



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

July 14, 1999

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Warren Sidney Weber, M.D.
253 Pondsview Lane
Smithtown, NY 11787

RE: License No. 081648

Dear Dr. Weber:

Enclosed please find Order #BPMC 99-168 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect **July 14, 1999.**

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: Wilfred T. Friedman, Esq.
The Bar Building
36 West 44th Street
New York, NY 10036

Michele Y. Tong, Esq.

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

IN THE MATTER
OF
WARREN SIDNEY WEBER, M.D.

SURRENDER
OF
LICENSE
BPMC #99-168

STATE OF NEW YORK)

ss.:

COUNTY OF)

WARREN SIDNEY WEBER, M.D., being duly sworn, deposes and says:

On or about October 7, 1958, I was licensed to practice medicine as a physician in the State of New York having been issued License No. 081648 by the New York State Education Department.

My current address is 253 Pondsview Lane, Smithtown, New York 11787 , and I will advise the Director of the Office of Professional Medical Conduct of any change of my address.

I understand that I have been charged with two specifications of professional misconduct as set forth in the Statement of Charges, annexed hereto, made a part hereof, and marked as Exhibit "A".

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 on the grounds that I do not contest the two specifications of professional misconduct in full satisfaction of the Statement of Charges.


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.

DATED 6/25/99
Sworn to before me


WARREN SIDNEY WEBER, M.D.
RESPONDENT

on this 25 day of
June 1999 .



NOTARY

NINA JOSHI
NOTARY PUBLIC, STATE OF NEW YORK
NO. 01J05028173
QUALIFIED IN SUFFOLK COUNTY
COMMISSION EXPIRES 5/23, 2022

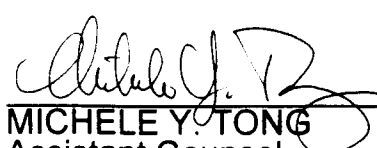
The undersigned agree to the attached application of the Respondent to surrender his license.

Date: _____



WILFRED T. FRIEDMAN, Esq.
Attorney for Respondent

Date: June 30, 1999



MICHELE Y. TONG
Assistant Counsel
Bureau of Professional
Medical Conduct

Date: July 2, 1999



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
WARREN SIDNEY WEBER, M.D.

SURRENDER
ORDER

Upon the proposed agreement of WARREN SIDNEY WEBER, 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: 7/17/99



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

"EXHIBIT A"

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

IN THE MATTER
OF
WARREN SIDNEY WEBER, M.D.

STATEMENT
OF
CHARGES

WARREN SIDNEY WEBER, M.D., the Respondent, was authorized to practice medicine in New York State on or about October 7, 1958, by the issuance of license number 081648 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. Between on or about March 18, 1993 and on or about June 28, 1997, Respondent knowingly and with intent to deceive forged the signature of his medical partner, Robert Bloom, M.D., on a total of 140 prescriptions for controlled substances. Seventy-five (75) prescriptions were written in the name of Respondent and sixty-five (65) were written in the name of Respondent's wife, Phyllis Weber. Said prescriptions were for Lorcet, Vicodin and Apap Codeine #4.
- B. On or about August 21, 1997, Respondent was assigned an Axis 1 diagnosis of Opioid Dependency, based upon his prior history of drug use.

SPECIFICATION OF CHARGES

FIRST SPECIFICATION
FRAUDULENT PRACTICE

Respondent is charged with committing professional misconduct as defined by N.Y. Educ. Law §6530(2)(McKinney Supp. 1999) by practicing the profession of medicine fraudulently as alleged in the facts of the following:

1. Paragraph A.

SECOND SPECIFICATION
BEING AN HABITUAL ABUSER OR HAVING A
PSYCHIATRIC CONDITION WHICH IMPAIRS
THE ABILITY TO PRACTICE

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(8)(McKinney Supp. 1999) by being a habitual abuser of alcohol, or being dependent on or a habitual user of narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effects, or having a psychiatric condition which impairs the licensee's ability to practice as alleged in the facts of the following:

2. Paragraphs A and B.

DATED: May , 1999
New York, New York

ROY NEMERSON
Deputy Counsel
Bureau of Professional
Medical Conduct