

IN THE MATTER OF
MICHAEL Q. DURRY, M.D.
Respondent

License Number: D63673

* BEFORE THE
* MARYLAND STATE
* BOARD OF PHYSICIANS
* Case Number: 2011-0951

* * * * *

**ORDER FOR SUMMARY SUSPENSION
OF LICENSE TO PRACTICE MEDICINE**

The Maryland State Board of Physicians (the "Board") hereby **SUMMARILY SUSPENDS** the license of **MICHAEL Q. DURRY, M.D.** (the "Respondent") (Date of Birth, 3/18/1969), License Number D63673, to practice medicine in the State of Maryland. The Board takes such action pursuant to its authority under Md. State Gov't Code Ann. ("S.G.") § 10-226(c)(2009 Repl. Vol. and 2011 Supp.), concluding that the public health, safety or welfare imperatively requires emergency action.

INVESTIGATIVE FINDINGS

Based on information received by, and made known to the Board, and the investigatory information obtained by, received by and made known to and available to the Board, including the instances described below, the Board has reason to believe that the following facts are true:¹

BACKGROUND FINDINGS

1. At all times relevant to the events giving rise to the Board's findings, the Respondent was and is licensed to practice medicine in the State of Maryland. The

¹ The statements regarding the Board's investigative findings are intended to provide the Respondent with notice of the basis of the summary suspension. They are not intended as, and do not necessarily represent, a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent in connection with this matter.

Respondent was originally licensed to practice medicine in Maryland on September 14, 2005, under License Number D63673.

2. At all times relevant to the events giving rise to the Board's findings, the Respondent was employed as a staff physician at Healthy Life Medical Group ("Healthy Life"), a pain management practice located at 9607-9609 Reisterstown Road, Owings Mills, Maryland 21117.

3. The Respondent is board-certified in general surgery and does not have privileges at any hospitals in Maryland.

4. On or about June 20, 2011, the Board received a telephone call from an area pharmacist ("Pharmacist A")² who stated that two residents of Ohio attempted to fill prescriptions the Respondent issued while practicing at Healthy Life for large quantities of controlled dangerous substances ("CDS"). Pharmacist A refused to fill the prescriptions. Pharmacist A stated that when he advised the two individuals that he would not fill their prescriptions, one of them became angry and told Pharmacist A that he paid \$900 in cash for the prescriptions. Pharmacist A sent copies of the prescriptions to the Board by facsimile transmission.

5. Based on the complaint, the Board initiated an investigation of the Respondent. The Board's investigation included, but was not limited to: conducting site visits; interviewing witnesses; interviewing the Respondent; conducting drug surveys; subpoenaing medical records; and submitting patient records for peer review.

² To ensure confidentiality, the names of individuals involved in this case, other than the Respondent, are not disclosed in this document. The Respondent may obtain the identity of all individuals referenced in this document by contacting the administrative prosecutor.

6. Based on its investigative findings, which included findings by the peer reviewers, the Board determined that public health, safety, or welfare imperative required that the Respondent's license to practice medicine be summarily suspended. The Board's investigative findings are set forth *infra*.

BOARD'S INVESTIGATION FINDINGS

Prior Disciplinary History

7. On or about August 6, 2007, the Board summarily suspended the Respondent's medical license and issued disciplinary charges against him for engaging in sexual misconduct with his patients and hospital staff members. The Board's order for summary suspension and charges stemmed from a report of disciplinary action from a health care facility, which stated that the Respondent, who was practicing on-site, engaged in sexual intercourse with a female **patient who was an inmate**, upon whom he had previously performed surgery.

8. In a consent order (the "Consent Order"), dated December 19, 2007, the Board found as a matter of fact that the Respondent, while providing medical care to an inmate patient, had sexual intercourse and engaged in other forms of sexual misconduct with her; and violated State regulations pertaining to sexual misconduct with female staff members at a separate health care facility. The Board concluded as a matter of law that the Respondent's conduct constituted immoral and unprofessional conduct in the practice of medicine, in violation of Md. Health Occ. Code Ann. ("H.O.") §§ 14-404(a)(3)(i) and (ii).

9. Pursuant to the Consent Order, the Board suspended the Respondent's license to practice medicine in Maryland for a period of five years, with all but 12 months

stayed. During the active portion of the suspension, the Board ordered the Respondent to complete a one-on-one tutorial on medical ethics and to undergo a psychiatric evaluation. Upon the reinstatement of his license, the Board ordered that the Respondent be placed on probation for a period of five years, during which time he was to be supervised by a Board-approved general surgeon; to practice according to the Maryland Medical Practice Act and all applicable laws, statutes, and regulations pertaining to the practice of medicine; and be subject to peer review, or a chart review, determined at the Board's discretion.

10. On or about May 8, 2009, the Board issued an order reinstating the Respondent's license and placing him on probation for a minimum of five years, subject to the probationary terms and conditions in the Consent Order.

General Investigative Findings

11. In furtherance of the Board's investigation, Board investigators conducted surveillance of Healthy Life at its location on Reisterstown Road on or about July 15, 2011. Upon arriving at the parking lot in front of the practice, Board investigators observed approximately 15 individuals standing, smoking and conversing outside the entrance to the practice. Board investigators also observed several parked vehicles occupied by individuals who appeared to be sleeping inside their vehicles. After a scan of the parking lot, Board investigators noticed numerous vehicles with out-of-state license plates, including license plates from New York, New Jersey, Kentucky, Ohio, West Virginia, Connecticut, Tennessee and Florida.

12. Board investigators returned to Healthy Life on or about August 4, 2011, to serve Board subpoenas and notices. Upon arrival, Board investigators again observed

10 to 20 individuals loitering in the parking lot in front of the practice. A scan of the parking lot again revealed numerous occupied and unoccupied vehicles displaying out-of-state license plates, including license plates from New York, Kentucky, Ohio, West Virginia, Connecticut, Tennessee and Florida.

13. Upon entering the practice, Board investigators observed approximately 75 to 85 patients in a waiting area. After identifying themselves to a receptionist, Board investigators were escorted to an office where they were greeted by a physician ("Physician A"), who identified himself as the medical director of the practice, and by the Respondent. During the visit and pursuant to Board subpoena, Board investigators retrieved 35 patient medical records from the practice.

14. On or about August 17, 2011, Board investigators interviewed two medical assistants from Healthy Life. Both individuals stated that approximately 30 to 50 patients were seen daily at Healthy Life, of which 25% were new patients. They further stated that because Healthy Life did not accept medical insurance, new patients pay approximately \$300 in cash for initial visits, while established patients pay approximately \$250 to \$295 in cash for follow-up visits.

15. On or about October 28, 2011, the Board transmitted eight medical records of patients who had received treatment from the Respondent to a reviewing entity for peer review. The reviewers concluded that the Respondent failed to meet quality medical standards in all eight patient charts reviewed and failed to keep adequate medical records in six of eight patient charts reviewed. The reviewers concluded that the Respondent:

- a) Prescribed high doses of narcotics without verifying patients' self-reported medical history and narcotic use by obtaining and documenting patients' prior medical records, to include information such as previous work-up, previous treatment, referral notes, specialty notes, or other notes, to justify and support such prescribing;
- b) Prescribed high doses of narcotics and benzodiazepines despite obvious red flags, such as patients being from out-of-state with no verified medical history and making cash payments only; and patients from different states having had MRIs performed at imaging centers in Florida;³
- c) Failed to investigate and determine the rationale for the initiation of patients' pain regimen;
- d) Failed to address patients' positive urine drug screen for illegal substances;
- e) Failed to address patients' abnormal urine toxicology screens;
- f) Inappropriately prescribed two short acting narcotics at the same time;
- g) Failed to refer patients for medical consultation, such pain specialist consultation, neurosurgical consultation, physical therapy, acupuncture, or mental health consultation; and

³ Patient A (Kentucky) and Patient B (West Virginia) both had MRIs performed at the same imaging center located in Tamarac, Florida. Patient C (Ohio), Patient D (Ohio) and Patient G (Kentucky) all had MRIs performed at the same imaging center in Delray Beach, Florida.

- h) Failed to keep adequate medical records to justify the course of treatment taken.

Patient-Specific Findings

16. Examples of the above investigative findings are set forth in the following patient-specific summaries. These summaries are not intended as, and do not represent, a complete description of the evidence with respect to the Respondent's actions in this matter.

Patient A

17. Patient A, then a 42 year-old male resident of Kentucky, initially presented to Healthy Life on or about March 29, 2011, with complaints of low back pain radiating to the left leg. Patient A reported a history of hypertension but no surgical history relating to his pain. Other than a Magnetic Resonance Imaging ("MRI") report, dated August 19, 2009, from a Florida imaging center, which found disc protrusion at L4-5 and L5-S1, Patient A presented no prior medical records to verify his medical history. Patient A listed "Total Medical Express" in Orlando, Florida as his prior treating physician and claimed that he was taking Oxycodone⁴ and Xanax.⁵ At this initial visit, a physician assistant ("Physician Assistant A") treated Patient A and prescribed Oxycodone 30 mg (#180), Naproxen 500 mg (#60) and Diazepam 10 mg (#30) to him. A urine drug screen performed that day was positive for the presence of benzodiazepines and Oxycodone. Patient A paid \$300 in cash for this initial visit.

⁴ Oxycodone is a Schedule II opioid analgesic indicated to relieve moderate to severe pain.

⁵ Xanax, a trade name for Alprazolam, is a Schedule IV Benzodiazepine primarily used to treat anxiety disorders, panic disorders, and nausea due to chemotherapy.

18. According to records Healthy Life provided, Patient A returned on four subsequent visits there between April and July 2011. On three occasions, in April, May and June 2011, Patient A saw Physician A and received, among other medications, prescriptions for Oxycodone 30 mg (#168) and Xanax 2 mg (#28) for each visit. For the three visits, Patient A paid between \$250 and \$285 in cash per visit.

19. On or about July 25, 2011, Patient A saw the Respondent for a follow-up visit. The Respondent noted that Patient A had pain radiating into his leg and assessed him with having chronic pain. The Respondent continued Patient A on Oxycodone 30 mg (#168) and Xanax 2 mg (#28). Patient A made cash payment of \$250 for this visit.

Patient B

20. Patient B, then a 28 year-old male resident of West Virginia, initially presented to Healthy Life on or about March 30, 2011, with complaints of low back pain and burning pain down his right leg secondary to a mining accident in 2006. Patient B reported no surgical history relating to his pain and listed no current medications. Other than a MRI report, dated September 9, 2009, from a Florida imaging center, which found first degree spondylolisthesis⁶ and a small disc protrusion at L4-5, Patient B presented no prior medical records to verify his medical history. At this initial visit, Patient B was seen by Physician Assistant A, who prescribed Oxycodone 15 mg (#120), Diazepam⁷ 10 mg (#30), and Meloxicam⁸ 15 mg (#30) to him. Patient B also underwent

⁶ Spondylolisthesis is the anterior or posterior displacement of a vertebra or vertebral column in relation to the vertebrae below.

⁷ Diazepam is a Schedule IV Benzodiazepine used to treat anxiety, insomnia, and symptoms of acute alcohol withdrawal.

⁸ Meloxicam is a prescription only nonsteroidal anti-inflammatory drug ("NSAID") with analgesic and fever reducing effects.

a urine toxicology screen, which was positive for Oxycodone. Patient B paid \$300 in cash for this initial visit.

21. According records Healthy Life provided, Patient B returned on four subsequent visits there between April and July 2011. On three occasions, in April, May and June 2011, Patient B saw Physician A and received, among other medications, prescriptions for Oxycodone 30 mg (#168) and Xanax 1 to 2 mg (#28) for each visit. During his visit in June, Physician A added Percocet⁹ 10/325 mg (#56) to Patient B's medication regimen. For the three visits, Patient B made cash payments between \$200 and \$225 per visit.

22. On or about July 8, 2011, Patient B saw the Respondent for a follow-up visit. The Respondent noted "no new findings" and continued Patient B on Oxycodone 30 mg (#168), Xanax 2mg (#28) and Percocet 10/325 mg (#56). Patient B paid \$225 in cash for this visit.

Patient C

23. Patient C, then a 27 year-old male resident of Ohio, initially presented to Healthy Life on or about May 23, 2011, with a self-reported eight-year history of low back pain secondary to heavy lifting and multiple motor vehicle accidents. Patient C reported no surgical history relating to his back pain and listed no current medications. Other than a MRI report, dated November 2, 2010, from an imaging center in Florida, which found herniated discs at L3-4, L4-5 and L5-S1, Patient C presented no prior medical records to verify his medical history. Patient C also listed occasional marijuana use. At this initial visit, Patient C was seen by Physician A, who made a diagnosis of

⁹ Percocet, the brand name for Oxycodone and Acetaminophen, is a Schedule II opioid analgesic indicated for the relief of moderate to moderately severe pain.

radiculopathy¹⁰ and prescribed Oxycodone 30 mg (#84), Oxycodone 15 mg (#168) and Xanax 2 mg (#28) to him. Patient C paid \$300 in cash for this visit.

24. On or about June 20, 2011, Patient C saw the Respondent for a follow-up visit. The Respondent noted that Patient C was experiencing muscle spasm in the lumbar and calf/thigh regions and was reported feeling a burning sensation in the back/legs region while squatting. The Respondent assessed Patient C with a herniated disc and muscle spasm, and prescribed Oxycodone 30 mg (#112), Oxycodone 15 mg (#112) and Xanax 2 mg (#56). Patient C also underwent a urine toxicology screen, which was positive for benzodiazepines and marijuana but negative for opiates.

Patient D

25. Patient D, then a 30 year-old female resident of Ohio, initially presented to Healthy Life on or about March 31, 2011, with complaints of low back pain, which was radiating down her right leg. Patient D reported no surgical history relating to her back pain and listed no current medications other than contraceptive medications and multi-vitamins. Other than a MRI report, dated December 29, 2009, from a Florida imaging center, which found herniated discs at L4-5 and L5-S1, Patient D presented no prior medical records to verify her medical history. At her initial visit, Patient D saw a physician at the practice ("Physician B") and advised him that she was currently taking Oxycodone 30 mg, Oxycodone 15 mg and Alprazolam.¹¹ Physician B then prescribed two weeks' worth of Oxycodone 30 mg, Oxycodone 15 mg and Alprazolam 1 mg to Patient D and advised her to follow-up in 15 days. A urine toxicology screen performed

¹⁰ Radiculopathy is a description of a problem in which one or more nerve roots are affected and not working properly.

¹¹ Alprazolam is a Schedule IV benzodiazepine primarily used to treat anxiety disorders, panic disorders, and nausea due to chemotherapy.

that day revealed the presence of benzodiazepines and Oxycodone. Patient D paid \$310 in cash for this visit.

26. According to records Healthy Life provided, Patient D returned on four subsequent visits there between April and July 2011. On three occasions, in April, June and July 2011, Patient D saw Physician A and received, among other medications, prescriptions for Oxycodone 30 mg (#112), Oxycodone 15 mg (#112) and Xanax 1 mg (#28). For the three visits, Patient D paid between \$195 and \$260 in cash per visit.

27. The Respondent saw Patient D on or about May 12, 2011, for a follow-up visit. The Respondent noted that Patient D had lumbar pain radiating down her right leg and her right leg strength was three out of five. The Respondent continued Patient D on Oxycodone 30 mg (#112), Oxycodone 15 mg (#112) and Alprazolam 2 mg (#28).

Patient E

28. Patient E, then a 52 year-old male resident of Kentucky, initially presented to Healthy Life on or about May 27, 2011, with a 20-year history of low back pain secondary to heavy lifting. Patient E complained of numbness and weakness to his right leg and reported a history of: left knee replacement and arthroscopic surgery on his right knee ; rheumatoid arthritis; and hypertension. Patient E self-reported taking the following medications: Oxycodone, Methadone,¹² Xanax, Hytrin,¹³ Lisinapril,¹⁴ Maxide,¹⁵

¹² Methadone is a Schedule II synthetic opioid used medically as an analgesic and a maintenance anti-addictive for use in patients with opioid dependency.

¹³ Hytrin, a trade name for Terazosin, is a selective alpha 1 antagonist used for treatment of symptoms of an enlarged prostate.

¹⁴ Lisinopril is a prescription only drug of angiotensin-converting enzyme inhibitor class used in treatment of hypertension, congestive heart failure and heart attacks and also in preventing renal and retinal complications of diabetes.

Ibuprofen, Allapurinol¹⁶ and fish-oil. In the intake form, Patient E provided the name of his primary physician but stated that he was referred to Healthy Life Medical Group by a friend.

29. On this initial visit, Physician A treated Patient E and diagnosed him with degenerative disc disease, spondylosis¹⁷ and radiculopathy. Patient E had a MRI performed on the same day at a Maryland imaging center, which demonstrated a moderate degree of discogenic disease, spondylosis and diffuse posterior disc bulges. For treatment, Physician A prescribed Oxycodone 30 mg (#112), Oxycodone 15 mg (#112), Xanax 2 mg (#28) and Gabapentin¹⁸ 600 mg (#56) to Patient E. Patient E returned on or about June 24, 2011, and received the same prescriptions from Physician A. Patient E paid \$295 in cash for this second visit.

30. On or about July 25, 2011, Patient E was seen by the Respondent for a follow-up visit. The Respondent noted that Patient E had increased muscle spasm and that his pain radiating into his legs was controlled with medications. The Respondent assessed that Patient E had rheumatoid arthritis, degenerative disc disease, bulging disc, radiculopathy and increased anxiety. The Respondent continued Patient E on Oxycodone 30 mg (#112), Oxycodone 15 mg (#112), Xanax 2 mg (#56) and Gabapentin 600 mg (#56), and referred him for an orthopedic consultation with respect to his right knee/shoulder. Patient E paid \$250 in cash for this visit.

¹⁵ Maxide, a trade name for Triameterene and Hydrochlorothiazide, is a prescription only drug and a diuretic used for the treatment of hypertension.

¹⁶ Allapurinol is a prescription only drug used to treat hyperuricemia, including chronic gout.

¹⁷ Spondylosis refers to degenerative osteoarthritis of the joints between the centra of the spinal vertebrae and/or neural foraminae.

¹⁸ Gabapentin is a prescription only drug used primarily for the treatment of seizures and neuropathic pain.

Patient F

31. Patient F, then a 69 year-old male resident of Kentucky, initially presented to Healthy Life on or about May 6, 2011, with a 20-year history of back pain secondary to occupational activities. Patient F complained of nausea, stumbling and numbness/weakness of his right leg. Patient F reported a history of cancer, arthritis and hypertension, as well as a history of lung surgery. His self-reported current medications included, among other medications, Roxicodone¹⁹ 30 mg, Roxicodone 15 mg, and Xanax 2 mg. Other than a MRI report, dated December 1, 2010, from an imaging center in Kentucky, which showed degenerative disc disease at L3-4 to L5-S1 with central canal stenosis at L4-5, Patient F presented no prior medical records to verify his medical history.

32. During the initial visit, Physician A treated Patient F and assessed him with degenerative disc disease, spinal stenosis, leg numbness and radiculopathy, and prescribed Oxycodone 30 mg (#112), Oxycodone 15 mg (#112), Xanax 2 mg (#56) and Soma²⁰ 550 mg (#56). Patient F paid \$300 in cash for this initial visit.

33. According to records Healthy Life provided, Patient F returned on three subsequent visits there between June and August 2011. On two occasions, in June and August 2011, Patient F saw Physician A, who prescribed, among other medications, Oxycodone 30 mg (#112) and Oxycodone 15 mg (#112). For the two visits, Patient F paid \$270 in cash in June and \$250 in cash in August.

34. For his July visit, Patient F was seen by the Respondent. The Respondent noted Patient F had new left knee pain, intermittent right leg numbness and

¹⁹ Roxicodone is a trade name for Oxycodone.

²⁰ Soma, a trade name for Carisoprodol, is a Schedule IV centrally-acting muscle relaxant.

right shoulder joint pain. The Respondent assessed Patient F with spinal stenosis, degenerative disc and radiculopathy. The Respondent continued to prescribe Oxycodone 15 mg (#112), Oxycodone 15 mg (#112) and Xanax 2 mg (#28) to Patient F.

Patient G

35. Patient G, then a 34 year-old male resident of Kentucky, initially presented to Healthy Life Medical on or about April 6, 2011, with complaints of low back pain secondary to work related injuries in 2001. Patient G reported no relevant medical or surgical history and listed Oxycodone 30 mg and 15 mg under current medications. Patient G's record included an MRI report, dated January 4, 2010, from an imaging center in Florida, which found that he had a herniated disc at L4-L5. Patient G underwent a urine toxicology screen, which was positive for benzodiazepines and Oxycodone.

36. During the initial visit, Patient F was seen by Physician A, who noted that Patient F was able to work and had no difficulty with other activities. Despite a failure to document any diagnosis, Physician A prescribed Oxycodone 30 mg (#112), Oxycodone 15 mg (#112) and Xanax 2 mg (#56) to Patient G. Patient G paid \$300 in cash for this initial visit.

37. According to records Healthy Life provided, Patient G returned on four subsequent visits there between May and July 2011. On or about May 4, June 1, and July 27, 2011, Patient G saw Physician A and received prescriptions for Oxycodone 30 mg (#112), Oxycodone 15 mg (#112) and Xanax 2 mg (#56) at each visit. For each of the three visits, Patient G paid between \$250 and \$295 in cash.

38. Patient G saw the Respondent for a follow-up visit on or about June 29, 2011. The Respondent noted Patient G reported that his right knee had recently become more painful. The Respondent recommended an orthopedic consultation. The Respondent continued Patient G on Oxycodone 30 mg (#112), Oxycodone 15 mg (#112) and Xanax 2 mg (#56). Patient G paid \$250 in cash for this visit.

Patient H

39. Patient H, then a 29 year-old female resident of Ohio, initially presented to Healthy Life on or about May 4, 2011, with complaints of low back pain since 1999 after a motor vehicle accident and a fall. Patient H reported no relevant medical or surgical history, other than a prior Caesarian Section and LEEP,²¹ and did not report that she was taking any medications. Patient H's records included a MRI report, dated February 28, 2010, from an imaging center in Ohio, which stated that she had mild disc desiccation at L2-3, foraminal narrowing at L2-3, and a grade 1 spondylolisthesis at L5-S1. Patient H underwent a urine toxicology screen, which was negative.

40. At this initial visit, Patient H saw Physician A, who diagnosed her with bulging disc and neuropathy, and prescribed Oxycodone 30 mg (#84), Oxycodone 15 mg (#84), Xanax 2 mg (#28) and Gabapentin 300 mg (#28). Patient H paid \$310 in cash for this initial visit.

41. According the records Healthy Life provided, Patient H returned on three subsequent visits there between June and August 2011. On two occasions, on or about June 1 and August 2, 2011, Patient H saw Physician A, who continued to prescribe

²¹ LEEP, an acronym for Loop Electrosurgical Extension Procedure, uses a thin, low voltage electrified wire loop to cut out abnormal tissue.

Oxycodone 30 mg, Oxycodone 15 mg and Xanax 2 mg. Patient H paid \$295 in cash for the June visit and \$250 in cash for the August visit.

42. Patient H saw the Respondent for a follow-up visit on or about June 29, 2011. The Respondent noted Patient H rarely felt pain going down her legs and her feet going numb. Despite these positive findings, the Respondent increased Patient H's Oxycodone 15 mg dosage from three times daily to four times daily, while continuing her on Oxycodone 30 mg (#84) and Xanax 2 mg (#28). Patient H paid \$250 in cash for this visit.

CONCLUSIONS OF LAW

Based upon the foregoing Investigative Findings, the Board concludes as a matter of law that the public health, safety, or welfare imperatively requires emergency action, pursuant to Md. State Gov't. Code Ann. § 10-226(c)(2)(2009 Repl. Vol. and 2011 Supp.).

ORDER

It is this 29th day of MARCH, 2012, by a majority of the quorum of the Board;

ORDERED that pursuant to the authority vested in the Board by Md. State Gov't. Code Ann. § 10-226(c)(2), the Respondent's license to practice medicine in the State of Maryland is hereby **SUMMARILY SUSPENDED**; and it is further

ORDERED that a post-deprivation hearing in accordance with Code Md. Regs. tit. 10 § 32.02.05B(7) on the summary suspension will be held on **Wednesday, April 11, 2012, at 10:00 a.m.**, at the Maryland State Board of Physicians, 4201 Patterson Avenue, Baltimore, Maryland 21215; and it is further

ORDERED that at the conclusion of the Summary Suspension Hearing before the Board, the Respondent, if dissatisfied with the result of the hearing, may request within ten (10) days, an evidentiary hearing, such hearing to be set within thirty (30) days of the request, before an Administrative Law Judge at the Office of Administrative Hearings, Administrative Law Building, 11101 Gilroy Road, Hunt Valley, Maryland 21031-1301; and it is further

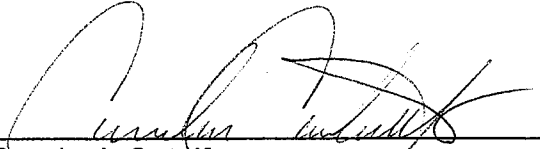
ORDERED that on presentation of this Order, the Respondent **SHALL SURRENDER** to the Board's investigator the following items:

- (1) The Respondent's original Maryland license D63673;
- (2) The Respondent's current renewal certificate;
- (3) The Respondent's current Federal DEA Certificate of Registration number FD1438248;
- (4) Any Maryland Controlled Dangerous Substance Registrations in his name;
- (5) All controlled dangerous substances in his possession and/or practice;
- (6) All Medical Assistance prescription forms in his possession and/or practice;
- (7) All prescription forms and pads in his possession and/or practice; and
- (8) Any and all prescription pads on which his name and DEA number are imprinted.

AND BE IT FURTHER ORDERED that a copy of this Order of Suspension shall be filed with the Board in accordance with Md. Health Occ. Code Ann. § 14-407(2009 Repl. Vol. and 2011 Supp.); and it is further

ORDERED that this is an Order of the Board, and as such, is a **PUBLIC DOCUMENT** pursuant to Md. State Gov't Code Ann. § 10-611 *et seq.*(2009 Repl. Vol. and 2011 Supp.)

3-29-12
Date



Carole J. Catafo
Executive Director
Maryland State Board of Physicians