



New York State Board for Professional Medical Conduct

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

Richard F. Daines, M.D.
Commissioner
NYS Department of Health
Wendy E. Saunders
Chief of Staff
Keith W. Servis, Director
Office of Professional Medical Conduct

Public

Kendrick A. Sears, M.D.
Chair
Michael A. Gonzalez, R.P.A.
Vice Chair
Ansel R. Marks, M.D., J.D.
Executive Secretary

December 13, 2007

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Martin Ehrenberg, M.D.



RE: License No. 158188

Dear Dr. Ehrenberg:

Enclosed is a copy of Order #BPMC 07-273 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect December 20, 2007.

If the penalty imposed by this Order is a surrender, revocation or suspension, you are required to deliver your license and registration within five (5) days of receipt of this 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

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

Bureau of Accounts Management
New York State Department of Health
Corning Tower, Room 1258
Empire State Plaza
Albany, New York 12237

Sincerely,



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

cc: Steven Seidman, Esq.
Heidell, Pittoni, Murphy & Bach
99 Park Avenue
New York, NY 10016

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

IN THE MATTER
OF
MARTIN EHRENBERG, M.D.

SURRENDER
ORDER

BPMC No. #07-273

Upon the application of (Respondent) MARTIN EHRENBERG, M.D. to Surrender his license as a physician in the State of New York, which is made a part of this Surrender Order, it is

ORDERED, that the Surrender, and its terms, are adopted and it is further

ORDERED, that Respondent's name be stricken from the roster of physicians in the State of New York; it is further

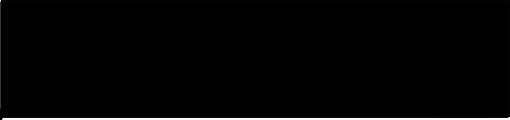
ORDERED, that this Order shall be effective upon issuance by the Board, either

- by mailing of a copy of this Surrender Order, either by first class mail to Respondent at the address in the attached Surrender Application or by certified mail to Respondent's attorney, OR
- upon facsimile transmission to Respondent or Respondent's attorney,

whichever is first.

SO ORDERED.

DATE: 12-12-07


KENDRICK A. SEARS, M.D.
Chair
State Board for Professional Medical Conduct

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

IN THE MATTER
OF
MARTIN EHRENBERG, M.D.

SURRENDER
of
LICENSE

MARTIN EHRENBERG, M.D., representing that all of the following statements are true, deposes and says:

That on or about May 14, 1984, I was licensed to practice as a physician in the State of New York and issued License No. 158188 by the New York State Education Department.

My current address is [REDACTED] and I will advise the Director of the Office of Professional Medical Conduct of any change of address.

I understand that the New York State Board for Professional Medical Conduct has charged me with 32 specifications of professional misconduct.

A copy of the Statement of Charges, marked as Exhibit "A", is attached to and part of this Surrender of License.

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 cannot successfully defend against the acts of misconduct alleged in the Statement of Charges. I further agree that, pursuant to N.Y. Pub. Health Law §§ 230-a(7) and (9), I shall be subject to a fine in the amount of \$100,000.00, to be paid in four installments, as follows:

1. \$25,000 to be paid no later than 6 months after the effective date of this Order.
2. \$25,000 to be paid no later than 12 months after the effective date of this Order.
3. \$25,000 to be paid no later than 18 months after the effective date of this Order.
4. \$25,000 to be paid no later than 24 months after the effective date of this Order.

Payments must be submitted to:

Bureau of Accounts Management
New York State Department of Health
Empire State Plaza
Corning Tower, Room 1245
Albany, New York 12237

I ask the Board to accept my Surrender of License, and I agree to be bound by all of the terms set forth in attached Exhibit "B".

I understand that, if the Board does not accept my Surrender of License, none of its terms shall bind me or constitute an admission of any of the acts of misconduct alleged; this application shall not be used against me in any way and shall be kept in strict confidence; and the Board's denial shall be without prejudice to the pending disciplinary proceeding and the Board's final determination pursuant to the Public Health Law.

I agree that, if the Board accepts my Surrender of License, the Chair of the Board shall issue a Surrender Order in accordance with its terms. I agree that this Order shall take effect upon its issuance by the Board, either by mailing

of a copy of the Surrender Order by first class mail to me at the address in this Surrender of License, or to my attorney by certified mail, or upon facsimile transmission to me or my attorney, whichever is first. The Surrender Order, this agreement, and all attached exhibits shall be public documents, with only patient identities, if any, redacted. As public documents, they may be posted on the Department's website.

I ask the Board to accept this Surrender of License, which I submit of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's acceptance of this Surrender of License, allowing me to resolve this matter without the various risks and burdens of a hearing on the merits, I knowingly waive my right to contest the Surrender Order for which I apply, whether administratively or judicially, and I agree to be bound by the Surrender Order.

I understand and agree that the attorney for the Department, the Director of the Office of Professional Medical Conduct and the Chair of the State Board for Professional Medical Conduct each retain complete discretion either to enter into the proposed agreement and Order, based upon my application, or to decline to do so. I further understand and agree that no prior or separate written or oral communication can limit that discretion.

DATE December 11, 2007

(15FS)



MARTIN EHRENBERG, M.D.
RESPONDENT

The undersigned agree to Respondent's attached Surrender of License and to its proposed penalty, terms and conditions.

DATE: 12/11/07



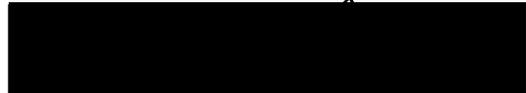
STEVEN SEIDMAN, ESQ.
Attorney for Respondent

DATE: 12/11/07



DIANNE ABELOFF
Associate Counsel
Bureau of Professional Medical Conduct

DATE: 12/13/07



KEITH W. SERVIS
Director
Office of Professional Medical Conduct

EXHIBIT "A"

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

IN THE MATTER

OF

MARTIN EHRENBERG, M.D.

STATEMENT

OF

CHARGES

MARTIN EHRENBERG, M.D., the Respondent, was authorized to practice medicine in New York State on or about May 14, 1984, by the issuance of license number 158188 by the New York State Education Department.

FACTUAL ALLEGATIONS

- A. From on or about 1997 through on or about February 9, 2006, Respondent treated Patient A (Patients are identified in Appendix A) at his office. Respondent's care and treatment of Patient A deviated from standards of acceptable medical conduct in that:
1. During the course of treatment, Respondent failed to perform and document an adequate ophthalmic examination on the patient;
 2. During the course of treatment, Respondent performed laser treatments on Patient A, purportedly for diabetic retinopathy:
 - a. These treatments were without medical indication and/or justification;
 - b. These treatments were knowingly and intentionally performed and/or billed by Respondent as a medically necessary service, when in fact Respondent knew that there was no medical

justification for these services. Respondent intended to mislead;

- c. If Patient A actually suffered from diabetic retinopathy, Respondent inappropriately treated the diabetic retinopathy.

3. During the course of treatment, Respondent performed laser treatments on Patient A, purportedly for wet macular degeneration:

- a. These treatments were without medical indication and/or justification;
- b. These treatments were knowingly and intentionally performed and/or billed by Respondent as a medically necessary service, when in fact Respondent knew that there was no medical justification for these services. Respondent intended to mislead;
- c. If Patient A actually suffered from wet macular degeneration, Respondent inappropriately treated the condition.

4. During the course of treatment, Respondent performed laser treatments on Patient A, purportedly for rubeosis iridis:

- a. These treatments were without medical indication and/or justification;
- b. These treatments were knowingly and intentionally performed and/or billed by Respondent as a

medically necessary service, when in fact Respondent knew that there was no medical justification for these services. Respondent intended to mislead;

- c. If Patient A actually suffered from rubeosis iridis, Respondent inappropriately treated the condition.

5. During the course of treatment, Respondent performed laser treatments on Patient A, purportedly for subretinal neovascularization:

- a. These treatments were without medical indication and/or justification;
- b. These treatments were knowingly and intentionally performed and/or billed by Respondent as a medically necessary service, when in fact Respondent knew that there was no medical justification for these services. Respondent intended to mislead;
- c. If Patient A actually suffered from subretinal neovascularization, Respondent inappropriately treated the condition.

6. During the course of treatment, Respondent performed 35 B-scans on Patient A, purportedly for mature cataracts:

- a. These treatments were without medical indication and/or justification;
- b. These treatments were knowingly and intentionally

performed and/or billed by Respondent as a medically necessary service, when in fact Respondent knew that there was no medical justification for these services. Respondent intended to mislead;

- c. If Patient A actually suffered from mature cataracts, Respondent inappropriately managed the condition.

- 7. Respondent failed to maintain a record for Patient A which accurately reflected his care and treatment of the patient.

B. From on or about November 24, 1998, through on or about September 19, 2006, Respondent treated Patient B at his office. Respondent's care and treatment of Patient B deviated from standards of acceptable medical conduct, in that:

- 1. During the course of treatment, Respondent failed to perform and document an adequate ophthalmic examination on the patient;
- 2. During the course of treatment, Respondent performed laser treatments on Patient B, purportedly for diabetic retinopathy:
 - a. These treatments were without medical indication and/or justification;
 - b. These treatments were knowingly and intentionally performed and/or billed by Respondent as a medically necessary service, when in fact Respondent knew that there was no medical justification for these services. Respondent

intended to mislead;

- c. If Patient B actually suffered from diabetic retinopathy, Respondent inappropriately treated the diabetic retinopathy.

3. During the course of treatment, Respondent performed laser treatments on Patient B, purportedly for wet macular degeneration:

- a. These treatments were without medical indication and/or justification;
- b. These treatments were knowingly and intentionally performed and/or billed by Respondent as a medically necessary service, when in fact Respondent knew that there was no medical justification for these services. Respondent intended to mislead;
- c. If Patient B actually suffered from wet macular degeneration, Respondent inappropriately treated the condition.

4. During the course of treatment, Respondent performed laser treatments on Patient B, purportedly for rubeosis iridis:

- a. These treatments were without medical indication and/or justification;
- b. These treatments were knowingly and intentionally performed and/or billed by Respondent as a medically necessary service, when in fact

Respondent knew that there was no medical justification for these services. Respondent intended to mislead;

- c. If Patient B actually suffered from rubeosis iridis, Respondent inappropriately treated the condition.

5. During the course of treatment, Respondent performed laser treatments on Patient B, purportedly for subretinal neovascularization:

- a. These treatments were without medical indication and/or justification;
- b. These treatments were knowingly and intentionally performed and/or billed by Respondent as a medically necessary service, when in fact Respondent knew that there was no medical justification for these services. Respondent intended to mislead;
- c. If Patient B actually suffered from subretinal neovascularization, Respondent inappropriately treated the condition.

6. During the course of treatment, Respondent performed 23 B-scans on Patient B, purportedly for mature cataracts:

- a. These treatments were without medical indication and/or justification;
- b. These treatments were knowingly and intentionally performed and/or billed by Respondent as a

medically necessary service, when in fact Respondent knew that there was no medical justification for these services. Respondent intended to mislead;

c. If Patient B actually suffered from mature cataracts, Respondent inappropriately treated the condition.

7. Respondent failed to maintain a record for Patient B which accurately reflected his care and treatment of the patient.

C. From on or about July 14, 2004, through on or about April 13, 2005, Respondent treated Patient C at his office. Respondent's care and treatment of Patient C deviated from standards of acceptable medical conduct, in that:

1. During the course of treatment, Respondent failed to perform and document an adequate ophthalmic examination on the patient;
2. During the course of treatment, Respondent performed laser treatments on Patient C, purportedly for diabetic retinopathy:
 - a. These treatments were without medical indication and/or justification;
 - b. These treatments were knowingly and intentionally performed and/or billed by Respondent as a medically necessary service, when in fact Respondent knew that there was no medical justification for these services. Respondent intended to mislead;

- c. If Patient C actually suffered from diabetic retinopathy, Respondent inappropriately treated the diabetic retinopathy.

- 3. During the course of treatment, Respondent performed laser treatments on Patient C, purportedly for wet macular degeneration:
 - a. These treatments were without medical indication and/or justification;
 - b. These treatments were knowingly and intentionally performed and/or billed by Respondent as a medically necessary service, when in fact Respondent knew that there was no medical justification for these services. Respondent intended to mislead;
 - c. If Patient C actually suffered from wet macular degeneration, Respondent inappropriately treated the condition.

- 4. During the course of treatment, Respondent performed laser treatments on Patient C, purportedly for rubeosis iridis:
 - a. These treatments were without medical indication and/or justification;
 - b. These treatments were knowingly and intentionally performed and/or billed by Respondent as a medically necessary service, when in fact Respondent knew that there was no medical

justification for these services. Respondent intended to mislead;

- c. If Patient C actually suffered from rubeosis iridis, Respondent inappropriately treated the condition.

5. During the course of treatment, Respondent performed laser treatments on Patient C, purportedly for subretinal neovascularization:

- a. These treatments were without medical indication and/or justification;
- b. These treatments were knowingly and intentionally performed and/or billed by Respondent as a medically necessary service, when in fact Respondent knew that there was no medical justification for these services. Respondent intended to mislead;
- c. If Patient C actually suffered from subretinal neovascularization, Respondent inappropriately treated the condition.

6. During the course of treatment, Respondent performed 3 B-scans on Patient C, purportedly for mature cataracts:

- a. These treatments were without medical indication and/or justification;
- b. These treatments were knowingly and intentionally performed and/or billed by Respondent as a medically necessary service, when in fact

Respondent knew that there was no medical justification for these services. Respondent intended to mislead;

- c. If Patient C actually suffered from mature cataracts, Respondent inappropriately treated the condition.

- 7. Respondent failed to maintain a record for Patient C which accurately reflected his care and treatment of the patient.

D. From on or about March 25, 2003, through on or about April 14, 2005, Respondent treated Patient D at his office. Respondent's care and treatment of Patient D deviated from standards of acceptable medical conduct, in that:

- 1. During the course of treatment, Respondent failed to perform and document an adequate ophthalmic examination on the patient;
- 2. During the course of treatment, Respondent performed laser treatments on Patient D, purportedly for diabetic retinopathy:
 - a. These treatments were without medical indication and/or justification;
 - b. These treatments were knowingly and intentionally performed and/or billed by Respondent as a medically necessary service, when in fact Respondent knew that there was no medical justification for these services. Respondent intended to mislead;
 - c. If Patient D actually suffered from diabetic

retinopathy, Respondent inappropriately treated the diabetic retinopathy.

3. During the course of treatment, Respondent performed laser treatments on Patient D, purportedly for wet macular degeneration:
 - a. These treatments were without medical indication and/or justification;
 - b. These treatments were knowingly and intentionally performed and/or billed by Respondent as a medically necessary service, when in fact Respondent knew that there was no medical justification for these services. Respondent intended to mislead;
 - c. If Patient D actually suffered from wet macular degeneration, Respondent inappropriately treated the condition.

4. During the course of treatment, Respondent performed laser treatments on Patient D, purportedly for rubeosis iridis:
 - a. These treatments were without medical indication and/or justification;
 - b. These treatments were knowingly and intentionally performed and/or billed by Respondent as a medically necessary service, when in fact Respondent knew that there was no medical justification for these services. Respondent

- intended to mislead;
- c. If Patient D actually suffered from rubeosis iridis, Respondent inappropriately treated the condition.
5. During the course of treatment, Respondent performed laser treatments on Patient D, purportedly for vitreous hemorrhage:
- a. These treatments were without medical indication and/or justification;
 - b. These treatments were knowingly and intentionally performed and/or billed by Respondent as a medically necessary service, when in fact Respondent knew that there was no medical justification for these services. Respondent intended to mislead;
 - c. If Patient D actually suffered from vitreous hemorrhage, Respondent inappropriately treated the condition;
6. During the course of treatment, Respondent performed 4 B-scans on Patient D, purportedly for mature cataracts:
- a. These treatments were without medical indication and/or justification;
 - b. These treatments were knowingly and intentionally performed and/or billed by Respondent as a medically necessary service, when in fact Respondent knew that there was no medical justification for these services. Respondent intended to mislead;

- c. If Patient D actually suffered from mature cataracts, Respondent inappropriately treated the condition.
 - 7. Respondent failed to maintain a record for Patient D which accurately reflected his care and treatment of the patient.
- E. From on or about February 17, 2004, through on or about August 3, 2005, Respondent treated Patient E at his office. Respondent's care and treatment of Patient E deviated from standards of acceptable medical conduct, in that:
 - 1. During the course of treatment, Respondent failed to perform and document an adequate ophthalmic examination on the patient;
 - 2. During the course of treatment, Respondent performed laser treatments on Patient E, purportedly for diabetic retinopathy:
 - a. These treatments were without medical indication and/or justification;
 - b. These treatments were knowingly and intentionally performed and/or billed by Respondent as a medically necessary service, when in fact Respondent knew that there was no medical justification for these services. Respondent intended to mislead;
 - c. If Patient E actually suffered from diabetic retinopathy, Respondent inappropriately treated the diabetic retinopathy.

3. During the course of treatment, Respondent performed laser treatments on Patient E, purportedly for rubeosis iridis:
 - a. These treatments were without medical indication and/or justification;
 - b. These treatments were knowingly and intentionally performed and/or billed by Respondent as a medically necessary service, when in fact Respondent knew that there was no medical justification for these services. Respondent intended to mislead;
 - c. If Patient E actually suffered from rubeosis iridis, Respondent inappropriately treated the condition.

4. During the course of treatment, Respondent performed 2 B-scans on Patient E, purportedly for mature cataracts:
 - a. These treatments were without medical indication and/or justification;
 - b. These treatments were knowingly and intentionally performed and/or billed by Respondent as a medically necessary service, when in fact Respondent knew that there was no medical justification for these services. Respondent intended to mislead;
 - c. If Patient E actually suffered from mature cataracts, Respondent inappropriately treated the condition.

5. Respondent failed to maintain a record for Patient E which accurately reflected his care and treatment of the patient.
- F. From on or about April 27, 2004, through on or about September 12, 2006, Respondent treated Patient F at his office. Respondent's care and treatment of Patient F deviated from standards of acceptable medical conduct, in that:
1. During the course of treatment, Respondent failed to perform and document an adequate ophthalmic examination on the patient;
 2. During the course of treatment, Respondent performed laser treatments on Patient F, purportedly for diabetic retinopathy:
 - a. These treatments were without medical indication and/or justification;
 - b. These treatments were knowingly and intentionally performed and/or billed by Respondent as a medically necessary service, when in fact Respondent knew that there was no medical justification for these services. Respondent intended to mislead;
 - c. If Patient F actually suffered from diabetic retinopathy, Respondent inappropriately treated the diabetic retinopathy.
 3. During the course of treatment, Respondent performed laser

treatments on Patient F, purportedly for wet macular degeneration:

- a. These treatments were without medical indication and/or justification;
- b. These treatments were knowingly and intentionally performed and/or billed by Respondent as a medically necessary service, when in fact Respondent knew that there was no medical justification for these services. Respondent intended to mislead;
- c. If Patient F actually suffered from wet macular degeneration, Respondent inappropriately treated the condition.

4. During the course of treatment, Respondent performed laser treatments on Patient F, purportedly for rubeosis iridis:

- a. These treatments were without medical indication and/or justification;
- b. These treatments were knowingly and intentionally performed and/or billed by Respondent as a medically necessary service, when in fact Respondent knew that there was no medical justification for these services. Respondent intended to mislead;
- c. If Patient F actually suffered from rubeosis iridis, Respondent inappropriately treated the condition.

5. During the course of treatment, Respondent performed laser treatments on Patient F, purportedly for subretinal neovascularization:
 - a. These treatments were without medical indication and/or justification;
 - b. These treatments were knowingly and intentionally performed and/or billed by Respondent as a medically necessary service, when in fact Respondent knew that there was no medical justification for these services. Respondent intended to mislead;
 - c. If Patient F actually suffered from subretinal neovascularization, Respondent inappropriately treated the condition.

6. During the course of treatment, Respondent performed laser treatments on Patient , purportedly for vitreous hemorrhage:
 - a. These treatments were without medical indication and/or justification;
 - b. These treatments were knowingly and intentionally performed and/or billed by Respondent as a medically necessary service, when in fact Respondent knew that there was no medical justification for these services. Respondent intended to mislead;

- c. If Patient F actually suffered from vitreous hemorrhage, Respondent inappropriately treated the condition;
7. During the course of treatment, Respondent performed 9 B-scans on Patient F, purportedly for mature cataracts:
 - a. These treatments were without medical indication and/or justification;
 - b. These treatments were knowingly and intentionally performed and/or billed by Respondent as a medically necessary service, when in fact Respondent knew that there was no medical justification for these services. Respondent intended to mislead;
 - c. If Patient F actually suffered from mature cataracts, Respondent inappropriately treated the condition.
8. Respondent failed to maintain a record for Patient F which accurately reflected his care and treatment of the patient.

SPECIFICATION OF CHARGES

FIRST THROUGH SIXTH SPECIFICATION

GROSS NEGLIGENCE

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(4) by practicing the profession of medicine with gross negligence on a particular occasion as alleged in the facts of the following:

1. Paragraph A and its subparagraphs;
2. Paragraph B and its subparagraphs;
3. Paragraph C and its subparagraphs;
4. Paragraph D and its subparagraphs;
5. Paragraph E and its subparagraphs;
6. Paragraph F and its subparagraphs.

SEVENTH SPECIFICATION

NEGLIGENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(3) by practicing the profession of medicine with negligence on more than one occasion as alleged in the facts of two or more of the following:

7. Paragraph A and its subparagraphs; Paragraph B and its subparagraphs; Paragraph C and its subparagraphs; Paragraph D and its subparagraphs; Paragraph E and its subparagraphs; and/or Paragraph F and its subparagraphs.

EIGHTH SPECIFICATION

INCOMPETENCE ON MORE THAN ONE OCCASION

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(5) by practicing the profession of medicine with incompetence on more than one occasion as alleged in the facts of two or more of the following:

8. Paragraph A and its subparagraphs; Paragraph B and its subparagraphs; Paragraph C and its subparagraphs;

Paragraph D and its subparagraphs; Paragraph E and its subparagraphs; and/or Paragraph F and its subparagraphs.

NINTH THROUGH FOURTEENTH SPECIFICATION
FRAUDULENT PRACTICE

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

9. Paragraphs A, A2, A2(b), A3, A3(b), A4, A4(b), A5, A5(b), A6, A6(b) and A7;
10. Paragraphs B, B2, B2(b), B3, B3(b), B4, B4(b), B5, 5(b)6, B6(b), and B7;
11. Paragraphs C, C2, C2(b), C3, C3(b), C4, C4(b), C5, C5(b), C6, C6(b) and C 7;
12. Paragraphs D, D2, D2(b), D3, D3(b), D4, D4(b); D5, D5(b), D6, D6(b) and D7;
13. Paragraphs E, E2, E2(b), E3, E3(b), E4, E4(b), and E5;
14. Paragraphs F, F2, F2(b), F3, F3(b), F4, F4(b), F5, F5(b), F6, F6(b), F7, F7(b), and F8.

FIFTEENTH THROUGH TWENTIETH SPECIFICATION
UNWARRANTED TESTS/TREATMENT

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(35) by ordering of excessive tests, treatment, or use of

treatment facilities not warranted by the condition of the patient, as alleged in the facts of:

15. Paragraphs A, A2, A2(a), A3, A3(a), A4, A4(a), A5, A5(a), A6, and A6(a);
16. Paragraphs B, B2, B2(a), B3, B3(a), B4, B4(a), B5, 5(a)6, and B6(a);
17. Paragraphs C, C2, C2(a), C3, C3(a), C4, C4(a), C5, C5(a), C6, and C6(a);
18. D, D2, D2(a), D3, D3(a), D4, D4(a); D5, D5(a), D6, and D6(a);
19. Paragraphs E, E2, E2(a), E3, E3(a), E4, and E4(a);
20. Paragraphs F, F2, F2(a), F3, F3(a), F4, F4(a), F5, F5(a), F6, F6(a), F7, and F7(a);

TWENTY FIRST THROUGH TWENTY SIXTH SPECIFICATION
FALSE REPORT

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(21) by wilfully making or filing a false report, or failing to file a report required by law or by the department of health or the education department, as alleged in the facts of:

21. Paragraphs A, A2, A2(b), A3, A3(b), A4, A4(b), A5, A5(b), A6, and A6(b);
22. Paragraphs B, B2, B2(b), B3, B3(b), B4, B4(b), B5, 5(b)6, and B6(b);
23. Paragraphs C, C2, C2(b), C3, C3(b), C4, C4(b), C5, C5(b), C6, and C6(b);

24. Paragraphs D, D2, D2(b), D3, D3(b), D4, D4(b);
D5, D5(b), D6, and D6(b);
25. Paragraphs E, E2, E2(b), E3, E3(b), E4, and E4(b);
26. Paragraphs F, F2, F2(b), F3, F3(b), F4, F4(b), F5,
F5(b), F6, F6(b), F7, and F7(b);

TWENTY SEVENTH THROUGH THIRTY-SECOND SPECIFICATION
FAILURE TO MAINTAIN RECORDS

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(32) by failing to maintain a record for each patient which accurately reflects the care and treatment of the patient, as alleged in the facts of:

27. Paragraphs A and A7;
28. Paragraphs B and B7;
29. Paragraphs C and C7;
30. Paragraphs D and D7;
31. Paragraphs E and E5;
32. Paragraphs F and F8;

DATE: November 30, 2007
New York, New York

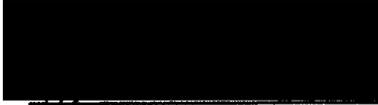

Roy Nemerson
Deputy Counsel
Bureau of Professional Medical Conduct

EXHIBIT "B"

**GUIDELINES FOR CLOSING A MEDICAL PRACTICE
FOLLOWING MEDICAL LICENSE REVOCATION, SURRENDER
OR SUSPENSION OF SIX MONTHS OR MORE**

1. Respondent shall immediately cease the practice of medicine in compliance with the terms of the Surrender Order. Respondent shall not represent that Respondent is eligible to practice medicine and shall refrain from providing an opinion as to professional practice or its application.
2. Within 15 days of the Surrender Order's effective date, Respondent shall notify all patients that Respondent has ceased the practice of medicine, and shall refer all patients to another licensed practicing physician for continued care, as appropriate.
3. Within 30 days of the Surrender Order's effective date, Respondent shall deliver Respondent's original license to practice medicine in New York State and current biennial registration to the Office of Professional Medical Conduct (OPMC) at 433 River Street Suite 303, Troy, NY 12180-2299.
4. Respondent shall arrange for the transfer and maintenance of all patient medical records. Within 30 days of the Surrender Order's effective date, Respondent shall notify OPMC of these arrangements, including the name, address, and telephone number of an appropriate contact person, acceptable to the Director of OPMC, who shall have access to these records. Original records shall be retained for patients for at least 6 years after the last date of service, and, for minors, for at least 6 years after the last date of service or 3 years after the patient reaches the age of majority, whichever time period is longer. Records shall be maintained in a safe and secure place that is reasonably accessible to former patients. The arrangements shall ensure that all patient information is kept confidential and is available only to authorized persons. When a patient or authorized representative requests a copy of the patient's medical record, or requests that the original medical record be sent to another health care provider, a copy of the record shall be provided promptly or sent to the patient at reasonable cost (not to exceed 75 cents per page). Radiographic, sonographic and like materials shall be provided at cost. A qualified person shall not be denied access to patient information solely because of inability to pay.
5. Within 15 days of the Surrender Order's effective date, if Respondent holds a Drug Enforcement Agency (DEA) certificate, Respondent shall advise the DEA in writing of the licensure action and shall surrender Respondent's DEA controlled substance certificate, privileges, and any unused DEA #222 U.S. Official Order Forms Schedules 1 and 2, to the DEA.
6. Within 15 days of the Surrender Order's effective date, Respondent shall return any unused New York State official prescription forms to the Bureau of Narcotic Enforcement of the New York State Department of Health. Respondent shall have all prescription pads bearing Respondent's name destroyed. If no other licensee is providing services at Respondent's practice location, Respondent shall dispose of all medications.

7. Within 15 days of the Surrender Order's effective date, Respondent shall remove from the public domain any representation that Respondent is eligible to practice medicine, including all related signs, advertisements, professional listings whether in telephone directories or otherwise, professional stationery or billings. Respondent shall not share, occupy or use office space in which another licensee provides health care services.
8. Respondent shall not charge, receive or share any fee or distribution of dividends for professional services rendered (by Respondent or others) while barred from practicing medicine. Respondent may receive compensation for the reasonable value of services lawfully rendered, and disbursements incurred on a patient's behalf, before the Surrender Order's effective date.
9. If Respondent is a shareholder in any professional service corporation organized to engage in the practice of medicine and Respondent's license is revoked, surrendered or suspended for 6 months or more pursuant to this Surrender Order, Respondent shall, within 90 days of the Surrender Order's effective date, divest all financial interest in the professional services corporation in accordance with New York Business Corporation Law. If Respondent is the sole shareholder in a professional services corporation, the corporation must be dissolved or sold within 90 days of the Surrender Order's effective date.
10. Failure to comply with the above directives may result in civil or criminal penalties. Practicing medicine when a medical license has been suspended, revoked or annulled is a Class E Felony, punishable by imprisonment for up to 4 years, under N.Y. Educ. Law § 6512. Professional misconduct may result in penalties including revocation of the suspended license and/or fines of up to \$10,000 for each specification of misconduct, under N.Y. Pub. Health Law § 230-a.