

Public



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

Keith W. Servis
Director
Office of Professional Medical Conduct

Kendrick A. Sears, M.D.
Chair

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

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

September 14, 2007

CERTIFIED MAIL-RETURN RECEIPT REQUESTED

Brad Justin Jacobs, M.D.
134 Foxwood Drive
Jericho, NY 11753

Re: License No. 175524

Dear Dr. Jacobs:

Enclosed is a copy of Order #BPMC 07-200 of the New York State Board for Professional Medical Conduct. This order and any penalty provided therein goes into effect September 21, 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. If the document(s) are lost, misplaced or destroyed, you are required to submit to this office an affidavit to that effect. Enclosed for your convenience is an affidavit. Please complete and sign the affidavit before a notary public and return it to: Office of Professional Medical Conduct, New York State Department of Health, 433 River Street, Suite 303, Troy, NY 12180-2299

Sincerely,

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

Enclosure

cc: Michael Kelton, Esq.
Lippman, Krasnow & Kelton, LLP
380 Lexington Avenue
New York, NY 10168

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

IN THE MATTER
OF
BRAD JUSTIN JACOBS, M.D.

SURRENDER
ORDER

Upon the application of (Respondent) BRAD JUSTIN JACOBS, 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: 9-13-07


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
BRAD JUSTIN JACOBS, M.D.

SURRENDER
of
LICENSE

BRAD JUSTIN JACOBS, M.D., representing that all of the following statements are true, deposes and says:

That on or about July 26, 1988, I was licensed to practice as a physician in the State of New York and issued License No. 175524 by the New York State Education Department.

My current address is 134 Foxwood Drive, Jericho, NY, 11753; and I will advise the Director of the Office of Professional Medical Conduct of any change of address.

As set forth in a Commissioner's Order and Notice of Hearing issued pursuant to N.Y. Pub. Health Law §230(12) and a Statement of Charges ("Order and Statement"), I have been charged with twenty-nine specifications of professional misconduct and eleven days of hearing have been held. A copy of the Order and Statement, 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 acts of misconduct alleged in the Statement of Charges.

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 redacted. As public documents, they will 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 completing 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.

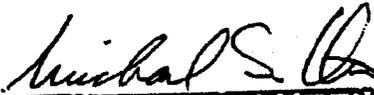
DATE 9/12/07



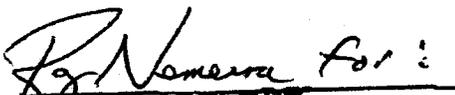
BRAD JUSTIN JACOBS, M.D.
RESPONDENT

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

DATE: 9/12/07


MICHAEL KELTON, ESQ.
Attorney for Respondent

DATE: 9/13/07


DIANNE ABELOFF
ASSOCIATE COUNSEL
Bureau of Professional Medical Conduct

DATE: 9/13/07


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
BRAD J. JACOBS, M.D.

COMMISSIONER'S
ORDER AND
NOTICE OF
HEARING

TO: BRAD J. JACOBS, M.D.
55 East 86th Street - Suite IB
N.Y., N.Y. 10028

The undersigned, Richard F. Daines, M.D., Commissioner of Health, after an investigation, upon the recommendation of a Committee on Professional Medical Conduct of the State Board for Professional Medical Conduct, and upon the Statement of Charges attached hereto and made a part hereof, has determined that the continued practice of medicine in the State of New York by BRAD J. JACOBS, M.D., the Respondent, constitutes an imminent danger to the health of the people of this state.

It is therefore:

ORDERED, pursuant to N.Y. Pub. Health Law §230(12), that effective immediately BRAD J. JACOBS, M.D., Respondent, shall not practice medicine in the State of New York. This Order shall remain in effect unless modified or vacated by the Commissioner of Health pursuant to N.Y. Pub. Health Law §230(12).

PLEASE TAKE NOTICE that a hearing will be held pursuant to the provisions of N.Y. Pub. Health Law §230, and N.Y. State Admin. Proc. Act §§301-307 and 401. The hearing will be conducted before a committee on professional conduct of the State Board for Professional Medical Conduct on June 28, 2007, at 10:00 a.m., at the offices of the New York State Health Department, 90 Church Street, 4th floor, N.Y. N.Y. 10007, and at such other adjourned dates, times and places as the committee may direct. The Respondent may file an answer to the Statement of Charges with the below-named attorney for the Department of Health.

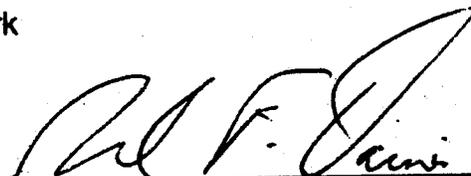
At the hearing, evidence will be received concerning the allegations set forth in the Statement of Charges, which is attached. A stenographic record of the hearing will be made and the witnesses at the hearing will be sworn and examined. The Respondent shall appear in person at the hearing and may be represented by counsel. The Respondent has the right to produce witnesses and evidence on his behalf, to issue or have subpoenas issued on his behalf for the production of witnesses and documents and to cross-examine witnesses and examine evidence produced against him. A summary of the Department of Health Hearing Rules is enclosed. Pursuant to §301(5) of the State Administrative Procedure Act, the Department, upon reasonable notice, will provide at no charge a qualified interpreter of the deaf to interpret the proceedings to, and the testimony of, any deaf person.

The hearing will proceed whether or not the Respondent appears at the hearing. Scheduled hearing dates are considered dates certain and, therefore, adjournment requests are not routinely granted. Requests for adjournments must be made in writing to the New York State Department of Health, Division of Legal Affairs, Bureau of Adjudication, Hedley Park Place, 433 River Street, Fifth Floor South, Troy, NY 12180, ATTENTION: HON. SEAN D. O'BRIEN, DIRECTOR, BUREAU OF ADJUDICATION, and by telephone (518-402-0748), upon notice to the attorney for the Department of Health whose name appears below, and at least five days prior to the scheduled hearing date. Claims of court engagement will require detailed affidavits of actual engagement. Claims of illness will require medical documentation.

At the conclusion of the hearing, the committee shall make findings of fact, conclusions concerning the charges sustained or dismissed, and, in the event any of the charges are sustained, a determination of the penalty or sanction to be imposed or appropriate action to be taken. Such determination may be reviewed by the administrative review board for professional medical conduct.

THESE PROCEEDINGS MAY RESULT IN A DETERMINATION THAT YOUR LICENSE TO PRACTICE MEDICINE IN NEW YORK STATE BE REVOKED OR SUSPENDED, AND/OR THAT YOU BE FINED OR SUBJECT TO OTHER SANCTIONS SET FORTH IN NEW YORK PUBLIC HEALTH LAW §230-a. YOU ARE URGED TO OBTAIN AN ATTORNEY TO REPRESENT YOU IN THIS MATTER.

DATED: New York, New York
June 18, 2007



Richard F. Daines, M.D.
Commissioner of Health
New York State Health Department

Inquiries should be directed to:

Dianne Abeloff
Associate Counsel
N.Y.S. Department of Health
Division of Legal Affairs
90 Church Street - 4th fl.
N.Y., N.Y. 10007
212-417-4450

SECURITY NOTICE TO THE LICENSEE

The proceeding will be held in a secure building with restricted access. Only individuals whose names are on a list of authorized visitors for the day will be admitted to the building

No individual's name will be placed on the list of authorized visitors unless written notice of that individual's name is provided by the licensee or the licensee's attorney to one of the Department offices listed below.

The written notice may be sent via facsimile transmission, or any form of mail, but must be received by the Department **no less than two days prior to the date of the proceeding**. The notice must be on the letterhead of the licensee or the licensee's attorney, must be signed by the licensee or the licensee's attorney, and must include the following information:

Licensee's Name _____ Date of Proceeding _____

Name of person to be admitted _____

Status of person to be admitted _____
(Licensee, Attorney, Member of Law Firm, Witness, etc.)

Signature (of licensee or licensee's attorney) _____

This written notice must be sent to:

New York State Health Department
Bureau of Adjudication
Hedley Park Place
433 River Street, Fifth Floor South
Troy, NY 12180
Fax: 518-402-0751

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

IN THE MATTER
OF
BRAD J. JACOBS, M.D.

STATEMENT
OF
CHARGES

BRAD J. JACOBS, M.D., the Respondent, was authorized to practice medicine in New York State on or about July 26, 1988, by the issuance of license number 175524 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. On or about April 21, 2001, Patient A (the identity of the patients appears in the attached Appendix) went to Respondent's office, for liposuction of her hips and lower extremities and medial thigh lift. Respondent's care deviated from accepted medical standards, in that Respondent:

1. Failed to obtain an adequate history;
2. Failed to perform an adequate physical examination;
3. Failed to follow appropriate sterile technique in the immediate post-operative care of Patient A;
4. Failed to provide timely post-operative examination of Patient A;
5. Failed to timely diagnose and treat the wound infection and abscess;
6. Failed to examine Patient A daily while she was hospitalized for treatment of her wound infection;
7. Violated the Patient A's privacy, when against her wishes,

he undressed her wounds in front of his girlfriend, an individual not involved in Patient A's medical care;

8. Failed to maintain a record which accurately reflected his care and treatment of Patient A.

B. On or about July 25, 2005, Patient B consulted with Respondent about a breast lift and repair of an umbilical hernia; Respondent persuaded Patient B that she needed breast augmentation as well. On or about August 19, 2005, Respondent performed mastopexy, breast augmentation, repair of an umbilical hernia, and touch up liposuction to flanks. Respondent's care and treatment of Patient B deviated from accepted standards, in that Respondent:

1. Failed to obtain an adequate history;
2. Failed to perform an adequate physical examination;
3. Failed to provide timely post-operative examination of Patient B;
4. Failed to comply with Patient B's direction concerning brassiere cup size;
5. Inappropriately implanted breast implants that were too large for the pocket;
6. Inappropriately discharged the patient from his office at 5:30 a.m. on the day of surgery without examining her and left the country for two weeks;
7. Failed to remove implants in a timely fashion after wound dehiscence and failed to heal;
8. Failed to maintain a record which accurately reflected his care and treatment of Patient B.

C. On or about July 16, 2002, Patient C went to Respondent's office for bilateral capsulectomy, exchange of implants and a mastopexy.

Respondent's care deviated from accepted medical standards, in that Respondent:

1. Failed to obtain an adequate history;
2. Failed to perform an adequate physical examination;
3. Failed to comply with Patient C's direction concerning brassiere cup size;
4. Inappropriately implanted implants that were too large for the pockets;
5. Failed to provide timely post-operative examination of Patient C;
6. Failed to maintain a record which accurately reflected his care and treatment of Patient C.

D. On or about August 20, 2004, Patient D went to Respondent's office for rhinoplasty and breast augmentation. On October 18, 2005 she went to Respondent for bilateral exchange of breast implants and on December 15, 2005, Respondent performed a release of scar contracture bilateral areola.

Respondent's care deviated from accepted medical standards, in that Respondent:

1. Failed to obtain an adequate history;
2. Failed to perform an adequate physical examination;
3. Failed to comply with Patient D's direction concerning brassiere cup size;
4. Inappropriately implanted implants that were too large for

the pockets.

5. Failed to document indications for the October 18 and December 15, 2005 surgeries;
6. Failed to maintain a record which accurately reflected his care and treatment of Patient D.

E. On or about June 7, 2002, Patient E went to Respondent for a rhinoplasty. Respondent's care deviated from accepted medical standards, in that Respondent:

1. Failed to obtain an adequate history;
2. Failed to perform an adequate physical examination;
3. Removed an inappropriately large amount of cartilage from the left side of Patient E's nose.
4. Failed to maintain a record which accurately reflected his care and treatment of Patient E.

F. On or about April 9, 2004, Patient F consulted with Respondent about a breast lift, rhinoplasty and liposuction. He persuaded her to have breast augmentation; mastopexy; liposuction of the abdomen, flanks, hips, thighs, knees and arms; upper eyelid blepharoplasty; open rhinoplasty and fat transfer to her lips, which he performed on April 29, 2004. Respondent's care deviated from accepted medical standards, in that Respondent:

1. Failed to obtain an adequate history;
2. Failed to perform an adequate physical examination;
3. Failed to comply with Patient F's direction concerning brassiere cup size;

4. Inappropriately implanted implants that were too large for the pockets;
5. Inappropriately discharged Patient F from his office at or about 1:30 a.m. on the day of surgery;
6. Failed to maintain a record which accurately reflected his care and treatment of Patient F.

G. On or about April 29, 2003, Patient G went to Respondent's office for mastopexy with implant exchange and UAL to her abdomen. Respondent's care deviated from accepted medical standards, in that, Respondent:

1. Failed to obtain an adequate history;
2. Failed to perform an adequate physical examination;
3. Failed to comply with Patient G's direction concerning brassiere cup size;
4. Inappropriately implanted implants that were too large for the pockets.
5. Failed to maintain a record which accurately reflected his care and treatment of Patient G.

H. On or about April 13, 2004, Patient H consulted with Respondent about mastopexy. Respondent persuaded Patient H that she needed breast augmentation as well as mastopexy. On or about June 4, 2004, Respondent performed mastopexy, breast augmentation and removal of lipoma. Respondent's care and treatment of Patient H deviated from accepted standards, in that Respondent:

1. Failed to obtain an adequate history;
2. Failed to perform an adequate physical examination;
3. Failed to provide timely post-operative examination of Patient in light of findings of immediate post-operative breast ischemia;
4. Inappropriately implanted breast implants that were too large for the pocket;
5. Inappropriately inserted different size implants to correct breast asymmetry during a combined mastopexy and breast augmentation procedure;
6. Failed to timely perform a culture and sensitivity test of the wound;
7. Inappropriately prescribed long term antibiotic therapy without culture and sensitivity guidance;
8. Failed to timely remove implants after the wound dehiscence and failed to heal;
9. Failed to maintain a record which accurately reflected his care and treatment of Patient H.

I. On or about January 6, 2003, Patient I went to Respondent's office for exchange of breast implants. On or about June 18, 2004, Respondent performed a rhinoplasty. On or about July 30, 2004, Respondent performed a revision of nasal surgery, bilateral capsulotomy and exchange of breast implants. Respondent arranged for Patient I, who lived in Los Angeles, California, to stay in his apartment, 435 E. 86th Street, N.Y., N.Y. Respondent's care deviated from accepted medical standards, in that Respondent:

1. Failed to obtain an adequate history;
2. Failed to perform an adequate physical examination;
3. During the original rhinoplasty surgery, Respondent removed an inappropriately large amount of nasal cartilage from Patient I's nose causing deformity and functional airway obstruction;
4. Failed to fully and accurately describe the post-operative complications in the healing of Patient I's nose;
5. Failed to refer Patient I to a plastic surgeon in Los Angeles to follow her nasal wound dehiscence;
6. Respondent prematurely and inappropriately performed nasal revision surgery worsening the deformity;
7. On various occasions while Patient I was staying in Respondent's apartment, he provided her with crystal methamphetamine, which on some of the occasions they both smoked. On one occasion while Patient I recuperated in his apartment, Respondent engaged in sexual intercourse with Patient I;
8. Failed to maintain a record which accurately reflected his care and treatment of Patient I.

J. On or about January 12, 2001, Patient J went to Respondent's office, for breast augmentation. On or about May 7, 2002, she went to Respondent's office for abdominal liposuction.

Respondent's care and treatment of Patient J deviated from accepted standards, in that Respondent:

1. Failed to obtain an adequate history;

2. Failed to perform an adequate physical examination;
3. Removed an inappropriately large amount of fatty tissue from the patient's abdomen;
4. Inappropriately performed liposuction causing several areas of skin necrosis;
5. Failed to perform adequate post-operative care for the patient;
6. Failed to maintain a record which accurately reflected his care and treatment of Patient J.

SPECIFICATION OF CHARGES

ONE THROUGH TENTH 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;
7. Paragraph G and its subparagraphs;
8. Paragraph H and its subparagraphs;
9. Paragraph I and its subparagraphs;

10. Paragraph J and its subparagraphs;

ELEVENTH 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:

11. 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; Paragraph F and its subparagraphs; Paragraph G and its subparagraphs; Paragraph H and its subparagraphs; Paragraph I and its subparagraphs; and/or Paragraph J and its subparagraphs.

TWELFTH 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:

12. 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;
Paragraph F and its subparagraphs;
Paragraph G and its subparagraphs; Paragraph H and its
subparagraphs; Paragraph I and its subparagraphs; and/or Paragraph
J and its subparagraphs.

THIRTEENTH THROUGH SEVENTEENTH SPECIFICATION
PERFORMING SERVICES NOT AUTHORIZED BY PATIENT

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(26) by performing professional services which have not been duly authorized by the patient, as alleged in the facts of:

13. Paragraph B and B (4);
14. Paragraph C and C (3);
15. Paragraph D and D (3);
16. Paragraph F and F (3);
17. Paragraph G and G (3);

EIGHTEENTH THROUGH NINETEENTH SPECIFICATIONS
MORAL UNFITNESS

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(20) by engaging in conduct in the practice of the profession of medicine that evidences moral unfitness to practice as alleged in the facts of the following:

18. Paragraph A and A(7);
19. Paragraph I and I (7);

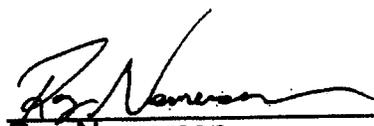
TWENTIETH THROUGH TWENTY-NINTH SPECIFICATIONS

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:

20. Paragraph A and A (8);
21. Paragraph B and B (8);
22. Paragraph C and C (6);
23. Paragraph D and D (6);
24. Paragraph E and E (4);
25. Paragraph F and F (6);
26. Paragraph G and G (5);
27. Paragraph H and H (9);
28. Paragraph I and I (8);
29. Paragraph J and J (6).

DATE: June 18, 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.