

A handwritten signature in black ink, appearing to read "Ansel R. Marks".

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

Enclosure

cc: Jeffrey Kubin, Esq.
Rubin and Shang
9 East 40th Street
New York, NY 10016

Daniel Guenzburger, Esq.

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

IN THE MATTER
OF
MUHAMMAD RAFIQ CHAUDRY, M.D.

CONSENT
AGREEMENT
AND
ORDER

BPMC #97-336

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

MUHAMMAD RAFIQ CHAUDRY, M.D., being duly sworn, deposes and says:

That on or about December 12, 1985, I was licensed to practice as a physician in the State of New York, having been issued License No. 164981 by the New York State Education Department.

My current address is 344 Mercer Loop, Jersey City, New Jersey 07302. As a condition of this agreement I will advise the Director of the Office of Professional Medical Conduct for a period of two years of any change of my address and of every location where I regularly practice medicine.

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

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

I agree not to contest the allegations in the one specification of the Statement of Charges, in full satisfaction of the charges against me. As a condition of this agreement, I agree to maintain legible medical records and to permit the Office of Professional Medical Conduct to inspect my records upon reasonable notice. I hereby agree to the following penalty:

Censure and reprimand and a \$500.00 fine. The fine shall be paid by check made payable to the NYS Department of Health and mailed to the Bureau of Accounts Management, NYS Department of Health, Corning Tower Building, Empire State Plaza, Albany, New York 12237-0030 within 30 days of the effective date of this order.

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 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.

M. R. Chaudry

MUHAMMAD RAFIQ CHAUDRY, M.D.
RESPONDENT

Sworn to before me this


17 day of DEC, 1997

Dimitrios Vassos
NOTARY PUBLIC

DIMITRIOS VASSOS
Notary Public, State of New York
No. 41-4089720
Qualified in Queens County
Commission Expires July 31, 1999

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

DATE: 12/19/97



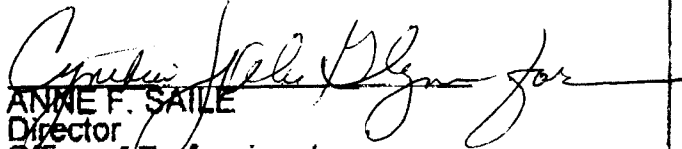
Jeffrey Rubin, ESQ.
Rubin and Shang
Attorney for Respondent

DATE: 12/23/97



Daniel Guenzburger
Assistant Counsel
Bureau of Professional
Medical Conduct

DATE: 12/26/97



ANNE F. SAILE
Director
Office of Professional
Medical Conduct

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

IN THE MATTER
OF
MUHAMMAD RAFIQ CHAUDRY, M.D.

CONSENT
ORDER

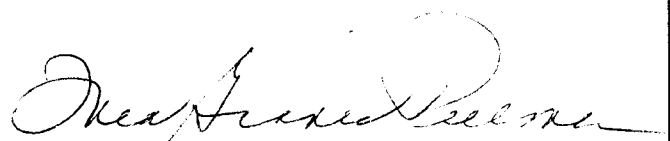
Upon the proposed agreement of the above named individual (Respondent) for Consent Order, which application is made a part hereof, it is agreed to and

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

ORDERED, that this order shall 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, seven days after mailing of this order by certified mail, or *upon facsimile transmission to the office of Respondent's attorney in this matter*, whichever is earliest.

SO ORDERED.

DATED: 12-27-97



THEA GRAVES PELLMAN.
Vice Chair
State Board for Professional
Medical Conduct

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

**IN THE MATTER
OF
MUHAMMAD RAFIQ CHAUDRY, M.D.**

**STATEMENT
OF
CHARGES**

MUHAMMAD RAFIQ CHAUDRY, M.D., the Respondent, was authorized to practice medicine in New York State on or about December 12, 1985, by the issuance of license number 64981 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. On or about November 26, 1996, the Respondent was found guilty by the New York State Department of Social Services, after an adjudicatory proceeding, of committing an unacceptable practice as defined in Title 18, Chapter II, §515.2(a)(3), in that he engaged in conduct contrary to the official rules and regulations of the Department Education. Specifically, Respondent was found to have violated Department of Education Regulation 8 NYCRR 29.2(a)(3). No appeal is pending of the November 26, 1996 decision.

SPECIFICATION OF CHARGES

FIRST SPECIFICATION

**HAVING BEEN FOUND GUILTY
IN AN ADJUDICATORY PROCEEDING**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(9)(c)(McKinney Supp. 1997) for having been found guilty in an adjudicatory proceeding of violating a state or federal statute or regulation, pursuant to a final decision or determination, where no appeal is pending, and where the conduct upon which the finding of violation was based would constitute professional misconduct under N.Y. Educ. Law §6530. The conduct upon which the finding of violation was based constitutes professional misconduct under N.Y. Educ. Law §6530(32), as alleged in the facts of the following:

1. Paragraph A.

DATED: December , 1997
New York, New York

ROY NEMERSON
Deputy Counsel
Bureau of Professional
Medical Conduct