



**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

May 11, 1998

**CERTIFIED MAIL-RETURN RECEIPT REQUESTED**

Louis C. Marotta, M.D.  
24 Hunter Avenue  
Glens Falls, New York 12801

RE: License No. 186279

Dear Dr. Marotta:

Enclosed please find Order #BPMC 98-87 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect **May 18, 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.

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: Paul W. Van Ryn, Esq.  
Maxwell & Van Ryn  
2 Normanskill Boulevard  
Delmar, New York 12054

Kevin P. Donovan, Esq.

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

-----X  
IN THE MATTER )  
OF )  
LOUIS C. MAROTTA, M.D. )  
-----X

CONSENT  
AGREEMENT  
AND  
ORDER

STATE OF NEW YORK )  
COUNTY OF ALBANY )

ss.:

BPMC #98-87

LOUIS C. MAROTTA, M.D., being duly sworn, deposes and says:

That on or about July 19, 1991, I was licensed to practice as a physician in the State of New York, having been issued License No. 186279 by the New York State Education Department.

My current address is 24 Hunter Avenue, Glens Falls, New York 12801 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 eighteen specifications of professional misconduct.

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

I do not contest the First Specification in full satisfaction of the charges against me. I hereby agree to the following penalty:

As provided by New York Public Health Law §230-a(2), my license to practice medicine in the State of New York shall be suspended wholly for a minimum of 6 months, and shall continue suspended thereafter until I provide a showing to the satisfaction of a Committee on Professional Conduct of the Board for Professional Medical Conduct that I am no longer

incapacitated for the active practice of medicine and that I am both fit and competent to practice medicine. Such a showing shall include proof that I have successfully completed a course of therapy or treatment approved by the Board to address any substance/alcohol and psychiatric issues, and that I have the clinical competence to return to the practice of medicine. I understand and hereby agree that my successful completion of the approved course of treatment shall be determined in the sole reasonable discretion of the State Board for Professional Medical Conduct, exercised by a Committee on Professional Conduct, after I have met a burden of proof and persuasion in a proceeding as set forth in this agreement. I understand and agree that the Committee's exercise of such discretion shall not be reviewable through recourse to the Administrative Review Board. Specifically, upon my submission of certain minimum evidence of my fitness and competence as set forth in Exhibit B, attached hereto, I may request a modification of such sanction, as further set forth in Exhibit C. I explicitly recognize that during the period of my suspension I will not have the authority to engage in any practice of medicine and I acknowledge that any such practice could lead to both additional disciplinary proceedings and criminal prosecution for the unlawful practice of medicine.

The Board will make reasonable attempts to convene a Committee not later than 90 days after my request, which shall not be deemed to have been perfected until receipt, by the Director of the Office of Professional Medical Conduct, of all that is required to be provided by me pursuant to Exhibit B. I understand and agree that proceedings before said Committee shall not be in the nature of a hearing pursuant to New York Public Health Law §230, but shall, instead, be informal and intended only for the purpose of addressing any and all facts, evidence, circumstances, or issues which do or may relate to the advisability of terminating the suspension of my license. I understand and agree that the procedural nature of said proceeding shall be determined by the State Board for Professional Medical Conduct through the discretion of the Office of Professional Medical Conduct.

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 am making this Application of my own free will and accord and not under

duress, compulsion or restraint of any kind or manner.

  
\_\_\_\_\_  
LOUIS C. MAROTTA, M.D.  
RESPONDENT

Sworn to before me this

*29<sup>th</sup>* day of *April*, 1998.

  
\_\_\_\_\_  
NOTARY PUBLIC


PAUL W. VAN RYN  
Notary Public, State of New York  
Qualified in Albany County  
No. 4731744  
Commission Expires *9/30/98*

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


DATE: April 29, 1998

  
PAUL W. VAN RYN, ESQ.  
Attorney for Respondent

DATE: May 1, 1998

  
KEVIN P. DONOVAN  
Associate Counsel  
Bureau of Professional  
Medical Conduct

DATE: May 5, 1998

  
ANNE F. SALE  
Director  
Office of Professional  
Medical Conduct

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

-----X  
IN THE MATTER  
OF  
LOUIS C. MAROTTA, M.D.  
-----X

CONSENT  
ORDER


Upon the proposed agreement of LOUIS MAROTTA, 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 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 by certified mail, whichever is earliest.

SO ORDERED.

DATED: May 6, 1998

  
PATRICK F. CARONE, M.D., M.P.H.  
Chairperson  
State Board for Professional  
Medical Conduct

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

-----X

IN THE MATTER : STATEMENT  
OF : OF  
LOUIS MAROTTA, M.D. : CHARGES

-----X

LOUIS MAROTTA, M.D., the Respondent, was authorized to practice medicine in New York State on or about July 19, 1991, by the issuance of license number 186279 by the New York State Education Department.

**FACTUAL ALLEGATIONS**

A. The Respondent treated Patient A (patients are identified in Appendix A) from on or about January 26, 1994, to at least April 24, 1996. Respondent's care of Patient A did not meet acceptable standards of care in that:

1. The Respondent failed to obtain and/or document an adequate history and/or physical examination of Patient A.
2. The Respondent prescribed medications listed in Attachment A for Patient A in excessive amounts and/or without adequate indication.
3. The Respondent prescribed potentially habit forming medications for Patient A despite indications of substance abuse.
4. The Respondent prescribed medications to Patient A before February 15, 1995, without creating a medical record.
5. The Respondent failed to maintain an adequate medical record for Patient A.



B. The Respondent treated Patient B from on or about July 24, 1995, to on or about January 31, 1996. Respondent's care of Patient B did not meet acceptable standards of care in that:

1. The Respondent failed to obtain and/or document an adequate history and/or physical examination of Patient B.
2. The Respondent prescribed medications listed in Attachment B for Patient B in excessive amounts and/or without adequate indication.
3. The Respondent failed to adequately monitor prescribing for Patient B.
4. The Respondent prescribed potentially habit forming medications for Patient B despite indications of substance abuse.

C. The Respondent treated Patient C from on or about March 27, 1995, to at least January 1998. Respondent's care of Patient C did not meet acceptable standards of care in that:

1. The Respondent prescribed medications listed in Attachment C for Patient C in excessive amounts and/or without adequate indication.
2. The Respondent prescribed potentially habit forming medications for Patient C despite indications of substance abuse.

D. Respondent treated Patient D at Elizabethtown Community Hospital, Elizabethtown, New York, from on or about September 16, 1993, to on or about September 21, 1993. Respondent's care of Patient D did not meet acceptable standards of care in that the Respondent inappropriately discharged Patient D from the Hospital on or about September 17, 1993, without adequately ruling out myocardial infarction.

E. The Respondent treated Patient E from on or about January 20, 1994, to on or about January 25, 1996. Respondent's care of Patient E did not meet acceptable standards of care in that:

1. The Respondent prescribed medications listed in Attachment E for Patient E without adequate indication and without adequate follow-up testing.
2. The Respondent prescribed anabolic steroids to Patient E despite a recorded history of alcohol abuse.
3. The Respondent prescribed medications listed in Attachment E without maintaining an adequate medical record.

F. The Respondent treated Patient F from on or about March 6, 1995, to on or about January 22, 1996. Respondent's care of Patient F did not meet acceptable standards of care in that:

1. The Respondent prescribed medications listed in Attachment F for Patient F in excessive amounts and/or without adequate indication.
2. The Respondent prescribed potentially habit forming medications for Patient F despite a recorded history and/or indications of drug abuse.

G. The Respondent treated himself from on or about June 1, 1995, until approximately August 6, 1997. Respondent's treatment of himself fell below acceptable standards of care in that:

1. The Respondent wrote prescriptions listed in Attachment G for himself in excessive amounts and/or without adequate indication.
2. The Respondent did not create an adequate medical record of his self-prescribing and treatment.
3. The Respondent fraudulently stated on July 10, 1996, to an employee of the New York State Department of Health, Bureau of Controlled Substances, that Dr. Oberg would not write prescriptions for Respondent due to NYS oversight.

4. The Respondent fraudulently and/or inappropriately wrote prescriptions for Dexedrine and/or Didrex in the name of Patient H for his own use.
5. The Respondent fraudulently and/or inappropriately wrote prescriptions for Dexedrine, Percocet, and/or Xanax in the name of Patient I for his own use.
6. The Respondent fraudulently and/or inappropriately wrote prescriptions for Hydrocodone, Percocet, and/or Xanax in the name of Patient J for his own use.

### SPECIFICATIONS OF MISCONDUCT

#### FIRST SPECIFICATION

##### PRACTICING WITH NEGLIGENCE

##### ON MORE THAN ONE OCCASION

The Respondent is charged with practicing the profession with negligence on more than one occasion within the meaning of N.Y. Educ. Law § 6530(3) in that Petitioner charges that the Respondent committed two or more of the following:

1. The facts of paragraphs A and A.1, A and A.2, A and A.3, A and A.4, B and B.1, B and B.2, B and B.3, B and B.4, C and C.1, C and C.2, D, E and E.1, E and E.2, F and F.1, F and F.2, G and G.1, G and G.2, G and G.3, G and G.4, G and G.5 and/or G and G.6.

#### SECOND SPECIFICATION

##### PRACTICING WITH INCOMPETENCE

##### ON MORE THAN ONE OCCASION

The Respondent is charged with practicing the profession with incompetence on more than one occasion within the meaning of N.Y. Educ. Law § 6530(5) in that the Petitioner charges that the Respondent committed two or more of the following:

2. The facts of paragraphs A and A.1, A and A.2, A and A.3, A and A.4, B and B.1, B and B.2, B and B.3, B and

B.4, C and C.1, C and C.2, D, E and E.1, E and E.2, F and F.1, F and F.2, G and G.1, G and G.2, G and G.3, G and G.4, G and G.5 and/or G and G.6.

### THIRD THROUGH NINTH SPECIFICATIONS

#### PRACTICING WITH GROSS NEGLIGENCE

The Respondent is charged with practicing the profession with gross negligence on a particular occasion within the meaning of N.Y. Educ. Law § 6530(4) in that the Petitioner charges:

3. The facts in paragraphs A and A.1, A and A.2, A and A.3 and/or A and A.4.
4. The facts in paragraphs B and B.1, B and B.2, B and B.3 and/or B and B.4.
5. The facts in paragraphs C and C.1 and/or C and C.2.
6. The facts in paragraph D.
7. The facts in paragraphs E and E.1 and/or E and E.2.
8. The facts in paragraphs F and F.1 and/or F and F.2.
9. The facts in paragraphs G and G.1, G and G.2, G and G.3, G and G.4, G and G.5 and/or G and G.6.

### TENTH SPECIFICATION

#### PRACTICING WITH GROSS INCOMPETENCE

Respondent is charged with practicing the profession with gross incompetence within the meaning of N.Y. Educ. Law §6530(6) in that Petitioner charges:

10. The facts of paragraphs A and A.1, A and A.2, A and A.3, A and A.4, B and B.1, B and B.2, B and B.3, B and B.4, C and C.1, C and C.2, D, E and E.1, E and E.2, F and F.1, F and F.2, G and G.1, G and G.2, G and G.3, G and G.4, G and G.5 and/or G and G.6.

ELEVENTH THROUGH FOURTEENTH SPECIFICATIONS

PRACTICING FRAUDULENTLY

The Respondent is charged with practicing the profession fraudulently within the meaning of N.Y. Educ. Law § 6530(2) in that the Petitioner charges:

11. The facts of paragraphs G and G.3.
12. The facts of paragraphs G and G.4.
13. The facts of paragraphs G and G.5.
14. The facts of paragraphs G and G.6.

FIFTEENTH THROUGH EIGHTEENTH SPECIFICATIONS

FAILING TO MAINTAIN PATIENT RECORDS

The Respondent is charged with failing to maintain a record for each patient which accurately reflects the evaluation and treatment of the patient within the meaning of N.Y. Educ. Law § 6530(32) in that the Petitioner charges:

15. The facts in paragraphs A and A.1, A and A.4 and/or A and A.5.
16. The facts in paragraphs B and B.1.
17. The facts in paragraphs E and E.3.
18. The facts in paragraphs G and G.2.

DATED: *March 18*, 1998  
Albany, New York

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

**ATTACHMENT A**

**RESPONDENT'S PRESCRIBING**

**PATIENT A**

\*Numbers refer to pages of Respondent's office records; Rx refers to prescription.

Prescription Date	Drug	Quantity	Instructions for Use	*Reference
1/26/94	Percocet	50	1 Tab PO BID-QID PRN	Rx
3/15/94	Hydrocodone with APAP 5/500	40 & 1 refill	1/2-1 Tab twice a day PRN	Rx
4/27/94	Vicodin 750	40 & 1 refill	1-2 Tabs PO QD-BID PRN	Rx
9/02/94	Vicodin	40 & 1 refill	1 Tab PO BID PRN	Rx
11/19/94	Hydrocodone 7.5/ 750	40 & 1 refill	1/2 -1 Tabs PO QD-BID PRN	Rx
1/10/95	Vicodin 500 mg	40 & 2 refills	1/2-1 Tab PO Q/6 hours PRN	Rx
2/15/95	Naprosen 375 mg		PO-BID PRN	4
	Vicodin		1/2-1 Tab PO QD-TID PRN	4
2/17/95	Percocet	35	1-2 Tabs PO BID QD PRN	Rx
3/13/95	Lorcet 10/650	40 & 1 refill	1/2 -1 Tabs PO QD-BID PRN	Rx
4/07/95	Lorcet 10 mg	40 & 1 refill	1-2 Tabs PO QD-BID PRN	Rx
4/21/95	Lorcet 10/650	40 & 1 refill	PO QD-BID PRN	Rx
6/14/95	Lorcet 10/650	40 & 1 refill	1/2-1 Tab BID PRN	Rx
8/14/95	Lorcet 10/650	40 & 1 refill	1/2-1 Tab QD-BID PRN	Rx
9/12/95	Lorcet 10/650	40 & 2 refills	1/2-1 Tab QD- BID PRN	Rx
10/03/95	Tussionex	50 ml & 1 refill	1 Tsp. 2x Daily	Rx

Prescription Date	Drug	Quantity	Instructions for Use	*Reference
10/12/95	Lorcet 10/650	40 & 2 refills	1/2-1 Tab QD-BID PRN	Rx
10/31/95	Lorcet 10/650	90 & 1 refill	1/2-1 Tab QD-TID PRN	Rx
11/20/95	Tussionex	100cc & 1 refill	1 Tsp. PO BID	Rx
12/17/95	Percocet	35	1 Tab BID-QID PRN	Rx
12/19/95	Lorcet 10/650	60 & 1 refill	1/2-1 Tab QD-TID PRN	Rx
12/25/95	Tussionex	100cc	1 Tsp. PO BID	Rx
1/4/96	continue present meds			
1/18/96	Lorcet 10/650	60	1/2-1 Tab QD-TID PRN	Rx
1/29/96	Lorcet 10/650	40 & 1 refill	1/2-1 Tab QD-BID PRN	Rx
3/09/96	Lorcet 10/650	60 & 1 refill	1 PO BID QHS PRN	Rx
4/05/96	Lorcet 10/650	60 & 2 refills	1/2-1 PO QD-TID	Rx
4/24/96	Lorcet 10/650	40 & 1 refill	1/2-1 Tab PO QD-TID	Rx

**ATTACHMENT B**  
**RESPONDENT'S PRESCRIBING**  
**PATIENT B**

\*Numbers refer to pages of Respondent's office records; Rx refers to a prescription.

Prescription Date	Drug	Quantity	Instructions for Use	*Reference
7/24/95	Vicodin 500 mg	30 & 1 refill	5g 1/2 tab PO BID-QID PRN	8, 9 Rx
7/26/95	Tylenol#4	30	1/2-1 Tab PO QD-BID PRN	8, 9
08/04/95	Tylenol #4			10
8/07/95	Fastin	20	One per day	8, 11
	Adipex	15	1 Tab QD PRN	8
8/21/95	Vicodin	30	1/2 QD-BID PRN	8
	Tylenol #4	20	1 QD-BID PRN	8, 10
8/23/95	Tylenol #4	10	1/2-1 BID-QID PRN	8, 11
	Adipex	15	1 Tab PO QD PRN	8, 11, 12
8/28/95	Fastin 30 mg	20	1 - 2 Tabs PO QD PRN	8, 11, 13
	Adipex	4	1 Tab PO QD PRN	8
	Tylenol #4 60 mg	10 & 1 refill	1/2-1 Tab QD-BID	8, 11, 13
9/01/95	Tylenol #4	20	1 Tab PO Q 4-6hrs PRN	8, 11, 32
9/19/95	Tylenol #4	6	1/2- 1 Tab Daily PRN	8, 32



Prescription Date	Drug	Quantity	Instructions for Use	*Reference
9/21/95	Lorcet 10/650	40	1/2 - 1 Tab PO QD-BID PRN	8, 14
	Tylenol #4	40	1/2 - 1 Tab PO QD-BID PRN	8
9/28/95	Lorcet 10/650	40	1/2-1 Tab PO QD-TID PRN	8, 14
10/02/95	Xanax 1 mg	60	1/2-1 Tab PO QD-BID	8, 15
	Tylenol #4	20	1/2-1 Tab QD-BID	8, 15
10/12/95	Tylenol #4			8, 18
	Xanax 1 mg		1/2-1 Tab PO QD-BID PRN	8, 18
10/13/95	Ambien 10 mg	20	1/2-1 Tab PO QHS PRN	8, 18
10/14/95	Lorcet 10/650	8	1/2-1 Tab PO BID PRN	8, 18, 32
	Claritin 10 mg	7		8, 18
10/18/95	Lorcet 10/650	20	1/2-1 Tab PO Daily PRN	8, 32
10/20/95	Ambien 10 mg	20	1 PO QHS PRN	Rx
	Biaxin 500 mg	7 days	BID	8
	Xanax 1 mg	60	1/2-1 Tab PO QD-BID	8, 18
10/25/95	Serzone 100 mg		PO BID	8, 19
	Xanax 1 mg	60	1/2-1 PO QD-BID PRN	8, 19
10/26/95	Xanax 1 mg	60	1/2-1 Tab PO QD-BID PRN	19, Rx
	Motrin 800 mg	90	1 Tab TID	8, 19
10/28/95	Tylenol #4	15	1/2-1 Tab PO QD-BID	8, 20, 32
11/01/95	Ambien 10 mg			8
	Xanax			8
11/03/95	Tylenol #4	20	1/2-1 Tab Daily PRN	8, 32

Prescription Date	Drug	Quantity	Instructions for Use	*Reference
11/07/95	Xanax 1 mg	30	1/2-1 Tab PO QD-BID PRN	8
11/8/95	Vicodin	30	1/2-1 Tab PO QD-BID PRN	22
11/11/95	Xanax		1-2 PO QD-TID PRN	21
11/13/95	Vicodin 5/500	20	1/2-1 BID PRN	8, 21
11/15/95	Xanax	60	1/2 - 1 tab QD-BID	8
	Ambien 10 mg	30		8
	Serzone	60		8
11/18/95	Vicodin 5/500	30	1/2-1 Tab PO QD-TID PO	Rx
	Serzore	1 month		22
	Xanax	1 month		22
	Ambien	1 month		22
11/24/95	Xanax 1 mg	10	1/2-1 Tab PO QD-BID	8
11/27/95	Tylenol #4	30	1/2-1 Tab QD-BID	8, 24, 25
	Xanax 1 mg	30	1/2-1 Tab QD-BID	8, 24, 25
12/04/95	Xanax 1 mg	15	1/2-1 Tab PO QD-TID	26
12/05/95	Xanax 1 mg	15	1/2-1 Tab QD-BID	8
	Xanax 2 mg	30	1/2-1 Tab QD-BID	8, 27
	Tylenol #4	20	1/2-1 Tab PO QD-BID	8
12/08/95	Tylenol #4	15	1/2-1 QD-BID	28
12/11/95	Lorcet 10/650	20	1/2-1 Tab PO QD-TID PRN	28, 29
12/12/95	Lorcet 10/650	15	1/2-1 Tab QD-BID	8
12/13/95	Lorcet 10/650	20	1/2-1 Tab PO QD-TID PRN	Rx

Prescription Date	Drug	Quantity	Instructions for Use	*Reference
12/15/95	Lorcet 10/650	10	1/2-1 Tab QD-BID	Rx
	Tylenol #4	20	QD-BID	8, 30
12/19/95	Xanax 2 mg	5	1/2-1 Tab QD-BID	30
12/21/95	Xanax 2 mg	20	1/2-1 Tab PO QD-BID	8, 31
1/31/96	Tylenol #4	30	1/2-1 Tab PO QD-BID	33, Rx
2/05/96	Tylenol #3	10		8
2/09/96	Lorcet 10/650	20	1/2-1 Tab PO QD-TID PRN	Rx
2/12/96	Lorcet 10/650	15	1/2 -1 Tab PO QD-BID PRN	8
2/15/96	Tylenol #3			8

**ATTACHMENT C**  
**RESPONDENT'S PRESCRIBING**  
**PATIENT C**

\*Numbers refer to pages of Respondent's office records; Rx refers to a prescription.

Prescription Date	Drug	Quantity	Instructions for Use	*Reference
3/27/95	Xanax 1 mg		1/2-1 Tab PO BID-PRN	6, 7
	Lorcet 10/650		1/2-1 PO BID PRN	6, 7
4/11/95	Lorcet 10/650	40 & 1 refill	1/2-1 Tab BID PRN	6, 7, 9
4/24/95	Xanax		1/2-1 Tab PO BID PRN	8
5/17/95	Xanax 1mg	60	1/2-1 Tab PO-BID PRN	6, 9, 10
	Lorcet 10/650	60	1/2-1 Tab QD-BID PRN	6, 10
6/07/95	Talwin	30 mg		6, 11
	Lorcet 7.5 mg	(refilled)		6, 11
	Xanax 1mg	(refilled)	TID PRN	6, 11
6/28/95	Lorcet 10/650	30	QD-BID	6, 14
	Amitriptyline 25 mg		PO QHS	6, 14
	Xanax 1 mg	90	QD-TID	6, 14
7/12/95	Xanax 1 mg	90	1/2-1 Tab BID	6, 13
	Tylenol #4	40	1/2-1 Tab QD-BID PRN for migraines	13, Rx
7/28/95	Tylenol # 4		1/2-1 Tab PO QD-BID PRN	6

Prescription Date	Drug	Quantity	Instructions for Use	*Reference
8/02/95	Demerol	75 mg	Injection	6, 16, 17
	Tylenol #4	40 & 1 refill	1/2-1 Tab PO BID-TID PRN	6, 16, 17
	Xanax 1 mg		BID-TID PRN	6, 16, 17
8/18/95	Lorcet 10/650	20	1/2-1 Tab PO QD-BID	Rx
8/23/95	Demerol 50 mg w/ Vistaril 25 mg			6, 18
	Xanax 1 mg	90	1/2-1 Tab PO QD-TID PRN	Rx
	Lorcet 10/650	60	1/2-1 Tab PO QD-BID PRN	16, 18
9/07/95	Lorcet 10/650	60	QD-BID PRN	6, 19
9/18/95	Xanax 1 mg			6, 20
9/22/95	Lorcet 10/650	60 & 1 refill	QD-TID PRN	6, 21, 22
	Vistaril w/ Dilaudid		Injection	6, 21, 22
9/28/95	Xanax 2 mg	60	1/2-1 Tab PO BID-TID PRN	6, 23, Rx
10/12/95	Tylenol #4	30	1/2-1 Tab PO QD-TID PRN	6, 24, Rx
	Xanax			6, 24
10/17/95	Lorcet 10/650	20	1/2-1 Tab PO Q 6 hrs PRN	Rx
	Ambien 5 mg	20	1-2 Tabs PO QHS	Rx
10/19/95	Lorcet	20		6, 24
	Dilaudid	1 ml	Injection	6, 24
	Ambien 5 mg	20		6, 24
10/30/95	Ambien 5 mg	60	1-2 Tabs PO QHS PRN	6, 25, Rx

Prescription Date	Drug	Quantity	Instructions for Use	*Reference
11/02/95	Xanax 2 mg	15	PO QD-TID	6, 26
	Tylenol #4	40 & 1 refill	1/2-1 Tab PO QD-BID PRN	Rx
	Ambien 10 mg	30 & 2 refills	PO QHS PRN	Rx
11/06/95	Xanax 2 mg	90	1/2-1 Tab PO BID TID	25, 6
11/22/95	Amitriptyline 75 mg	30 & 5 refills		Rx
11/27/95	Tylenol #4	40	1/2-1 Tab PO QD-BID	28, 27, 6
	Xanax 2 mg	90	1/2-1 Tab PO QD-TID	28, 27, 6
12/18/95	Xanax 2 mg	90	1/2-1 Tab PO QD-TID	28, 6
12/21/95	Lorcet 10/650	40	1/2-1 Tab PO QD-BID	28, 6
1/11/96	Amitriptyline 75 mg	& 1 refill	QHS	29
	Lomotil 2.5 mg	10	QD-BID	29, 10
	Lorcet 10/650	40 & 1 refill	1/2-1 Tab PO QD-BID	29, 6
	Xanax	90		29, 6
1/16/96	Acet #4	30	1/2-1 QI	Rx
1/25/96	Lorcet 10/650	40 & 1 refill	1/2-1 Tab PO QD-BID PRN	30, 6
	Xanax 2 mg	120	1/2-1 Tab PO QD-TID	30, 6, Rx
2/08/96	Amitriptyline 75 mg		PO QHS	31
	Lorcet 10/650	30 & 1 refill	1/2-1 Tab PO QD-BID PRN	Rx
	Xanax 2 mg	90	1 PO QD-TID PRN	3, Rx
2/15/96	Xanax 2 mg	180	TID	6, 32
	Lorcet 2 mg	40 & 1 refill		32

Prescription Date	Drug	Quantity	Instructions for Use	*Reference
12/19/97	Lorcet 10/650	45 & 1 refill	1/2-1 Tab PO QD-TID PRN	Rx
1/14/98	Hydrocodone 7.5/500	30	1 PO QD-BID PRN	Rx
1/14/98	Xanax	90	1 PO BID-TID PRN	Rx
1/28/98	Vicodin 5/500	30	1 PO QD-BID PRN	Rx

**ATTACHMENT E**  
**RESPONDENT'S PRESCRIBING**  
**PATIENT E**

\*Numbers refer to pages of Respondent's office records; Rx refers to a prescription.

Prescription Date	Drug	Quantity	Instructions for Use	*Reference
1/20/94	Oreton 10 mg	30	1 Tab PO TID	Rx
1/31/94	Depo Testosterone 100 mg/ml	10 ml	25-50 mg IM Q 2-4 Weeks	Rx
2/4/94	Vicodin or Percocet		.5-1 QD BID PRN	5
	Xanax or Ativan			5
	Testosterone			5
4/14/94	Continue present meds			5
7/10/94	Xanax		QHS	5
	Vicodin or Percocet			5
8/27/94	Percocet	40	1 Tab PO BID PRN	Rx
9/17/94	Testosterone Cypionate 200 mg/ml	10 ml	50-100 ml IM Q Wkly	Rx
10/26/94	Continue analgesics			5
	Ativan or Xanax		For sleep PRN	5
11/19/94	Percocet	40	1-2 Tabs PO QD	Rx
1/6/95	Continue present meds.			5
3/01/95	Testosterone Cypionate 200 ml	10 cc	50-75mg IM Q1-2 Wks	Rx
3/07/95	Percocet	40	1-2 Tabs PO QD-BID PRN	Rx
3/13/95	Prozac & Paxil			
5/09/95	Percocet	40	1 Tab PO QD-BID PRN	Rx



Prescription Date	Drug	Quantity	Instructions for Use	Reference
6/19/95	Dexedrine 5 mg	60	2 caps QD-BID	Rx
6/29/95	Dexedrine 15 mg	60	1 Tab PO AM PM	Rx
8/23/95	Ritalin 20 mg	60	20mg PO BID	Rx
9/26/95	Percocet	30	1 Tab PO QD-BID PRN	Rx
10/14/95	Dexedrine 10 mg	90	10 mg PO TID	Rx
10/25/95	Testosterone Cypionate 200 mg/ml	10 ml	100-125 mg Q 2 Wks Injection	Rx
12/04/95	Percocet	30	1/2-1 Tab PO QD-BID PRN	Rx
1/11/96	Ativan .5 mg	30	1-2 Tabs QHS PRN	Rx
1/25/96	Triazolam .125 mg (Halcion)	60	1-2 Tabs PO QHS PRN	Rx
3/21/96	Triazolam .125 mg (Halcion)	30	1-2 Tabs PO QHS PRN	Rx
7/08/96	Dexedrine prev. meds as written			7 7
11/15/96	Dexedrine 5-10 mg		PO QD BID	7

**ATTACHMENT F**  
**RESPONDENT'S PRESCRIBING**  
**PATIENT F**

\*Numbers refer to pages of Respondent's office records; Rx refers to a prescription.

Prescription Date	Drug	Quantity	Instructions for Use	*Reference
5/05/94	Darvocet N-100	40 & 1 refill	1/2-1 Tab PO BID-QID	Rx
5/12/94	Darvocet N-100	40	1 Tab PO BID-QID	Rx
8/01/94	Vicodin ES	30 & 1 refill	1 PO Q 4 hrs	Rx
3/06/95	Lorcet 10/650		1/2-1 Tab PO QD-BID PRN	6, 8
3/21/95	Lorcet 10/650	40 & 1 refill	1/2-1 Tab PO QD-BID PRN	6, 10, Rx
4/03/95	Lorcet 10/650		1/2-1 Tab PO QD-BID PRN	6, 10
4/04/95	Vicodin 500 mg	60	1/2-1 Tab PO BID-QID PRN	Rx
4/19/95	Lorcet 10/650	40 & 1 refill	1/2-1 Tab PO QD-BID PRN	6, 9, Rx
5/03/95	Lorcet 10/650	40 & 1 refill	1/2-1 Tab PO QD-BID PRN	6, 9
5/31/96	Bacitracin			6, 10
5/31/95	Vicodin	40 Rx & 1 refill		6, 10
6/7/95	Lorcet	24		11
6/10/95	Lorcet	8		6, 11
6/13/95	Lorcet 10/650	40		6, 11
6/22/95	Lorcet 10/650	24	1/2 -1Tab PO QD-BID PRN	6, 11
6/26/95	Lorcet 10/650	24	1/2 -1Tab PO QD-BID PRN	6, 11

Prescription Date	Drug	Quantity	Instructions for Use	Reference
6/27/95	Lorcet 10/650	30		6
7/05/95	Vicodin 500 mg	20	QD-BID	6, 11
7/13/95	Vicodin 500 mg	20 & 1 refill	PO BID-TID	6, 11, Rx
7/24/95	Claritan	1 Week & 1 refill	1 Tab QID	6, 12
7/27/95	Claritan		1 Tab QID	6, 12
	Lorcet	30	1/2 - 1 QD-BID	6, 12
8/03/95	Vicodin 500 mg	30	1/2 - 1 Tab PO QD-BID PRN	6, 12
8/11/95	Vicodin 500 mg	30	PO QD-BID	6, 12
8/18/95	Esgic plus			6, 13
	Vicodin 500 mg	30	1 Tab PO QD-BID	6, 13
8/24/95	Claritan			6, 13
8/28/95	Vicodin 500 mg	60	PO BID-TID	6, 14
	Zantac 150 mg	60		6
9/07/95	Zantac 150 mg		PO BID	6, 15
9/11/95	Vicodin 5/500	60	1 BID-QID	Rx
9/20/95	Zantac 150 mg		PO BID	6, 16
	Lorcet 10/650	20	1/2-1 Tab BID-QID	Rx
9/25/95	Bactrim	7 Days	PO BID	6, 18
	Claritan 500 mg	14 Days & 1 refill	1 Tab QD	6, 18
	Lorcet 10/650	40 & 1 refill	1/2-1 Tab PO QD-QID	Rx

Prescription Date	Drug	Quantity	Instructions for Use	Reference
9/29/95	Vicodin	40	PO BID-TID	6, 18
10/04/95	Biaxcin 500 mg	7 days	BID	6, 19
	Tussionex	50 cc	PO BID 5 cc	19, Rx
10/12/95	Biaxcin	3 days		10, 19
	Lorcet 10/650	20	1/2 -1 Tab PO QD-BID	6, 19, Rx
	Tussionex	50 cc	BID	19, Rx
10/15/95	Tussionex	100 ml	BID	6, 20
10/20/95	Lorcet 10/650	20	1/2 -1 Tab PO QD-BID	6, 20
10/23/95	Lorcet 10/650	16	1/2 -1 Tab PO QD-TID PRN	6, 21, 22
10/26/95	Biaxcin 500 mg		BID	23
	Tussionex		1 Tsp PO BID	23
10/27/95	Lorcet 10/650	30	1/2-1 Tab QD-BID	Rx
11/03/95	Lorcet 10/650	30	1/2 -1 Tab PO QD-BID PRN	6, 23
11/13/95	Elavil 25 mg	60 & 1 refill	PO QHS	6, 23
	Lorcet 10/650	30		6
	Lorcet 10/650	60 & 1 refill		23
11/20/95	Ambien	15	1-2 Tabs QHS	24
	Lorcet 10/650	30	1/2-1 Tab QD-BID	Rx
11/27/95	Lorcet 10/650	60	1/2 -1 Tab PO QD-BID PRN	6, 25
	Vicodin 500 mg		PO BID 1/2 - 1 QD-TID	6, 25
	Roboxcin 750 mg	30 & 1 refill	1/2 -1 Tab PO QHS PRN	6, 25

Prescription Date	Drug	Quantity	Instructions for Use	Reference
11/30/95	Lorcet 10/650	30	1/2-1 Tab QD-BID	Rx
12/05/95	Tussionex	100 cc	1 Tsp. PO BID	25
12/08/95	Vicodin 7.5/500 mg	30	1/2 -1 Tab PO QD-BID PRN	6, 26
	Tessalon Perles	10		26
12/13/95	Tussionex	100 ml	1 tsp. QD-BID	6
12/15/95	Vicodin 7.5/500 mg			6, 26
12/22/95	Lorcet 10/650	10	1/2 -1 Tab PO QD-BID	6, 26
12/27/95	Vicodin	10	1/2-1 Tab Q 4-6 hrs PRN	27, Rx
1/02/96	Lorcet	8		6, 27
1/05/95	Vicodin 7.5/500 mg	30		6, 27
1/11/96	Lorcet 10/650	30 & 1 refill	1/2 -1 Tab PO QD-TID PRN	28, Rx
1/22/96	Ambien 10 mg		QHS	6, 28
	Lorcet 10/650	30 & 1 refill	QD-BID	6, 28
2/08/96	Lorcet 10/650	20 & 1 refill	1/2 -1 Tab PO QD-BID	Rx
2/16/96	Lorcet 10/650	40 & 1 refill	1/2 -1 Tab PO QD-BID PRN	Rx

**ATTACHMENT G**

**PATIENT -- LOUIS MAROTTA, M.D.**

\*Numbers refer to pages of Respondent's office records; Rx refers to a prescription.

Prescription Date	Drug	Quantity	Prescribing Physician	Instructions for Use	*Reference
4/05/94	Furosemide 40 mg	60	Self		Printout, Pleasant Valley
4/29/94	Lasix 40 mg	60	Self		Rx
6/06/94	Furosemide 40 mg	60	Self		Printout, Pleasant Valley
8/5/94	Topicort 0.25 PC Cream		Self		Printout, Pleasant Valley
2/16/95	Furosemide 40 mg	20	Self		Printout, Martins
3/02/95	Biaxin 250 mg	14	Self		Printout, Martins
6/16/95	Ambien 10 mg	20	Self		Printout, Martins
8/26/95	Dexedrine		Self		6
	Xanax .5 mg		Self	.5-1mg PO QHS	6
9/29/95	Fluocinonide .05%	15	Self		Printout, Pleasant Valley
	Prednisone 20 mg	10	Self		Printout, Pleasant Valley
10/21/95	Xanax 1 mg	60	Aronov	1-2 Tabs PO QHS	Rx
1/96/96 (sic)	Dexedrine		Self		6

Prescription Date	Drug	Quantity	Prescribing Physician	Instructions for Use	*Reference
1/04/96	Tussionex	100cc	Self	As directed	Rx
1/09/96	Oxazepam	15	Self	1-2 Tab PO QHS PRN	Rx
2/16/96	Dexedrine 10 mg	90	Self	PO BID-TID	7, Rx
	Xanax .5 mg		Self	.5 mg PO QHS	7
3/26/96	Dexedrine 10 mg	90	Self	1 Capsule BID-TID	Rx, Pharmacist note-"LM says State aware he writes his own Rx" due to confidentiality
4/17/96	Dexedrine 10 mg	90	Self	1 Cap PO BID-TID	Rx, "Same explanation given me."
4/19/96	Furosemide 40 mg	90	Self		Printout, Rite Aid
5/12/96	Dexedrine 10 mg	30	Self	1 Tab PO QD-TID PRN	Rx
5/18/96	Dexedrine 10 mg	60	Self	1 Cap PO BID-TID PRN	Rx
	Furosemide 40 mg	30	Self		Printout, Rite Aid
5/28/96	Furosemide 40 mg	30	Self	1 Tab QD	Printout, Rite Aid
5/29/96	Dexedrine 10 mg	30	Self		Printout, Rite Aid

Prescription Date	Drug	Quantity	Prescribing Physician	Instructions for Use	*Reference
6/01/96	Dexedrine 10 mg		Self	BID-TID	7
	Melatonin		Self	1-2 Tab PO QHS	7
6/03/96	Hydrocodone 5/500	15	Self	1 Tab Q 4hrs	Printout, Rite Aid
6/17/96	Dexedrine 10 mg	15	Self	1 PO BID-TID	Rx
6/21/96	Dexedrine 10 mg	90	Self	1 PO BID-TID	Rx
7/01/96	Dexedrine 10 mg		Self	PO BID-TID	7
7/02/96	Ambien 5 mg	5	Self	1 Tab QHS	Printout, Rite Aid
	Furosemide 40 mg	30	Self		Printout, Rite Aid
7/15/96	Dexedrine 10 mg	90	Self	1 PO BID-TID	Rx
8/12/96	Dexedrine 10 mg	100	Self	1 PO BID-TID	Rx
9/12/96	Dexedrine 10 mg	50	Self	1 PO TID	Rx
10/10/96	Furosemide 40 mg	20	Self		Printout, Wal-Mart
10/21/96	Dexedrine 10 mg	50	Self	1 PO BID-TID	Rx
11/07/96	Dexedrine 10 mg	50	Self	1 PO BID-TID	Rx



Prescription Date	Drug	Quantity	Prescribing Physician	Instructions for Use	*Reference
11/22/96	Dexedrine 10 mg	45	Self	1 PO BID-TID	Rx
11/23/96	Furosemide 40 mg	30	Self		Printout, Wal-Mart
12/06/96	Dexedrine 10 mg	40	Self	1 PO BID-TID	Rx
12/10/96	Dexedrine 10 mg	80	Self	1 PO BID-TID	Rx
12/19/96	Dexedrine 10 mg	45	Self	1 PO BID-TID	Rx
1/02/97	Deltasone 10 mg	20	Self		Printout, Wal-Mart
	Dexedrine 20 mg	45	Self	1 PO BID-TID	Rx
1/16/97	Dexedrine 10 mg	45	Self	1 PO BID-TID	Rx
2/25/97	Deltasone 20 mg	20	Self		Printout, Wal-Mart
2/25/97	Dexedrine 10 mg	70	Self	1 PO BID-TID	Rx
3/11/97	Desoxyn 5 mg	30	Self	1 PO BID-TID	Rx
3/28/97	Desoxyn 5mg	60	Self	1 PO QD-BID	Rx
	Desoxyn 5 mg	60	Self	1-2 PO QD	Rx
4/12/97	Desoxyn 5 mg	80	Self	ii PO BID-TID	Rx
4/26/97	Desoxyn 5 mg	80	Self	2 Tabs PO BID-TID	Rx

Prescription Date	Drug	Quantity	Prescribing Physician	Instructions for Use	*Reference
5/06/97	Desoxyn 5 mg	80	Self	2 Tabs PO BID-TID	Rx
5/13/97	Amphetamine Desoxyn 5 mg	180	Miller	2 PO TID	Rx
6/10/97	Desoxyn 5 mg	180	Miller	2 PO BID-TID	Rx
7/14/97	Desoxyn 5 mg	40	Wolner	1-2 PO TID	Rx
7/22/97	Desoxyn 5 mg	35	Miller	5 PO QID	Rx
7/29/97	Desoxyn 5 mg	120	Miller	4 PO Daily	Rx
8/06/97	Rocephin 1gm	Injection	Self		Printout, Wal-Mart
8/19/97	Desoxyn 5 mg	120	Miller	4 PO QID	Rx
9/16/97	Desoxyn 5 mg	120	Miller	4 PO Daily	Rx
10/14/97	Desoxyn 5 mg	120	Miller	1 PO QID	Rx
11/11/97	Desoxyn 5 mg	120	Miller	1 PO QID	Rx
12/9/97	Desoxyn 5 mg	120	Miller	1 PO QID	Rx

**ATTACHMENT H**  
**RESPONDENT'S PRESCRIBING**  
**PATIENT H**

\* Rx refers to prescription.

Prescription Date	Drug	Quantity	Instructions for Use	*Reference
1/06/94	Didrex 50 mg	60		Printout
3/30/95	Dexedrine 5 mg	30	5 mg-1 Tab PO QD PRN	Rx

**ATTACHMENT I**  
**RESPONDENT'S PRESCRIBING**  
**PATIENT I**

\* Rx refers to prescription.

Prescription Date	Drug	Quantity	Instructions for Use	*Reference
10/17/95	Xanax .5 mg	20	1 Tab PO QHS PRN	Rx
11/17/95	Percocet	30	1/2-1 Tab PO QD-BID	Rx
12/04/95	Xanax 1 mg	30	1 Tab PO QHS PRN	Rx

**ATTACHMENT J**  
**RESPONDENT'S PRESCRIBING**  
**PATIENT J**

\* Numbers refer to pages of Respondent's office records; Rx refers to a prescription.

Prescription Date	Drug	Quantity	Instructions for Use	*Reference
6/23/94	Hydrocodone 5/500	40 & 1 refill	1 Tab Every 4 to 6 Hours As Needed "MD to mail"	Rx
6/29/94	Stadol 1mg		Injection	2
6/30/94	Percocet		1/2-1 Tab PRN	2
8/9/94	Xanax		.5-1mg PO QHS PRN	2
8/13/94	Xanax 1mg	60	1 mg 1 Tab PO BID PRN	3
8/31/94	Ambien 10 mg	10	1 Tab QHS	Rx
12/23/94	Percocet	20	5g 1 Tab PO BID PRN	Rx
12/22/95	Percocet		1/2-1 Tab PO QD-BID PRN	2

## EXHIBIT B

1. I request, agree, and understand that the suspension of my license shall be terminated only upon a showing to the satisfaction of a Committee on Professional Conduct of the State Board for Professional Medical Conduct (henceforth "Committee") that I am no longer incapacitated for the active practice of medicine and that I am both fit and competent to practice medicine. I understand that the determination that I am no longer incapacitated for the active practice of medicine shall be made solely by the Committee, and shall include, but not be limited to, a determination of successful completion of an approved course of therapy.

2. I request, agree, and understand that at the time that I request that a meeting of a Committee be scheduled, pursuant to paragraph 1, I will provide the Director of the Office of Professional Medical Conduct, New York State Department of Health, 433 River Street, Suite 303, Troy, NY 12180-2299, with the following:

- a. The signed acknowledgement from the sobriety monitor referred to in Exhibit C paragraph 4.
- b. The signed acknowledgement from the supervising physician referred to in Exhibit C paragraph 5.
- c. The signed acknowledgement from the health care professional referred to in Exhibit C paragraph 6.
- d. Certified true and complete copies of records of all evaluation and treatment, relating to my impairment, whether that evaluation and treatment occurred prior to or during the time this surrender is in effect. These records shall include documentation of the results of all urine/blood/breath tests conducted to detect the presence of drugs and/or alcohol. Such tests shall be conducted on a random, unannounced, observed basis on a seven day a week schedule and shall include forensically valid screening for alcohol and any drugs of choice.

- e. Fully executed waivers of patient confidentiality concerning any previous and prospective treatment records.
- f. An independent current psychiatric evaluation by a board certified psychiatrist. Also, upon request of the Director of OPMC, a current in-depth chemical dependency evaluation by a health care professional in a licensed facility.
- g. My attendance at, participation in, and cooperation with an interview conducted by personnel of OPMC, upon the request of the Director thereof.
- h. Proof of compliance with the terms of my agreement with the Office of Professional Medical Conduct.
- i. Proof of successful completion of an accredited course, approved in advance in writing by the Director, on the prescribing of controlled substances.

Provision of the aforesaid documents does not constitute a showing that I am no longer incapacitated for the active practice of medicine.

3. At the proceeding referred to in paragraph 1, I will provide the committee, at a minimum, with the following:

- a. Certified true and complete and current records of all psychiatric, psychological, and/or any other mental health treatment, evaluation, and/or testing, whether in an out-patient, in-patient, office, consultation setting.
- b. Evidence of compliance with the terms of a continuing after-care out-patient treatment plan that addresses the major problems associated with my illness.
- c. Evidence that I have maintained adequate knowledge and competence to practice as a physician. Such evidence shall include documentation of continuing medical education and, if so requested by the Director of OPMC, a report of an independent evaluation of my medical knowledge and competence.

Submission of the aforesaid evidence does not constitute a showing that I

am no longer incapacitated for the active practice of medicine.

4. I request, agree, and understand that if the Chairperson of the Committee issues an order (Order) finding that I am no longer incapacitated for the active practice of medicine, thereby terminating the suspension of my license, the Order shall further impose a period of probation, pursuant to New York Public Health Law §230-a, during which my practice of medicine shall be subject to conditions as described in Exhibit C.



## EXHIBIT C

### TERMS OF PROBATION

My practice shall be subject to the following terms of probation for a period of no less than five years:

1. I will remain drug and alcohol free.
2. I will comply with the terms of a continuing after-care treatment plan that addresses the major problems associated with my illness.
3. At the direction of the Director of OPMC, I will submit to periodic interviews with, and evaluations by, a board certified psychiatrist or other licensed mental health practitioner designated by the Director. Said practitioner shall report to the Director regarding my condition and my fitness or incapacity to practice medicine.
4. My sobriety will be monitored by a health care professional, proposed by me and approved in writing by the Director of OPMC.
  - a. Said monitor shall be familiar with my history of chemical dependence, with this suspension and with the terms of probation to be set forth.
  - b. Said monitor shall see me at least twice during a quarter.
  - c. Said monitor shall direct me to submit to unannounced tests of my blood, breath and/or urine for the presence of drugs or alcohol and shall report to OPMC within 24 hours if at any time such a test is refused by me or is positive.
  - d. Said monitor shall report to OPMC any noncompliance with the imposed conditions.
  - e. Said monitor shall not be a personal friend.
  - f. Said monitor shall submit to OPMC quarterly reports certifying my

compliance or detailing my failure to comply with each of the conditions imposed. The reports shall include the results of all body fluid and/or breath tests for drugs and/or alcohol performed during that quarter.

5. I will be supervised in my medical practice by a licensed physician, proposed by me and approved in writing by the Director of OPMC. Said supervising physician shall be familiar with my history of chemical dependency, with this suspension and with the terms of probation to be set forth. Said supervising physician shall supervise my compliance with the conditions of practice to be imposed. Said supervising physician shall be in a position to regularly observe and assess my medical practice.

- a. Said supervising physician shall have the authority to direct me to submit to unannounced tests of my blood, breath, and/or urine for the presence of drugs or alcohol and shall report to OPMC within 24 hours if at any time such a test is refused by me or is positive.
- b. Said supervising physician shall submit to OPMC quarterly reports regarding the quality of my medical practice, any unexplained absences from work and certifying my compliance or detailing my failure to comply with each condition imposed.
- c. Said supervising physician shall report any suspected impairment, inappropriate behavior, questionable medical practices or possible misconduct to OPMC.

6. I will continue in treatment with a health care professional, proposed by me and approved, in writing, by the Director of OPMC, for as long as the health care professional determines it is necessary.

- a. My treating health care professional or program shall submit to OPMC quarterly reports certifying that I am complying with the treatment.
- b. Said treating health care professional shall report to OPMC immediately if I am noncompliant with my

treatment plan or if I demonstrate any significant pattern of absences.

7. I agree that the preceding terms set out in paragraphs 1-6 shall be the minimum probation terms, related to my fitness to practice, to be imposed on my practice, and that other terms may be added by the Committee at the time of termination of my suspension, and that the costs of complying with all such terms will be my responsibility. I understand that any failure by me to comply with the conditions imposed upon my practice at the time of termination of my suspension, may result in disciplinary action being brought against me charging professional misconduct as defined by the New York State Education Law, including but not limited to N.Y. Educ. Law Section 6530(29). That section defines professional misconduct to include "violating any... condition... imposed on the licensee pursuant to section two hundred thirty of the public health law."

8. I agree that upon any denial of termination of my suspension made by the Committee, I shall not again request convening of a Committee until a minimum period of six months has elapsed since such denial.

9. I agree that in addition to the terms set out in paragraphs 1-6 and any other terms imposed by added by the Committee upon restoration of my license, I shall also be subject to the following standard terms of probation:

- a. I shall conduct myself in all ways in a manner befitting my professional status, and shall conform fully to the moral and professional standards of conduct and obligations imposed by law and by my profession.
- b. I shall submit written notification to the New York State Department of Health addressed to the Director of the Office of Professional Medical Conduct, 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.

- c. I shall fully cooperate with and respond in a timely manner to requests from OPMC to provide written periodic verification of my compliance with the terms of this Order. I shall personally meet with a person designated by the Director of OPMC as requested by the Director.
- d. Any civil penalty not paid by the date prescribed herein shall be subject to all provisions of law relating to debt collection by New York State. This includes but is not limited to the imposition of interest, late payment charges and collection fees; referral to the New York State Department of Taxation and Finance for collection; and non-renewal of permits or licenses [Tax Law section 171(27)]; State Finance Law section 18; CPLR section 5001; Executive Law section 32].
- e. The period of probation shall be tolled during periods in which I am not engaged in the active practice of medicine in New York State. I shall notify the Director of OPMC, in writing, if I am not currently engaged in or intend to leave the active practice of medicine in New York State for a period of thirty (30) consecutive days or more. I shall then notify the Director again prior to any change in that status. The period of probation shall resume and any terms of probation which were not fulfilled shall be fulfilled upon my return to practice in New York State. The tolling provision set forth in this paragraph may be waived by the Director of the OPMC, in the Director's discretion.
- f. My professional performance may be reviewed by the Director of OPMC. This review may include, but shall not be limited to, a review of office records, patient records and/or hospital charts, interviews with or periodic visits with me and my staff at practice locations or OPMC offices.
- g. I shall maintain legible and complete medical records which accurately reflect the evaluation and treatment of patients. The medical records shall contain all information required by State rules and regulations regarding controlled substances.
- h. I shall comply with all terms, conditions, restrictions, limitations and penalties to which I am subject pursuant to the Order and I shall assume

and bear all costs related to compliance. Upon receipt of evidence of noncompliance with, or any violation of these terms, the Director of OPMC and/or the Board may initiate a violation of probation proceeding and/or any such other proceeding against me as may be authorized pursuant to the law.