



Board for Professional Medical Conduct

Corning Tower • Empire State Plaza • Albany, NY 12237 • (518) 474-8357

Mark R. Chassin, M.D., M.P.P., M.P.H.
Commissioner

C. Maynard Guest, M.D.
Executive Secretary

March 14, 1994

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Michael Levin, M.D.
Apartment 513
130 Barron Street
New York, New York 10014

RE: License No. 148299
Effective Date: 3/21/94

Dear Dr. Levin:

Enclosed please find Order #BPMC 94-36 of the New York State Board for Professional Medical Conduct. This Order and any penalty provided therein goes into effect upon receipt of this letter or seven (7) days after the date of this letter, whichever is earlier.

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 of receipt of the Order.

Board for Professional Medical Conduct
New York State Department of Health
Empire State Plaza
Tower Building-Room 438
Albany, New York 12237-0756

Sincerely,

C. Maynard Guest, M.D.
Executive Secretary
Board for Professional Medical Conduct

Enclosure

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

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IN THE MATTER :

OF :

MICHAEL LEVIN, M.D. :

ORDER

BPMC 94-36

-----X

Upon the Application of Michael Levin, M.D.

(Respondent) for a Consent Order, which application is made a part hereof, it is

ORDERED, that the application and the provisions thereof are hereby adopted and so ORDERED, and it is further

ORDERED, that this order shall take effect as of the date of the personal service of this order upon Respondent, upon receipt by Respondent of this order via certified mail, or seven days after mailing of this order by certified mail, whichever is earliest.

SO ORDERED,

DATED:

9 March 1994

Charles J. Vacanti

Charles J. Vacanti, M.D.
Chairperson
State Board for Professional
Medical Conduct

I admit guilt to the specification of misconduct as charged in the Statement of Charges.

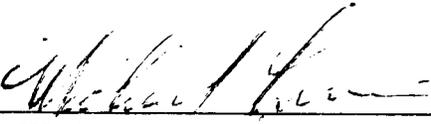
I agree to accept a penalty of a censure and reprimand, probation for a period of two (2) years and to abide by all of the terms and conditions of probation as set forth and enumerated in Exhibit "B" annexed hereto and made a part hereof. I agree to accept the aforesaid censure and reprimand and probation pursuant to the provisions set forth in New York Public Health Law Sec. 230-a(1) and (9) (McKinney Supp. 1993).

I hereby make this application to the Board and request that it be granted.

I understand that, in the event that this application is not granted by the Board, nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against me, such application shall not be used against me in any way and shall be kept in strict confidence during the pendency of the professional misconduct disciplinary proceeding; and such denial by the Board shall be made without prejudice to the continuance of any disciplinary proceeding and the final determination by the Board pursuant to the provisions of the Public Health Law.

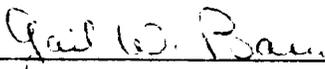
I agree that, in the event the Board grants my application, as set forth herein, an order of the Chairperson of the Board may be issued in accordance with same.

No promises of any kind were made to me. I am making this application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner.



MICHAEL LEVIN, M.D.
Respondent

Sworn to before me, this
5th day of November, 1993.



NOTARY PUBLIC

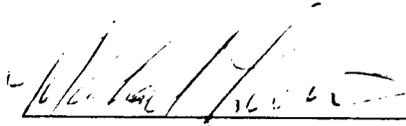
GAIL W. BARRY
NOTARY PUBLIC, State of New York
No. 4844560
Qualified in Nassau County
Commission Expires June 30, 1994

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

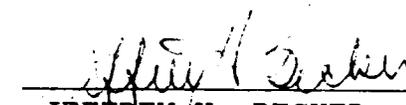
IN THE MATTER : APPLICATION
OF : FOR
MICHAEL LEVIN, M.D. : CONSENT
: ORDER

The undersigned agree to the attached application of the Respondent and to the proposed penalty based on the terms and conditions thereof.

Date: 2/3/93


MICHAEL LEVIN, M.D.
Respondent

Date: 11/1/93


JEFFREY H. BECKER, ESQ.
Attorney for Respondent

Date: 11/2/93


JOSEPH HUBERTY
Assistant Counsel

Date: 9 March 1994

Charles J. Vacanti

CHARLES VACANTI, M.D.
Chairperson, State Board for
Professional Medical Conduct

Date: 11 March 1994

Kathleen M. Tanner

KATHLEEN M. TANNER
Director, Office of Professional
Medical Conduct

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

-----X

IN THE MATTER : STATEMENT
OF : OF
MICHAEL LEVIN, M.D. : CHARGES

-----X

MICHAEL LEVIN, M.D., the Respondent, was authorized to practice medicine in New York State on October 30, 1981 by the issuance of license number 148299 by the New York State Education Department. The Respondent is currently registered with the New York State Education Department to practice medicine for the period January 1, 1991 through December 31, 1992. His address provided at the time of his last registration is Apt. 513 PH, 130 Barrow Street New York, New York 10014.

FACTUAL ALLEGATIONS

A) On or about June 21, 1988 a surgical procedure known as a left bipolar hemiarthroplasty was performed on Patient A (patient further identified in schedule A annexed hereto) at the Hospital for Joint Disease Orthopedic Institute, 301 East 17th Street, New York, N.Y. 10003. Respondent was the adjunct anesthesiologist in attendance.

EXHIBIT : A"

B) At the conclusion of the procedure the patient was extubated and the electrocardiograph electrodes were removed. The patient was then being monitored by means of a pulse oximeter. At that time Respondent left the operating room leaving Patient A in the operating room in the care of a nurse who had no training in the observation of patients at the conclusion of surgery and no training in the use of available anesthetic equipment and/or supplies.

SPECIFICATION OF CHARGES

FIRST SPECIFICATION

ABANDONMENT OF PATIENT

Petitioner charges Respondent with professional misconduct in violation of N.Y. Educ. Law §6530(30) [McKinney Supp 1992 (formerly NY Educ. Law 6509(9) and 8 NYCRR 29.2(a)(1))] in that Respondent abandoned a patient under and in need of professional care, without making reasonable arrangements for the continuation of such care in that
Petitioner charges:

1. The facts in paragraphs A and B.

DATED: Albany, New York
June, 9 1993

A handwritten signature in cursive script, reading "Peter D. Van Buren", is written over a horizontal line.

PETER D. VAN BUREN
Deputy Counsel
Bureau of Professional Medical
Conduct

EXHIBIT "B"

TERMS OF PROBATION

1. That Respondent, during the period of probation, shall conduct himself in all ways in a manner befitting his professional status, and shall conform fully to the moral and professional standards of conduct imposed by law and by his profession;
2. That Respondent shall submit written notification to the New York State Department of Health (NYSDOH), addressed to the Director, Office of Professional Medical Conduct, New York State Health Department, Empire State Plaza, Tower Building, Albany, New York 12237 of any employment and practice, of Respondent's residence and telephone number, of any change in respondent's employment, practice, residence, or telephone number within or without the State of New York;
3. Respondent shall submit written proof from the Division of Professional Licensing Services (DPLS), New York State Education Department (NYSED), that respondent has paid all registration fees due and owing to the NYSED and Respondent shall cooperate with and submit whatever papers are requested by DPLS in regard to said registration fees, said proof from DPLS to be submitted by Respondent to the New York State Department of Health, addressed to the Director, Office of Professional Medical Conduct, as aforesaid, no later than the first three months of the period of probation;
4. Respondent shall submit written proof to the NYSDOH, addressed to the Director, Office of Professional Medical Conduct, as aforesaid, 1) Respondent is currently registered with the NYSED, unless Respondent submits written proof that Respondent has advised DPLS, NYSED, that Respondent is not engaging in the practice of Respondent's profession in the State of New York and does not desire to register, and that 2) Respondent has paid any fines which may have previously been imposed upon respondent by the Board of Regents; said proof of the above to be submitted no later than the first two months of the period of probation;
5. Respondent shall engage in the practice of out-patient anesthesiology with and only with one or more of the following named physicians/surgeons:

Chaim Anfang (Gastroenterologist)
3003 New Hyde Park Road
New Hyde Park, New York 11042

Robert Bernard (Plastic Surgeon)
10 Chester Avenue
White Plains, New York 10602

Philip Bonanno (Plastic Surgeon)
101 South Bedford Road
Mt. Kisco, New York 10549

Bruce Greenstein (Plastic Surgeon)
90 South Ridge Street
Rye Brook, New York 10573

Daniel Morello (Plastic Surgeon)
10 Chester Avenue
White Plains, New York 10602

Richard Skolnik (Plastic Surgeon)
21 East 87th Street
New York, New York 10128

Howard Zimmerman (Gastroenterologist)
3003 New Hyde Park Road
New Hyde Park, New York 11042

6. If Respondent desires to engage in the practice of out-patient anesthesiology with physicians/surgeons other than those enumerated in paragraph number five above, before engaging in such practice Respondent shall: 1) so notify the Director of the Office of Professional Medical Conduct of his intent to so extend his practice; 2) provide to the Director of the Office of Professional Medical Conduct the name, address and medical specialty (if any) of the physician to be added to the list of those set forth in paragraph five above; and 3) secure the consent of the Director of the Office of Professional Medical Conduct to the extension of Respondent's practice to physicians other than those named in paragraph five above and the terms and conditions (if any) imposed by the Office of Professional Medical Conduct upon such extension of practice.
7. Notice of Respondent's intent to extend his practice of out-patient anesthesiology to patients being treated by other than those physicians/surgeons enumerated in paragraph five (5) above shall be given by contacting Ms. Cheryl Ratner, Probation Supervisor or Ms. Jill Ennis, at the Office of Professional Medical Conduct, Room 438, Corning

Tower, Empire State Plaza, Albany, New York 12237-0756.
(Telephone No. - (518) 474-8357 - - - FAX (518) 473-8905).

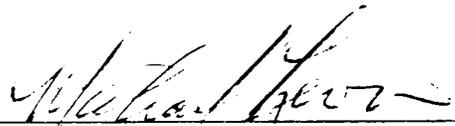
8. If within three (3) working days of receipt of the Notice referred to in paragraph seven (7) above, the Director of the Office of Professional Medical Conduct fails to advise Respondent by telephone, FAX or in writing of his/her disapproval of the physician with whom Respondent seeks to cooperate in the rendition of professional services, Respondent may then proceed to cooperate with said proposed physician in the rendition of such medical services subject to the provisions in paragraph 9 hereof.
9. Notwithstanding any other provision contained herein, the Director of the Office of Professional Medical Conduct in her sole discretion, may at any time notify Respondent that any physician either heretofore or hereafter approved by the Director as a physician with whom Respondent may cooperate in the rendition of medical services is no longer acceptable to the Director. In such event Respondent must then forthwith cease and desist from any further association or cooperation with said physician in the rendition of professional services.
10. Respondent agrees to submit to the Director of the Office of Professional Medical Conduct a weekly report setting forth with respect to each and every patient presenting/treated during the reporting period;
 - a. The type of surgical procedure performed by the treating physician/surgeon;
 - b. The date, time and place where the procedure was performed;
 - c. The name of the operating surgeon;
 - d. The general condition of the patient before and after surgery;
 - e. A copy of the intra anesthesia record, the pre-anesthesia evaluation, and the post-anesthesia evaluation by Respondent;
 - f. The patient's condition upon Respondent's departure; and
 - g. A statement of whether there were any complications limiting the anesthesia, the type of anesthesia employed and the manner or method of administration and if so the nature thereof; and
 - h. Any other unusual or relevant facts concerning the subject patient.
11. Each and every weekly report submitted by Respondent as required by the provisions of paragraph ten herein shall bear the verification signature of the physician/surgeon having performed the subject surgery. Respondent accepts sole responsibility for the preparation of such reports, the

verification of the reports by the operating surgeon and the timely submission of the weekly reports required by paragraph ten hereof.

12. The terms and conditions set forth herein shall be in full force and effect for a period of two (2) years, or for such lesser period as may be determined and agreed upon by Respondent and the Director of the Office of Professional Medical Conduct.
13. Notwithstanding any other provision herein set forth, after this agreement has been in effect for a period of three (3) months, Respondent may apply to the Director of the Office of Professional Medical Conduct for a modification of the terms and conditions set forth herein. After a review of Respondent's general professional performance and of compliance with the terms and conditions herein, the Director of the Office of Professional Medical Conduct may consent to a modification of said terms if in the sole and unfettered discretion of the Director of the Office of Professional Medical Conduct, such modification appears to be in the best interests of the Department of Health of the State of New York and the patient population being served by Respondent.
14. So long as there is full compliance with each and every term set forth in these terms of probation, Respondent may continue to practice his aforesaid profession in accordance with the terms of probation set forth herein; provided, upon receipt of evidence of non compliance with or any violation of these terms, the Director of the Office of Professional Medical Conduct and/or the Board may initiate a violation of probation proceeding and/or such other proceeding against Respondent as may be authorized pursuant to the Public Health Law.

I acknowledge receipt of a copy
of these terms of Probation

Dated November, 1993



MICHAEL LEVIN, M.D.