



New York State Board for Professional Medical Conduct

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

Antonia C. Novello, M.D., M.P.H., Dr. P.H.
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NYS Department of Health*

Dennis P. Whalen
*Executive Deputy Commissioner
NYS Department of Health*

Dennis J. Graziano, Director
Office of Professional Medical Conduct

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Chairman

Michael A. Gonzalez, R.P.A.
Vice Chair

Ansel R. Marks, M.D., J.D.
Executive Secretary

Public

July 19, 2005

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Ravindra V. Ginde, M.D.
65 Magna Drive
Gillette, NJ 07933

RE: License No. 116876

Dear Dr. Ginde:

Enclosed is a copy of Order #BPMC 05-149 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect July 26, 2005.

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

Board for Professional Medical Conduct
New York State Department of Health
Hedley Park Place, Suite 303
433 River Street
Troy, New York 12180

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,

A handwritten signature in black ink, appearing to read "Ansel R. Marks". The signature is fluid and cursive, with a large initial "A" and "M".

Ansel R. Marks, M.D., J.D.

Executive Secretary

Board for Professional Medical Conduct

cc: Mark L. Furman, Esq
Hoffman, Einiger & Polland
220 E 42nd Street Suite 435
New York, NY 10017

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

**IN THE MATTER
OF
RAVINDRA V. GINDE, M.D.**

**CONSENT
ORDER**
BPMC No. 05-149

Upon the application of (Respondent) Ravindra V. Ginde, M.D. in the attached Consent Agreement and Order, which is made a part of this Consent Order, it is

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

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

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

SO ORDERED.

DATED: 7-19-2005


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
RAVINDRA V. GINDE, M.D.**

**CONSENT
AGREEMENT
AND
ORDER**

Ravindra V. Ginde, M.D., representing that all of the following statements are true, deposes and says:

That on or about July 20, 1973, I was licensed to practice as a physician in the State of New York, and issued License No. 116876 by the New York State Education Department.

My current address is 65 Magna Drive, Gillette, NJ 07933, 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 professional misconduct as set forth in the Statement of Charges, marked as Exhibit "A", which is attached to and part of this Consent Agreement.

I do not contest paragraphs H and J of the Factual Allegations, and the Twenty-First Specification in so far as it pertains to paragraphs H(1) and J(1), in full satisfaction of the charges against me, and agree to the following penalty:

Pursuant to §230-a(9) of the Public Health Law, I shall be placed on probation for a period of 3 years, subject to the terms set forth in attached Exhibit "B."

I shall be subject to a fine in the amount of \$7,500, pursuant to §230-a(7) and (9) of the Public Health Law, to be paid in 3 installments of \$2,500 each, the first of which shall be due within 30 days of the effective date of this Order, the second of which shall be due July 1, 2006, and the third of which shall be due July 1, 2007. Payment 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 further agree that the Consent Order shall impose the following conditions:

That Respondent shall maintain active registration of Respondent's license with the New York State Education, Department Division of Professional Licensing Services (except during periods of actual suspension), and shall pay all registration fees. This condition shall take effect thirty (30) days after the Consent Order's effective date and will continue so long as Respondent remains licensed in New York State; and

That Respondent shall cooperate fully with the Office of Professional Medical Conduct (OPMC) in its administration and enforcement of this Order and in its investigations of matters concerning Respondent. Respondent shall respond in a timely manner to all OPMC requests for written periodic verification of Respondent's compliance with this Order. Respondent shall meet with a person designated by the Director of OPMC, as directed. Respondent shall respond

promptly and provide all documents and information within Respondent's control, as directed. This condition shall take effect upon the Board's issuance of the Consent Order and will continue so long as Respondent remains licensed in New York State.

I stipulate that my failure to comply with any conditions of this Order shall constitute misconduct as defined by New York State Education Law §6530(29).

I agree that if I am charged with professional misconduct in future, this Consent Agreement and Order shall be admitted into evidence in that proceeding.

I ask the Board to adopt this Consent Agreement.

I understand that if the Board does not adopt this Consent Agreement, none of its terms shall bind me or constitute an admission of any of the acts of alleged misconduct; this Consent Agreement 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 adopts this Consent Agreement, the Chair of the Board shall issue a Consent 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 Consent Order by first class mail to me at the address in this Consent Agreement, or to my attorney by certified mail, OR upon facsimile transmission to me or my attorney, whichever is first. The Order, this agreement, and all attached Exhibits shall be public documents, with only patient identities, if any, redacted.

I stipulate that the proposed sanction and Order are authorized by Public Health Law Sections 230 and 230-a and that the Board for Professional Medical Conduct and the Office of Professional Medical Conduct have the

requisite powers to carry out all included terms. I ask the Board to adopt this Consent Agreement of my own free will and not under duress, compulsion or restraint. In consideration of the value to me of the Board's adoption of this Consent Agreement, 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 Consent Order for which I apply, whether administratively or judicially, I agree to be bound by the Consent Order, and ask that the Board adopt this Consent Agreement.

DATED 6/8/05



RAVINDRA V. GINDE, M.D.
RESPONDENT

The undersigned agree to Respondent's attached Consent Agreement and to its proposed penalty, terms and conditions.

DATE: 6/8/05



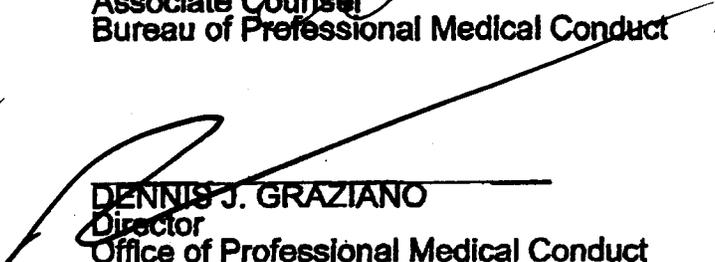
MARK L. FURMAN, ESQ.
Attorney for Respondent
Hoffman Einiger & Pollard PLLC
Suite 435
220 E. 42nd Street
New York, NY 10017

DATE: July 7, 2005



RICHARD J. ZAHNLEUTER
Associate Counsel
Bureau of Professional Medical Conduct

DATE: July 15 2005



DENNIS J. GRAZIANO
Director
Office of Professional Medical Conduct

IN THE MATTER
OF
RAVINDRA V. GINDE, M.D.

STATEMENT
OF
CHARGES

Ravindra Ginde, M.D., referred to hereafter as the Respondent, was authorized to practice medicine in the State of New York on July 20, 1973 by the issuance of license number 116876 by the New York State Education Department. The Respondent's current address, upon information and belief, is 65 Magna Drive, Gillette, NJ 07933.

FACTUAL ALLEGATIONS

A. The Respondent provided medical care to Patient A¹ at "Express Imaging Services" and/or "Ravindra V. Ginde, M.D., P.C.," in Brooklyn, NY. The care consisted of interpreting MRIs of Patient A's cervical spine taken on September 14, 1997. The Respondent reported findings of, among other things, "there is scoliosis convex to the right," "diffuse bulging, anterior and posterior of disc C6-C7, compressing the thecal sac and the spinal cord," and "cerebellar tonsillar ectopia." The Respondent's care of Patient A did not meet acceptable standards of medical care in that:

1. The Respondent interpreted the MRIs inaccurately.
2. The Respondent presented inaccurate over-interpretations which could have prompted further diagnostic evaluation and procedures when potentially none was necessary.

¹To preserve privacy throughout this document, patients are referred to by letter designation. An Appendix of Patient Names is attached hereto for appropriate recipients.



B. The Respondent provided medical care to Patient A at the same location. The care consisted of interpreting MRIs of Patient A's lumbar spine taken on October 21, 1997. The Respondent reported findings of, among other things, "lordosis of the lumbar spine is exaggerated," "scoliosis convex to the right," "diffuse bulging, anterior and posterior of discs L4-L5 and L5-S1 with slight compression of the thecal sac and spinal nerve roots," and "the central spinal canal is at the lower limits of normal in size." The Respondent's care of Patient A did not meet acceptable standards of medical care in that:

1. The Respondent interpreted the MRIs inaccurately.
2. The Respondent presented inaccurate over-interpretations which could have prompted further diagnostic evaluation and procedures when potentially none was necessary.

C. The Respondent provided medical care to Patient B at the same location. The care consisted of interpreting MRIs of Patient B's cervical spine taken on November 3, 1997. The Respondent reported findings of, among other things, "there is scoliosis convex to the right," "diffuse bulging, anterior and posterior of disc C4-C5, compressing the thecal sac and the spinal cord," and "central herniation of C5-C6 disc is seen, compressing the thecal sac and spinal cord." The Respondent's care of Patient B did not meet acceptable standards of medical care in that:

1. The Respondent interpreted the MRIs inaccurately.
2. The Respondent presented inaccurate over-interpretations which could have prompted further diagnostic evaluation and procedures when potentially none was necessary.

D. The Respondent provided medical care to Patient B at the same location. The care consisted of interpreting MRIs of Patient B's lumbar spine taken on November 22, 1997. The Respondent reported findings of, among other things, "desiccation/loss of signal intensity is seen in multiple discs," "scoliosis convex to the right," and "central herniation of disc L4-5." The Respondent's care of Patient B did not meet acceptable standards of medical care in that:

1. The Respondent interpreted the MRIs inaccurately.
2. The Respondent presented inaccurate over-interpretations which could have prompted further diagnostic evaluation and procedures when potentially none was necessary.

E. The Respondent provided medical care to Patient C at the same location. The care consisted of interpreting MRIs of Patient C's cervical spine taken on August 28, 1997. The Respondent reported findings of, among other things, "straightening and reversal of the usual lordosis is present consistent with muscular spasm," "central herniation of C5-C6 disc is seen, compressing the thecal sac and spinal cord," and "cerebellar tonsillar ectopia." The Respondent's care of Patient C did not meet acceptable standards of medical care in that:

1. The Respondent interpreted the MRIs inaccurately.
2. The Respondent presented inaccurate over-interpretations which could have prompted further diagnostic evaluation and procedures when potentially none was necessary.

F. The Respondent provided medical care to Patient C at the same location. The care consisted of interpreting MRIs of Patient C's lumbar spine taken on September 18, 1997. The Respondent reported findings of, among other things, "rod like straightening is seen of the lumbar lordosis consistent with muscular spasm and scoliosis convex to the right is noted," and "herniation of disc L4-L5 central and to the right, with slight compression of thecal sac and spinal nerve roots." The Respondent's care of Patient C did not meet acceptable standards of medical care in that:

1. The Respondent interpreted the MRIs inaccurately.
2. The Respondent presented inaccurate over-interpretations which could have prompted further diagnostic evaluation and procedures when potentially none was necessary.

G. The Respondent provided medical care to Patient D at the same location. The care consisted of interpreting MRIs of Patient D's cervical spine taken on October 17, 1997. The Respondent reported findings of, among other things, "there is scoliosis convex to the right," "diffuse bulging, anterior and posterior of disc C4-C5, compressing the thecal sac and the spinal cord," and "central herniation of C2-C3, C3-C4, and C6-C7 discs, compressing the thecal sac and spinal cord." The Respondent's care of Patient D did not meet acceptable standards of medical care in that:

1. The Respondent interpreted the MRIs inaccurately.
2. The Respondent presented inaccurate over-interpretations which could have prompted further diagnostic evaluation and procedures when potentially none was necessary.

H. Concerning the MRIs of Patient D's cervical spine taken on October 17, 1997, the Respondent interpreted the same MRIs again on October 22, 2000. The Respondent reported findings of, among other things, "C2-C3 and C3-C4 disc space levels demonstrates posterior disc herniation." The Respondent's interpretation of Patient D's MRIs did not meet acceptable standards of medical care in that:

1. The Respondent interpreted the MRIs inaccurately.

I. The Respondent provided medical care to Patient D at the same location. The care consisted of interpreting MRIs of Patient D's lumbar spine taken on November 1, 1997. The Respondent reported findings of, among other things, "there is scoliosis convex to the right," "diffuse bulging, anterior and posterior of discs L3 and L4," and "central herniation of discs L4-5 and L5-S1." The Respondent's care of Patient D did not meet acceptable standards of medical care in that:

1. The Respondent interpreted the MRIs inaccurately.
2. The Respondent presented inaccurate over-interpretations which could have prompted further diagnostic evaluation and procedures when potentially none was necessary.

J. Concerning the MRIs of Patient D's lumbar spine taken on November 1, 1997, the Respondent interpreted the same MRIs again on October 22, 2000. The Respondent reported findings of, among other things, "straightening of the usual lordosis is noted suggesting muscular spasm," and "posterior disc herniation of disc L5-S1." The Respondent's interpretation of Patient D's MRIs did not meet acceptable standards of medical care in that:

1. The Respondent interpreted the MRIs inaccurately.

K. The Respondent provided medical care to Patient E at "RAE Imaging" and/or "Consolidated Radiology, P.C.," in Elmhurst, NY. The care consisted of interpreting MRIs of Patient E's cervical spine taken on November 14, 1997. The Respondent reported, among other things, "straightening and reversal of the usual lordosis is present, consistent with muscular spasm," and "central herniation of disc C3-4 is seen." The Respondent's care of Patient E did not meet acceptable standards of medical care in that:

1. The Respondent interpreted the MRIs inaccurately.
2. The Respondent presented inaccurate over-interpretations which could have prompted further diagnostic evaluation and procedures when potentially none was necessary.

SPECIFICATIONS OF MISCONDUCT

FIRST THROUGH ELEVENTH SPECIFICATIONS (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 following:

1. The facts set forth in paragraphs A, A(1) and/or A(2).
2. The facts set forth in paragraphs B, B(1), and/or B(2).
3. The facts set forth in paragraphs C, C(1), and/or C(2).
4. The facts set forth in paragraphs D, D(1), and/or D(2).
5. The facts set forth in paragraphs E, E(1), and/or E(2).
6. The facts set forth in paragraphs F, F(1), and/or F(2).
7. The facts set forth in paragraphs G, G(1), and/or G(2).
8. The facts set forth in paragraphs H, and/or H(1).
9. The facts set forth in paragraphs I, I(1), and/or I(2).
10. The facts set forth in paragraphs J, and/or J(1).
11. The facts set forth in paragraphs K, K(1), and/or K(2).

**TWELFTH THROUGH TWENTIETH SPECIFICATIONS
(GROSS INCOMPETENCE)**

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law §6530(6) by practicing the profession of medicine with gross incompetence as alleged in the following:

12. The facts set forth in paragraphs A, A(1) and/or A(2).
13. The facts set forth in paragraphs B, B(1), and/or B(2).
14. The facts set forth in paragraphs C, C(1), and/or C(2).
15. The facts set forth in paragraphs D, D(1), and/or D(2).
16. The facts set forth in paragraphs E, E(1), and/or E(2).
17. The facts set forth in paragraphs F, F(1), and/or F(2).
18. The facts set forth in paragraphs G, G(1), and/or G(2).
19. The facts set forth in paragraphs H, and/or H(1).
18. The facts set forth in paragraphs I, I(1), and/or I(2).
19. The facts set forth in paragraphs J, and/or J(1).
20. The facts set forth in paragraphs K, K(1), and/or K(2).

**TWENTY-FIRST 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 two or more of the following:

21. The facts set forth in paragraphs A, A(1), A(2), B, B(1), B(2), C, C(1), C(2), D, D(1), D(2), E, E(1), E(2), F, F(1), F(2), G, G(1), G(2), H, H(1), I, I(1), and/or I(2), J, J(1), and/or K, K(1), and/or K(2).

TWENTY-SECOND 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 two or more of the following:

22. The facts set forth in paragraphs A, A(1), A(2), B, B(1), B(2), C, C(1), C(2), D, D(1), D(2), E, E(1), E(2), F, F(1), F(2), G, G(1), G(2), H, H(1), I, I(1), I(2), J, J(1), K, K(1), and/or K(2).

DATED: April 18, 2005
Albany, New York



Peter D. Van Buren
Deputy Counsel
Bureau of Professional
Medical Conduct

EXHIBIT "B"

Terms of Probation

1. Respondent's conduct shall conform to moral and professional standards of conduct and governing law. Any act of professional misconduct by Respondent as defined by New York State Education Law §6530 or §6531 shall constitute a violation of probation and may subject Respondent to an action pursuant to New York State Public Health Law §230(19).
2. Respondent shall maintain active registration of Respondent's license (except during periods of actual suspension) with the New York State Education Department Division of Professional Licensing Services, and shall pay all registration fees.
3. Respondent shall provide the Director, Office of Professional Medical Conduct (OPMC), Hedley Park Place, 433 River Street Suite 303, Troy, New York 12180-2299 with the following information, in writing, and ensure that such information is kept current: a full description of Respondent's employment and practice; all professional and residential addresses and telephone numbers within and outside New York State; and all investigations, charges, convictions or disciplinary actions by any local, state or federal agency, institution or facility, within thirty (30) days of each action.
4. Respondent shall cooperate fully with, and respond in a timely manner to, OPMC requests to provide written periodic verification of Respondent's compliance with the terms of this Consent Order. Upon the Director of OPMC's request, Respondent shall meet in person with the Director's designee.
5. Respondent's failure to pay any monetary penalty by the prescribed date shall subject Respondent to all provisions of law relating to debt collection by New York State, including but not limited to: the imposition of interest, late payment charges and collection fees; referral to the New York State Department of Taxation and Finance for collection; and non-renewal of permits or licenses [Tax Law section 171(27)]; State Finance Law section 18; CPLR section 5001; Executive Law section 32].
6. The probation period shall toll when Respondent is not engaged in active medical practice in New York State for a period of thirty (30) consecutive days or more. Respondent shall notify the Director of OPMC, in writing, if Respondent is not currently engaged in, or intends to leave, active medical practice in New York State for a consecutive thirty (30) day period. Respondent shall then notify the Director again at least fourteen (14) days before returning to active practice. Upon Respondent's return to active practice in New York State, the probation period will resume and Respondent shall fulfill any unfulfilled probation terms and such additional requirements as the Director may impose as reasonably relate to the matters set forth in Exhibit "A" or are necessary to protect the public health.
7. The Director of OPMC may review Respondent's professional performance. This review may include but shall not be limited to: a review of office records, patient records and/or hospital charts; and interviews with or periodic visits with Respondent and staff at practice locations or OPMC

offices.

8. Respondent shall maintain complete and legible medical records that accurately reflect the evaluation and treatment of patients and contain all information required by State rules and regulations concerning controlled substances.
9. Within thirty days of the effective date of this Consent Order, Respondent shall practice medicine only when monitored by a licensed physician, board certified in an appropriate specialty ("practice monitor"), proposed by Respondent and subject to the prior written approval of the Director of OPMC.
 - a. Respondent shall make available to the practice monitor any and all records and medical images, and/or provide access to the practice, as requested by the practice monitor, including on-site observation. The practice monitor shall visit Respondent's medical practice at each and every location, on a random unannounced basis at least monthly. The practice monitor shall examine at least monthly all of Respondent's MRI interpretations, underlying images, and corresponding patient records and office records. The practice monitor also shall designate and then examine a selection of no fewer than 20 of Respondent's x-ray, mammogram, CAT scan, and other medical image interpretations, underlying images, and corresponding patient records and office records. The practice monitor's review will specifically determine whether the practice monitor does or does not concur with Respondent's interpretations or portion of interpretations. In addition, the practice monitor's review will determine whether the Respondent's medical practice is conducted in accordance with the generally accepted standards of professional medical care. Any perceived deviation of accepted standards of medical care or refusal to cooperate with the monitor shall be reported within 24 hours to OPMC.
 - b. Respondent shall be solely responsible for all expenses associated with monitoring, including fees, if any, to the monitoring physician.
 - c. Respondent shall cause the practice monitor to report quarterly, in writing, to the Director of OPMC.
 - d. Respondent shall maintain medical malpractice insurance coverage with limits no less than \$2 million per occurrence and \$6 million per policy year, in accordance with Section 230(18)(b) of the Public Health Law. Proof of coverage shall be submitted to the Director of OPMC prior to Respondent's practice after the effective date of this Order.
10. Respondent shall enroll in and complete a continuing medical education program in the area of MRI interpretation, proposed by Respondent. This continuing education program is subject to the Director of OPMC's prior written approval and shall be completed within the first year of the probation period.
11. Respondent shall comply with this Order and all its terms, and shall bear all associated compliance costs. Upon receiving evidence of noncompliance with, or violation of, these terms, the Director of OPMC and/or the Board may initiate a violation of probation proceeding, and/or any other such

proceeding authorized by law, against Respondent.