IN THE MATTER OF	*	**BEFORE THE**
DIONNE D. OLIVER, M.D.	*	**MARYLAND STATE**
Respondent	*	**BOARD OF PHYSICIANS**
License Number: D68376	*	**Case Numbers: 2219-0044B & 2220-0257B**

* * * * * * * * * * * * *

CONSENT ORDER

On April 2, 2021, Disciplinary Panel B ("Panel B") of the Maryland State Board of Physicians (the "Board") charged Dionne D. Oliver, M.D. ("Respondent") under the Maryland Medical Practice Act (the "Act"), Md. Code Ann., Health Occ. §§ 14-101—14-702 (2014 Repl. Vol. & 2019 Supp.).

Specifically, the Respondent was charged with violating the following:

> **Health Occ. § 14-404. Denials, reprimands, probations, suspensions, and revocations -- Grounds.**
>
> (a) *In general.* -- Subject to the hearing provisions of § 14-405 of this subtitle, a disciplinary panel, on the affirmative vote of a majority of the quorum of the disciplinary panel, may reprimand any licensee, place any licensee on probation, or suspend or revoke a license if the licensee:
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> . . . .
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> (3) Is guilty of:
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> . . . .
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> (ii) Unprofessional conduct in the practice of medicine;
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> . . . .
>
> (22) Fails to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and

surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State;

. . . .

(28) Fails to comply with the provisions of § 12-102 of this article;

. . . .

(40) Fails to keep adequate medical records as determined by appropriate peer review;

. . . .

(43) Except for the licensure process described under Subtitle 3A of this title, violates any provision of this title, any rule or regulation adopted by the Board, or any State or federal law pertaining to the practice of medicine[.]

The pertinent provisions of Health Occ. § 12-102 provides as follows:

(a) *Definitions.* --

(1) In this section the following terms have the meanings indicated.

(2) "In the public interest" means the dispensing of drugs or devices by a licensed dentist, physician, or podiatrist to a patient when a pharmacy is not conveniently available to the patient.

(3) "Personally preparing and dispensing" means that the licensed dentist, physician, or podiatrist:

(i) Is physically present on the premises where the prescription is filled; and

(ii) Performs a final check of the prescription before it is provided to the patient.

. . . .

(c) *Preparing of prescriptions by licensed dentist, veterinarian, physician, etc.; exception.* --

. . . .

(2) This title does not prohibit:

. . . .

(ii) A licensed dentist, physician, or podiatrist from personally preparing and dispensing the dentist's, physician's, or podiatrist's prescriptions when:

1. The dentist, physician, or podiatrist:

. . . .

D. Posts a sign conspicuously positioned and readable regarding the process for resolving incorrectly filled prescriptions or includes written information regarding the process with each prescription dispensed;

. . . .

4. The dentist, physician, or podiatrist:

A. Complies with the dispensing and labeling requirements of this title;

B. Records the dispensing of the prescription drug or device on the patient's chart;

. . . .

E. Except for starter dosages or samples without charge, provides the patient with a written prescription, maintains prescription files in accordance with § 12-403(c)(13) of this title, and maintains a separate file for Schedule II prescriptions;

. . . .

J. Maintains biennial inventories and complies with any other federal and State record-keeping requirements relating to controlled dangerous substances;

(m) *Violations; penalty.* -- A dentist, physician, or podiatrist who fails to comply with the provisions of this section governing the dispensing of prescription drugs or devices shall:

(1) Have the dispensing permit revoked; and

(2) Be subject to disciplinary actions by the appropriate licensing board.

The pertinent provisions of the Code of Maryland Regulations provide:

COMAR 10.32.23.06. Requirements for Permit Holders.

A. A permit holder shall comply with all federal and State statutes and regulations regarding prescription drugs, including all requirements for:

(1) Dispensing, including labeling;

(2) Storing and securing inventory;

(3) Allowing access only to authorized individuals;

(4) Managing inventory controls;

(5) Recordkeeping;

. . . .

B. A permit holder shall:

(1) Perform in person the final check of each drug dispensed;

(2) Sign or initial documentation in person that the final check was completed[.]

COMAR 10.32.23.10. Records.

A. A permit holder shall keep readily retrievable at each dispensing location:

. . . .

(8) The permit holder's protocols for disposal of drugs;

. . . .

(10) Any other purchasing, inventory, and dispensing records required by State or federal statutes or regulations.

COMAR 10.13.01.04. Dispensing Requirements.

. . . .

E. A licensee shall comply with the labeling requirements set forth in Health Occupations Article, § 12-505, Annotated Code of Maryland.

H. A licensee shall record the dispensing of the prescription drug on the patient's chart.

. . . .

J. A licensee shall, except for starter dosages or samples provided without charge, provide the patient with a written prescription.

K. A licensee shall maintain for at least 5 years:

(1) A separate file for Schedule II prescriptions; and

(2) Another file for other prescriptions.

L. A licensee shall maintain biennial inventories of all stocks of controlled substances.

M. A licensee shall dispense prescription drugs to a patient only when the patient determines that a pharmacy is not conveniently available to the patient.

N. In each patient's chart for each patient to whom prescription drugs are dispensed or in a format readily retrievable, a licensee shall maintain a single form which:

(1) Indicates that a pharmacy is not conveniently available to the patient;

(2) States that the determination that a pharmacy is not conveniently available was made solely by the patient; and

(3) Is signed and dated by the patient before dispensing prescription drugs to the patient for the first time.

O. A licensee shall display prominently a sign which informs the patient that prescription drugs can be purchased from the permit holder if the

patient determines that a pharmacy is not conveniently available to the patient.

. . . .

Q. A licensee shall post a sign conspicuously positioned and readable regarding the process for resolving incorrectly filled prescriptions or includes written information regarding the process with each prescription dispensed.

COMAR 10.19.03.05. Records and Reports Required of Registrants.

A. Records and reports required of applicants, pursuant to Criminal Law Article, §5-306, Annotated Code of Maryland, shall be the same as required in 21 CFR 1304, as amended.

B. Inventories developed under the Federal Act [Controlled Substances Act] under the date of May 1, 1971, and subsequent biennial inventory dates are acceptable for purposes of the Maryland Act [Maryland Controlled Dangerous Substances Act]. After the initial inventory is taken, the registrant shall take a new inventory of all stocks of controlled substances on hand at least every 2 years. The biennial inventory may be taken on any date which is within 2 years of the previous biennial inventory date.

. . . .

D. Each person registered as a manufacturer, distributor, dispenser, researcher, or chemical analyst shall be required to maintain inventory records, as stipulated in Title 21, Code of Federal Regulations, §1304.11, and they shall be accessible to the representative of the Secretary.

On June 23, 2021, Panel B was convened as a Disciplinary Committee for Case Resolution ("DCCR") in this matter. Based on negotiations occurring as a result of this DCCR, the Respondent agreed to enter into this Consent Order, consisting of Findings of Fact, Conclusions of Law, Order, and Consent.

FINDINGS OF FACT

Panel B finds the following facts:

I. BACKGROUND

1. At all times relevant hereto, the Respondent was and is licensed to practice medicine in the State of Maryland. The Respondent was originally licensed to practice medicine in Maryland on November 14, 2008, under License Number D68376. The Respondent's license is currently active and scheduled to expire on September 30, 2021.

2. The Respondent is board-certified in obstetrics and gynecology.

3. The Respondent is not board-certified in plastic surgery.

4. The Respondent holds a Board-issued permit, Permit Number 3895, to dispense prescription drugs including controlled dangerous substances ("CDS") in accordance with Health Occ. § 12-102 and COMAR 10.13.01 *et seq.*

5. At all times relevant hereto, the Respondent has owned a solo private practice where she provides OB/GYN and cosmetic services (the "Practice").[1] According to the Respondent some of the cosmetic services she offers include Botox, CoolSculpting, laser hair removal, skin tightening, liposuction, dermal fillers, Latisse, and abdominoplasty. The Respondent also offers health and fitness activities at the Practice.

II. COMPLAINTS

6. On or about September 13, 2018, the Board received a complaint from the Chief of Plastic Surgery ("Chief of Plastic Surgery") for a hospital ("Hospital") ("Complaint #1") alleging that the Respondent is performing liposuction in her office

[1] For confidentiality and privacy purposes, the names of individuals and health care facilities involved in this case are not disclosed in this document.

without following "sterile technique, has poor patient selection and makes false claims related to the procedure."

7. On or about September 24, 2018, the Board received an anonymous complaint ("Complaint #2") alleging the Respondent is "performing plastic surgery procedures in her office without using sterile technique and blatant disregard for patient safety." The complaint further provided links for Instagram videos allegedly depicting the Respondent providing liposuction without a mask on and without any sterile drapes.

8. On or about April 29, 2019, the Board received a complaint from a plastic surgeon ("Plastic Surgeon") who treated a patient (referred herein as "Patient 2") following plastic surgery procedures performed at the Respondent's Practice ("Complaint #3").

9. Based on Complaint #1, Complaint #2, and Complaint #3, the Board initiated an investigation under case number 2219-0044.

10. On or about April 29, 2020, the Office of Controlled Substance Administration ("OCSA") notified the Board of dispensing violations found during an inspection of the Practice ("Complaint #4").

11. Based on Complaint #4, the Board initiated an investigation under case number 2220-0257.

III. BOARD INVESTIGATION

Case Number 2219-0044

12. As part of its investigation, the Board issued the Respondent a Subpoena Duces Tecum that directed the Respondent to transmit to the Board a complete copy of any and all medical and billing records for Patients 1-7.

13. The Respondent transmitted to the Board medical records, a summary of patient care, and a signed certificate of medical records for each of the seven patients. The Certification of Medical Records the Respondent signed for all seven patients certified that she provided the Board with "the complete medical records which include all records pertaining to the care and treatment" of all seven patients.

14. The medical records that the Respondent provided for the seven patients revealed the Respondent performed the following tumescent procedures:[2]

Patient	Date of Procedure	Procedure Performed
Patient 1	August 26, 2018	Tumescent suction assisted liposuction of chin, jowls, and cheeks
Patient 2	August 27, 2018	Tumescent suction assisted lipectomy[3] of the abdomen with autologous fat transfer to the buttocks
	January 26, 2019	Suction assisted lipectomy of the abdomen and flanks with autologous fat transfer to the buttocks
	January 28, 2019	Abdominoplasty[4]
Patient 3	August 26, 2018	Tumescent suction assisted liposuction of abdomen with autologous fat transfer to breasts
Patient 4	February 16, 2019	Suction assisted lipectomy of abdomen and flanks with

[2] Tumescent procedures are performed utilizing a combination of lidocaine, epinephrine, and saline instead of general anesthesia.
[3] Lipectomy is another name for liposuction.
[4] An abdominoplasty is a procedure that flattens your abdomen by removing extra fat and skin and tightening muscles in your abdominal wall. This surgical procedure is also known as a tummy tuck.

		autologous transfer of fat to right breast and ThermiTight[5] treatment to left breast
Patient 5	January 27, 2019	Tumescent suction assisted lipectomy of abdomen, flanks, and back with autologous fat transfer to buttocks
Patient 6	February 2, 2019	Tumescent suction assisted lipectomy of abdomen, flanks, and back with autologous fat transfer to buttocks
Patient 7	August 25, 2019	Tumescent suction assisted lipectomy of abdomen, waist, and hips

15. By letter dated August 22, 2018, the Respondent informed the Board of the following information, in part:

a. "I am well-trained in sterile technique and the requirements for tumescent liposuction. . . . and have been triply certified to do liposuction under tumescent anesthesia." The Respondent attached certificates of completion for the following courses: 1) tumescent liposuction course (conducted June 28-30, 2018 in California), 2) comprehensive liposuction and fat transfer under local anesthesia (conducted on August 10-11, 2018 in New Jersey), and

[5] ThermiTight is a procedure that delivers radiofrequency energy underneath the surface of the skin via a catheter. The energy heats underlying tissue causing the tissue to contract and shrink.

3) abdominoplasty (conducted on September 21-22, 2018 in New Jersey).

b. Wearing masks during liposuction and fat transfer "is not a requirement for performing the procedure."

16. As part of the Board's investigation, the Respondent was interviewed under oath on February 19, 2019. As part of that interview, the Respondent stated the following:

a. She did not charge the first few patients she performed tumescent liposuction on because that would have taken longer to get the patients ready for the procedure and she wanted to start doing procedures "fairly quickly" after she took the courses on tumescent liposuction.

b. She explained that when she performs the procedures she wears scrubs, a bonnet, a sterile plastic apron, and goggles.

c. The four Instagram videos depict her performing tumescence and liposuction of the abdomen in the liposuction room in the Practice.

d. She stated that she removed the four videos from her Instagram account because the Board asked her about the videos. She further stated that she will post more videos on her social media in the future if she is allowed to.

17. In furtherance of its investigation, the Board submitted the seven patient records (referenced *supra* as "Patients 1-7") and related materials to a peer review entity to determine if the Respondent complied with appropriate standards for the delivery of quality medical care and kept adequate medical records. Two peer reviewers, each board-

certified in plastic surgery, independently reviewed the materials and submitted their reports to the Board on or about February 4, 2020.

18. In their reports the two physician peer reviewers concurred that the Respondent failed to meet appropriate standards for the delivery of quality medical care, in violation of Health Occ. § 14-404(a)(22), for five out of seven patients (identified on the peer review reports as Patients 1, 2, 3, 5 and 6). The peer reviewers further concurred that the Respondent failed to keep adequate medical records, in violation of Health Occ. § 14-404(a)(40), for three out of seven patients (identified on the peer review reports as Patients 1, 3, and 5).

19. Specifically, the peer reviewers found that for five of the seven patients at issue, the Respondent failed to meet the standard of quality medical care for reasons including but not limited to the following:

a. Performed tumescent liposuction without noting a detailed evaluation of the treated areas to show patient was an appropriate surgical candidate (Patient 1, 3, 5, 6).

b. Performed two extensive surgical procedures within two days without appropriate justification (Patient 2).

c. Performed fat transfer procedures without obtaining informed consent (Patient 2, 3, 5, 6).

d. Performed liposuction after having the patient sign a consent form that lists the wrong physician performing the procedure and fails to list the areas to be treated (Patient 3).

e. Performed fat transfer without noting the anatomic placement of the fat grafting within the buttocks (Patient 2, 5, 6).

f. Failed to conduct follow-up and/or post-operative examination of the surgically treated areas (Patient 1, 3, 5).

20. The peer reviewers also found that for three of the seven patients at issue, the Respondent failed to maintain adequate medical records for reasons including but not limited to the following:

a. Failed to document an examination of the treated areas or location and degree of lipodystrophy between areas reportedly treated (Patient 1; Patient 3).

b. Failed to document informed consent for fat transfer (Patient 3; Patient 5).

c. Failed to document a detailed operative note (Patient 1; Patient 3; Patient 5).

d. Failed to document the total amount aspirated (Patient 1).

e. Discharge criteria was only partially filled out (Patient 3).

f. Failed to document post-operative results (Patient 1; Patient 3; Patient 5).

g. Failed to document post-operative follow-up examination (Patient 3; Patient 5).

21. The Board provided the Respondent with the peer reviewers' findings. By letter dated February 19, 2020, the Respondent submitted her response. As part of her response:

a. The Respondent questioned whether the peer reviewers perform tumescent liposuction or just traditional liposuction because according to the Respondent, "[p]erforming the specific procedure being reviewed is important in being able to give an opinion regarding the procedure and its specific risks and benefits." The Respondent further explained that "[t]here is currently an ongoing debate between plastic surgeons and other physicians regarding who can perform liposuction and I am aware that the reviewers are plastic surgeons and may be biased because their personal stance may be that only traditionally trained plastic surgeons should be performing these procedures."

b. The Respondent provided before and after photographs of the patients and explained, "[t]hese photos are typically not printed out or placed inside the chart but are used on the phone itself[6] to be able to zoom in and highlight areas to show to the patients on the device. Since the original concern was sterile technique, I did not think to print out these pictures but have subsequently done so."

[6] The Respondent explained that she utilizes a phone at the Practice to take pictures of her patients.

c. She admitted "I do recognize the deficiencies in my documentation, and I realize many details were not clearly documented in writing. In addition, I recognize that a separate consent for autologous fat transfer should have been obtained."

d. The Respondent included copies of forms that she vowed to utilize moving forward. The forms include a questionnaire addressing the patient's desired results, a template operative report, and a specific fat transfer consent form for patients to sign. The Respondent also vowed to "take the time to print out before and after pictures and add them to the charts in order to better document pre-operative adiposity and fat distribution and post-operative results."

Case Number 2220-0257

22. During the Board's investigation of case number 2220-0257, the Board reviewed the OCSA Inspection Report and related documents, and subpoenaed copies of any and all dispensing logs from the Practice dispensed from January 1, 2019 to May 8, 2020, as well as, copies of the medical records for the patient that was dispensed Latisse. The Board also interviewed the Respondent.

23. On or about April 29, 2020, the Board received a copy of an Office of Controlled Substances Administration ("OCSA") Licensee Dispensing of Prescription Drugs Inspection Report (the "Report") and OCSA Referral Memorandum (the "Referral Memo") noting several deficiencies of the Respondent's dispensing practice during their on-site inspection conducted on February 11, 2020 at the Practice.

24. The Report listed the following dispensing violations:

a. No written prescription provided to the patient.

b. No sign prominently displayed indicating prescription drugs may be purchased if a pharmacy is not conveniently available to the patient.

c. No form maintained in the patient's chart indicating that a pharmacy is not conveniently available to the patient; the determination that a pharmacy is not conveniently available to the patient was made solely by the patient; and signature and date by patient requesting service before dispensing prescription drugs for the first time.

d. The labeling of the dispensed drugs does not comply with requirements to include the following:

i) Name and Address of Dispenser

ii) Name of Prescriber

iii) Patient's Name

iv) Directions for use

v) Name and strength of the drug

vi) Date dispensed

vii) Expiration date which shall be the lesser of: a) One year from date of dispensing, b) Month and year when drug expires, and c) A shorter period as determined by the prescriber.

viii) Special handling instructions regarding proper storage

e. No final check made by the prescriber prior to delivery to the patient.

f. No documentation of check.

g. No information provided on how prescription drugs and devices are obtained.

h. Prescription files are not maintained for a period of 5 years.

25. The Referral Memo further explained the following:

a. When the OCSA Inspector arrived at the Practice she noticed a sign displaying Latisse[7] and was informed by the office manager ("Office Manager") that Latisse was dispensed from the Practice, however, there was no sign stating that prescription strength medication could be purchased if a pharmacy is not conveniently located to the patient.

b. The Office Manager stated that when a patient sees the sign and asks to purchase Latisse, they hand it to the patient without any written prescription, consent form, patient label or final check from the Respondent.

c. Upon inspecting the cabinet where the Latisse was stored, the OCSA Inspector discovered approximately ten prescription vial containers, each containing a controlled substance for a different patient. The controlled substances included oxycodone, hydrocodone, and lorazepam. The Office Manager explained that the patients purchase

[7] Latisse is a prostaglandin analog approved by the U.S. Food and Drug Administration to treat inadequate eyelashes (hypotrichosis). Latisse is not a controlled dangerous substance but it does require a prescription to be obtained.

the medication from the pharmacy and bring it to the Practice at the time of their procedure. The patient is administered approximately one to two pills during procedures. Then, once the procedure is over the medication is kept in the cabinet.

26. A review of the dispensing log submitted by the Respondent revealed only one patient had been dispensed Latisse, which was on November 13, 2019.

27. A review of the medical records submitted by the Respondent for the one patient listed on the dispensing log as having been dispensed Latisse revealed the medical record did not include a copy of the prescription for the Latisse dispensed on November 13, 2019. The Respondent did however provide the Board with a copy of a prescription for Latisse for the patient which was dated May 14, 2020.

28. As part of the Board's investigation, the Respondent was interviewed under oath on June 8, 2020. As part of that interview, the Respondent provided the following:

a. She explained that the final check she conducts for the Latisse she dispenses consists of making sure the patient understands the directions and how to use the medication, they ensure they are dispensing it to the right person, that there's no contraindications to the patient taking the medication, and that the patient understands the risks and benefits of the medication.

b. She prescribes medications to patients prior to their in-office procedures. She instructs the patients to bring the medication bottles to the Practice with them on the day of their procedure. After she

performs the procedure on the patients she keeps their medication bottles with whatever medication remains in the bottles because she does not want the patients or anyone else to take the medications after the procedure. When she collects the medication bottles from the patients she puts them in the same cabinet as the Latisse.

c. The Latisse and the patients' medication bottles are locked in a cabinet that can only be accessed by her and the Office Manager.

d. At the time of the interview she did not have a procedure for disposing the medications left in the office.

e. She also did not maintain documentation tracking the number of pills that were in the medication bottles she took from the patients.

29. The Respondent provided the Board with copies of Reverse Distribution Inventory forms dated June 9, 2020, which revealed the Respondent returned approximately 67 lorazepam pills and one oxycodone/APAP pill.

CONCLUSIONS OF LAW

Based on the Findings of Fact, Panel B concludes as a matter of law that the Respondent: is guilty of unprofessional conduct in the practice of medicine, in violation of Health Occ. § 14-404(a)(3)(ii); failed to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in this State, in violation of Health Occ. § 14-404(a)(22); failed to comply with the provisions of § 12-102 of the Health Occupations Article, in violation of Health Occ. § 14-404(a)(28); failed to keep adequate medical records as determined by appropriate peer review, in

violation of Health Occ. § 14-404(a)(40); and, except for the licensure process described under Subtitle 3A of the Act, violated any provision of the Act, any rule or regulation adopted by the Board, or any State or federal law pertaining to the practice of medicine, in violation of Health Occ. § 14-404(a)(43), which is based upon violations of COMAR 10.32.23.06, COMAR 10.32.23.10, COMAR 10.13.01.04, and COMAR 0.19.03.05.

ORDER

It is, thus, on the affirmative vote of a majority of the quorum of Board Disciplinary Panel B, hereby

ORDERED that the Respondent is **REPRIMANDED;** and it is further

ORDERED that the Respondent surrenders her permit to dispense prescription medications in this State. The surrender of the Respondent's dispensing permit is in effect for a period of no less than **ONE YEAR** to begin on the effective date of this Consent Order, during which time the Respondent shall not dispense prescription medications. After one year, the Respondent may apply for a new dispensing permit; and it is further

ORDERED that, within **SIX MONTHS**, the Respondent is required to take and successfully complete a course in medical record-keeping. The following terms apply:

(a) it is the Respondent's responsibility to locate, enroll in and obtain the disciplinary panel's approval of the course before the course begins;

(b) the Respondent must provide documentation to the disciplinary panel that the Respondent has successfully completed the course;

(c) the course may not be used to fulfill the continuing medical education credits required for license renewal; and

(d) the Respondent is responsible for the cost of the course; and it is further

ORDERED that the Respondent is responsible for all costs incurred in fulfilling the terms and conditions of this Consent Order; and it is further

ORDERED that, if the Respondent allegedly fails to comply with any term or condition imposed by this Consent Order, the Respondent shall be given notice and an opportunity for a hearing. If the disciplinary panel determines there is a genuine dispute as to a material fact, the hearing shall be before an Administrative Law Judge of the Office of Administrative Hearings followed by an exceptions process before a disciplinary panel; and if the disciplinary panel determines there is no genuine dispute as to a material fact, the Respondent shall be given a show cause hearing before a disciplinary panel; and it is further

ORDERED that, after the appropriate hearing, if the disciplinary panel determines that the Respondent has failed to comply with any term or condition imposed by this Consent Order, the disciplinary panel may reprimand the Respondent, place the Respondent on probation with appropriate terms and conditions, or suspend Respondent's license with appropriate terms and conditions, or revoke the Respondent's license to practice medicine in Maryland. The disciplinary panel may, in addition to one or more of the sanctions set forth above, impose a civil monetary fine on the Respondent; and it is further

ORDERED that this Consent Order is a public document. *See* Health Occ. §§ 1-607, 14-411.1(b)(2) and Gen. Prov. § 4-333(b)(6).

07/23/2021
Date

Signature on File

Christine A. Farrelly, Executive Director
Maryland State Board of Physicians

CONSENT

I, Dionne D. Oliver, M.D., acknowledge that I have consulted with legal counsel before signing this document.

By this Consent, I agree to be bound by this Consent Order and all its terms and conditions and understand that the disciplinary panel will not entertain any request for amendments or modifications to any condition.

I assert that I am aware of my right to a formal evidentiary hearing, pursuant to Md. Code Ann., Health Occ. § 14-405 and Md. Code Ann., State Gov't §§ 10-201 *et seq.* concerning the charges. I waive this right and have elected to sign this Consent Order instead.

I acknowledge the validity and enforceability of this Consent Order as if entered after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my behalf, and to all other substantive and procedural protections as provided by law. I waive those procedural and substantive protections. I acknowledge the legal authority and the jurisdiction of the disciplinary panel to initiate these proceedings and to issue and enforce this Consent Order.

I voluntarily enter into and agree to comply with the terms and conditions set forth in the Consent Order as a resolution of the charges. I waive any right to contest the Findings of Fact and Conclusions of Law and Order set out in the Consent Order. I waive all rights to appeal this Consent Order.

I sign this Consent Order, without reservation, and fully understand the language and meaning of its terms.

7/18/2021
Date

Signature on File

Dionne D. Oliver, M.D.

Respondent

NOTARY

STATE OF Maryland

CITY/COUNTY OF Baltimore

I HEREBY CERTIFY that on this 18th day of July 2021, before me, a Notary Public of the foregoing State and City/County, appeared Dionne D. Oliver, M.D., and made oath in due form of law that signing the foregoing Consent Order was her voluntary act and deed.

AS WITNESSETH my hand and notarial seal.

Dennis Lawrence
Notary Public

My Commission expires: Nov 13, 2023