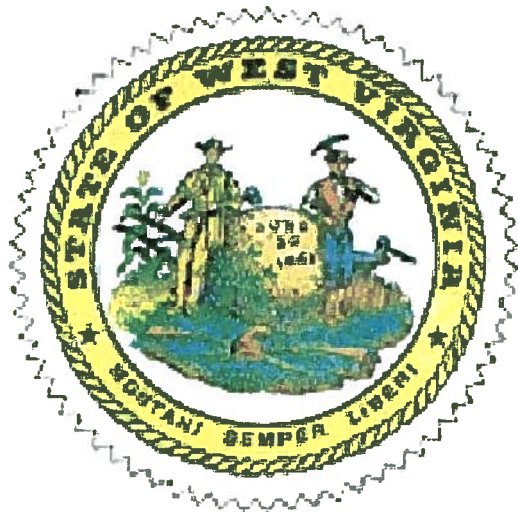


West Virginia Board of Medicine

Annual
Report to
the
Legislature



2010
Volume II

WEST VIRGINIA BOARD OF MEDICINE

2010

ANNUAL REPORT TO THE LEGISLATURE

**Submitted by: Robert C. Knittle, Executive Director
West Virginia Board of Medicine
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Charleston, West Virginia 25311
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WEST VIRGINIA BOARD OF MEDICINE

Complaints/Investigations - 2010

Disciplinary Cases - Probable Cause Found/Disciplinary Sanction

MEDICAL PROVIDER

VOLUME I

Abad, Augusto Tenmatay, M.D.

Baum, Michael R., M.D.

Bender, David Brian, M.D.

Bodet, Joseph Hayes, M.D.

Born, Michael James, M.D.

Brown, Deborah, P.A.-C.

Byrd, John William, M.D.

Chandrasekhar, Subramaniam, M.D.

Chaudary, Nauman Arif, M.D.

Christenson, Jane, P.A.-C.

Del Giorno, Louis John, M.D.

Derakhshan, Iraj, M.D.

Duffy, Tressie Montene, M.D.

Feathers, Scott James, D.P.M.

VOLUME II

Guo, Weixing, M.D.

Harned, Max Allen, M.D.

Hoover, Katherine Anne, M.D.

Jahdi, Nasrollah, M.D.

Complaints/Investigations - 2010

Disciplinary Cases - Probable Cause Found/Disciplinary Sanction

MEDICAL PROVIDER - continued

Kotouc, Joshua Thomas, M.D.

Kubicki, Krzysztof Jerzy, M.D.

MacCallum, John Patrick, M.D.

Magge, Sathish Lakshminarayan, M.D.

Miller, Susan Wolf, M.D.

Moore, David Allen, P.A.-C.

Morton, Dana Ruth, M.D.

Okasinski, Robert Edward, M.D.

Overmiller, Carl Lee, M.D.

Patel, Aneel Nathoobhai, M.D.

Perez, Patricia, P.A.-C.

Prommersberger, James Edwin, D.P.M.

Rice, John F., P.A.-C.

Sadorra, Lagrimas Babiera, M.D.

Scott, Thomas Francis, M.D.

Sickles, Doyle Russell, M.D.

Soriano-Ulloa, Luis E., M.D.

Complaints/Investigations - 2010

Disciplinary Cases - Probable Cause Found/Disciplinary Sanction

MEDICAL PROVIDER - continued

Thomas, Ronald Lee, M.D.

Tiano, John Theodore, M.D.

Timbayan, Adin L., M.D.

Valls, Jason John, M.D.

Walters, Torin Patrick, M.D.

Wiest, Jeanie Annis, M.D.

Wills, Danny Ray, M.D.

TOTAL 42

BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN RE: WEIXING GUO, M.D.

NOTICE OF REVOCATION

This Notice is entered pursuant to the Consent Order by and between the West Virginia Board of Medicine (“Board”) and Weixing Guo, M.D. (“Dr. Guo”) of February 11, 2009 (attached hereto as “Exhibit 1”).

Dr. Guo currently holds an active license to practice medicine and surgery in the State of West Virginia, license number 20962, issued by the Board in 2002, and his address of record is in Charleston, West Virginia (*see Complete Report of Licensee with History*, attached hereto as “Exhibit 2”).

On September 8, 2008, the Complaint Committee of the Board (“Committee”) initiated a complaint against Dr. Guo, based upon a report regarding Dr. Guo’s drug prescribing practices. In November 2008, based upon the ongoing investigation of Dr. Guo’s actions, the Committee initiated an amended complaint relating to dishonorable, unethical and unprofessional conduct.

On February 11, 2009, the Board and Dr. Guo entered into a Consent Order (“the Consent Order”), wherein Dr. Guo’s West Virginia medical license was revoked with said revocation immediately being stayed. The Consent Order prohibited Dr. Guo from prescribing any scheduled controlled substance designated on Schedules II, III, or IV under state and federal law and limited Dr. Guo to administering controlled substances only in a hospital setting and only for purposes of, or in connection with, anesthesia. The Consent Order noted that Dr. Guo acknowledged a sexual “event” with a patient. Furthermore, the Consent Order noted that the

investigation into Dr. Guo's actions was not completed at that time.¹

Subsequent to the entry of the Consent Order on February 11, 2009, the continuing investigation of Dr. Guo's actions revealed additional incidents of sexual misconduct with patients and incidents of inappropriate prescribing of controlled substances.

The Committee's ongoing investigation revealed that Patient 1, "S.W.", a patient of Dr. Guo, was sexually victimized by Dr. Guo and was provided inappropriate prescriptions for controlled substances by Dr. Guo.² *See Report of Investigation*, attached hereto as "Exhibit 3."

According to Patient S.W., as noted in Exhibit 3:

1. S.W. was introduced to Dr. Guo by Dr. Guo's nurse, a friend of S.W. S.W. went to Dr. Guo to obtain Hydrocodone, Xanax and Neurontin. Hydrocodone and Xanax are scheduled controlled substances and Neurontin is a legend drug used to treat neuropathic pain. On her first visit with Dr. Guo, Dr. Guo asked S.W. to show him her breasts and made a number of sexually explicit comments and inquires. At this visit Dr. Guo engaged in physical and sexual contact with S.W. for his own gratification. After the sexual episode, Dr. Guo wrote in S.W.'s medical chart and provided her with prescriptions.
2. At subsequent visits Dr. Guo engaged in sexual intercourse with Patient S.W. Dr. Guo requested manual stimulation, oral sex and anal sex from Patient S.W. After each visit, Dr. Guo would provide Patient S.W. her prescriptions and Patient S. W. paid for the office visit with her state medical card.

¹ "The investigation is continuing and is not completed, however, for the health, safety and welfare of the public, it is essential that Dr. Guo now enter into this Consent Order, though this Consent Order may not fully settle and terminate all the matters in issue." Exhibit 1, paragraph seven (7) at Page two (2).

² Patient S.W. is not the same patient that is the subject of the Consent Order.

3. Dr. Guo never performed a proper medical examination of Patient S.W. and only occasionally would take a blood pressure reading. In addition to the lack of a proper physical examination, Dr. Guo did not ask any questions regarding S.W.'s conditions, treatment outcomes or adverse effects. Dr. Guo never sent Patient S.W. for any referrals or tests.

4. Each time Dr. Guo had sex with Patient S.W., patients were in the office and exam rooms waiting to be treated by Dr. Guo.

5. Dr. Guo offered Patient S.W. money for sex, but Patient S.W. declined and requested an increase in her Hydrocodone pills instead. Dr. Guo agreed and increased her prescription to one hundred twenty (120) pills from the previous ninety (90) pills.

6. Patient S.W. witnessed patients selling, trading, and buying pills in the parking lot outside of Dr. Guo's office.

7. Dr. Guo asked Patient S.W. to come to his Charleston home to have sex with him in exchange for money, prescriptions or both.

The Committee's ongoing investigation revealed that Patient 2 "J.T.", a patient of Dr. Guo, was sexually victimized by Dr. Guo.³ Patient J.T. was also provided inappropriate prescriptions for controlled substances by Dr. Guo. *See Report of Investigation*, attached hereto as "Exhibit 4."

According to Patient J.T., as noted in Exhibit 4:

1. J.T. paid cash for her office visits with Dr. Guo.
2. Dr. Guo made sexually inappropriate comments to J.T. during office visits.
3. Dr. Guo touched J.T. and himself in a sexually vulgar and inappropriate manner during office visits with J.T.

³ Patient J.T. is not the same patient that is the subject of the Consent Order.

4. Dr. Guo provided J.T. with his cellular phone number. Dr. Guo and J.T. began conversing using this number.

5. As time went on, Dr. Guo's sexual advances toward J.T. became more aggressive. Dr. Guo performed inappropriate breast exams on Patient J.T.

6. J.T. let Dr. Guo do "these things" so that she could get her prescriptions.

7. Dr. Guo told J.T. that he wanted to have sex with her in vulgar terms and asked sexually inappropriate questions regarding her personal hygiene and libido (while touching her breasts).

8. At one office visit Dr. Guo attempted to kiss J.T. and make physical contact of a sexual nature.

9. At another office visit Dr. Guo showed J.T. a picture of his erect penis and asked that she sit on his lap. When J.T. rejected Dr. Guo's vulgar proposition, Dr. Guo grabbed J.T.'s breast, exposed it and licked her breast. J.T. told Dr. Guo to stop and left his office.

10. J.T. believed that if she did not put up with the sexual advances from Dr. Guo he would cut off her and her husband's prescriptions.

11. Dr. Guo offered, and gave, J.T. two hundred dollars (\$200.00) of "hush money" so that she would not tell the DEA or the Board about Dr. Guo licking her breasts, massaging her breasts, grabbing her buttocks, making vulgar propositions, grabbing his penis in front of her, showing her a picture of his penis and the "dirty talk".

12. J.T. suffered painful withdrawal from opiates requiring medical care.

The Committee's ongoing investigation revealed that Patient 3 "P.T.", a patient of Dr. Guo and the spouse of Patient J.T., was provided inappropriate prescriptions for controlled substances by Dr. Guo. *See Report of Investigation*, attached hereto as "Exhibit 5."

According to Patient P.T., as noted in Exhibit 5:

1. P.T. saw Dr. Guo for treatment of back pain.
2. At his fourth, fifth and sixth visit with Dr. Guo, Dr. Guo increased P.T.'s dose and number of pills (which were scheduled controlled substances).
3. P.T. believed that Dr. Guo would prescribe him anything because Dr. Guo was "hitting on" his wife.
4. After the third or fourth appointment with P.T., Dr. Guo did not conduct any physical examinations. Dr. Guo would chat with P.T. and simply give P.T. the prescriptions.
5. By the end of their treatment with Dr. Guo, P.T. and J.T.'s medication was more than they needed and they were abusing the medication.
6. P.T. had a very difficult withdrawal from "the pills" describing it as the "worst experience of my entire life."
7. P.T. provided Dr. Guo with discounts at the restaurant he managed.
8. Dr. Guo provided J.T. and P.T. with copies of their medical records about a week before Dr. Guo closed his Cross Lanes office. About three weeks later, Dr. Guo told P.T. that he needed to come over and exchange their medical records and give them their "actual medical records." The second set of records was thicker and had more detailed information than the first set of records.

Based upon Dr. Guo's history and the continuing investigation of Dr. Guo's actions revealing additional incidents of predatory sexual misconduct with patients and incidents of inappropriate prescribing of controlled substances, the Complaint Committee determined it was

essential and in the public health, safety and welfare to recommend to the Board to **LIFT the STAY of REVOCATION** of the license of Dr. Guo.

At its regular meeting on March 8, 2010, with a quorum of the Board present, the Board heard a report of the Complaint Committee which recommended that the Board **LIFT the STAY of REVOCATION** of the license of Dr. Guo. All of the exhibits to this notice were provided to all Board present and eligible to vote, as well.

After hearing the Complaint Committee report, the Board members with a quorum present and voting determined unanimously to **LIFT the STAY of REVOCATION** of the license of Dr. Guo and to affect the **REVOCATION** of Dr. Guo's license to practice medicine and surgery in West Virginia in the interests of patient health, safety and welfare. Dr. Ferrebee, Dr. Arnold, Dr. Wazir and Rev. Bowyer did not vote by virtue of their membership on the Complaint Committee which made the recommendation.

The Board is of the opinion that it is essential and in the public health, safety and welfare to **LIFT the STAY of REVOCATION** of the license of Dr. Guo.

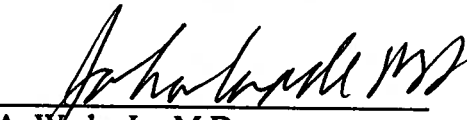
The bases for the Board's decision included the fact that the Complaint Committee has determined, in accordance with the Consent Order, that it is essential and in the public, health, safety and welfare to **LIFT the STAY of REVOCATION** of Dr. Guo's license. The basis for the decision included the fact that Dr. Guo agreed with the terms of the Consent Order, including paragraph three (3) at page four (4), which allows the Board to **LIFT the STAY of REVOCATION** without further hearing or process.⁴

⁴ "3. If, as a result of its continuing investigation, and/or in the event that Dr. Guo violates this Consent Order, the Committee determines at any time prior to September 1, 2010, in its sole discretion, that it is essential and in the public health, safety and welfare to **LIFT the STAY of REVOCATION** of Dr. Guo's License Number 20962, the Committee retains its right to recommend that the Board **LIFT the STAY of REVOCATION** of said license, and the Board may do so without any further Hearing or Process." (*Emphasis in the original*).

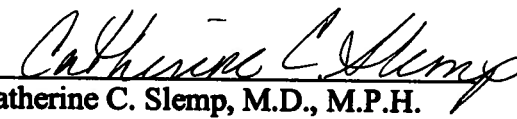
Accordingly, in conformity with the March 8, 2010, vote of the Board hereinabove set forth, the **STAY of REVOCATION is LIFTED** and Dr. Guo's license to practice medicine and surgery, license number 20962, is **REVOKED** pursuant to the terms of the February 11, 2009, Consent Order, as hereinabove set forth, effective **IMMEDIATELY**.

Dated this 8th Day of March, 2010.

WEST VIRGINIA BOARD OF MEDICINE



John A. Wade, Jr., M.D.
President



Catherine C. Slemp, M.D., M.P.H.
Secretary

BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN RE: WEIXING GUO, M.D.

CONSENT ORDER

The West Virginia Board of Medicine ("Board") and Weixing Guo, M.D. ("Dr. Guo") freely and voluntarily enter into the following Consent Order pursuant to W. Va. Code § 30-3-14, et seq.

FINDINGS OF FACT

1. Dr. Guo currently holds an active license to practice medicine and surgery in the State of West Virginia, License No. 20962, issued in 2002 by the Board, and his address of record is in Charleston, West Virginia.

2. On September 8, 2008, the Complaint Committee of the Board ("Committee") initiated a complaint against Dr. Guo, based upon a report received regarding his actions at his office in Madison, West Virginia, relating to his drug prescribing practices and a patient who had recently "overdosed".

3. Dr. Guo filed a timely response to the complaint.

4. Further investigation ensued and in November 2008, the Committee initiated an amended complaint relating to further dishonorable, unethical and unprofessional conduct.

5. A response was filed on behalf of Dr. Guo and Dr. Guo appeared before the Committee with his counsel at its meeting on January 11, 2009, for a full discussion of the matters in issue. He has acknowledged a sexual "event" with a patient.

6. Dr. Guo is closing his practice in both Madison and Cross Lanes, West Virginia, incident to his desire to return to anesthesiology.

7. The investigation is continuing and is not completed, however, for the health, safety and welfare of the public, it is essential that Dr. Guo now enter into this Consent Order, though this Consent Order may not fully settle and terminate all the matters in issue.

CONCLUSIONS OF LAW

1. The Board has a mandate pursuant to the West Virginia Medical Practice Act to protect the public interest. W. Va. Code § 30-3-1.

2. Probable cause exists to substantiate charges of disqualification of Dr. Guo from the practice of medicine and surgery in the State of West Virginia due to violations of the West Virginia Medical Practice Act and Rule of the Board, including W. Va. Code § 30-3-14(c)(8), (13), (17) and (20), and 11 CSR 1A 12.1(e),(j),(r) and (x), and 11 CSR 1A 12.2 (a)(A),(B), (D), and (d), all relating to unprofessional, unethical and dishonorable conduct.

3. The Board has determined that it is appropriate and in the public interest to waive the commencement of proceedings against Dr. Guo, and to proceed without the filing of formal charges in a Complaint and Notice of Hearing at this time, provided Dr. Guo enters into this Consent Order.

CONSENT

Weixing Guo, M.D., by affixing his signature hereon, agrees solely and exclusively for purposes of this agreement and the entry of the Order provided for and stated herein, and proceedings conducted in accordance with this Order, to the following:

1. Dr. Guo acknowledges that he is fully aware that, without his consent here given, no permanent legal action may be taken against him except after a public hearing held in accordance with W. Va. Code § 30-3-14(h) and § 29A-5-1, et seq.

2. Dr. Guo further acknowledges that he has the following rights, among others: the right to a formal public hearing before the Board, the right to reasonable notice of said hearing, the right to be represented by counsel at his own expense, and the right to cross-examine witnesses against him.

3. Dr. Guo waives all rights to such a public hearing.

4. Dr. Guo consents to the entry of this Order relative to his practice of medicine and surgery in the State of West Virginia.

5. Dr. Guo understands that this Order is considered public information, and that matters contained herein may be reported, as required by law, to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

ORDER

WHEREFORE, on the basis of the foregoing Findings of Fact and Conclusions of Law of the Board, and on the basis of the Consent of Dr. Guo, the West Virginia Board of Medicine hereby **ORDERS** as follows:

1. Effective February 15, 2009, the license of Dr. Guo, License Number 20962, is **REVOKED** and the **REVOCATION** is immediately **STAYED**, and until September 1, 2010, Dr. Guo shall cease and desist from prescribing any scheduled controlled substance designated on Schedules II, III, or IV under state and federal law, and he may administer such controlled substances only in a hospital setting and only for purposes of or in connection with anesthesia.

2. If, as a result of its continuing investigation, and/or in the event Dr. Guo violates this Consent Order, the Committee determines at any time prior to September 1, 2010, in its sole discretion, that it is essential and in the public health, safety and welfare to impose alternative and/or further conditions, limitations, or restrictions upon Dr. Guo's License Number 20962, the Committee retains its right to require imposition of further conditions, limitations, or restrictions upon said license.

3. If, as a result of its continuing investigation, and/or in the event that Dr. Guo violates this Consent Order, the Committee determines at any time prior to September 1, 2010, in its sole discretion, that it is essential and in the public health, safety and welfare to **LIFT** the **STAY** of **REVOCATION** of Dr. Guo's License Number 20962, the Committee retains its right to recommend that the Board **LIFT** the **STAY** of **REVOCATION** of said license, and the Board may do so without further hearing or process.

4. Until September 1, 2010, unless a superseding Order is entered in this matter, within ten (10) days of entry of this Consent Order, Dr. Guo shall provide a copy of this Consent Order to any health care facility or entity where he has or seeks privileges or where he seeks medical employment of any kind.

The foregoing Consent Order was entered this 12th day of February, 2009.

WEST VIRGINIA BOARD OF MEDICINE

John A. Wade, Jr., M.D.
President

Catherine Slemp
Catherine Slemp, M.D., M.P.H.
Secretary

Weixing Guo, M.D.
Weixing Guo, M.D.

Date: 2-11-2009

STATE OF West Virginia
COUNTY OF Kanawha

I, Carole Ball, a Notary Public for said county and state do hereby certify that Weixing Guo, M.D., whose name is signed on this page, has this day acknowledged the same before me.

Given under my hand this 11th day of February, 2009.

My commission expires November 17, 2015.

Carole F. Ball
Notary Public

WV-BOM--Individual Licensee Complete Record with History

WEST VIRGINIA BOARD OF MEDICINE: COMPLETE REPORT OF LICENSEE WITH HISTORY
Saturday, March 06, 2010

Print Report

GUO, WEIXING

MEDICAL DOCTOR

Permanent License Number: 20962

Licenses

License Type	License #	Status	Issued	Last Renewal	Last Expiration
TMP	TMP00633	EXPIRED	7/31/2002		
PMD	PMD20962	ACTIVE	9/9/2002	7/1/2008	9/9/2002
DRD	DRD03009	EXPIRED	6/30/2006	7/1/2007	6/30/2010

Other States Where Licensed (License Number):
AZ CA FL KY NY

Personal

Birth Date: 7/29/1959 Birth Place: CHINA

Gender: M

Education, Training and Examinations

Type	School or Hospital	Completed Date
MEDICAL OR PODIATRIC SCHOOL	SHANGHAI SECOND MEDICAL UNIVERSITY	7/30/1983
POST-GRADUATE TRAINING	SUNY, BUFFALO	6/30/2002
POST-GRADUATE TRAINING	SUNY, BUFFALO	6/20/1999

Exam Type: USMLE

Foreign Graduate: Yes

License Method: ECFMG and PGY-3

Current Contact Locations

Contact Type	Address	County	Telephone	Fax
H	703 COLONY DR CHARLESTON, WV 25314	KANAWHA	(304) 561-7879	
M	100 PEYTON WAY SUITE 200 CHARLESTON, WV 25309	KANAWHA	(304) 346-9400	
W	1200 JD ANDERSON DRIVE MON GEN HOSPITAL MORGANTOWN, WV 265053494	MONONGALIA	(304) 346-9400	(304) 345-7320

Current Company Affiliations - No Current Company Affiliations on Record

Previous West Virginia Hospitals

No Previous Hospital Privileges Found

Current Specialties

Rank	Specialty Code	Specialty Name
1	AN	ANESTHESIOLOGY
2	APM	PAIN MANAGEMENT

Current Drug Dispensing Locations - No Current Drug Dispensing Locations on Record

Current Practice Information - No Practice Information on Record

Current Supervision - No Supervision Information on Record

Discipline Cases

Case ID: 871

Case Detail

Action Date: 2/12/2009

Closed Date: NO CLOSED DATE AVAILABLE

UNPROFESSIONAL, UNETHICAL AND DISHONORABLE CONDUCT.

EXHIBIT 2

Conclusions:

Action: EFFECTIVE FEBRUARY 15, 2009, THE LICENSE OF DR. GUO IS REVOKED AND THE REVOCATION IS IMMEDIATELY STAYED, AND UNTIL SEPTEMBER 1, 2010, DR. GUO SHALL CEASE AND DESIST FROM PRESCRIBING ANY SCHEDULED CONTROLLED SUBSTANCE DESIGNATED ON SCHEDULES II, III, OR IV UNDER STATE AND FEDERAL LAW, AND HE MAY ADMINISTER SUCH CONTROLLED SUBSTANCES ONLY IN A HOSPITAL SETTING AND ONLY FOR PURPOSES OF OR IN CONNECTION WITH ANESTHESIA.

Malpractice – No Malpractice Records Found

Historical Data on Record

Name History – No Other Names on Record

Address History

Contact Type	Address	County	Changed Date
M	GENERAL ANESTHESIA SERVICES, INC 3508 STAUNTON AVE CHARLESTON, WV 25304	Kanawha	2/14/2006
H	46-25 215 PLACE, #3C BAYSIDE, NY 11361	Other	5/28/2004
W	GENERAL ANESTHESIA SERVICES, INC. 3508 STAUNTON AVE CHARLESTON, WV 25304	Kanawha	5/12/2009
H	52 ROANOKE TRACE CHARLESTON, WV 25314	Kanawha	
M	52 ROANOKE TRACE CHARLESTON, WV 25313	Kanawha	
W	340 STATE STREET MADISON, WV 25130	Boone	5/12/2009
W	314 GOFF MOUNTAIN RD SUITE 16 CHARLESTON, WV 25313	Kanawha	5/12/2009
M	PO BOX 58125 SOUTH CHARLESTON, WV 25358	Kanawha	
H	314 GOFF MOUNTAIN RD STE 16 CROSS LANES, WV 25313-6600	Kanawha	
M	703 COLONY DRIVE CHARLESTON, WV 25314	Kanawha	5/12/2009

License Renewals History (Renewal cycles are not separately listed prior to 1991)

License Type & Number	Beginning or Renewal Date	Expiration Date
PMD20962	9/9/2002	6/30/2004
PMD20962	7/1/2004	6/30/2006
DRD03009	6/30/2006	6/30/2007
PMD20962	7/1/2006	6/30/2008
DRD03009	7/1/2007	6/30/2009
PMD20962	7/1/2008	6/30/2010

Status Change History

License Type & Number	Change Date	Status Change	Notes
PMD20962	7/1/2004	RENEW FROM ACTIVE STATUS TO ACTIVE STATUS	
PMD20962	7/1/2006	RENEW FROM ACTIVE STATUS TO ACTIVE STATUS	
DRD03009	7/1/2007	RENEW FROM ACTIVE STATUS TO ACTIVE STATUS	
PMD20962	7/1/2008	RENEW FROM ACTIVE STATUS TO ACTIVE STATUS	
DRD03009	7/1/2009	CHANGE STATUS FROM ACTIVE STATUS TO EXPIRED	

Previous Specialties -- No Previous Specialties on Record

Previous West Virginia Hospitals -- No Previous Hospitals on Record

Previous Supervision -- No Previous Supervision on Record

End of Report

PATIENT 1

SW

EXHIBIT 3

WEST VIRGINIA BOARD OF MEDICINE
 101 DEE DRIVE, SUITE 103
 CHARLESTON, WV 25311
REPORT OF INVESTIGATION

Date of Call or Visit: July 1, 2009		Time: AM	
Name: Shirley White Office: Address: 304-558-2921 City, State, Zip: 304-558-2921	Phone Number: 304- 558-2921 304- 558-2921		Called : Visited: Emailed:
	Investigator's Name: Leslie A. Higginbotham Office: West Virginia Board of Medicine Address: 101 Dee Drive, Suite 103 City, State, Zip: Charleston, WV 25311		
Phone Number: 304-558-2921			

Licenses: Weixing Guo, M.D.
 WV Spine and Pain Clinic, PLLC
 340 State Street
 Madison, WV 25130

Weixing Guo, M.D.
 WV Spine and Pain Clinic, PLLC
 314 Goff Mountain Road, Suite 16
 Cross Lanes, WV 25313

Interview:

In September 2008, the Complaint Committee initiated a complaint against Weixing Guo, M.D., relating to dishonorable, unethical or unprofessional conduct, that related to the prescribing or dispensing controlled substances with the intent or knowledge that they will be used other than medicinally or for an accepted therapeutic purpose, with the intent to evade the law with respect to the sale, use or disposition of controlled substances, and in such amounts that licensee knows or has reason to know, under the attendant circumstances, are excessive under accepted and prevailing medical practice standards; relating to prescribing, dispensing, or administering a prescription drug other than in good faith and in a therapeutic manner in accordance with accepted medical standards; and failing to perform any statutory or legal obligation, and failing to practice medicine acceptably. The Complaint Committee requested further investigation.

On February 12, 2009, Dr. Guo entered into a Consent Order with the Board to cease and desist from prescribing any scheduled controlled substances while the investigation continues.

On July 1, 2009, ~~Shirley White~~ was interviewed at the Boone County Sheriff's Department in Madison, WV, by Investigator Higginbotham with respect to ~~White's~~ knowledge regarding Dr. Guo. ~~White~~ stated that she heard about Dr. Guo from girls on the street that told her, "Just go in there and flirt with Dr. Guo and stuff and he will write you anything you want sometimes Dr. Guo might ask for a blowjob or to masturbate him if the office is not crowded. Dr. Guo may ask for a quickie sex "doggie style" by leaning over the exam table. If Dr. Guo likes you he will tell you that you look good." ~~White~~ further stated that she was introduced to Dr. Guo through a friend named ~~Shirley White~~ that was Dr. Guo's nurse. ~~White~~ stated that ~~Shirley White~~ told ~~White~~ that Dr. Guo would "take care of her." ~~White~~ stated that she went to Dr. Guo to get her hydrocodone, Xanax, and neurontin pills.

Initials and Date: <i>LAH 8-20-09</i>	Case Number: 08-119-W
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W [REDACTED] stated that at her first office visit with Dr. Guo, W [REDACTED] walked in the office and was told by [REDACTED] (office help) to hang around and [REDACTED] would get W [REDACTED] in to see Dr. Guo after all the other patients were gone. W [REDACTED] was taken to an exam room to see Dr. Guo. W [REDACTED] stated that Dr. Guo started hitting on her as soon as he came in the room. W [REDACTED] stated that Dr. Guo told W [REDACTED] that, "She had pretty eyes, looked fine, looked like she had Cherokee and Italian blood in her, asked W [REDACTED] to show her breasts, and asked W [REDACTED] if she shaved her pussy." W [REDACTED] replied, "Yes, I shave and trim my pussy." Dr. Guo stated to W [REDACTED] that she had a sexy body, a bubble butt, and Dr. Guo liked her nipples and the way W [REDACTED] wore her thong. According to W [REDACTED], Dr. Guo asked W [REDACTED] to remove her shirt, while Dr. Guo helped W [REDACTED] remove her shorts and thong. While W [REDACTED] was standing with her body fully exposed, Dr. Guo came up behind her, put his arms around W [REDACTED] stomach and played with her hair, rubbed her entire body, squeezed her butt and breasts, kissed her, fingered her vagina and played with her clitoris, while Guo was "getting himself worked-up" (erection). W [REDACTED] stated that after Dr. Guo finished "playing around," W [REDACTED] put her clothes back on. Dr. Guo washed his hands and wrote W [REDACTED] medication in her chart. Dr. Guo told W [REDACTED] that the next time she came to her appointment, she was not to wear a bra. W [REDACTED] received her scripts at the front desk, paid for her appointment with her medical card, made her next appointment and left the office.

W [REDACTED] stated that at her second office visit with Dr. Guo, the same behavior occurred as described in W [REDACTED] first office visit in addition to having "quickie sex" with Dr. Guo. According to W [REDACTED], Dr. Guo had W [REDACTED] bend over the exam table and had "quickie sex with her, doggie-style." W [REDACTED] told Guo not to "sperm in her," to pull out his penis. Dr. Guo pulled his penis out before he spermated and masturbated in his hand. Dr. Guo went to the sink, washed his hands and said, "We're all done Ma. W [REDACTED] see ya next month." W [REDACTED] told Guo to buy condoms for her next visit because W [REDACTED] knew she wasn't the only girl Guo was having sex with and W [REDACTED] did not want to pick up diseases. W [REDACTED] asked Guo if she could masturbate him instead of having sex with him and Guo replied, "No, I want to stick it in your tight pussy." Dr. Guo also asked W [REDACTED] to give him a blowjob and if he could have anal sex. W [REDACTED] refused to give Dr. Guo a blowjob because it "gags her." W [REDACTED] refused anal sex but agreed to let Dr. Guo rub his penis up and down her butt, while W [REDACTED] played with Dr. Guo's penis to get his penis "hot and hard." W [REDACTED] stated that after Dr. Guo finished "playing around," W [REDACTED] put her clothes back on. Dr. Guo washed his hands and wrote W [REDACTED] medication in her chart. W [REDACTED] received her scripts at the front desk, paid for her appointment with her medical card, made her next appointment and left the office.

At W [REDACTED] third, fourth and fifth office visits, W [REDACTED] stated that she had "quickie sex" with Dr. Guo that lasted for about 15 to 20 minutes. Dr. Guo stated to W [REDACTED] that he did not like condoms because it didn't feel right. W [REDACTED] told Dr. Guo she was uncomfortable that he would have to use a condom. Dr. Guo agreed to use a condom but asked W [REDACTED] if he could "pull out" before he spermated and take off the condom and "jacked off" on W [REDACTED] breasts. W [REDACTED] agreed. W [REDACTED] stated that Dr. Guo pulled his penis out, removed the condom, told W [REDACTED] to turn around and lean back on the table facing him, W [REDACTED] agreed and Dr. Guo masturbated and squirted his semen on W [REDACTED] breasts. Dr. Guo handed W [REDACTED] a rag and told her to clean up and W [REDACTED] wiped off. Dr. Guo flushed the condom down the toilet after sex. W [REDACTED] stated that after Dr. Guo finished "playing around," W [REDACTED] put her clothes back on. Dr. Guo washed his hands and wrote W [REDACTED] medication in her chart. W [REDACTED] received her scripts at the front desk, paid for her appointment with her medical card, made her next appointment and left the office.

W [REDACTED] stated that she was at Dr. Guo's Madison office for treatment approximately 5 times. W [REDACTED] never went to Dr. Guo's Cross Lanes office. Each visit only consisted of a blood pressure. W [REDACTED] never received any type of physical exam. Dr. Guo never asked W [REDACTED] how she was feeling, if the medication was working, never talked with W [REDACTED] about her seizures, and never sent W [REDACTED] out for any referrals or tests.

Guo would call W [REDACTED] on the day of her visits to make sure she was going to come to the appointments.

W█████ stated that every time she was having sex with Dr. Guo, patients were in the office and exam rooms waiting to be treated by Dr. Guo. W█████ further stated that patients would get mad because Dr. Guo's staff would take "the girls" in front of the patients that had appointments and were waiting.

Dr. Guo offered W█████ money for the sex. W█████ refused money and told Dr. Guo she wanted the scripts and asked Dr. Guo to increase her hydrocodone pills. Dr. Guo agreed and upped W█████ hydrocodone pills from 90 to 120.

W█████ was given one drug test and one pill count W█████ entire time as a patient.

W█████ stated that Dr. Guo's waiting room and outside parking lot at his Madison office was full of patients. W█████ further stated that patients waited so long that they would go to the Video World next to Dr. Guo's office to use the bathroom and get a pop. W█████ also stated that she saw women use the bathroom at Video World to "wash themselves," "clean up their vagina area" before seeing Dr. Guo. According to W█████, the owner moved her business because Dr. Guo's patients were running off her customers.

W█████ witnessed patients selling, trading or buying pills in the parking lot outside of Dr. Guo's office. ██████; S█████ W█████ cousin, sold his pills from Dr. Guo in the parking lot. W█████ further stated that the word from everyone in Madison was, "go to Dr. Guo and he will write you anything you want."

W█████ stated that women came to Dr. Guo's office dressed sexy, no bra, nipples showing through the shirt, short shorts, thongs hanging out or no underwear at all, dressed like "hookers" to get their pills.

W█████ stated that Dr. Guo asked W█████ to come to his house in Charleston to have sex with him in exchange for money, prescriptions or both. Dr. Guo asked W█████ how much she would charge to have sex with him. W█████ replied that she did not know how much she would charge. Dr. Guo explained how to get to his house. W█████ stated that Dr. Guo continued to harass W█████ to go out with him and come to his house. Dr. Guo gave W█████ his cell phone number and told W█████ to call him if she needed anything. W█████ did not meet Dr. Guo at his house or any other place for sex other than Dr. Guo's Madison office.

WV Spine and Pain Clinic

314 Goff Mountain Road, Suite 16
Cross Lanes, WV 25313
Tel: (304)776-7161
Fax: (304)776-7162

348 State Street
Martinsburg, WV 25130
Tel: (304)307-4618
Fax: (304)307-4619

GENERAL INFORMATION

Customer's Name W S [Redacted]
Last First Middle
Customer's SSN# [Redacted] Date of Birth(mm/dd/yy) [Redacted]
Sex: M
Marital Status: Single Married Divorced Widowed
Phone: (304) [Redacted]; Cell: (304) [Redacted]
Street Address [Redacted]
City [Redacted] State [Redacted] Zip [Redacted]
Are You Employed?: Yes, No If Yes, Your Employer _____
Your occupation _____
Medicare ID _____; Medicaid ID _____
Insurance: BCBS; Aetna; United; Acordia; PEIA
Carelink Worker's Comp; Other _____
Your Insurance ID# [Redacted]

PERSON TO CONTACT IN CASE OF EMERGENCY:

Name: [Redacted]; Relationship: [Redacted]
Address: [Redacted]; City: [Redacted]; State: [Redacted] Zip: [Redacted]

I, the undersigned, voluntarily consent to the receipt of medical and/or minor surgical care from the authorized professional staff of WV Spine and Pain Clinic.
Upon request, I have the right to a full disclosure of the name of any medical treatment rendered or proposed to be rendered in the past. Any professional staff in the WV Spine and Pain Clinic shall only release or discuss any case or information with third party (such as medical specialist whom my case is referred to) with my permission.
I authorize WV Spine and Pain Clinic to bill claim(s) to my health care plan, or to release medical information to any third party source necessary to obtain payment for medical services rendered. If I am self insured or not insured I agree to be responsible fully to the payment for the medical services rendered. I have the right to withdraw this consent at any time by contacting the clinic in writing. I agree I will carry the financial responsibility to WV Spine and Pain Clinic which has provided medical services to me if I choose to withdraw. I also understand WV Spine and Pain Clinic may withdraw service commitment if I miss appointment twice consecutively, do not pay services I received, do not comply with the guided treatment, or at risk for controlled substances.

AUTHORIZED SIGNATURE: [Redacted] (if minor, parent/guardian)

Home: _____ Date: 5-09-08

[Redacted]
Verified
8-27-08

refer :
Dr. Melanie Harper



*David
Wane*

UNAUTHORIZED USE IS
A FRAUDULENT PRACTICE

WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES
MEDICAL ID. CARD

CASE NO. 0000000000
PROV. NO. 0000000000

FB 0000
CK 0000

SEE NOTICE ON BACK
KEEP THIS CARD

VALID ONLY
FROM 05/02/08
TO 05/31/08

YOU MUST SHOW THIS CARD TO GET MEDICAL SERVICES

UNLIMITED USE IS
A PRIVILEGE PRACTICE

WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES
MEDICAL I.D. CARD

SEE NOTICE ON BACK
KEEP THIS CARD

CASE NO. [REDACTED]
PROV. NO. 000000000

ISS. 0000
CK 0000

VALID ONLY
FROM 06/01/68
TO 06/30/68

03/08/1969

YOU MUST SHOW THIS CARD TO GET MEDICAL SERVICES

Medicaid

Medicaid is the state's health care program for low-income people. It covers a wide range of health care services, including hospital care, nursing home care, and home health care.

Medicaid is administered by the Department of Health and Human Services, Office of Medicaid Services, 100 North Capitol Street, N.W., Washington, D.C. 20540.

For more information, call 1-800-368-5848.

If you have questions about Medicaid, call 1-800-368-5848.

Medicaid is administered by the Department of Health and Human Services, Office of Medicaid Services, 100 North Capitol Street, N.W., Washington, D.C. 20540.

If you have questions about Medicaid, call 1-800-368-5848.

Services provided are subject to approval by Medicaid. For more information, call 1-800-368-5848.

Contact your local Health and Human Services Office to determine if you are eligible for non-emergency medical transportation.

Patients and Providers

Medicaid Patients Must Pay For Services not covered by Medicaid

- Services not covered by Medicaid after Medicaid (out-of-pocket) reimbursement
- not medical, necessary and approved by the managed care provider (except for medical emergencies)
- services not related to the medical care services provided when a patient is not eligible
- services from a provider who bills a patient that include all non-Medicaid patient charges
- services provided when the patient is not in the insurance
- services provided when the patient does not follow the plan guidelines in their primary insurance which includes but is not limited to:
 - network providers and following all re-authorization instructions

Any Medicaid co-payments that apply to the services the patient receives.

Medicaid Provider Enrollment

Medicaid Providers Do Not Pay For

- Services denied for provider error
- Claims filed more than one year after date of service
- Billing or medical information not complete
- Billing denied because of:
 - late filing
 - billing error
 - not approved from Medicaid or the managed care provider
 - missing patient history or service that is not Medicaid covered
 - charges left after insurance and Medicaid payment

To the Provider

Medicaid enrollment and re-enrollment information is available at 1-800-368-5848.

For more information, call 1-800-368-5848.

314 Golf Mountain Road • Suite 16 • Cross Lanes, WV 25313
Phone (304) 776-7160 • Fax (304) 776-7161

Name S. W. [REDACTED] Date 3-27-08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Lorcet 10/650
- PO QID
#120

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

Do Not Substitute
Initials _____

Signature [Handwritten Signature]

Fill _____ Time _____

758321

SECURITY FEATURES LISTED ON REVERSE SIDE

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.
DEA #02780404
314 Golf Mountain Road • Suite 16 • Cross Lanes, WV 25313
Phone (304) 776-7160 • Fax (304) 776-7161

Name S. W. [REDACTED] Date 8-27-08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Xanax 1mg
- PO TID
#90

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

Do Not Substitute
Initials _____

Signature [Handwritten Signature]

Fill _____ Time _____

758322

SECURITY FEATURES LISTED ON REVERSE SIDE

Phone (304) 776-7160 • Fax (304) 776-7161

Name S. W. [REDACTED] Date 8-27-08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Nurotin 600mg
- PO QID
#120

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

Do Not Substitute
Initials _____

16163/003

16163/003

WV Spine and Pain Clinic Patient Pill Count Logsheet

Office: Madison

Cross Lines

Name: [Redacted] W [Redacted]

DOB: [Redacted]

SSN#: [Redacted]

Date Called: _____

Date Patient Showed up: 9-13-08

Medications Prescribed	Gabapentin	Lorcet		Xanax	
(mg)	600 QID	10/650 QTD		1mg TID	
Prescription Filled Date	8-27-08	8-27-08		8-27-08	
Number of Pills Prescribed	126	120		90	
Calculated Pills Left	40	40		30	
Actual Pills Left	48	48		37	
Discrepancies	+8	+8			

Comments:

Name 3 [redacted] W [redacted] Date 9-26-98

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

New on line 600

*7. po. QID
SA 120*

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

Units _____
 Do Not Substitute Initials _____

Signature _____
Date _____

760095

SECURITY FEATURES LISTED ON REVERSE SIDE

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #BG7880404
314 Golf Mountain Road • Suite 18 • Cross Lanes, WV 25318
Phone (304) 778-7160 • Fax (304) 778-7161

16163/003

Name S [redacted] W [redacted] Date 9-26-98

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Ampling
7. po tid
SA 90*

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

Units _____
 Do Not Substitute Initials _____

Signature _____
Date _____

760094

SECURITY FEATURES LISTED ON REVERSE SIDE

Phone (304) 778-7160 • Fax (304) 778-7161

16163/003

Name S [redacted] W [redacted] Date 9-26-98

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Wz let 10/85

*7. po. QID
SA 120*

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

Units _____
 Do Not Substitute Initials _____

Signature _____
Date _____

760093

16163/003

WV Spine & Pain Clinic History/Physical (Established)

Name: S. W. [redacted] Date 9/2/08 BP: 1 mmHg, HR: 70
 Chief C/O: Lower back pain Pain Scales (0-10): 6 constant intermittent
 Quality of Pain: aching; burning; stabbing; throbbing; pinning; other _____
 Interventional Rx when? Never; What type of Rx? _____
 Symptoms change since last visit: same; better; worse; Sleep at night: same; better; poor;
 Headache: none; yes _____
 Mood: same; better; depressed; excitable; other _____; Weight: same; gained/lost: 0 lb;
 Medications: very helpful; help some; not helpful; Why? _____
 Side effects of medications: none; nausea; vomit; dizziness; sleepy; constipated; unsteady; _____
 Risk issues on CS: none; yes; if yes, why? _____; Urine Screen _____

Review of Systems: Smk 0; Alcohol 0 Drugs 0 HTN 0 CAD 0 DM 0

Asthma 0 COPD 0 Kidneys 0 Liver 0 Other: _____

Physical Exam: ENT 0; CV 0; Chest 0; Abd 0; Other: _____

Focused Local Exam: None

PH: Unchanged from last visit
Since she still has seizures with Xanax 17 Tid
It'd be her need to see a Neurologist.

Image Studies Review:
 X-ray Date: 0; CT Date: 0; MRI Date: 0; Other: _____
 Imp: Same; New _____

- Medical Decision Making:
1. Further studies: _____
 2. Meds: Continue current; Change current; Add new; _____
 3. Discuss risks of diversion and side effects of CS: No Yes: _____
 4. Other issue discussed: _____
 5. Schedule interventional procedure: No Yes: _____
 6. Return visit in: Two weeks; One month; Other: _____

7. Rx: 1 Xanax 17 Tid
2 Neurontin 6007 BID
3 Lorazepam 2mg

ICD-9
 1. _____
 2. _____
 3. _____
 CPT
 9921 _____

[Signature]
 Weixing William Guo, M.D.

WV SPINE AND PAIN CLINIC Progress Note

Date

Patient Name:

9-9-08

[redacted] Disconnected cellphone [redacted]
[redacted] talked with [redacted] said she would
come in on 9-10-08 SC

9/26/08

She did showed up for
PEU count.

W Brown

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

X-ray lumbar
Dx: LBP

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute
Initials _____

Signature _____

Roll _____ Times _____

[Handwritten Signature]

756568

SECURITY FEATURES LISTED ON REVERSE SIDE

16163/003

WV Spine & Pain Clinic History/Physical(Established)

Name: S. [redacted] Date 8/27/08 BP: 1 mmHg; HR:
 Chief C/O: WAC, LBP Pain Scales(0-10): 8 constant; intermittent;
 Quality of Pain: aching; burning; stabbing; throbbing; pinning; other ;
 Interventional Rx when? ; What type of Rx? ;
 Symptoms change since last visit: same; better; worse; Sleep at night: same; better; poor;
 Headache: none; yes: ;
 Mood: same; better; depressed; excitable; other ; Weight: same; gained/lost: lb;
 Medications: very helpful; help some; not helpful; Why? ;
 Side effects of medications: none; nausea; vomit; dizziness; sleepy; constipated; unsteady; ;
 Risk issues on CS: none; yes; if yes, why? ; Urine Screen: ;
 Review of Systems: Sxk f; Alcohol ; Drugs ; HTN ; CAD ; MI ; DM ;
 Asthma ; COPD ; Kidneys ; Liver ; Other: ;

Physical Exam:

ENT: ; CV: RRR; Chest: C7; Abd: ; Other: ;

Focused Local Exam:

Ps: Limited ROM back and neck
Reviewed med. She has been the regimen
for over 3 years. Agreed to come off

Image Studies Review:

X-ray Date: ; CT Date: ; MRI Date: ; Other: Pill Counts
 Imp: Same; New 1) Migraine
2) Seizure disorder

Medical Decision Making:

1. Further studies:
2. Meds: Continue current; Change current; Add new;
3. Discuss risks of diversion and side effects of CS: No; Yes;
4. Other issue discussed: DDPIS
5. Schedule interventional procedure: No; Yes;
6. Return visit in: Two weeks; One month; Other;
7. Rx: 1) X-ray Unben sp
2) Loraz 10 Qd

CD-9
 72273
 72142
 71946
 CPT
 9921 4

[Signature]
 Weixing William Guo, M.D.

SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.
DEA #BG7980404
340 State Street • Madison, WV 26130
Phone (304) 778-7180 • Fax (304) 778-7181

Name S [redacted] W [redacted] Date 7-29-08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Lorazepam 10/450
7. PO QID
#120

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____
- Do Not Substitute
Initials _____

Signature [Signature]
Date _____

~~WEIXING WILLIAM GUO, M.D.~~
~~DEA #BG7980404~~

404700

SECURITY FEATURES LISTED ON REVERSE SIDE

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.
DEA #BG7980404
340 State Street • Madison, WV 26130
Phone (304) 778-7180 • Fax (304) 778-7181

Name S [redacted] W [redacted] Date 7-29-08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Xanax 1mg
7. POTID
Han

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____
- Do Not Substitute
Initials _____

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.
DEA #BG7980404
340 State Street • Madison, WV 26130
Phone (304) 778-7180 • Fax (304) 778-7181

Name S [redacted] W [redacted] Date 7-29-08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Neurontin 600mg
7. PO QID
#120

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____
- Do Not Substitute
Initials _____

WV Spine & Pain Clinic History/Physical(Established)

Name: S. W. Date 7/29/08 BP: 1 mmHg; HR:
Chief C/O: Left Pain Scales(0-10) Constant intermittent;
Quality of Pain: aching; burning; stabbing; throbbing; pinning; other
Interventional Rx when? ; What type of Rx?
Symptoms change since last visit: same; better; worse; Sleep at night: same; better; poor,
Headache: none; yes:
Mood: same; better; depressed; excitable; other; Weight: same; gained/lost lb;
Medications: very helpful; help some; not helpful; Why?
Side effects of medications: none; nausea; vomit; dizziness; sleepy; constipated; unsteady;
Risk issues on CS: none; yes; if yes, why?; Urine Screen:
Review of Systems: Smk f; Alcohol ; Drugs ; HTN ; CAD ; MI ; DM ;
Asthma ; COPD ; Kidneys ; Liver ; Other:

Physical Exam:
ENT: ; CV: u; Chest: c; Abd: soft; Other:
Focused Local Exam:
PC: checked from last visit

Image Studies Review:
X-ray Date: ; CT Date: ; MRI Date: ; Other:
Imp: Same; New Seizure disorder
hypertension

- Medical Decision Making:
1. Further studies:
 2. Meds: Continue current; Change current; Add new;
 3. Discuss risks of diversion and side effects of CS: No; Yes;
 4. Other issue discussed:
 5. Schedule interventional procedure: No; Yes
 6. Return visit in: Two weeks; One month; Other
 7. Rx: See copy

CD-9
72273
2412
71944
CPT
921

Weixing William Guo, M.D.

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.
 DEA #8G7880404
 340 State Street • Martinsburg, WV 25130
 Phone (304) 778-7188 • Fax (304) 778-7181

Name S. [redacted] W. [redacted] Date 7-2-08

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Xanax 1mg
 5.P.O.TID
 #90

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- _____ Units
- Do Not Substitute
 Initials _____

[Signature]
 WEIXING WILLIAM GUO, M.D.
 DEA #8G7880404

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.
 DEA #8G7880404
 340 State Street • Martinsburg, WV 25130
 Phone (304) 778-7188 • Fax (304) 778-7181

Name S. [redacted] W. [redacted] Date 7-2-08

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Neurontin 600mg
 5.P.O.QID
 #120

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- _____ Units
- Do Not Substitute
 Initials _____

[Signature]

Signature _____
 Roll ① Times
 405780 WEIXING WILLIAM GUO, M.D.
 SECURITY FEATURES LISTED ON REVERSE SIDE

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.
 DEA #8G7880404
 340 State Street • Martinsburg, WV 25130
 Phone (304) 778-7188 • Fax (304) 778-7181

Name S. [redacted] W. [redacted] Date 7-2-08

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Lorocet 10/325⁶⁵⁰
 7.P.O.QID

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- _____ Units
- Do Not Substitute

15769/002

15769/002

WV Spine & Pain Clinic History/Physical(Established)

Names: S. W. Date 7/2/08 BP: 1 mmHg; HR:
Chief CO: LBP, Seizure Pain Scales(0-10): 6; constant; intermittent;
Quality of Pain: aching; burning; stabbing; throbbing; pinning; other;
Interventional Rx when? None; What type of Rx? ;
Symptoms change since last visit: same; better, worse; Sleep at night: same; better, poor;
Headache: none, yes;
Mood: same; better, depressed; excitable; other; Weight: same; gained/lost lb;
Medications: very helpful; help some; not helpful; Why?;
Side effects of medications: none; nausea; vomit; dizziness; sleepy; constipated; unsteady;
Risk issues on CS: none; yes; if yes, why?; Urine Screen: (P);
Review of Systems: Smk P; Alcohol ; Drugs ; HTN ; CAD ; MI ; DM ;
Asthma ; COPD ; Kidneys ; Liver ; Other ;

Physical Exam:

ENT: ; CV: ; Chest: C/D; Abd: SP; Other: ;

Focused Local Exam:

P 2: Limited loss neck.
Intermittent @ C3-5. BIL.
Rx Shoulder - Tendr @ acromioclavicular joint.

Image Studies Review:

X-ray Date: ; CT Date: ; MRI Date: ; Other: ;
Imp: Same, New Seizure disorder

Medical Decision Making:

1. Further studies: and
2. Mods: Continue current; Change current; Add new;
3. Discuss risks of diversion and side effects of CS: No; Yes;
4. Other issue discussed: ED/AD
5. Schedule interventional procedure: No; Yes;
6. Return visit in: Two weeks; One month; Other
7. Rx: See copy unchanged.

See copy unchanged.

CD-9
72273
72142
11946
CPT
921

Weixing William Guo, M.D.

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.
 DEA #BG7960404
 340 State Street • Madison, WV 25130
 Phone (304) 776-7180 • Fax (304) 776-7181

Name S. [REDACTED] W. [REDACTED] Date 6-7-08

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Loxect 10/325
 3 p.o. QID
 dispensed 12/2*

- 1-24
- 25-49
- 50-74
- 75-99
- 101-150
- 151 and over
- Units _____
- Do Not Substitute
- Initials _____

Signature [Signature] WEIXING WILLIAM GUO, M.D.
 DEA #: BG7960404
 Refill 2 times 403576
 SECURITY FEATURES LISTED ON REVERSE SIDE

15769/002

340 State Street • Madison, WV 25130
 Phone (304) 776-7180 • Fax (304) 776-7181

Name S. [REDACTED] W. [REDACTED] Date 6-7-08

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Xant 17 TID
 3 p.o. QID
 9/29/08*

- 1-24
- 25-49
- 50-74
- 75-99
- 101-150
- 151 and over
- Units _____
- Do Not Substitute
- Initials _____

Signature [Signature] WEIXING WILLIAM GUO, M.D.
 DEA #: BG7960404
 Refill 2 times 403579
 SECURITY FEATURES LISTED ON REVERSE SIDE

15769/002

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.
 DEA #BG7960404
 340 State Street • Madison, WV 25130
 Phone (304) 776-7180 • Fax (304) 776-7181

Name S. [REDACTED] W. [REDACTED] Date 6-7-08

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Newmta 600
 3 p.o. QID
 12/2*

- 1-24
- 25-49
- 50-74
- 75-99
- 101-150
- 151 and over
- Units _____
- Do Not Substitute
- Initials _____

X02

WV Spine & Pain Clinic History/Physical(Established)

Name: S. W. Date: 6/7/08 BP: 1 mmHg: HR:
 Chief C/O: Left leg Rt Neck Pain Scales(0-10) Constant; intermittent;
 Quality of Pain: aching; burning; stabbing; throbbing; pinning; other
 Interventional Rx when? 0 What type of Rx?
 Symptoms change since last visit: same; better; worse; Sleep at night: same; better; poor;
 Headache: no; yes
 Mood: same; better; depressed; excitable; other; Weight: same; gain; loss lb;
 Medications: very helpful; help some; not helpful; Why?
 Side effects of medications: nausea; pain; vomit; dizziness; sleepy; constipated; unstable;
 Risk issues on CS: none; yes; if yes, why? Urine Screen:
 Review of Systems: Smk: f; Alcohol: ; Drugs: FIN CAD ME ME
 Asthma: COPD; Kidneys: ; Liver: ; Other:

Physical Exam

ENT: CV: Normal Lungs: Clear S/P: Normal
 Focused Local Exam:

Re-look at Fault
Confronted with PT on left results. She says
she is not worthy to see him.

Image Studies Review: 0
 X-ray Date: ; CT Date: ; MRI Date: ; Other:
 Imps: Same; New

Medical Decision Making:

1. Further studies:
2. Meds: Continue current; Change current; Add new;
3. Discuss risks of diversion and side effects of CS: No
4. Other issue discussed: DD/MS
5. Schedule interventional procedure: No; Yes
6. Return visit in: Two weeks; One month; Other
7. Rx: 1) Cervical 10/30 QID
2) Gabap 1g QHS - id
3) Numb 600mg QID
4) Re-check
Urinal

Weiying William Guo, M.D.

MD-9
 1
 2
 3
 OCT
 9/21

WEIXING WILLIAM GUO, M.D.
DEA # 867850404

[Signature]

15768/002

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____
- Do Not Substitute
Initials _____

Handwritten: Xanax 12, 7, P.O. Tid
#120

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Name *S. W.* Address _____ Date *5-9-08*

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.
DEA #867850404
340 State Street • Madison, WV 25110
Phone (204) 776-7180 • Fax (204) 776-7161

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.
DEA #867850404
340 State Street • Madison, WV 25110
Phone (204) 776-7180 • Fax (204) 776-7161

Name *S. W.* Address _____ Date *5-9-08*

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Handwritten: Lor tab 10/500
7, P.O. Tid
#120

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____
- Do Not Substitute
Initials _____

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.
DEA #867850404
340 State Street • Madison, WV 25110
Phone (204) 776-7180 • Fax (204) 776-7161

Name *S. W.* Address _____ Date *5-9-08*

PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Handwritten: Neurontin 600

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____
- Do Not Substitute
Initials _____

Handwritten: 7, P.O. Tid
#120

[Signature]
WEIXING WILLIAM GUO, M.D.
DEA # 867850404

402397

WV Spine and Pain Clinic New Patient Consultation Report

314 Golf Mountain Rd, Suite 16
Cross Lanes, WV 25113
Tel: (304)776-7169
Fax: (304)776-7161

348 Sand Street
Martinsburg, WV 25130
Tel: (304)387-6618
Tel: (304)387-6619

Patient Name: S. W. [redacted] SSN: _____ DOB: 3-7-1969
Attending Physician: Dr. Huper Date of Consult: 5-9-07 Consult Location: MS
Chief Complaint: LBP How long: 2 wks Scale (0-10): 8

History of Present Illness:
Woke up in pain in groin, low back, legs.
Severe discoloration of LBP & legs.
Feeling numbness & tingling in both legs.
Woke up LBP. Bil legs. The pain is worse
at night.

PAST MEDICAL HISTORY: Seizure disorder - last seizure 18 mo ago

PAST SURGIES: nil

ALLERGIES: Med J

CURRENT MEDICATIONS:
Neurontin 2 QID
Lipitor 20 QID

SOCIAL HISTORY: Smoker: PPD x 20 years; Alcohol: none; wine, beer, daily, occasional; _____ years;
Street Drugs: none; Detox History: none

FAMILY HISTORY:
CAD; MI; HTN; DM; Cancer; Arthritis; Back Problems; Surgeries
Others: _____

REVIEW OF SYSTEMS (circle those apply):
General: Weight loss; skin rashes; color changes; headaches; Dizziness; loss of consciousness;
Eye: vision changes; Ear: hearing changes; vertigo; tinnitus; Nose: nose bleeds; Throat: sore throat; GI:
indigestion; heartburn; diarrhea; constipation; Endo: heart/cold intolerance; Cardiothoracic: SOB; TB; chest pain;
Palpitations; skin: bleeding gums; anemia; bruise easily; fatigue; Musculoskeletal: Joint pain; weakness;
osteoporosis; rheumatoid arthritis; Psych: mood changes; problems with concentration; suicidal thoughts;
Others: _____

WV Spine and Pain Clinic New Patient Physical Exam

Name: [Redacted]

Vitals: Height: 99 cm Weight: 35 kg BP: 119/90 mmHg; HR: 60 bpm;

ENT: [Redacted]; CV: [Redacted]; Chest: [Redacted]; Abd: [Redacted]; Other: [Redacted];

Arm Exams

nm; abn; L; R; B/L; ROM: nm; abn; warm; cold; dry; wet; purple; thin hair; edematous; brittle nail;
Muscle power: nm; abn; grip; flex; abduction; Rotation; Elbow reflex;

Neck Exams

Active ROM: Supple; Limited; Moderately limited; Severely limited;
Which Way ROM Limited: L; R; B/L; L turn; R turn; L tilt; R tilt; antiflex; dorsiflex;
Palpation of C-spine: none; tenderness; Left; Right; Bilateral; Axial loading: none; L; R; B/L;

Shoulder Exams

L; R; B/L; Normal; Tenderness at: anterior glenohumeral joint, coracoid process, acromion-clavical joint; capsule; Abduction
Test; ROM; Apley scratch test; Drop-Arm test;

Thoracic Spine/Soft tissues

Lumbar Spine Exams

ROM: normal; limited; L turn; R turn; L tilt; R tilt; antiflex; dorsiflex;
Palpation: normal; tenderness on L; R; B/L; L1-2; L2-3; L3-4; L4-5; L5-S1; Soft tissues; Surgical Scar (yes);

Surgical Scar (yes)

Hip Exams

nm; abn; tenderness on L; R; B/L; SI joint; gluteal area; hip joint;
Groin Area: normal; tenderness on L; R; B/L;

Knee Exams

Gross inspection: normal; abnormal; L; R; B/L; swelling; redness; deformity; discolor; warm; ROM;
Knee ligaments: normal; abnormal; L; R; B/L; MCL; LCL; PCL; ACL; Lachman Test: negative; positive;

Lower Extremity Exams

nm; abn; L; R; B/L; ROM: nm; abn; warm; cold; dry; wet; purple; thin hair; edematous; brittle nail;
Pulse: nm; abn; decreased; impalpable; femoral; popliteal; pedal;
Reflexes: nm; abn; Knee; Ankle; L; R; B/L; decreased; disappeared;

Image Studies

X-ray Date: ; Results: Not available
CT Date: ; Results: _____
MRI Date: ; Results: _____

Other Studies:

Initial Impression: 1. Low back pain
2. Sciatica
3. Degenerative disc disease

- Plans 1. X-ray: [Redacted] CT N MRI: [Redacted] Blood: N
- 2. Medication Rx: Continued current; Change current; Add/start new
- 3. Discuss risks and benefits of controlled substances: No; Yes
- 4. Other issues discussed: _____
- 5. Schedule revisit in: one week; two weeks; one month;
- 6: Rx: Nov 10/320 T. Feb.

ICD-9
1 72273
2 72142
3 71946

[Signature] Weisinger William Guo, M.D.

[Signature]

99244



WV Spine and pain Clinic Urine Toxicology Screening Report

314 Golf Mountain Road, Suite 16
Cross Lanes, WV 25313
Tel: (304)776-7160
Fax: (304)776-7161

340 State Street
Martinsburg, WV 25130
Tel: (304)307-8818
Fax: (304)307-8818

Patient Name: S [redacted] W [redacted]
Date of Birth: _____
SSN#: _____

	Test Date	Test Date	Test Date
Substances Tested	6/7/08		
Control	—		
Alcohol	—		
Antihistamines	—		
Cocaine	Neg		
THC	Neg		
Amphetamine	Neg		
Methamphetamine	—		
Opiates	Pos.		
Benzodiazepines	Pos.		
PCP	—		
Kit Used			
Sensitivity			
Reported By	<i>[Signature]</i>		

Note: She is taking Norco 10/325.



WV Spine and pain Clinic Urine Toxicology Screening Report

314 Goff Mountain Road, Suite 10
Cross Lanes, WV 26313
Tel: (304)778-7160
Fax: (304)778-7161

340 State Street
Martinsburg, WV 26130
Tel: (304)307-8818
Fax: (304)307-8819

Patient Name:
Date of Birth:
SSN#:

S [redacted] W [redacted]

	Test Date	Test Date	Test Date
Substances Tested	5/12/08		
Control	—		
Alcohol	—		
Antihistamines	—		
Cocaine	Neg		
THC	Neg		
Amphetamine	Neg		
Methamphetamine	—		
Opiates	Neg		
Benzodiazepines	Neg		
PCP	—		
Kit Used			
Sensitivity			
Reported By	Jinfa		

Note: She gets Lorazepam from Dr. Chanana but ran out.

Weixing William Guo, M.D.
WY Spine and Pain Clinic Physician Referral Form
 314 Coal Mountain Road, Suite 16
 Cross Lanes, WV 25313
 Tel: (304) 776-7160
 Fax: (304) 776-7161

310 State Street
 Martinsburg, WV 25130
 Tel: (304) 307-6518

*Boone
Office
please*

REFERRING PHYSICIAN INFORMATION

Referring Physician's Name (Please Print)

Mad Chanaa MD / Melanie Harper Allen NP
 NPI: *1720172760 MD* *656013 MD*
1710077671 NP UPTN: *9.68028 NP*
 Medicaid: *[Redacted] MD* *3810009868 NP*
 Clinic Name: *Boone Memorial Hospital*
 Tel: *[Redacted]* Fax: *369-6036*
 Contact Name: *Sherri Muncy x286*

PATIENT INFORMATION

Gender Male: Female:
 Name: *W [Redacted] S [Redacted] [Redacted]*
Last First Middle
 Home Phone: *[Redacted]* Cell: _____
 Insurance Name: *Medicaid* ID #: *[Redacted]*

REASON FOR REFERRAL/APPOINTMENT:

Migraines, Headaches / Seizures

Appointment Date / Time: _____

Please contact your patient with the appointment date and time. Patient must bring Insurance Cards, Photo ID, and any films or reports pertaining to issue. CASH ONLY

Please fax form to (304) 776-7161

Thank you for your referral!

MAY-08-2008 11:27

DEPARTMENT OF HEALTH & HUMAN RESOURCES
MAY 08 2008

P.07/07

[REDACTED]

[REDACTED]

0000

04/03/08
04/04/08

NR10, SUC A

05/08/2008



Tuesday, April 15, 2008 12:18 PM

For: WHITE, SUZ

Emergency Department APRIL-08

- AVOID ALCOHOL WITH PHARMACEUTICAL MEDICATIONS
- STATE LAW REQUIRES REEVALUATION OF PATIENTS GIVEN CONTROL SUBSTANCES WITHIN 30 DAYS
- USE CAUTION WHEN OPERATING MACHINERY
- RETURN TO EMERGENCY ROOM AT ANYTIME IF YOU ARE WORSE
- CALL US OR RETURN FOR ANY QUESTIONS OR CONCERNS

Xanax(0.5 mg), Lorcet 10() and (Morphine 4mg). All Medications Have Potential Side Effects. It may be advised to discuss these with your pharmacist, who should also label your medication with any instructions. Your pharmacist also should label.

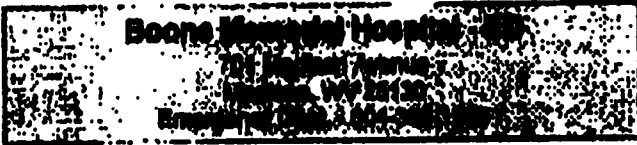
I have received these instructions, they have been reviewed with me, and I understand my responsibility to carefully follow them.

Signature of Patient/Guardian

X.S. [Redacted]

Discharge Nurse

[Handwritten Signature]



MAGNETIC RESONANCE

Tuesday, April 15, 2008 12:16 PM

For: [Redacted] Doctor: Melaine Harpe Allen, APRN-BC

AFTER YOU LEAVE, YOU MUST PROPERLY CARE FOR YOUR PROBLEM AND OBSERVE ITS PROGRESS. IF YOU DO NOT IMPROVE AS EXPECTED, OR ARE WORSE, DO ONE OF THE FOLLOWING, IMMEDIATELY: CONTACT YOUR DOCTOR or FOLLOW UP DOCTOR or RETURN HERE or CALL HERE 304-368-1230

Keep this in mind: DIAGNOSIS WITH 100% CERTAINTY IS NOT POSSIBLE in the Emergency Department. Therefore, if you find you are not getting better, another diagnosis is possible, and you must see your doctor or return here.

MIGRAINE HEADACHE

Is caused by spasm and irritation of the blood vessels of the head. Nausea, vomiting, and sensitivity to light are common symptoms that occur with migraine. Some foods (such as caffeine, chocolate, cheese, or alcohol), emotional stress, oral contraceptives, smoke, polluted air, and weather changes may start a migraine attack.

What To Watch For

Return here IMMEDIATELY if you experience any of the following:

1. fever
2. neck pain or stiffness
3. increasing pain
4. pain lasting more than 36 hours
5. weakness of your arms or legs
6. decreased alertness
7. problems with vision
8. difficulty with speech
9. persistent vomiting
10. unusual sleepiness
11. unusual type of headache

What To Expect

Your symptoms may continue for several days, but should gradually improve, and should respond to the treatment prescribed. Migraine episodes may appear again during your life. It is very important that you have tests (usually by a neurologist) to exclude serious causes of headache, other than migraine.

What To Do

1. Rest in a quiet, dark area for several hours. Try to sleep and relax. Do not watch TV or read.
2. Cool compresses (such as ice bag wrapped in towel), applied to the head or neck, may help.
3. Use your prescriptions EXACTLY as directed. You must see a neurologist for tests, if you haven't already.

What Not To Do

1. DO NOT expose yourself to emotional or physical stress, or exercise, while your symptoms are present
2. DO NOT eat chocolates, caffeine products or cheese. DO NOT drink alcohol or smoke during your illness
3. DO NOT take more than the prescribed amount of your medication

For further in-depth information the following web site can provide more. www.madlineplus.gov

103010 20

 10079 3/0-0/0

 P 30

 HOSPITAL , WV

 NUMBER-125

 01/19/08 3/0 03/03/08


VITAL SIGNS - <input type="checkbox"/> See Flow Sheet								OUTPUT				
Time	BP	Pulse	Resp	Temp	%O ₂	Rhythm	PaO ₂	CBO	Time	Type/Rate	Amount	Initials

IV / MEDICATIONS - <input type="checkbox"/> See Order Sheet										
Time	Type	Amount/Rate	Route	Gauge/ Site	Initials	Time	Effect	Alert/Infused	Dr'd	Initials

PROCEDURES - <input type="checkbox"/> See Order Sheet										SAFETY PRECAUTIONS	
Time	Initials	Time	Initials	Time	Initials	Time	Initials	Time	Initials	SAFETY PRECAUTIONS	
										BIR 2 X 1 2 3 4	
										Head in low position	
										Call light green	

NURSING NOTES

Nurse Signature: _____ Initials: _____ Nurse Signature: _____ Initials: _____

DISPOSITION			
<input checked="" type="checkbox"/> DISCHARGE <input type="checkbox"/> ADMIT <input type="checkbox"/> TRANSFER to _____ <input type="checkbox"/> ABA <input type="checkbox"/> LINDS <input type="checkbox"/> EXTEND TOC: _____ Spring Dr: _____	MOBS <input checked="" type="checkbox"/> W/Choc <input type="checkbox"/> W/C <input type="checkbox"/> Candel <input type="checkbox"/> Bander <input type="checkbox"/> ODC <input type="checkbox"/> Anubans <input type="checkbox"/> Raman <input type="checkbox"/> Submar <input type="checkbox"/> Subst <input type="checkbox"/> W/W	INSTRUCTIONS: Understanding Expressed by: <input type="checkbox"/> Patient <input type="checkbox"/> Family <input type="checkbox"/> Caregiver <input type="checkbox"/> Other EXPOSURE: <input type="checkbox"/> Head <input type="checkbox"/> Chest <input type="checkbox"/> Limb <input type="checkbox"/> Gyn	BELOWING: <input type="checkbox"/> Penicillin <input type="checkbox"/> Clotting <input type="checkbox"/> Jevity <input type="checkbox"/> Other To: <input type="checkbox"/> Patient <input type="checkbox"/> Family <input type="checkbox"/> Caregiver <input type="checkbox"/> Other
STATUS: <input checked="" type="checkbox"/> Stable <input type="checkbox"/> Worse <input type="checkbox"/> No Change <input type="checkbox"/> Deteriorate		Report called to: _____ 	



Boone Memorial Hospital - ED
701 Madison Avenue
Madison, WV 25130
704-380-1230

Patient: **W. S.**
DOB: **11/11/74** Age: **34 M**

Date/Time: **4/15/08 11:32:10 AM**

Arrival Time: **11:38**

SSN: **[REDACTED]**

Pvt. Physician: **[Signature]**

15075 3/2-02
7 39
06/15/08 8/9 03/02/04

Adult - Headache Nursing

Name: **Adult Headache**

TRIAGE

BP: **100/78** P: **46** R: **20** T: **97.7** SpO2: **98** Hgbs: **3.4** Wbc: **13.5** Platelets: **10** CBG: **-**

CC(s): **Headache since 1st day of rash on neck & back**
Additional Complaints: **head pain. Needs referral to primary physician**

HE SOURCE: <input type="checkbox"/> Pain <input type="checkbox"/> Fx <input type="checkbox"/> Fract <input type="checkbox"/> Fx <input type="checkbox"/> Fract <input type="checkbox"/> Other	ARRIVAL MODE: <input checked="" type="checkbox"/> Walk-in <input type="checkbox"/> TWC <input type="checkbox"/> Stretcher <input type="checkbox"/> Ambulance <input type="checkbox"/> Room # <input type="checkbox"/> Other	TREATMENT PTA: <input type="checkbox"/> OP <input type="checkbox"/> Meds <input type="checkbox"/> IV <input type="checkbox"/> Report <input type="checkbox"/> Other
---	---	---

<input type="checkbox"/> CADMI	<input type="checkbox"/> Asthma	<input type="checkbox"/> COPD/Asthma
<input type="checkbox"/> LUP	<input type="checkbox"/> Cancer	<input type="checkbox"/> Diabetes
<input type="checkbox"/> IEP	<input checked="" type="checkbox"/> Stroke	<input type="checkbox"/> Hypert
<input type="checkbox"/> CVA/TA	<input checked="" type="checkbox"/> Migraine	<input type="checkbox"/> Osteoporosis
<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> TB History	<input type="checkbox"/> Renal Disease

Medications: <input type="checkbox"/> None <input type="checkbox"/> Unknown <input type="checkbox"/> Unlabeled	ACUTY: 1 2 3 4
---	-----------------------

Supplies: **CADMI, Asthma, COPD/Asthma, LUP, Cancer, Diabetes, IEP, Stroke, Hypert, CVA/TA, Migraine, Osteoporosis, HIV/AIDS, TB History, Renal Disease**

Medications: **None, Unknown, Unlabeled**

Are there any lesions to be treated or understood? **(Y) N**

Is the patient's home environment safe? **(Y) N**

NURSING ASSESSMENT

Unit / Room	GENERAL	MENTAL STATUS	HEADACHE	ACUITY
1	<p>GENERAL</p> <p>Diets: None</p> <p>Hydration: None</p> <p>Appearance: None</p> <p>Hygiene: None</p> <p>Level of Consciousness: None</p> <p>Orientation: None</p> <p>Speech: None</p> <p>Communication: None</p> <p>Other: None</p>	<p>MENTAL STATUS</p> <p>Appearance: None</p> <p>Mood: None</p> <p>Thoughts: None</p> <p>Perception: None</p> <p>Memory: None</p> <p>Insight: None</p> <p>Control: None</p> <p>Other: None</p>	<p>HEADACHE</p> <p>Onset: 0-4 hours</p> <p>Type: Sharp</p> <p>Character: None</p> <p>Location: None</p> <p>Duration: None</p> <p>Severity: None</p> <p>Other: None</p>	<p>ACUITY</p> <p>1 2 3 4</p>

NURSING NOTES

Melanin [Signature]

Dx: Migraine

Plan: Karax # 90

BOONE MEMORIAL RHC

111 MADISON AVE

MADISON

WV 26130

EMERGENCY ROOM - OUTPATIENT RECORD

REGISTRATION NUMBER R03618	AGE 2	ADMIT DATE 4/15/08	MR. NO. 39	MR. NO. 2	MR. NO. 3	MR. NO. 4	MR. NO. 5	MR. NO. 6	MR. NO. 7	MR. NO. 8	MR. NO. 9	MR. NO. 10	MR. NO. 11	MR. NO. 12	MR. NO. 13	MR. NO. 14	MR. NO. 15	MR. NO. 16	MR. NO. 17	MR. NO. 18	MR. NO. 19	MR. NO. 20	
PATIENT NAME DANVILLE												WV. 28033		DATE OF BIRTH 4/15/08		TIME 11:57		ADMITTING PHYSICIAN HARPER-ALL/HARPER-ALL		CLINIC		REASON FOR VISIT HEADACHE	
MOTHER												4/15/08		9:00		MEDICAID		CLINIC		HEADACHE			
EMPLOYER												HARPER-ALL/HARPER-ALL		108979		7/12/07		RHC		RHC		RHC	

CHARGES

1. The undersigned do not intend to accept any liability or responsibility for the above stated charges, and the patient and guardian are informed in writing of the extent of their liability to pay for the services rendered and to accept the charges for such services. The undersigned do not intend to accept any liability for the above stated charges, and the patient and guardian are informed in writing of the extent of their liability to pay for the services rendered and to accept the charges for such services.

2. In the event of any dispute, the undersigned do not intend to accept any liability or responsibility for the above stated charges, and the patient and guardian are informed in writing of the extent of their liability to pay for the services rendered and to accept the charges for such services.

DATE OF SERVICE: 4/15/08

PHYSICIAN: HARPER-ALL

PHYSICIAN'S SIGNATURE

PATIENT'S SIGNATURE

DEFENSE (including name, age, sex, etc.)

PHYSICIAN'S ROOM

PHYSICIAN'S SIGNATURE

PATIENT'S SIGNATURE

DEFENSE (including name, age, sex, etc.)

PHYSICIAN'S ROOM

PHYSICIAN'S SIGNATURE

PATIENT'S SIGNATURE

DEFENSE (including name, age, sex, etc.)

PHYSICIAN'S ROOM

PHYSICIAN'S SIGNATURE

PATIENT'S SIGNATURE

DEFENSE (including name, age, sex, etc.)

PHYSICIAN'S ROOM

PHYSICIAN'S SIGNATURE

DIAGNOSIS:

TREATMENT:

PHYSICIAN'S SIGNATURE

PHYSICIAN'S SIGNATURE

PATIENT'S SIGNATURE

DEFENSE (including name, age, sex, etc.)

Weiying William Guo, M.D.

WV Spine and Pain Clinic Physician Referral Form

314 Golf Mountain Road, Suite 16
Cross Lanes, WV 25313
Tel: (304) 776-7160
Fax: (304) 776-7161

340 State Street
Martinsburg, WV 25130
Tel: (703) 307-6618

REFERRING PHYSICIAN INFORMATION

Referring Physician's Name (Please Print):

David Chonka MD / Melanie Harper Allen NP
NPI: [REDACTED] MD 636013 MD
[REDACTED] NP 968028 NP

Medicaid: 0082316000 MD 3810009868 NP

Clinic Name: Stone Memorial Hospital

Tel: 369-1230 Fax: 369-6036

Contact Name: Sherri Muncy X 286

PATIENT INFORMATION

Gender Male: Female:

Name: W [REDACTED] S [REDACTED] [REDACTED]
Last First Middle

Home Phone: [REDACTED] Cell: [REDACTED]

Insurance Name: Medicaid ID #: [REDACTED]

REASON FOR REFERRAL/APPOINTMENT:

Migraine Headaches / Seizures

Appointment Date / Time: _____

Please contact your patient with the appointment date and time. Patient must bring Insurance Cards, Photo ID, and any films or reports pertaining to issue. **CASH ONLY**

Please fax form to (304) 776-7161

Thank you for your referral

WV Spine & Pain Clinic Pain Questionnaire

Instructions: Please fill below as accurately as to the best of your knowledge, leave blank if you don't know. You can fax to us (304)397-9218, or bring it with you at your office visit.

Name: Sam Pittman DOB (MM/DD/YY) 12/15/52 SSN [REDACTED]

Date: 5/19/08

Please mark your insurance: Medicare? Medicaid?
 Blue Cross/Blue Shield? Worker's Comp?
 Carelink? Aetna? Fiserv? Other: _____

Please bring your insurance card with you for office visit.

Home Address: [REDACTED]

Home Phone: [REDACTED] Cell Phone: [REDACTED]

Do you have any allergies? _____

Your Major Complaints (Lower back pain, neck pain, headaches, etc.):
Lower Back, MIGRAINES,

How long you have had the pain? 2 YEARS

What is your average daily pain score (0-10 with 10 being the worst)? 8

What is today's pain score (0-10 with 10 being the worst)? _____

Does the pain radiate or go to anywhere? No Yes _____ Where? _____

Numbness in the arms? No _____ Yes _____ Where? _____

If yes, on which side? Left _____ Right _____ Where? _____

Numbness in the legs? No _____ Yes _____ Where? _____

If yes, on which side? Left _____ Right _____ Where? _____

Does cough make the pain worse? No _____ Yes

Do you have trouble walking? No _____ Yes _____

How long you can: Sit _____ Stand _____ Walk _____

What body position feel more comfortable? _____

Does the pain often wake you up at night? No _____ Yes Explain _____

Abnormal bladder function? No _____ Yes _____ Explain _____

Abnormal bowel movement? No _____ Yes _____ Explain _____

Were you involved in an motor accident? No _____ Yes _____

Other accident? No _____ Yes _____

Is the pain related to work injury? No _____ Yes _____

Did you seek medical attention? No _____ Yes _____

If yes, what types of medical specialists you have seen? Please list with doctor's name if you know:

Smoke? _____ Alcohol? _____ Illicit Drugs? _____

Are you currently taking pain killers? No _____ Yes _____ If yes, please list the names:

Please list all the medications you are currently taking:

Licoride 10 4 a day - 120 a month.

Zanax 10 3 a day - 30 a month.

Neurontin 400mg - 4 a day 120 a month.

Please write the dates last time you have done the following:

X-rays _____ CT Scan _____ MRI _____ EMG _____

Other studies done? Please bring all films with you if you have including the reports.

Any Diagnosis made: _____

Please list the surgeries you have had:

TUBALIGATION.

Questions related to Motor-Vehicle accident or work related accidents, skip if not related.

1. Motor-Vehicle Accident:

When did the accident happen? _____
What type of vehicle you were driving? _____
What was the approximately your speed when the accident occurred? _____ miles/hr
What type of other vehicle involved? _____
What was the approximately the speed of the other vehicle? _____ miles/hr
Were you the Driver? _____ Passenger? _____
If you were a passenger, were you in: Front? _____ Back? _____
Were you wearing the seat belt? Yes _____ No _____
Was it a: Head On Collision? Yes _____ No _____
Was it a: Rear-Ended Collision? Yes _____ No _____
If it was a rear-ended, was your vehicle in: Front? _____ Or Behind? _____
If it was a side impact, was it? Left? _____ Or Right? _____
Additional information about the accident? _____

2. Work Related Accident

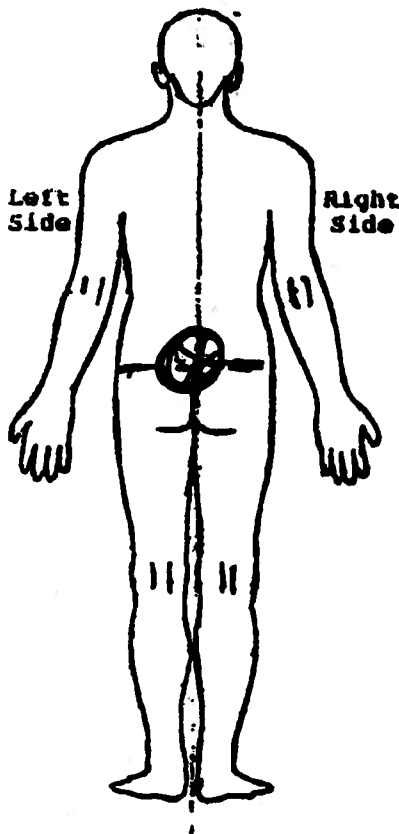
When did it happen? _____
Did you fall: No _____ Yes _____ If yes, answer the following:
What was the approximate height you fell from: _____
What part of your body landed first? _____
Where did you feel immediate pain after fell? _____
If it was other types of accident; please describe it on the other side.

WV Spine and Pain Clinic
340 State Street
Madison, WV 25130
Tel: (304)307-6618

Date: 5/9/08

Name: S [REDACTED] W [REDACTED]

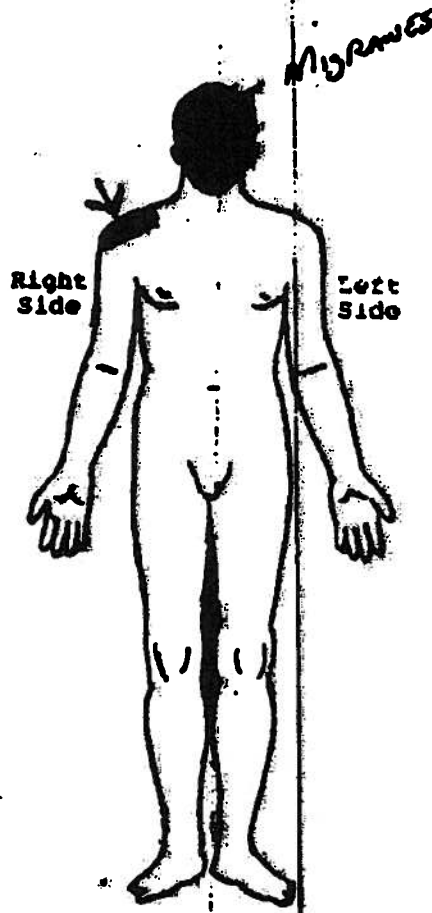
Please mark all the appropriate pain areas of your body:



Left Side

Right Side

BACK



Right Side

Left Side

FRONT

WV Spine and Pain Clinic Controlled Substance Agreement

We at the WV Spine and Pain Clinic are committed to doing all we can to treat your chronic pain condition. In some cases, controlled substances are used as a therapeutic option in the management of chronic pain, which is strictly regulated by both state

and federal agencies. This agreement is a tool to protect you, _____, and your physician by establishing guidelines, within the laws, for proper controlled substance use. The words "we" and "our" refer to the WV Spine and Pain Clinic, and the words "I", "you", "your", "me", or "my" refer to you, the patient.

1. All controlled substances must come from the physician whose signature appears below, or during his/her absence, by the covering physician, unless specific authorization is obtained for an exception. I understand that I must tell the physician whose signature appears below or, during his/her absence, the covering physician, all drugs that I am taking, have purchased, or have obtained, even over-the-counter medications. Failure to do so may result in drug interaction or overdose that could result in harm to me, including death. I will not seek prescriptions for controlled substances from any other physician, health care provider, or dentist. I understand it is unlawful to be prescribed the same controlled medication by more than one physician at a time without each physician's knowledge. I also understand that it is unlawful to obtain or to attempt to obtain a prescription for a controlled substance by knowingly misrepresenting facts to a physician or his/her staff of all controlled substances that I have been prescribed.

2. All controlled substances must be obtained at the same pharmacy, where possible. Should the need arise to change pharmacies our office must be informed. The Pharmacy that you have selected is

_____, Phone: _____
3. You may not share, sell, or otherwise permit others, including your spouse or family members, to have access to any controlled substances that you have been prescribed.

4. Unannounced urine or serum toxicology specimens may be requested from you, and your cooperation is required. Presence of unauthorized substances in urine or serum toxicology screen may result in your discharge from treatment by the WV Spine and Pain Clinic.

5. I will not consume excessive amount of alcohol in conjunction with controlled substances. I will not use, purchase, or obtain any other legal drugs except as specifically authorized by the physician whose signature appears below or, during his/her absence by the covering physician, as set forth in Section 1 above. I will not use, purchase, or otherwise obtain any illegal drugs, including marijuana, cocaine, etc. I understand that driving while under the influence of any substance, including a prescribed controlled substance, or any combination of substances (e.g., alcohol and prescription drugs) which impairs my driving ability may result in severe accident and DUI charges.

6. Medication or written prescriptions may not be replaced if they are lost, stolen, get wet, are destroyed, etc. If your medication has been stolen it will not be replaced unless explicit proof is provided.

7. Early refill phone calls will not be taken. Renewals are based upon keeping scheduled appointments.

8. In the event you are arrested or incarcerated related to legal or illegal drugs, refills on controlled substances will not be given.

9. I understand that failure to adhere to these policies may result in cessation of therapy with controlled substances prescribed by WV Spine and Pain Clinic, and that law enforcement officials may be contacted.

10. I affirm that I have full right and power to sign and to be bound by this agreement, and that I have read it, and understand and accept all of its terms. A copy of this document has been given to me.

Patient's Signature

Physician's Signature

5-09-08

Date

5-9-08
Date

REPORTS - WVBP - F NAME REPORT

WEST VIRGINIA - BOARD OF PHARMACY - PATIENT PROFILE

Date: 10/21/2008 Date of Birth: [REDACTED] Beginning Date: 01-01-2006 Ending Date: 10-21-2008

First Name Like: S [REDACTED] Last Name Like: W [REDACTED]

First Name	Address	Zip	Fill Date	Rx No	Product Name	Strength	Qty	Doctor Name	Doctor Dos	Pharm Name	Pharm DEA Fb Zip
[REDACTED]	[REDACTED]	25130	03/2006	1710440	APAMHYDROCO	600 MG-10 MG	90	HOOVER, KATHERIN	[REDACTED]	FAMILY DISCOUN	[REDACTED] 25037
[REDACTED]	[REDACTED]	25130	03/2006	1710441	ALPRAZOLAM	1 MG	90	HOOVER, KATHERIN	[REDACTED]	FAMILY DISCOUN	[REDACTED] 25037
[REDACTED]	[REDACTED]	25130	02/2006	242999	ALPRAZOLAM	0.25 MG	90	DAVIS, NICHOLAS	[REDACTED]	MEDICINE STOP	[REDACTED] 25208
[REDACTED]	[REDACTED]	25130	02/2006	243000	APAMHYDROCO	500 MG-5 MG	150	DAVIS, NICHOLAS	[REDACTED]	MEDICINE STOP	[REDACTED] 25208
[REDACTED]	[REDACTED]	25130	03/2006	1728943	APAMHYDROCO	600 MG-10 MG	90	HOOVER, KATHERIN	[REDACTED]	FAMILY DISCOUN	[REDACTED] 25037
[REDACTED]	[REDACTED]	25130	03/2006	1728944	ALPRAZOLAM	1 MG	90	HOOVER, KATHERIN	[REDACTED]	FAMILY DISCOUN	[REDACTED] 25037
[REDACTED]	[REDACTED]	25130	10/2006	1732087	APAMHYDROCO	600 MG-10 MG	90	HOOVER, KATHERIN	[REDACTED]	FAMILY DISCOUN	[REDACTED] 25037
[REDACTED]	[REDACTED]	25130	10/2006	1732088	ALPRAZOLAM	1 MG	90	HOOVER, KATHERIN	[REDACTED]	FAMILY DISCOUN	[REDACTED] 25037
[REDACTED]	[REDACTED]	25130	10/1/2006	1742029	APAMHYDROCO	600 MG-10 MG	90	HOOVER, KATHERIN	[REDACTED]	FAMILY DISCOUN	[REDACTED] 25037
[REDACTED]	[REDACTED]	25130	10/1/2006	1742030	ALPRAZOLAM	1 MG	90	HOOVER, KATHERIN	[REDACTED]	FAMILY DISCOUN	[REDACTED] 25037
[REDACTED]	[REDACTED]	25130	12/4/2006	1750698	APAMHYDROCO	600 MG-10 MG	90	HOOVER, KATHERIN	[REDACTED]	FAMILY DISCOUN	[REDACTED] 25037
[REDACTED]	[REDACTED]	25130	12/4/2006	1750798	ALPRAZOLAM	1 MG	90	HOOVER, KATHERIN	[REDACTED]	FAMILY DISCOUN	[REDACTED] 25037
[REDACTED]	[REDACTED]	25130	1/1/2007	1763433	APAMHYDROCO	600 MG-10 MG	90	HOOVER, KATHERIN	[REDACTED]	FAMILY DISCOUN	[REDACTED] 25037
[REDACTED]	[REDACTED]	25130	1/1/2007	1763434	ALPRAZOLAM	1 MG	90	HOOVER, KATHERIN	[REDACTED]	FAMILY DISCOUN	[REDACTED] 25037
[REDACTED]	[REDACTED]	25130	1/29/2007	1774431	APAMHYDROCO	600 MG-10 MG	90	HOOVER, KATHERIN	[REDACTED]	FAMILY DISCOUN	[REDACTED] 25037
[REDACTED]	[REDACTED]	25130	1/29/2007	1774433	ALPRAZOLAM	1 MG	90	HOOVER, KATHERIN	[REDACTED]	FAMILY DISCOUN	[REDACTED] 25037
[REDACTED]	[REDACTED]	25130	2/26/2007	1784897	APAMHYDROCO	600 MG-10 MG	90	HOOVER, KATHERIN	[REDACTED]	FAMILY DISCOUN	[REDACTED] 25037
[REDACTED]	[REDACTED]	25130	2/26/2007	1784898	ALPRAZOLAM	1 MG	90	HOOVER, KATHERIN	[REDACTED]	FAMILY DISCOUN	[REDACTED] 25037
[REDACTED]	[REDACTED]	25130	2/28/2007	1796001	APAMHYDROCO	600 MG-10 MG	90	HOOVER, KATHERIN	[REDACTED]	FAMILY DISCOUN	[REDACTED] 25037
[REDACTED]	[REDACTED]	25130	2/28/2007	1796003	ALPRAZOLAM	1 MG	90	HOOVER, KATHERIN	[REDACTED]	FAMILY DISCOUN	[REDACTED] 25037
[REDACTED]	[REDACTED]	25130	4/18/2007	4383735	DIAZEPAM	5 MG	2	SPEARS, TIMOTHY	[REDACTED]	LUTH PHARMACY	[REDACTED] 25314
[REDACTED]	[REDACTED]	25021	4/21/2007	359022	APAMHYDROCO	300 MG-7.5 MG	10	SPEARS, TIMOTHY	[REDACTED]	TE AND ONS	[REDACTED] 25023
[REDACTED]	[REDACTED]	25130	4/23/2007	180764	APAMHYDROCO	600 MG-10 MG	90	HOOVER, KATHERIN	[REDACTED]	FAMILY DISCOUN	[REDACTED] 25037
[REDACTED]	[REDACTED]	25130	4/23/2007	180765	ALPRAZOLAM	1 MG	90	HOOVER, KATHERIN	[REDACTED]	FAMILY DISCOUN	[REDACTED] 25037
[REDACTED]	[REDACTED]	25130	5/23/2007	1815623	ALPRAZOLAM	1 MG	90	HOOVER, KATHERIN	[REDACTED]	FAMILY DISCOUN	[REDACTED] 25037
[REDACTED]	[REDACTED]	25130	5/23/2007	1815624	APAMHYDROCO	600 MG-10 MG	90	HOOVER, KATHERIN	[REDACTED]	FAMILY DISCOUN	[REDACTED] 25037
[REDACTED]	[REDACTED]	25130	6/13/2007	833633	LOXTAB	300 MG-5 MG	8	LONG, WENQING	[REDACTED]	ARRY'S DRUGS	[REDACTED] 25130
[REDACTED]	[REDACTED]	25130	6/16/2007	834137	VICODIN	750 MG-7.5 MG	20	HENDLEY, JENNIFER	[REDACTED]	ARRY'S DRUGS	[REDACTED] 25130
[REDACTED]	[REDACTED]	25130	6/20/2007	1824673	ALPRAZOLAM	1 MG	90	HOOVER, KATHERIN	[REDACTED]	FAMILY DISCOUN	[REDACTED] 25037
[REDACTED]	[REDACTED]	25130	6/20/2007	1824674	APAMHYDROCO	600 MG-10 MG	90	HOOVER, KATHERIN	[REDACTED]	FAMILY DISCOUN	[REDACTED] 25037
[REDACTED]	[REDACTED]	25130	6/29/2007	834321	VICODIN	750 MG-7.5 MG	20	COOK, JOHN D DO	[REDACTED]	ARRY'S DRUGS	[REDACTED] 25130
[REDACTED]	[REDACTED]	25130	7/5/2007	834325	APAMHYDROCO	750 MG-7.5 MG	15	HILL, KATHY J NP	[REDACTED]	ARRY'S DRUGS	[REDACTED] 25130
[REDACTED]	[REDACTED]	25130	7/12/2007	838376	APAMHYDROCO	300 MG-7.5 MG	15	HARPER-ALLEN, M	[REDACTED]	ARRY'S DRUGS	[REDACTED] 25130
[REDACTED]	[REDACTED]	25130	7/18/2007	1833619	APAMHYDROCO	600 MG-10 MG	90	HOOVER, KATHERIN	[REDACTED]	FAMILY DISCOUN	[REDACTED] 25037
[REDACTED]	[REDACTED]	25130	7/18/2007	1833620	ALPRAZOLAM	1 MG	90	HOOVER, KATHERIN	[REDACTED]	FAMILY DISCOUN	[REDACTED] 25037
[REDACTED]	[REDACTED]	25130	7/30/2007	840983	APAMHYDROCO	300 MG-5 MG	40	CROMPTON, JOHN	[REDACTED]	LARRY'S DRUGS	[REDACTED] 25130
[REDACTED]	[REDACTED]	25130	8/16/2007	1843821	APAMHYDROCO	600 MG-10 MG	90	HOOVER, KATHERIN	[REDACTED]	FAMILY DISCOUN	[REDACTED] 25037
[REDACTED]	[REDACTED]	25130	8/16/2007	1843822	ALPRAZOLAM	1 MG	90	HOOVER, KATHERIN	[REDACTED]	FAMILY DISCOUN	[REDACTED] 25037
[REDACTED]	[REDACTED]	25130	10/26/2007	13725	APAMHYDROCO	600 MG-10 MG	90	HOOVER, KATHERIN	[REDACTED]	Tag Valley Ph	[REDACTED] 25037

REINVESTED US, S
EQUIVALENT PRACTICE
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED] WRITE, SEE A

WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES
MEDICAL ID CARD
SSN: [REDACTED]
DOB: 03/02/1969

BY: [REDACTED]
DATE: 09/01/08
09/08/08

DO NOT WRITE BELOW THIS CARD TO GET MEDICAL SERVICES

REPORTS - WVBOP - FULL NAME REPORT

WEST VIRGINIA - BOARD OF PHARMACY - PATIENT PROFILE
 Date: 4/29/2009 Date of Birth: [REDACTED] Beginning Date: 12-02-2002 Ending Date: 04-29-2009

First Name: S [REDACTED] Last Name: W [REDACTED]

First Name Address	Zip	Fill Date	Rx No	Product Name	Strength	Qty	Doctor Name	Doctor Dea	Pharm Name	Pharm DEA	Pb Zip
[REDACTED]	25130	12/4/2002	197109	APAP/HYDROCO 500 MG-10 MG	500 MG-10 MG	20	PANOSSIAN, GREGO		MEDICINE STOP	[REDACTED]	25205
[REDACTED]	25130	12/5/2002	196352	DIAZEPAM	5 MG	40	UY, MANUEL T MD		MEDICINE STOP	[REDACTED]	25205
[REDACTED]	25130	12/9/2002	197283	APAP/HYDROCO 500 MG-5 MG	500 MG-5 MG	24	RADER, DANNY A M		MEDICINE STOP	[REDACTED]	25205
[REDACTED]	25021	1/4/2003	193613	APAP/HYDROCO 500 MG-5 MG	500 MG-5 MG	15	DUNCAN, JANELDA		RITE AID OF WE	[REDACTED]	25301
[REDACTED]	25130	1/24/2003	199055	DIAZEPAM	5 MG	40	UY, MANUEL T MD		MEDICINE STOP	[REDACTED]	25205
[REDACTED]	25130	2/8/2003	199055	DIAZEPAM	5 MG	40	UY, MANUEL T MD		MEDICINE STOP	[REDACTED]	25205
[REDACTED]	25130	2/24/2003	199055	DIAZEPAM	5 MG	40	UY, MANUEL T MD		MEDICINE STOP	[REDACTED]	25205
[REDACTED]	25130	3/21/2003	201287	DIAZEPAM	5 MG	40	UY, MANUEL T MD		MEDICINE STOP	[REDACTED]	25205
[REDACTED]	25130	3/29/2003	201287	DIAZEPAM	5 MG	40	UY, MANUEL T MD		MEDICINE STOP	[REDACTED]	25205
[REDACTED]	25130	4/7/2003	201287	DIAZEPAM	5 MG	40	UY, MANUEL T MD		MEDICINE STOP	[REDACTED]	25205
[REDACTED]	25130	4/21/2003	202437	DIAZEPAM	5 MG	40	UY, MANUEL T MD		MEDICINE STOP	[REDACTED]	25205
[REDACTED]	25130	4/30/2003	202437	DIAZEPAM	5 MG	40	UY, MANUEL T MD		MEDICINE STOP	[REDACTED]	25205
[REDACTED]	25130	5/8/2003	202437	DIAZEPAM	5 MG	40	UY, MANUEL T MD		MEDICINE STOP	[REDACTED]	25205
[REDACTED]	25130	5/12/2003	203256	APAP/HYDROCO 500 MG-5 MG	500 MG-5 MG	10	COOK, JOHN D DO		MEDICINE STOP	[REDACTED]	25205
[REDACTED]	25130	5/28/2003	203831	DIAZEPAM	5 MG	40	UY, MANUEL T MD		MEDICINE STOP	[REDACTED]	25205
[REDACTED]	25130	6/4/2003	203831	DIAZEPAM	5 MG	40	UY, MANUEL T MD		MEDICINE STOP	[REDACTED]	25205
[REDACTED]	25130	6/14/2003	203831	DIAZEPAM	5 MG	40	UY, MANUEL T MD		MEDICINE STOP	[REDACTED]	25205
[REDACTED]	25130	7/7/2003	205186	DIAZEPAM	5 MG	40	UY, MANUEL T MD		MEDICINE STOP	[REDACTED]	25205
[REDACTED]	25021	7/12/2003	492621	APAP/HYDROCO 500 MG-5 MG	500 MG-5 MG	10	UY, MANUEL T MD		MEDICINE STOP	[REDACTED]	25313
[REDACTED]	25130	7/16/2003	205186	DIAZEPAM	5 MG	40	UY, MANUEL T MD		RITE AID OF WE	[REDACTED]	25205
[REDACTED]	25130	7/25/2003	205186	DIAZEPAM	5 MG	40	UY, MANUEL T MD		MEDICINE STOP	[REDACTED]	25205
[REDACTED]	25130	7/30/2003	1307395	APAP/HYDROCO 650 MG-7.5 MG	650 MG-7.5 MG	90	HOOPER, KATHERIN		MEDICINE STOP	[REDACTED]	25637
[REDACTED]	25130	7/30/2003	1307396	DIAZEPAM	10 MG	60	HOOPER, KATHERIN		FAMILY DISCOUN	[REDACTED]	25637
[REDACTED]	25130	8/20/2003	206761	DIAZEPAM	5 MG	40	UY, MANUEL T MD		MEDICINE STOP	[REDACTED]	25205
[REDACTED]	25130	8/21/2003	1314877	DIAZEPAM	10 MG	60	HOOPER, KATHERIN		FAMILY DISCOUN	[REDACTED]	25637
[REDACTED]	25130	8/21/2003	1314876	APAP/HYDROCO 650 MG-7.5 MG	650 MG-7.5 MG	90	HOOPER, KATHERIN		FAMILY DISCOUN	[REDACTED]	25637
[REDACTED]	25130	8/29/2003	206761	DIAZEPAM	5 MG	40	UY, MANUEL T MD		MEDICINE STOP	[REDACTED]	25205
[REDACTED]	25130	9/16/2003	207765	DIAZEPAM	5 MG	40	UY, MANUEL T MD		MEDICINE STOP	[REDACTED]	25205
[REDACTED]	25130	9/18/2003	1324049	APAP/HYDROCO 650 MG-7.5 MG	650 MG-7.5 MG	90	HOOPER, KATHERIN		FAMILY DISCOUN	[REDACTED]	25637
[REDACTED]	25130	9/18/2003	1324050	DIAZEPAM	10 MG	60	HOOPER, KATHERIN		FAMILY DISCOUN	[REDACTED]	25637

REPORTS - WVBP - FULL NAME REPORT

ST	ID	DATE	DRUG	STRENGTH	QUANTITY	DOSE	PHYSICIAN	REASON	STATUS
6	25130	9/26/2003	207765 DIAZEPAM	5 MG	40	UY, MANUEL T MD	MEDICINE STOP	25205	
SU	25130	10/9/2003	207765 DIAZEPAM	5 MG	40	UY, MANUEL T MD	MEDICINE STOP	25205	
SU	25130	10/15/2003	1334235 DIAZEPAM	10 MG	60	GORBY, WILLIAM G	FAMILY DISCOUNT	25637	
SU	25130	10/15/2003	1334234 APAP/HYDROCO	650 MG-7.5 MG	90	GORBY, WILLIAM G	FAMILY DISCOUNT	25637	
SU	25130	10/29/2003	209406 DIAZEPAM	5 MG	40	UY, MANUEL T MD	MEDICINE STOP	25205	
SU	25130	11/7/2003	209406 DIAZEPAM	5 MG	40	UY, MANUEL T MD	MEDICINE STOP	25205	
SU	25130	11/12/2003	1344604 APAP/HYDROCO	650 MG-7.5 MG	90	HOOPER, KATHERIN	FAMILY DISCOUNT	25637	
SU	25130	11/12/2003	1344605 DIAZEPAM	10 MG	60	HOOPER, KATHERIN	FAMILY DISCOUNT	25637	
SU	25130	11/17/2003	209406 DIAZEPAM	5 MG	40	UY, MANUEL T MD	MEDICINE STOP	25205	
SU	25130	12/1/2003	210529 DIAZEPAM	5 MG	40	UY, MANUEL T MD	MEDICINE STOP	25205	
SU	25130	12/10/2003	210529 DIAZEPAM	5 MG	40	UY, MANUEL T MD	MEDICINE STOP	25205	
SU	25130	12/19/2003	210529 DIAZEPAM	5 MG	40	UY, MANUEL T MD	MEDICINE STOP	25205	
SU	25130	1/8/2004	1365892 APAP/HYDROCO	650 MG-10 MG	180	GORBY, WILLIAM G	FAMILY DISCOUNT	25637	
SU	25130	1/8/2004	1365891 DIAZEPAM	10 MG	60	GORBY, WILLIAM G	FAMILY DISCOUNT	25637	
SU	25130	1/10/2004	1365891 DIAZEPAM	10 MG	60	GORBY, WILLIAM G	FAMILY DISCOUNT	25637	
SU	25130	2/4/2004	212944 APAP/HYDROCO	500 MG-5 MG	6	LONG, WENQING MD	MEDICINE STOP	25205	
SU	25130	2/4/2004	212940 DIAZEPAM	5 MG	40	UY, MANUEL T MD	MEDICINE STOP	25205	
SU	25130	2/13/2004	212940 DIAZEPAM	5 MG	40	UY, MANUEL T MD	MEDICINE STOP	25205	
SU	25130	2/21/2004	212940 DIAZEPAM	5 MG	40	UY, MANUEL T MD	MEDICINE STOP	25205	
SU	25130	6/7/2004	217136 ENDOCET	325 MG-5 MG	60	MALI, CYRIL J MD	MEDICINE STOP	25205	
SU	25130	7/16/2004	218342 APAP/HYDROCO	650 MG-10 MG	40	UY, MANUEL T MD	MEDICINE STOP	25205	
SU	25130	7/26/2004	218342 APAP/HYDROCO	650 MG-10 MG	40	UY, MANUEL T MD	MEDICINE STOP	25205	
SU	25130	7/27/2004	218690 DIAZEPAM	5 MG	40	UY, MANUEL T MD	MEDICINE STOP	25205	
SU	25130	8/5/2004	218690 DIAZEPAM	5 MG	40	UY, MANUEL T MD	MEDICINE STOP	25205	
SU	25130	8/6/2004	219014 APAP/HYDROCO	650 MG-10 MG	40	UY, MANUEL T MD	MEDICINE STOP	25205	
SU	25130	8/16/2004	218690 DIAZEPAM	5 MG	40	UY, MANUEL T MD	MEDICINE STOP	25205	
SU	25130	8/17/2004	219315 APAP/HYDROCO	650 MG-10 MG	40	UY, MANUEL T MD	MEDICINE STOP	25205	
SU	25130	8/30/2004	219315 APAP/HYDROCO	650 MG-10 MG	40	UY, MANUEL T MD	MEDICINE STOP	25205	
SU	25130	9/8/2004	219315 APAP/HYDROCO	650 MG-10 MG	40	UY, MANUEL T MD	MEDICINE STOP	25205	
SU	25130	9/11/2004	220139 DIAZEPAM	5 MG	40	UY, MANUEL T MD	MEDICINE STOP	25205	
SU	25130	9/20/2004	220139 DIAZEPAM	5 MG	40	UY, MANUEL T MD	MEDICINE STOP	25205	
SU	25130	9/21/2004	220516 APAP/HYDROCO	650 MG-10 MG	40	UY, MANUEL T MD	MEDICINE STOP	25205	
SU	25130	9/29/2004	220139 DIAZEPAM	5 MG	40	UY, MANUEL T MD	MEDICINE STOP	25205	
SU	25130	9/30/2004	220516 APAP/HYDROCO	650 MG-10 MG	40	UY, MANUEL T MD	MEDICINE STOP	25205	

REPORTS - WVBOP - FULL NAME REPORT

S	25130	10/9/2004	220516	APAP/HYDROCO	650 MG-10 MG	40	UY, MANUEL T MD		MEDICINE STOP	25205
S	25130	10/25/2004	221511	APAP/HYDROCO	500 MG-7.5 MG	15	SPEARS, TIMOTHY		MEDICINE STOP	25205
S	25130	8/3/2006	1710440	APAP/HYDROCO	650 MG-10 MG	90	HOOVER, KATHERIN		FAMILY DISCOUNT	25637
S	25130	8/3/2006	1710441	ALPRAZOLAM	1 MG	90	HOOVER, KATHERIN		FAMILY DISCOUNT	25637
S	25130	8/28/2006	243000	APAP/HYDROCO	500 MG-5 MG	150	DAVIS, NICHOLAS		MEDICINE STOP	25205
S	25130	8/28/2006	242999	ALPRAZOLAM	0.25 MG	90	DAVIS, NICHOLAS		MEDICINE STOP	25205
S	25130	9/5/2006	1720943	APAP/HYDROCO	650 MG-10 MG	90	HOOVER, KATHERIN		FAMILY DISCOUNT	25637
S	25130	9/5/2006	1720944	ALPRAZOLAM	1 MG	90	HOOVER, KATHERIN		FAMILY DISCOUNT	25637
S	25130	10/3/2006	1732087	APAP/HYDROCO	650 MG-10 MG	90	HOOVER, KATHERIN		FAMILY DISCOUNT	25637
S	25130	10/3/2006	1732088	ALPRAZOLAM	1 MG	90	HOOVER, KATHERIN		FAMILY DISCOUNT	25637
S	25130	10/31/2006	1742030	ALPRAZOLAM	1 MG	90	HOOVER, KATHERIN		FAMILY DISCOUNT	25637
S	25130	10/31/2006	1742029	APAP/HYDROCO	650 MG-10 MG	90	HOOVER, KATHERIN		FAMILY DISCOUNT	25637
S	25130	12/4/2006	1758658	APAP/HYDROCO	650 MG-10 MG	90	HOOVER, KATHERIN		FAMILY DISCOUNT	25637
S	25130	12/4/2006	1758796	ALPRAZOLAM	1 MG	90	HOOVER, KATHERIN		FAMILY DISCOUNT	25637
S	25130	1/1/2007	1763434	ALPRAZOLAM	1 MG	90	HOOVER, KATHERIN		FAMILY DISCOUNT	25637
S	25130	1/1/2007	1763433	APAP/HYDROCO	650 MG-10 MG	90	HOOVER, KATHERIN		FAMILY DISCOUNT	25637
S	25130	1/29/2007	1774432	ALPRAZOLAM	1 MG	90	HOOVER, KATHERIN		FAMILY DISCOUNT	25637
S	25130	1/29/2007	1774431	APAP/HYDROCO	650 MG-10 MG	90	HOOVER, KATHERIN		FAMILY DISCOUNT	25637
S	25130	2/26/2007	1784698	ALPRAZOLAM	1 MG	90	HOOVER, KATHERIN		FAMILY DISCOUNT	25637
S	25130	2/26/2007	1784697	APAP/HYDROCO	650 MG-10 MG	90	HOOVER, KATHERIN		FAMILY DISCOUNT	25637
S	25130	3/28/2007	1796601	APAP/HYDROCO	650 MG-10 MG	90	HOOVER, KATHERIN		FAMILY DISCOUNT	25637
S	25130	3/28/2007	1796602	ALPRAZOLAM	1 MG	90	HOOVER, KATHERIN		FAMILY DISCOUNT	25637
S	25130	4/18/2007	4385735	DIAZEPAM	5 MG	2	SPEARS, TIMOTHY		FAMILY DISCOUNT	25637
S	25021	4/21/2007	559622	APAP/HYDROCO	500 MG-7.5 MG	10	SPEARS, TIMOTHY		FRUTH PHARMACY RITE AID OF WE	25314
S	25130	4/25/2007	1905764	APAP/HYDROCO	650 MG-10 MG	90	HOOVER, KATHERIN		FAMILY DISCOUNT	25637
S	25130	4/25/2007	1905765	ALPRAZOLAM	1 MG	90	HOOVER, KATHERIN		FAMILY DISCOUNT	25637

REPORTS - WVBP - FULL NAME REPORT

ST	DATE	TIME	DRUG	DOSE	QTY	PHARMACY	STREET	ZIP
SU	25130	5/23/2007	1815623	ALPRAZOLAM	1 MG	90	HOOVER, KATHERIN	25637
SU	25130	5/23/2007	1815624	APAP/HYDROCO	650 MG-10 MG	90	HOOVER, KATHERIN	25637
SU	25130	6/13/2007	853633	LORTAB 5/500	500 MG-5 MG	8	LONG, WENQING MD	25130
SU	25130	6/16/2007	854137	VICODIN ES	750 MG-7.5 MG	20	HENSLEY, JENNIFE	25130
SU	25130	6/20/2007	1824873	ALPRAZOLAM	1 MG	90	HOOVER, KATHERIN	25637
SU	25130	6/20/2007	1824874	APAP/HYDROCO	650 MG-10 MG	90	HOOVER, KATHERIN	25637
SU	25130	6/29/2007	856321	VICODIN ES	750 MG-7.5 MG	20	COOK, JOHN D DO	25130
SU	25130	7/2/2007	856325	APAP/HYDROCO	750 MG-7.5 MG	15	HILL, KATHY J NP	25130
SU	25130	7/12/2007	858376	APAP/HYDROCO	500 MG-7.5 MG	15	HARPER-ALLEN, ME	25130
SU	25130	7/18/2007	1833620	ALPRAZOLAM	1 MG	90	HOOVER, KATHERIN	25637
SU	25130	7/18/2007	1833619	APAP/HYDROCO	650 MG-10 MG	90	HOOVER, KATHERIN	25637
SU	25130	7/30/2007	860963	APAP/HYDROCO	500 MG-5 MG	40	CROMPTON, JOHN D	25130
SU	25130	8/16/2007	1843822	ALPRAZOLAM	1 MG	90	HOOVER, KATHERIN	25637
SU	25130	8/16/2007	1843821	APAP/HYDROCO	650 MG-10 MG	90	HOOVER, KATHERIN	25637
SU	25130	10/26/2007	13725	APAP/HYDROCO	650 MG-10 MG	90	HOOVER, KATHERIN	25637
SU	25130	10/26/2007	13726	ALPRAZOLAM	1 MG	90	HOOVER, KATHERIN	25637
SU	25130	11/21/2007	21604	APAP/HYDROCO	650 MG-10 MG	90	HOOVER, KATHERIN	25637
SU	25130	11/21/2007	21605	ALPRAZOLAM	1 MG	90	HOOVER, KATHERIN	25637
SU	25130	12/20/2007	30318	APAP/HYDROCO	650 MG-10 MG	90	HOOVER, KATHERIN	25637
SU	25130	12/20/2007	30319	ALPRAZOLAM	1 MG	90	HOOVER, KATHERIN	25637
SU	25130	1/25/2008	41190	APAP/HYDROCO	650 MG-10 MG	90	HOOVER, KATHERIN	25637
SU	25130	1/25/2008	41191	ALPRAZOLAM	1 MG	90	HOOVER, KATHERIN	25637
SU	25130	4/16/2008	907191	ALPRAZOLAM	0.5 MG	50	MODY, JAYSHRI MD	25701
SU	25130	4/16/2008	907193	APAP/HYDROCO	650 MG-10 MG	15	HARPER-ALLEN, ME	25130
SU	25130	4/17/2008	907496	APAP/HYDROCO	500 MG-5 MG	20	GRIMES, MICHAEL	25130
SU	25021	5/9/2008	627932	ALPRAZOLAM	1 MG	90	GUO, WEIXING MD	25508

REPORTS - WVBOP - FULL NAME REPORT

ST	25021 5/9/2008	627930	APAP/HYDROCO 500 MG-10 MG	120	GUO, WEIXING MD	RITE AID OF WE	25508
ST	25130 6/7/2008	916164	GABAPENTIN 600 MG	120	GUO, WEIXING MD	LARRY'S DRIVE-	25130
ST	25130 6/7/2008	916165	ALPRAZOLAM 1 MG	90	GUO, WEIXING MD	LARRY'S DRIVE-	25130
ST	25130 6/7/2008	916166	APAP/HYDROCO 325 MG-10 MG	120	GUO, WEIXING MD	LARRY'S DRIVE-	25130
ST	25130 7/2/2008	920379	ALPRAZOLAM 1 MG	90	GUO, WEIXING MD	LARRY'S DRIVE-	25130
ST	25130 7/2/2008	920390	GABAPENTIN 600 MG	120	GUO, WEIXING MD	LARRY'S DRIVE-	25130
ST	25130 7/2/2008	920378	APAP/HYDROCO 650 MG-10 MG	120	GUO, WEIXING MD	LARRY'S DRIVE-	25130
ST	25053 7/11/2008	450431	APAP/OXYCODO 325 MG-5 MG	10	SITLER, MICHAEL	ALLUM CREEK PHA	25003
ST	25130 7/29/2008	924639	APAP/HYDROCO 650 MG-10 MG	120	GUO, WEIXING MD	LARRY'S DRIVE-	25130
ST	25130 7/29/2008	924640	ALPRAZOLAM 1 MG	90	GUO, WEIXING MD	LARRY'S DRIVE-	25130
ST	25130 7/29/2008	924641	GABAPENTIN 600 MG	120	GUO, WEIXING MD	LARRY'S DRIVE-	25130
ST	25130 8/27/2008	929367	GABAPENTIN 600 MG	120	GUO, WEIXING MD	LARRY'S DRIVE-	25130
ST	25130 8/27/2008	929368	APAP/HYDROCO 650 MG-10 MG	120	GUO, WEIXING MD	LARRY'S DRIVE-	25130
ST	25130 8/27/2008	929369	ALPRAZOLAM 1 MG	90	GUO, WEIXING MD	LARRY'S DRIVE-	25130
ST	25130 9/26/2008	934277	APAP/HYDROCO 650 MG-10 MG	120	GUO, WEIXING MD	LARRY'S DRIVE-	25130
ST	25130 9/26/2008	934278	GABAPENTIN 600 MG	120	GUO, WEIXING MD	LARRY'S DRIVE-	25130
ST	25130 9/26/2008	934279	ALPRAZOLAM 1 MG	90	GUO, WEIXING MD	LARRY'S DRIVE-	25130
ST	25130 11/6/2008	941633	ALPRAZOLAM 1 MG	18	CHANA, ZIAD MD	LARRY'S DRIVE-	25130
ST	25130 11/6/2008	4220414	APAP/HYDROCO 660 MG-10 MG	24	CHANA, ZIAD MD	MEDICAP PHARMA	25053
ST	25130 11/6/2008	941635	GABAPENTIN 600 MG	120	HILL, KATHY JNP	LARRY'S DRIVE-	25130
ST	25130 11/17/2008	942496	APAP/HYDROCO 650 MG-10 MG	60	CHATTIN, RONALD	LARRY'S DRIVE-	25130
ST	25130 11/17/2008	942497	ALPRAZOLAM 1 MG	90	CHATTIN, RONALD	LARRY'S DRIVE-	25130
ST	25130 12/8/2008	946877	GABAPENTIN 600 MG	90	CHATTIN, RONALD	LARRY'S DRIVE-	25130
ST	25130 12/8/2008	942496	APAP/HYDROCO 650 MG-10 MG	60	CHATTIN, RONALD	LARRY'S DRIVE-	25130
ST	25130 12/8/2008	942497	ALPRAZOLAM 1 MG	90	CHATTIN, RONALD	LARRY'S DRIVE-	25130
ST	25130 1/10/2009	946877	GABAPENTIN 600 MG	90	CHATTIN, RONALD	LARRY'S DRIVE-	25130
ST	25130 2/16/2009	946877	GABAPENTIN 600 MG	90	CHATTIN, RONALD	LARRY'S DRIVE-	25130
ST	25130 2/18/2009	958156	APAP/HYDROCO 650 MG-10 MG	60	CHATTIN, RONALD	LARRY'S DRIVE-	25130
ST	25130 2/18/2009	958157	ALPRAZOLAM 1 MG	90	CHATTIN, RONALD	LARRY'S DRIVE-	25130
ST	25130 2/28/2009	277644	VICODIN ES 750 MG-7.5 MG	12	HOWELL, HAROLD H	LARRY'S DRIVE-MEDICINE STOP	25205
ST	25053 3/2/2009	462397	APAP/HYDROCO 500 MG-10 MG	20	ALLEN, LEONARD F	ALLUM CREEK PHA	25003
ST	25053 3/5/2009	462714	APAP/HYDROCO 500 MG-10 MG	15	ALLEN, LEONARD F	ALLUM CREEK PHA	25003
ST	25130 3/7/2009	958156	APAP/HYDROCO 650 MG-10 MG	60	CHATTIN, RONALD	LARRY'S DRIVE-	25130

REPORTS - WVBOP - FULL NAME REPORT

S [REDACTED]

25130 3/19/2009 958157 ALPRAZOLAM 1 MG

90 CHATTIN, RONALD

[REDACTED]

LARRY'S DRIVE-

[REDACTED]

25130

PATIENT 2

JT

EXHIBIT 4

WEST VIRGINIA BOARD OF MEDICINE
 101 DEE DRIVE, SUITE 103
 CHARLESTON, WV 25311
REPORT OF INVESTIGATION

Date of Call or Visit: February 12, 2010		Time: A M	
Name: J. T. Office: Address: [REDACTED] City, State, Zip: [REDACTED]		Phone Number: [REDACTED]	Called >
		304-757-3203	Visited > X Emailed >
Investigator's Name: Leslie A. Higginbotham, CMBI Office: West Virginia Board of Medicine Address: 101 Dee Drive, Suite 103 City, State, Zip: Charleston, WV 25311		Phone Number: 304.558.2921	Called >
			Visited > Emailed >

Licensee: Weixing Guo, M.D.
 WV Spine and Pain Clinic, PLLC
 Madison, WV 25130

Weixing Guo, M.D.
 WV Spine and Pain Clinic, PLLC
 Cross Lanes, WV 25313

Interview:

In September 2008, the Complaint Committee initiated a complaint against Weixing Guo, M.D., relating to dishonorable, unethical or unprofessional conduct, that related to the prescribing or dispensing controlled substances with the intent or knowledge that they will be used other than medicinally or for an accepted therapeutic purpose, with the intent to evade the law with respect to the sale, use or disposition of controlled substances, and in such amounts that licensee knows or has reason to know, under the attendant circumstances, are excessive under accepted and prevailing medical practice standards; relating to prescribing, dispensing, or administering a prescription drug other than in good faith and in a therapeutic manner in accordance with accepted medical standards; and failing to perform any statutory or legal obligation, and failing to practice medicine acceptably. The Complaint Committee requested further investigation.

On February 12, 2009, Dr. Guo entered into a Consent Order with the Board to cease and desist from prescribing any scheduled controlled substances while the investigation continues.

On February 12, 2010, J. T. (J. T.) was interviewed at the office of the West Virginia Board of Medicine, in Charleston, WV, by Investigator Higginbotham with respect to J. T.'s knowledge regarding Dr. Guo. J. T. stated that all of her office visits with Dr. Guo occurred at the Cross Lanes, WV.

J. T. heard of Dr. Guo from her husband P. T. (P. T.). P. T. heard about Dr. Guo through word of mouth from employees at the restaurant he managed, [REDACTED] in Cross Lanes, West Virginia office.

J. T. stated that she went to Dr. Guo's Cross Lanes, WV office on every appointment. J. T. stated that she signed in, paid cash and waited her turn to see Dr. Guo. J. T. further stated that the charge for her office visits started around \$150.00 and when Dr. Guo closed his office, the charge for an office visit was \$250.00. According to J. T., she was taken to an exam room, Dr. Guo would enter the exam room and shut the door. J. T. stated that the first three months, J. T. and Dr. Guo "got to know each other." Dr. Guo stated to J.

Initials and Date: J. T. 2-26-10	Case Number: 08-119-W
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T., "You are screwed up. I take care of you." J. T. stated that as the months went on, Dr. Guo started "coming on to her." Dr. Guo would tell J. T. that she was a pretty lady. J. T. would thank him. J. T. stated that her exams started to get aggressive. During the exam that Dr. Guo did to assess her range of motion to see how far J. T. could bend over, Dr. Guo would put his hands on her butt and tell J. T. that she had a "nice ass." According to J. T. on one office visit, Dr. Guo grabbed the budge of his penis from the outside of his pants and shook his penis at her and pointed. Then made a gesture to J. T. to come over and get on him. J. T. stated that she felt Guo's penis against her butt while she was bending over as Dr. Guo conducted an exam. J. T. stated that Dr. Guo would "hump her body really fast like a dog" while Dr. Guo's penis was still in his pants.

J. T. stated that Dr. Guo provided her with his cell phone number during one appointment and told J. T. "if you ever need me, give me a call." J. T. stated that at some point, the phone calls started between J. T. and Dr. Guo. J. T. further stated that month after month as she continued her exams with Dr. Guo, the sexual advances became even more aggressive. According to J. T., Dr. Guo would feel her back as she lay on the exam table on her side, as Dr. Guo conducted an exam on her back, Dr. Guo would take her shirt off and ask her, "You have tummy problems today" as Dr. Guo ran his hands up J. T.'s stomach to her breasts and grabbed her breasts. On one visit, Dr. Guo asked J. T. if she's had a breast exam. J. T. stated that she took her bra off and Dr. Guo acted like he was giving her a breast exam. J. T. stated that she has had breast exams before that Dr. Guo's exam was not a breast exam. Dr. Guo told J. T. that she had nice breasts. J. T. stated that she let Dr. Guo do "theses things" to her and J. T. accepted the fact that Dr. Guo was "gonna treat me that way in order for me to get my prescriptions."

J. T. stated that on one particular visit, she had a cast on her leg and had to remove her pants while Dr. Guo stayed in the room. J. T. further stated that Dr. Guo stated to J. T. "I want to fuck you. Paul good guy, but I still fuck his wife."

J. T. stated that during one exam, Dr. Guo asked her, "Do you have bush or are you bareback" referring to her pubic area.

J. T. stated that on one particular visit, Dr. Guo asked J. T. if she was horny because her nipples were hard. J. T. replied no, she was cold and again, Dr. Guo proceeded to touch her breasts.

J. T. stated that on one particular visit, J. T. was the last patient in the office and Dr. Guo grabbed J. T. turned her in to Dr. Guo's body and tried to kiss J. T. and hump her body. J. T. stated that she turned her face and pulled away and attempted to laugh it off, as she asked Dr. Guo what he was doing.

J. T. stated that on a Saturday evening, she exchanged phone calls with Dr. Guo and agreed to meet Dr. Guo at his office around 10:00 p.m. According to J. T., Dr. Guo told J. T. to come to his office after hours because he needed to talk to her about the DEA, Board of Medicine, and rumors about him. J. T. met Dr. Guo at his Cross Lanes office. Dr. Guo took J. T. to his private office to talk. After Dr. Guo talked to J. T. about the "rumors," Dr. Guo showed J. T. a picture of his erect penis that Dr. Guo took while he was in the shower naked. J. T. stated that Dr. Guo took the picture of his penis from his desk drawer. Dr. Guo started patting his legs and asked J. T. to "come sit on my lap." J. T. stated that she had to go home to her kids. Dr. Guo stated, "I understood you have to go we do it again some other time." According to J. T. on her way out of the office, Dr. Guo stated, "Since I didn't get to fuck you come here." Dr. Guo put his hand in her shirt, grabbed her breast, exposed her breast and licked her breast. J. T. asked Dr. Guo "What are you doing?" Dr. Guo replied, "I like to do that." J. T. told Dr. Guo to stop and left the office. J. T. stated that Dr. Guo told her, "I don't want to disrespect you but I like you so much. I would marry you." J. T. replied, "If I wasn't married, I might consider it." J. T. stated that she was afraid she would not get her prescription if she didn't reply.

J. T. stated that the "sexual passes" Dr. Guo made towards her, made her feel like she cheated on her husband, and degraded her. J. T. stated that she was scared that if she didn't "put up with Dr. Guo's sexual passes," Guo would cut-off J. T. and P. T. prescriptions.

J. T. stated that she told Dr. Guo about all the "junkies" he had for patients. J. T. further stated that she told Dr. Guo he needed to start urine screens and pill counts. J. T. and P. T. stated that patients were talking in the waiting room and outside the office about buying and exchanging pills off each other.

J. T. stated that Dr. Guo gave all patients a month notice before he closed. A week before Dr. Guo closed his office, Dr. Guo instructed the T. to get all their prescriptions filled at once because after February 15, 2009, no pharmacy would fill his prescriptions.

After Dr. Guo closed his practice, J. T. and P. T. stated that no other doctor would treat them. They went to the ER, and a couple of other physicians, that didn't have a six to eight month waiting list. After we mentioned Dr. Guo's name no other physician would treat us. J. T. stated that they were treated like "we were dogs."

J. T. stated that she was so desperate for help after Dr. Guo closed his office, J. T. called Dr. Guo asking him for help because no other doctor would treat her and P. T. J. T. stated that she felt suicidal, sick, and they had no money from the pills prescribed by Dr. Guo. Dr. Guo met J. T. in the parking lot of Putnam General Hospital located in Hurricane, WV. J. T. got in Dr. Guo's truck crying and told Dr. Guo that she was angry and begged Dr. Guo for his help because he had ruined their lives with the pills that he addicted them to. J. T. stated that Dr. Guo told her there was nothing he could do. J. T. stated that Dr. Guo gave J. T. \$200.00 for groceries, to help get back on track. Dr. Guo stated to J. T. if she was contacted by the DEA, Board of Medicine or anyone, she was not to tell anyone about "our relations." J. T. stated that Dr. Guo did not want her to say anything about Dr. Guo licking her breasts, massaging her breasts, grabbing her ass, telling her how he wanted to fuck her, grabbing his dick, showing her a picture of his penis and all his other dirty talk.

J. T. stated that she tried to get in to a suboxone clinic for help. J. T. and P. T. stated that after Dr. Guo closed his office, they went through the worse withdrawal ever. J. T. and P. T. stated that they had to rely on family members to care for their children. J. T. and P. T. stated, "We were dehydrated, there were days we laid in the floor in our own vomit." J. T. went to Thomas Memorial Hospital for treatment. P. T. fought through withdrawals. J. T. and P. T. stated that with the pain and suffering Dr. Guo put us through, "Dr. Guo does not need his license back. We do not want to see Dr. Guo get his license back."



State of West Virginia Board of Medicine

FILE COPY

JOHN A. WADE, JR., MD
PRESIDENT

CATHERINE SLEMP, MD, MPH
SECRETARY

101 Dee Drive, Suite 103
Charleston, WV 25311
Telephone 304.558.2921
Fax 304.558.2084
www.wvbom.wv.gov

J. DAVID LYNCH, JR., MD
VICE PRESIDENT

ROBERT C. KNITTLE
EXECUTIVE DIRECTOR

SUBPOENA

BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN THE MATTER OF:

Weixing Guo, M.D.
Complaint Number: 08-119-G

Original subpoena issued in the matter
of Weixing Guo MD

was hand delivered to Jessica
A. Testa at 3:14pm
B Cordoba Dewe this
26th day of Jan, 2010

To: Jessica Testa
13 Cordoba Dewe
Charleston, WV 25311

Leslie A. Higginbotham
WEST VIRGINIA BOARD OF MEDICINE

IN THE NAME OF THE WEST VIRGINIA BOARD OF MEDICINE: You are hereby summoned and commanded to appear at West Virginia Board of Medicine, 101 Dee Drive, Suite 103, Charleston, WV, 25311, on Friday, February 5, 2010 at 11:00 a.m. for an informal conference and discussion in furtherance of an investigation of the Complaint Committee of the West Virginia Board of Medicine. 11 CSR 3 10.9. Failure to appear may subject you to an attachment proceeding for contempt in the Circuit Court of Kanawha County to compel compliance with this subpoena. W.V. Code §29A-5-1(b).

DATED: JAN 26 2010

BOARD SEAL

John A. Wade, Jr., MD
John A. Wade, Jr., M.D.
President



State of West Virginia
Board of Medicine

JOHN A. WADE, JR., MD
PRESIDENT

CATHERINE SLEMP, MD, MPH
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J. DAVID LYNCH, JR., MD
VICE PRESIDENT

ROBERT C. KNITTLE
EXECUTIVE DIRECTOR

SUBPOENA

BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN THE MATTER OF: Weixing Guo, M.D.
Complaint Number: 08-119-G

To: ~~Jessamine Tosta~~
~~10-Charleston Drive~~
~~Harrison, WV 25806~~

IN THE NAME OF THE WEST VIRGINIA BOARD OF MEDICINE: You are hereby summoned and commanded to appear at West Virginia Board of Medicine, 101 Dee Drive, Suite 103, Charleston, WV, 25311, on Friday, February 5, 2010 at 11:00 a.m. to give a statement under oath in furtherance of an investigation of the Complaint Committee of the West Virginia Board of Medicine. 11 CSR 3 10.9. Failure to appear may subject you to an attachment proceeding for contempt in the Circuit Court of Kanawha County to compel compliance with this subpoena. W.V. Code §29A-5-1(b).

DATED: JAN 26 2010

BOARD SEAL

John A. Wade, Jr., M.D.
President

West Virginia Board of Medicine

101 Dee Drive, Suite 103

Charleston, WV 25311

(304) 558-2921

DRIVING DIRECTIONS:

From I-64, East or West:

1. Take Exit # 99 (State Capitol, Greenbrier Street, Yeager Airport) toward Yeager Airport.
2. Go up Greenbrier Street (approximately four tenths of a mile) and turn right at the traffic light onto Hillcrest Drive. (If you go as far as the airport intersection, you have gone too far.)
3. Follow Hillcrest Drive (approximately one mile to top of mountain), turn right off Hillcrest Drive into the Hillcrest Office Park complex.
4. Turn left on Players Club Drive.
5. Follow Players Club Drive to the mailboxes and turn left. This puts you onto Dee Drive.
6. Follow this road to 101 Dee Drive (at sign) and go the length of the building and turn right at the end of the building and park here.
7. Board office is the first door on the right after entering the building.

From Kanawha Boulevard :

1. Turn onto Greenbrier Street.
2. Go up Greenbrier Street to the fourth (4th) traffic light, turn right onto Hillcrest Drive.
3. Follow Hillcrest Drive (approximately one mile to top of mountain), turn right off Hillcrest Drive into the Hillcrest Office Park complex.
4. Turn left on Players Club Drive.
5. Follow Players Club Drive to the mailboxes and turn left. This puts you onto Dee Drive.
6. Follow this road to 101 Dee Drive (at sign) and go the length of the building and turn right at the end of the building and park here.
7. Board office is the first door on the right after entering the building.

Date: 11/30/2009 Date of Birth: [REDACTED] Beginning Date: 01-01-2003 Ending Date: 11-30-2009

First Name: J [REDACTED] Last Name: T [REDACTED]

First Name	Address	Zip	Fill Date	Rx No	Product Name	Strength	Qty	Doctor Name	Doctor Dea	Pharm Name	Pharm DEA Ph Zip
[REDACTED]	[REDACTED]	25309	11/6/2003	384534	APAP/HYDROCO	500 MG-5 MG	12	EWING, KIMBERLY	[REDACTED]	RITE AID OF WE	25304
[REDACTED]	[REDACTED]	25309	9/26/2003	447260	APAP/HYDROCO	500 MG-5 MG	10	ZAMANSKY, GREGOR	[REDACTED]	RITE AID OF WE	25304
[REDACTED]	[REDACTED]	25303	9/27/2003	4443519	DIAZEPAM	10 MG	10	DICKEY, THOMAS O	[REDACTED]	RITE AID OF WE	25303
[REDACTED]	[REDACTED]	25309	11/16/2004	398757	LORAZEPAM	0.5 MG	20	JENKINS, MARY BU	[REDACTED]	RITE AID OF WE	25303
[REDACTED]	[REDACTED]	25309	1/18/2005	407417	CLONAZEPAM	0.5 MG	25	JENKINS, MARY BU	[REDACTED]	RITE AID OF WE	25326
[REDACTED]	[REDACTED]	25309	3/28/2005	417853	CLONAZEPAM	0.5 MG	25	JENKINS, MARY BU	[REDACTED]	RITE AID OF WE	25326
[REDACTED]	[REDACTED]	25309	3/29/2005	418049	APAP/HYDROCO	500 MG-7.5 MG	30	JENKINS, MARY BU	[REDACTED]	RITE AID OF WE	25326
[REDACTED]	[REDACTED]	25309	3/30/2005	418073	APAP/HYDROCO	500 MG-10 MG	20	JENKINS, MARY BU	[REDACTED]	RITE AID OF WE	25326
[REDACTED]	[REDACTED]	25309	4/19/2005	420953	APAP/HYDROCO	500 MG-10 MG	20	JENKINS, MARY BU	[REDACTED]	RITE AID OF WE	25326
[REDACTED]	[REDACTED]	25309	4/19/2005	420954	CLONAZEPAM	0.5 MG	30	JENKINS, MARY BU	[REDACTED]	RITE AID OF WE	25326
[REDACTED]	[REDACTED]	25309	5/18/2005	420954	CLONAZEPAM	0.5 MG	30	JENKINS, MARY BU	[REDACTED]	RITE AID OF WE	25326
[REDACTED]	[REDACTED]	25303	5/26/2005	122898	CLONAZEPAM	0.5 MG	20	JENKINS, MARY BU	[REDACTED]	RITE AID OF WE	25326
[REDACTED]	[REDACTED]	25309	6/13/2005	427929	DIAZEPAM	2 MG	25	JENKINS, MARY BU	[REDACTED]	RITE AID OF WE	25326
[REDACTED]	[REDACTED]	25303	6/22/2005	124993	CLONAZEPAM	0.5 MG	30	JENKINS, MARY BU	[REDACTED]	RITE AID OF WE	25326
[REDACTED]	[REDACTED]	25309	6/27/2005	429680	APAP/HYDROCO	500 MG-10 MG	25	JENKINS, MARY BU	[REDACTED]	RITE AID OF WE	25326
[REDACTED]	[REDACTED]	25303	7/20/2005	127079	CLONAZEPAM	0.5 MG	15	JENKINS, MARY BU	[REDACTED]	RITE AID OF WE	25326
[REDACTED]	[REDACTED]	25303	7/28/2005	127720	APAP/HYDROCO	500 MG-10 MG	25	JENKINS, MARY BU	[REDACTED]	RITE AID OF WE	25326
[REDACTED]	[REDACTED]	25309	8/9/2005	434779	APAP/HYDROCO	500 MG-10 MG	20	JENKINS, MARY BU	[REDACTED]	RITE AID OF WE	25326
[REDACTED]	[REDACTED]	25309	8/9/2005	434776	CLONAZEPAM	0.5 MG	15	JENKINS, MARY BU	[REDACTED]	RITE AID OF WE	25326
[REDACTED]	[REDACTED]	25303	9/6/2005	130559	CLONAZEPAM	0.5 MG	15	JENKINS, MARY BU	[REDACTED]	RITE AID OF WE	25326

25303 9/19/2005	131564	APAP/HYDROCO	500 MG-10	10	JENKINS, MARY BU	CVS PHARMACY	25526
25303 9/19/2005	131565	CLONAZEPAM	0.5 MG	30	JENKINS, MARY BU	CVS PHARMACY	25526
25303 9/27/2005	132344	APAP/HYDROCO	500 MG-5 MG 10	10	JENKINS, MARY BU	CVS PHARMACY	25526
25303 10/13/2005	133824	CLONAZEPAM	0.5 MG	30	JENKINS, MARY BU	CVS PHARMACY	25526
25303 10/17/2005	4000276	APAP/HYDROCO	500 MG-10	30	JENKINS, MARY BU	FRUTH PHARMACY	25560
25309 10/20/2005	444107	APAP/HYDROCO	500 MG-5 MG 15	15	REYNOLD, WILLIAM	RITE AID OF WE	25526
25303 11/21/2005	4000532	APAP/HYDROCO	500 MG-10	25	JENKINS, MARY BU	FRUTH PHARMACY	25560
25303 12/29/2005	4000809	APAP/HYDROCO	500 MG-10	10	JENKINS, MARY BU	FRUTH PHARMACY	25560
25303 2/28/2006	4001433	APAP/HYDROCO	500 MG-5 MG 10	10	LUBY, BERNARD J	FRUTH PHARMACY	25560
25303 3/29/2006	4006064	APAP/HYDROCO	500 MG-10	90	LOMBOY, CAROLINE	DUANES DISCOU	33809
25303 3/29/2006	4006063	ALPRAZOLAM	1 MG	90	LOMBOY, CAROLINE	DUANES DISCOU	33809
25303 4/25/2006	4006063	ALPRAZOLAM	1 MG	90	LOMBOY, CAROLINE	DUANES DISCOU	33809
25303 4/25/2006	4006064	APAP/HYDROCO	500 MG-10	90	LOMBOY, CAROLINE	DUANES DISCOU	33809
25303 5/24/2006	4006064	APAP/HYDROCO	500 MG-10	90	LOMBOY, CAROLINE	DUANES DISCOU	33809
25303 5/24/2006	4006063	ALPRAZOLAM	1 MG	90	LOMBOY, CAROLINE	DUANES DISCOU	33809
25309 6/14/2006	647185	CLONAZEPAM	0.5 MG	30	LUBY, BERNARD J	RITE AID OF WE	25303
25309 6/14/2006	647187	APAP/OXYCODO	500 MG-5 MG 20	20	LUBY, BERNARD J	RITE AID OF WE	25303
25303 6/30/2006	4015223	ALPRAZOLAM	1 MG	90	CURTISS, MICHAEL	DUANES DISCOU	33809
25303 6/30/2006	4015224	APAP/HYDROCO	500 MG-10	90	CURTISS, MICHAEL	DUANES DISCOU	33809
25303 7/1/2006	4003325	HYDROCODONE	10 - 500 MG	12	SELANIK, VIRGINI	FRUTH PHARMACY	25560
25303 7/20/2006	4003696	APAP/HYDROCO	500 MG-7.5	10	MONDAY, DANIEL	FRUTH PHARMACY	25560
25303 7/21/2006	4003719	APAP/HYDROCO	650 MG-10	10	MONDAY, DANIEL	FRUTH PHARMACY	25560
25303 7/25/2006	4003789	HYDROCODONE	7.5-500	25	JENKINS, MARY BU	FRUTH PHARMACY	25560
25303 7/27/2006	4015223	ALPRAZOLAM	1 MG	90	CURTISS, MICHAEL	DUANES DISCOU	33809
25303 7/27/2006	4015224	APAP/HYDROCO	500 MG-10	90	CURTISS, MICHAEL	DUANES DISCOU	33809

25303	8/4/2006	162050	CLONAZEPAM	MG	0.5 MG	10	JENKINS, MARY BU	BW4920181	CVS PHARMACY	25526
25309	8/5/2006	813127	APAP/HYDROCO	500 MG-5 MG	12	SMITH, DANIEL L			RITE AID OF WE	25313
25309	8/9/2006	658299	HYDROCODONE	200 MG -	15	KENNEDY, JAMES A			RITE AID OF WE	25303
25303	8/16/2006	4004258	APAP/HYDROCO	500 MG-10	20	KENNEDY, JAMES A			FRUTH PHARMACY	25560
25303	8/19/2006	4004322	APAP/HYDROCO	500 MG-10	15	KENNEDY, JAMES A			FRUTH PHARMACY	25560
25309	8/22/2006	660876	APAP/HYDROCO	500 MG-7.5	9	JENKINS, MARY BU			RITE AID OF WE	25303
25303	8/23/2006	4015224	APAP/HYDROCO	500 MG-10	90	CURTISS, MICHAEL			DUANES DISCOU	33809
25303	8/23/2006	4015223	ALPRAZOLAM	1 MG	90	CURTISS, MICHAEL			DUANES DISCOU	33809
25303	8/30/2006	4004528	DIAZEPAM	30	BAKER, LARRY A D				FRUTH PHARMACY	25560
25303	8/30/2006	4004529	HYDROCODONE	10 - 500 MG	60	BAKER, LARRY A D			FRUTH PHARMACY	25560
25303	9/13/2006	4004764	HYDROCODONE	10 - 500 MG	90	BAKER, LARRY A D			FRUTH PHARMACY	25560
25303	9/13/2006	4004765	DIAZEPAM	90	BAKER, LARRY A D				FRUTH PHARMACY	25560
25303	9/20/2006	71954	APAP/HYDROCO	500 MG-10	90	CURTISS, MICHAEL			Accumed RX I	33614
25303	9/20/2006	71955	ALPRAZOLAM	1 MG	90	CURTISS, MICHAEL			Accumed RX I	33614
25303	9/25/2006	166899	ALPRAZOLAM	2 MG	30	KOTTAPALLI, MAHI			CVS PHARMACY	25526
25303	9/25/2006	166900	ADDERALL	10 MG	30	KOTTAPALLI, MAHI			CVS PHARMACY	25526
25303	10/4/2006	4005188	APAP/HYDROCO	500 MG-10	30	RATLIFF, DAVID S			FRUTH PHARMACY	25560
25303	10/10/2006	4005297	DIAZEPAM	90	BAKER, LARRY A D				FRUTH PHARMACY	25560
25303	10/10/2006	4005298	HYDROCODONE	10 - 500 MG	90	BAKER, LARRY A D			FRUTH PHARMACY	25560
25303	10/16/2006	76601	APAP/HYDROCO	500 MG-10	90	CURTISS, MICHAEL			FRUTH PHARMACY	25560
25303	10/16/2006	76602	ALPRAZOLAM	1 MG	90	CURTISS, MICHAEL			Accumed RX I	33614
25303	10/17/2006	169302	ALPRAZOLAM	1 MG	60	KOTTAPALLI, MAHI			CVS PHARMACY	25526
25303	10/17/2006	169369	AMPHETAMINE	10 MG	60	KOTTAPALLI, MAHI			CVS PHARMACY	25526
25303	10/31/2006	170737	ALPRAZOLAM	2 MG	60	KOTTAPALLI, MAHI			CVS PHARMACY	25526

JE	25303 11/8/2006	4005977	HYDROCODONE	10 - 500 MG	90	BAKER, LARRY A D	AB1145209	FRUTH PHARMACY	25560
JE	25303 11/10/2006	82362	APAP/HYDROCO	500 MG-10 MG	90	CURTISS, MICHAEL		Accummed RX I	33614
JE	25303 11/10/2006	82365	ALPRAZOLAM	1 MG	90	CURTISS, MICHAEL		Accummed RX I	33614
JE	25303 11/13/2006	172236	APAP/OXYCODO	325 MG-5 MG 15	15	MOHLER, STEVEN L		CVS PHARMACY	25526
JE	25309 11/17/2006	680476	APAP/OXYCODO	500 MG-7.5 MG	20	SMALTZ, VIRGIL W		RITE AID OF WE	25303
JE	25303 11/28/2006	173792	ALPRAZOLAM	2 MG	60	KOTTAPALLI, MAHI		CVS PHARMACY	25526
JE	25303 11/28/2006	173851	AMPHETAMINE	15 MG	30	KOTTAPALLI, MAHI		CVS PHARMACY	25526
JE	25303 12/5/2006	4006551	HYDROCODONE	10 - 500 MG	90	BAKER, LARRY A D		FRUTH PHARMACY	25560
JE	25303 12/8/2006	88876	ALPRAZOLAM	1 MG	90	CURTISS, MICHAEL		Accummed RX I	33614
JE	25303 12/8/2006	88877	APAP/HYDROCO	500 MG-10 MG	90	CURTISS, MICHAEL		Accummed RX I	33614
JE	25303 1/2/2007	4006551	HYDROCODONE	10 - 500 MG	90	BAKER, LARRY A D		FRUTH PHARMACY	25560
JE	25303 1/8/2007	4007263	ALPRAZOLAM	2 MG	60	KOTTAPALLI, MAHI		FRUTH PHARMACY	25560
JE	25303 1/8/2007	2001765	AMPHETAMINE	15 MG	30	KOTTAPALLI, MAHI		FRUTH PHARMACY	25560
JE	25303 2/2/2007	4007873	DIAZEPAM	10 MG	60	FISHER, PHILIP F		FRUTH PHARMACY	25560
JE	25303 2/2/2007	4007874	APAP/HYDROCO	325 MG-10 MG	120	FISHER, PHILIP F		FRUTH PHARMACY	25560
JE	25303 2/9/2007	4008022	ALPRAZOLAM	2 MG	60	KOTTAPALLI, MAHI		FRUTH PHARMACY	25560
JE	25303 2/9/2007	2001966	AMPHETAMINE	15 MG	30	KOTTAPALLI, MAHI		FRUTH PHARMACY	25560
JE	25303 2/13/2007	2001992	APAP/OXYCODO	325 MG-10 MG	60	FISHER, PHILIP F		FRUTH PHARMACY	25560
JE	25303 3/8/2007	4008626	ALPRAZOLAM	2 MG	60	KOTTAPALLI, MAHI		FRUTH PHARMACY	25560
JE	25303 3/9/2007	2002138	ADDERALL XR	15 MG	3	KOTTAPALLI, MAHI		FRUTH PHARMACY	25560
JE	25303 4/2/2007	2002306	APAP/OXYCODO	325 MG-10 MG	60	FISHER, PHILIP F		FRUTH PHARMACY	25560
JE	25303 4/3/2007	2002313	AMPHETAMINE	15 MG	30	KOTTAPALLI, MAHI		FRUTH PHARMACY	25560
JE	25303 4/3/2007	4009260	ALPRAZOLAM	2 MG	60	KOTTAPALLI, MAHI		FRUTH PHARMACY	25560
JE	25303 4/30/2007	2215571	OXYCODONE HC	15 MG	90	FISHER, PHILIP F		FRUTH PHARMACY	25560
JE	25303 5/9/2007	4592148	ALPRAZOLAM	2 MG	60	KOTTAPALLI, MAHI		FRUTH PHARMACY	25526

25303	5/29/2007	2521668	AMPHETAMINE	15 MG	30	KOTTAPALLI, MAHI	PHARMACY	25526
25303	6/5/2007	4592149	ALPRAZOLAM	2 MG	60	KOTTAPALLI, MAHI	PHARMACY	25526
25303	6/11/2007	2002798	Oxycodone Hy	15 mg	90	FISHER, PHILIP F	PHARMACY	25560
25303	6/25/2007	2521816	AMPHETAMINE	15 MG	30	KOTTAPALLI, MAHI	PHARMACY	25526
25303	7/3/2007	4593290	ALPRAZOLAM	2 MG	60	KOTTAPALLI, MAHI	PHARMACY	25526
25303	7/9/2007	2521905	Oxycodone Hy	15 mg	90	FISHER, PHILIP F	PHARMACY	25526
25303	7/20/2007	2215923	OXYCODONE HC	40 MG	60	FISHER, PHILIP F	PHARMACY	25560
25309	8/2/2007	531792	ROXICODONE T	15 MG	60	FISHER, PHILIP F	RITE AID OF WE	25526
25303	8/3/2007	4593290	ALPRAZOLAM	2 MG	60	KOTTAPALLI, MAHI	PHARMACY	25526
25303	8/16/2007	4594624	DIAZEPAM	10 MG	60	FISHER, PHILIP F	PHARMACY	25526
25303	8/17/2007	204068	OXYCODONE HC	40 MG	60	FISHER, PHILIP F	CVS PHARMACY	25526
25303	8/21/2007	204415	AMPHETAMINE	15 MG	30	KOTTAPALLI, MAHI	CVS PHARMACY	25526
25309	8/30/2007	535161	ROXICODONE T	15 MG	60	FISHER, PHILIP F	RITE AID OF WE	25526
25303	9/11/2007	4593290	ALPRAZOLAM	2 MG	60	KOTTAPALLI, MAHI	FRUTH PHARMACY	25526
25303	9/17/2007	207436	OXYCONTIN	40 MG	60	FISHER, PHILIP F	CVS PHARMACY	25526
25303	9/20/2007	2003555	AMPHETAMINE	15 MG	30	KOTTAPALLI, MAHI	FRUTH PHARMACY	25560
25303	9/20/2007	4594624	DIAZEPAM	10 MG	60	FISHER, PHILIP F	FRUTH PHARMACY	25526
25309	10/7/2007	539640	ALPRAZOLAM	2 MG	60	KOTTAPALLI, MAHI	RITE AID OF WE	25526
25309	10/14/2007	541076	AMPHETAMINE	15 MG	30	KOTTAPALLI, MAHI	RITE AID OF WE	25526
25303	10/15/2007	210869	OXYCONTIN	40 MG	60	FISHER, PHILIP F	CVS PHARMACY	25526
25303	10/25/2007	2003858	Oxycodone Hy	15 mg	60	FISHER, PHILIP F	FRUTH PHARMACY	25560
25309	11/6/2007	539640	ALPRAZOLAM	2 MG	60	KOTTAPALLI, MAHI	RITE AID OF WE	25526
25303	11/8/2007	213992	AMPHETAMINE	15 MG	30	KOTTAPALLI, MAHI	CVS PHARMACY	25526
25303	11/10/2007	2003980	OXYCONTIN	20 MG	25	FISHER, PHILIP F	FRUTH PHARMACY	25560

25309	12/4/2007	539640	ALPRAZOLAM	2 MG	60	KOTTAPALLI, MAHI	BK8897146	RITE AID OF WE	25526
25309	12/7/2007	548404	APAP/HYDROCO	500 MG-5 MG 15	LEE, DARLA L MD			RITE AID OF WE	25526
25309	12/31/2007	539640	ALPRAZOLAM	2 MG	60	KOTTAPALLI, MAHI		RITE AID OF WE	25526
25303	2/4/2008	2202514	Oxycodone Hy	30 mg	60	GUO, WEIXING MD		RITE AID OF WE	25526
25303	2/4/2008	2202515	OXYCONTIN	40 MG	60	GUO, WEIXING MD		RITE AID OF WE	25526
25303	2/4/2008	4406817	ALPRAZOLAM	1 MG	60	GUO, WEIXING MD		RITE AID OF WE	25526
25309	2/25/2008	559999	ALPRAZOLAM	2 MG	60	GUO, WEIXING MD		RITE AID OF WE	25526
25309	3/4/2008	561195	OXYCONTIN	40 MG	60	GUO, WEIXING MD		RITE AID OF WE	25526
25309	3/4/2008	561196	OXYCODONE HC	30 MG	90	GUO, WEIXING MD		RITE AID OF WE	25526
25309	4/3/2008	565520	OXYCODONE HC	30 MG	90	GUO, WEIXING MD		RITE AID OF WE	25526
25309	4/3/2008	565521	OXYCONTIN	40 MG	60	GUO, WEIXING MD		RITE AID OF WE	25526
25309	4/3/2008	565522	ALPRAZOLAM	2 MG	45	GUO, WEIXING MD		RITE AID OF WE	25526
25309	4/17/2008	567392	HYDROMORPHON 4 MG	4 MG	60	GUO, WEIXING MD		RITE AID OF WE	25526
4/22/2008	2108046	OXYCONTIN	80 MG	20	GUO, WEIXING MD			RITE AID OF WE	25302
4/30/2008	2108122	Oxycodone Hy	30 mg	90	GUO, WEIXING MD			RITE AID OF WE	25302
4/30/2008	2108123	OXYCONTIN	80 MG	60	GUO, WEIXING MD			RITE AID OF WE	25302
4/30/2008	4117870	ALPRAZOLAM	2 MG	60	GUO, WEIXING MD			RITE AID OF WE	25302
25303	5/6/2008	337609	OXYCONTIN	40 MG	14	GUO, WEIXING MD		CROSS LANES FA	25313
25303	5/19/2008	338219	OXYCONTIN	40 MG	11	GUO, WEIXING MD		CROSS LANES FA	25313
25303	5/29/2008	338731	ALPRAZOLAM	1 MG	60	GUO, WEIXING MD		CROSS LANES FA	25313
25303	5/29/2008	338733	OXYCODONE HC	30 MG	90	GUO, WEIXING MD		CROSS LANES FA	25313
25303	5/29/2008	338729	OXYCONTIN	40 MG	30	GUO, WEIXING MD		CROSS LANES FA	25313
25303	5/29/2008	338730	OXYCONTIN	80 MG	60	GUO, WEIXING MD		CROSS LANES FA	25313
6/9/2008	4118710	ALPRAZOLAM	1 MG	40	GUO, WEIXING MD			RX BY TEL INC	25302
6/9/2008	2108548	OXYCONTIN	40 MG	20	GUO, WEIXING MD			RX BY TEL INC	25302
6/9/2008	2108546	Oxycodone H	30	60	GUO, WEIXING MD			RX BY TEL INC	25302
6/9/2008	2108547	OXYCONTIN	80 MG	40	GUO, WEIXING MD			RX BY TEL INC	25302
25303	6/24/2008	340006	OXYCODONE	30 MG	90	GUO, WEIXING MD		CROSS LANES FA	25313

DATE	DRUG	STRENGTH	QUANTITY	WEIGHT	WEIXING	LOCATION	CLINICAL
6/24/2008	OXYCONTIN	40 MG	90	GUO, WEIXING MD	RX BY TEL INC	25302	
6/24/2008	ALPRAZOLAM	2 MG	30	GUO, WEIXING MD	RX BY TEL INC	25302	
6/24/2008	ALPRAZOLAM	1 MG	30	GUO, WEIXING MD	RX BY TEL INC	25302	
7/18/2008	OXYCONTIN	40 MG	60	GUO, WEIXING MD	CROSS LANES FA	25313	
7/18/2008	OXYCONTIN	80 MG	60	GUO, WEIXING MD	CROSS LANES FA	25313	
7/18/2008	OXYCODONE	30 MG	90	GUO, WEIXING MD	CROSS LANES FA	25313	
8/14/2008	OXYCODONE	30 MG	60	GUO, WEIXING MD	RX BY TEL INC	25302	
8/14/2008	ALPRAZOLAM	1 MG	60	GUO, WEIXING MD	RX BY TEL INC	25302	
8/14/2008	OXYCONTIN	80 MG	60	GUO, WEIXING MD	RX BY TEL INC	25302	
8/14/2008	OXYCONTIN	40 MG	60	GUO, WEIXING MD	RX BY TEL INC	25302	
8/15/2008	ALPRAZOLAM	2 MG	30	GUO, WEIXING MD	RX BY TEL INC	25302	
8/15/2008	OXYCODONE	30 MG	30	GUO, WEIXING MD	RX BY TEL INC	25302	
8/15/2008	OXYCONTIN	40 MG	90	GUO, WEIXING MD	RX BY TEL INC	25302	
9/10/2008	ALPRAZOLAM	2 MG	90	GUO, WEIXING MD	RX BY TEL INC	25302	
9/10/2008	OXYCONTIN	80 MG	90	GUO, WEIXING MD	RX BY TEL INC	25302	
9/10/2008	OXYCONTIN	40 MG	90	GUO, WEIXING MD	RX BY TEL INC	25302	
9/17/2008	GANI-TUJSS NR	10 MG/5 ML-100 MG/5 ML	120	GUO, WEIXING MD	RX BY TEL INC	25302	
10/17/2008	OXYCODONE	30 MG	90	GUO, WEIXING MD	CROSS LANES FA	25313	
10/17/2008	OXYCONTIN	40 MG	90	GUO, WEIXING MD	CROSS LANES FA	25313	
10/17/2008	OXYCONTIN	80 MG	60	GUO, WEIXING MD	CROSS LANES FA	25313	
10/23/2008	PHENTERMINE	37.5 MG	15	GUO, WEIXING MD	CROSS LANES FA	25313	
11/11/2008	Oxycodone	30	90	GUO, WEIXING MD	FRUTH - CROSS	25302	
11/11/2008	OXYCONTIN	40 MG	90	GUO, WEIXING MD	RX BY TEL INC	25302	
11/11/2008	OXYCONTIN	80 MG	60	GUO, WEIXING MD	RX BY TEL INC	25302	
11/11/2008	ALPRAZOLAM	2 MG	30	GUO, WEIXING MD	FRUTH - CROSS	25302	
12/1/2008	ROXICODONE	15 MG	60	GUO, WEIXING MD	RX BY TEL INC	25302	
12/3/2008	DIAZEPAM	7	7	GUO, WEIXING MD	LOOP PLAZA DIS	25177	
12/3/2008	OXYCODONE	30 MG	60	GUO, WEIXING MD	LOOP PLAZA DIS	25177	
12/5/2008	OXYCONTIN	80 MG	60	GUO, WEIXING MD	LOOP PLAZA DIS	25177	
12/5/2008	OXYCONTIN	40 MG	60	GUO, WEIXING MD	LOOP PLAZA DIS	25177	
12/5/2008	ALPRAZOLAM	2 MG	60	GUO, WEIXING MD	LOOP PLAZA DIS	25177	

J	[REDACTED]	12/22/2008	4117027	ALPRAZOLAM	2 MG	60	GUO, WEIXING MD	LOOP PLAZA DIS	25177
J	[REDACTED]	12/22/2008	2110648	OXYCONTIN	80 MG	60	GUO, WEIXING MD	RX BY TEL INC	25302
J	[REDACTED]	25303	12/22/2008	348933	OXYCODONE	30 MG	90	GUO, WEIXING MD	25313
J	[REDACTED]	25303	12/28/2008	265623	OXYCONTIN	40 MG	90	GUO, WEIXING MD	25526
J	[REDACTED]	1/19/2009	2110931	OXYCONTIN	80 MG	60	GUO, WEIXING MD	RX BY TEL INC	25302
J	[REDACTED]	1/28/2009	2111018	OXYCONTIN	40 MG	60	GUO, WEIXING MD	RX BY TEL INC	25302
J	[REDACTED]	1/28/2009	2111019	OXYCONTIN	40 MG	30	GUO, WEIXING MD	RX BY TEL INC	25302
J	[REDACTED]	2/16/2009	2111282	OXYCONTIN	80 MG	30	GUO, WEIXING MD	RX BY TEL INC	25302
J	[REDACTED]	2/16/2009	2111281	OXYCONTIN	80 MG	60	GUO, WEIXING MD	RX BY TEL INC	25302
J	[REDACTED]	25303	2/25/2009	2204334	OXYCODONE	5 MG	30	GUO, WEIXING MD	25302
J	[REDACTED]	2/27/2009	2053680	OXYCONTIN	40 MG	60	GUO, WEIXING MD	LOOP PLAZA DIS	25177
J	[REDACTED]	25303	5/8/2009	4611219	ALPRAZOLAM	0.5 MG	60	MCDEVITT, BRIAN	25526
J	[REDACTED]	25303	5/8/2009	4611218	APAP/HYDROCO	500 MG-5 MG	60	MCDEVITT, BRIAN	25526
J	[REDACTED]	25303	6/8/2009	4611931	APAP/HYDROCO	500 MG-5 MG	60	MCDEVITT, BRIAN	25526
J	[REDACTED]	25303	6/8/2009	4611932	ALPRAZOLAM	0.5 MG	60	MCDEVITT, BRIAN	25526
J	[REDACTED]	25303	7/9/2009	4612748	APAP/HYDROCO	500 MG-5 MG	60	MCDEVITT, BRIAN	25526
J	[REDACTED]	25303	7/9/2009	4612749	ALPRAZOLAM	0.5 MG	60	MCDEVITT, BRIAN	25526
J	[REDACTED]	25303	8/7/2009	4613484	ALPRAZOLAM	0.5 MG	60	MCDEVITT, BRIAN	25526
J	[REDACTED]	25303	8/7/2009	4613483	APAP/HYDROCO	500 MG-5 MG	60	MCDEVITT, BRIAN	25526

WV Spine and Pain Clinic

14 Cliff Mountain Road, Suite 10
Cross Lanes, WV 25113
Tel: (304) 776-7169
Fax: (304) 776-7160

140 State Street
Martinsburg, WV 25130
Tel: (304) 267-6618
Fax: (304) 317-6615

GENERAL INFORMATION

Customer's Name J [redacted] [redacted]
Customer's SSN# [redacted] Date of Birth (mm/dd/yy) [redacted]
Sex M F
Marital Status Single Married Divorced Widowed
Phone (304) 757-3203 Cell: _____
Street Address [redacted]
City [redacted] State [redacted] Zip [redacted]
Are You Employed? Yes No If Yes, Your Employer _____
Your occupation Home maker
Medicare ID _____ Medicaid ID _____
Insurance BCBS Aetna United Acordia PEIA
Carelink Worker's Comp Other _____
Your Insurance ID# _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

Name [redacted] Relationship: Husband/rel. [redacted]
Address same City _____ State _____ Zip _____

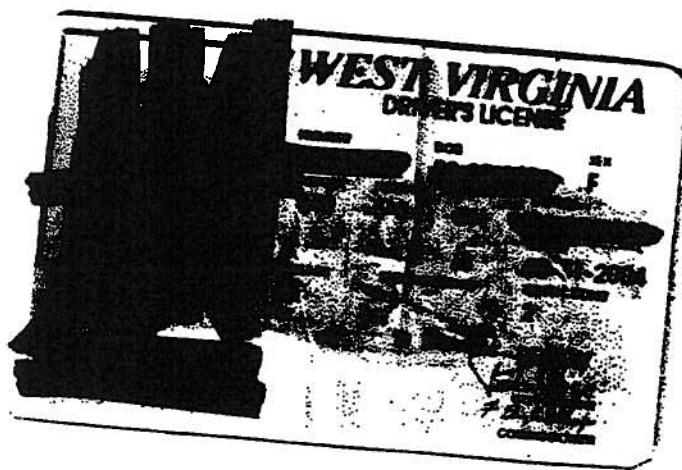
I, the undersigned, voluntarily consent to the receipt of medical and/or minor surgical care from the authorized professional staff of WV Spine and Pain Clinic
Upon request, I have the right to a full disclosure of the name of any medical treatment rendered or proposed to be rendered in the past. Any professional staff in the WV Spine and Pain Clinic shall only release or discuss my care or information with third party (such as medical specialist whom my case is referred to) with my permission

I authorize WV Spine and Pain Clinic to bill claim(s) to my health care plan, or to release medical information to any third party sources necessary to obtain payment for medical services rendered. If I am self insured or not insured I agree to be responsible fully to the payment for the medical services rendered. I have the right to withdraw this consent at any time by contacting the clinic in writing. I agree I still carry the financial responsibility to WV Spine and Pain Clinic which has provided medical services to me if I chose to withdraw. I also understand WV Spine and Pain Clinic may withdraw service commitment if I miss appointment twice consecutively, do not pay services I received, do not comply with the guided treatment or at risk for controlled substances

AUTHORIZED SIGNATURE [redacted] (if minor, parent/guardian)

Date 2/4/08

self pay.



WV Spine and Pain Clinic Controlled Substance Agreement

314 Goff Mountain Road, Suite 16
Cross Lanes, WV 25313
Tel: (304)307-6618

340 State Street
Madison, WV 25130
Tel: (304)776-7160

We at the WV Spine and Pain Clinic are committed to do all we can to treat your chronic pain condition. In some cases, controlled substances are used as a therapeutic option in the management of chronic pain, which is strictly regulated by both state and federal agencies. This agreement is a tool to protect you, ~~_____~~, and the physician by establishing guidelines, within the laws, for proper controlled substance use. The words "we" and "our" refer to the WV Spine and Pain Clinic, and the words "I", "you", "your", "me", or "my" refer to you, the patient.

1. All controlled substance must come from the physician whose signature appears below, or, during his/her absence, by the covering physician, unless specific authorization is obtained for an exception. I understand that I must tell the physician whose signature appears below or, during his/her absence, the covering physician, all drugs that I am taking, have purchased, or have obtained, even over-the-counter medications. Failure to do so may result in drug interaction or overdose that could result in harm to me, including death. I will not seek prescriptions for controlled substances from any other physician, health care provider, or dentist. I understand it is unlawful to be prescribed the same controlled medication by more than one physician at a time without each physician's knowledge. I also understand that it is unlawful to obtain or to attempt to obtain a prescription for a controlled substance by knowingly misrepresenting facts to a physician or his/her staff of all controlled substances that I have been prescribed.

2. All controlled substances must be obtained at the same pharmacy, where possible. Should the need arise to change pharmacies our office must be informed. The Pharmacy that you have selected is

Bite Aid

Phone: 750-738

3. You may not share, sell, or otherwise permit others, including your spouse or family members, to have access to any controlled substances that you have been prescribed.

4. Unannounced urine or serum toxicology specimens may be requested from you, and your cooperation is required. Presence of unauthorized substances in urine or serum toxicology screen may result in your discharge from treatment by the WV Spine and Pain Clinic.

5. I will not consume excessive amount of alcohol in conjunction with controlled substances. I will not use, purchase, or obtain any other legal drugs except as specifically authorized by the physician whose signature appears below or, during his/her absence by the covering physician, as set forth in Section 1 above. I will not use, purchase, or otherwise obtain any illegal drugs, including marijuana, cocaine, etc. I understand that driving while under the influence of any substance, including a prescribed controlled substance, or any combination of substances (e.g., alcohol and prescription drugs) which impairs my driving ability may result in severe accident and DUI charges.

6. Medication or written prescriptions may not be replaced if they are lost, stolen, get wet, are destroyed, etc. If your medication has been stolen it will not be replaced unless explicit proof is provided.

7. Early refill phone calls will not be taken. Renewals are based upon keeping scheduled appointments.

8. In the event you are arrested or incarcerated related to legal or illegal drugs, refills on controlled substances will not be given.

9. I understand that failure to adhere to these policies may result in cessation of therapy with controlled substances prescribed by WV Spine and Pain Clinic, and that law enforcement officials may be contacted.

10. I affirm that I have full right and power to sign and to be bound by this agreement, and that I have read it, and understand and accept all of its terms. A copy of this document has been given to me.

Patient's Signature

2/4/08
Date

Physician's Signature

2/4/08
Date

Additional discussion on risks, regulations dates:

UNAUTHORIZED USE IS
A FRAUDULENT PRACTICE

THREAT, [REDACTED]

WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES
MEDICAL ID CARD

CASE NO.
PROV NO.

[REDACTED]

PS 0000
CK 0000

FROM
TO

VALID ONLY
02/01/09
01/01/09

SEE NOTICE ON BACK
KEEP THIS CARD

[REDACTED]

YOU MUST SHOW THIS CARD TO GET MEDICAL SERVICES

78303

				7/2/2007 4:46:52 PM EST
<input type="checkbox"/>	6/22/2007	Vallium 10 mg Oral Tab Dosage: 1/2 - 1 PO BID PRN SPASM, ANXIETY, SLEEP Qty/Dur: 60 Tablet(s) Refills: 1 Use Generic: Yes Comments: BLW ID: 5148841	P. Fisher	To: FRUTH PHARMACY #10 3109 TEAYS VALLEY RD HURRICANE, WV 25526 304-562-2677 Fax Success: 7/22/2007 1:38:06 PM EST
<input type="checkbox"/>	6/8/2007	Roxicodone 15 mg Oral Tab Dosage: Take 1 Tablets by oral route TID Qty/Dur: 90 Refills: 0 Use Generic: Yes Comments: MK OFFICE ID: 5045567	P. Fisher	Print
<input type="checkbox"/>	4/27/2007	Roxicodone 15 mg Oral Tab Dosage: 1/2 - 1 PO TID PRN PAIN Qty/Dur: 90 Tablet(s) Refills: 0 Use Generic: Yes Comments: OFFICE BLW ID: 4723625	P. Fisher	Print
<input type="checkbox"/>	4/12/2007	Roxicodone 15 mg Oral Tab Dosage: 1/2 - 1 PO TID PRN PAIN Qty/Dur: 90 Tablet(s) Refills: 0 Use Generic: Yes ID: 4618269	L. Weixler	Print
<input type="checkbox"/>	4/12/2007	Vallium 10 mg Oral Tab Dosage: 1/2 - 1 PO BID PRN SPASM, ANXIETY, SLEEP Qty/Dur: 60 Tablet(s) Refills: 1 Use Generic: Yes Comments: blw ID: 4613862	P. Fisher	To: FRUTH PHARMACY #10 3109 TEAYS VALLEY RD HURRICANE, WV 25526 304-562-2677 Fax Success: 4/12/2007 3:28:53 PM EST
<input type="checkbox"/>	3/30/2007	Percocet 10 mg-325 mg Oral Tab Dosage: 1/2 - 1 PO TID PRN PAIN Qty/Dur: 60 Tablet(s) Refills: 0 Use Generic: Yes Comments: OFFICE BLW ID: 4524040	P. Fisher	Print
<input type="checkbox"/>	3/12/2007	Percocet 10 mg-325 mg Oral Tab Dosage: 1/2 - 1 PO TID PRN PAIN Qty/Dur: 60 Tablet(s) Refills: 0 Use Generic: Yes Comments: OFFICE BLW; Last medication change ID: 4383986	P. Fisher	Print
<input type="checkbox"/>	2/13/2007	Percocet 10 mg-325 mg Oral Tab Dosage: 1/2 - 1 PO TID PRN PAIN AS A TEST DOSE Qty/Dur: 60 Tablet(s) Refills: 0 Use Generic: Yes ID: 4198215	L. Weixler	Print
<input type="checkbox"/>	2/2/2007	Vallium 10 mg Oral Tab Dosage: 1/2 - 1 PO BID PRN SPASM, ANXIETY, SLEEP Qty/Dur: 60 Tablet(s) Refills: 1 Use Generic: Yes Comments: RX GIVEN TO PATIENT AT OFFICE VISIT ON 02-02-07 ID: 4123242	L. Weixler	Print

UNAUTHORIZED USE IS
A FRAUDULENT PRACTICE

WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES
MEDICAL I.D. CARD

SEE NOTICE ON BACK
KEEP THIS CARD

PROV NO.	0000000000	FS	0000	CK	0000	FROM	TO	VALID ONLY	
CLIENT NAME	[REDACTED]	RESIDENT	[REDACTED]	PROVIDER	[REDACTED]	12/01/08	12/31/08	12/01/08	
CLIENT ADDRESS	[REDACTED]							PROVIDER	[REDACTED]

YOU MUST SHOW THIS CARD TO GET MEDICAL SERVICES

<input type="checkbox"/>	2/2/2007	Medrol (Pak) 4 mg Oral DsPk Dosage: TAKE AS DIRECTED Qty/Dur: 1 Pack(s) Refills: 0 Use Generic: Yes Comments: RX GIVEN TO PATIENT AT OFFICE VISIT ON 02-02-07 ID: 4123241	L. Weixler	Print
<input type="checkbox"/>	2/2/2007	Norco 10 mg-325 mg Oral Tab Dosage: 1/2 -1 PO QID PRN PAIN Qty/Dur: 120 Tablet(s) Refills: 1 Use Generic: Yes Comments: RX GIVEN TO PATIENT AT OFFICE VISIT ON 02-02-07 ID: 4123240	L. Weixler	Print

Show RxNT History for Set as my default for RxNT History lookups

Refill: [REDACTED] | Discharge Selected: [REDACTED] | Reinstated Selected: [REDACTED] | Add To Active Meds: [REDACTED] | Print: [REDACTED] | Active Medication: [REDACTED]

RxNT History - T [REDACTED] J [REDACTED] DOB: 9/1/1979			
Date	Prescription	Prescriber	Delivery
<input type="checkbox"/> 11/7/2007	OxyContin 20 mg 12 hr Tab Dosage: 1 PO BID, THEN 1 PO QD, THEN D/C Qty/Dur: 25 Tablet(s) Refills: 0 Use Generic: Yes Comments: WEANING DOSE ID: 6282385	P. Fisher	Print
<input type="checkbox"/> 10/24/2007	Roxicodone 15 mg Tab Dosage: 1 po bid prn breakthrough pain Qty/Dur: 60 Tablet(s) Refills: 0 Use Generic: Yes Comments: MK OFFICE ID: 6162388	P. Fisher	Print
<input type="checkbox"/> 10/12/2007	OxyContin 40 mg 12 hr Tab Dosage: 1 po bid (Roxi15 changed to bid prn breakthrough pain) Qty/Dur: 60 Tablet(s) Refills: 0 Use Generic: Yes Comments: TM OFFICE ID: 6053794	P. Fisher	Print
<input type="checkbox"/> 9/27/2007	Roxicodone 15 mg Tab Dosage: 1 po bid prn breakthrough pain Qty/Dur: 60 Tablet(s) Refills: 0 Use Generic: Yes Comments: MK OFFICE ID: 5921735	P. Fisher	Print
<input type="checkbox"/> 9/14/2007	OxyContin 40 mg 12 hr Tab Dosage: 1 po bid (Roxi15 changed to bid prn breakthrough pain) Qty/Dur: 60 Tablet(s) Refills: 0 Use Generic: Yes Comments: MK OFFICE ID: 5813327	P. Fisher	Print
<input type="checkbox"/> 8/30/2007	Roxicodone 15 mg Oral Tab Dosage: 1 po bid prn breakthrough pain Qty/Dur: 60 Tablet(s) Refills: 0 Use Generic: Yes Comments: MK OFFICE ID: 5685625	P. Fisher	Print
<input type="checkbox"/> 8/16/2007	Vallium 10 mg Oral Tab Dosage: 1/2 - 1 PO BID PRN SPASM, ANXIETY, SLEEP Qty/Dur: 60 Tablet(s) Refills: 1 Use Generic: Yes Comments: MK ID: 5572469	P. Fisher	To: FRUTH PHARMACY #10 3109 TEAYS VALLEY RD HURRICANE, WV 25526 304-562-2677 Fax Success: 8/16/2007 3:04:33 PM EST
<input type="checkbox"/> 8/16/2007	OxyContin 40 mg Oral Tb12 Dosage: 1 po bid (Roxi15 changed to bid prn breakthrough pain) Qty/Dur: 60 Tablet(s) Refills: 0 Use Generic: Yes Comments: MK OFFICE ID: 5572468	P. Fisher	Print

<input type="checkbox"/>	7/20/2007	DexPak 1.5 mg Oral DsPk Dosage: TAKE AS DIRECTED Qty/Dur: 1 Pack(s) Refills: 0 Use Generic: Yes ID: 5365792	L. Weixler	Print
<input type="checkbox"/>	7/20/2007	OxyContin 40 mg Oral Tb12 Dosage: 1 po bid (Roxi15 changed to bid prn breakthrough pain) Qty/Dur: 60 Tablet(s) Refills: 0 Use Generic: Yes ID: 5365791	L. Weixler	Print
<input type="checkbox"/>	7/20/2007	Lexapro 20 mg Oral Tab Dosage: 1 po qd Qty/Dur: 30 Refills: 2 Use Generic: Yes ID: 5365790	L. Weixler	Print
<input type="checkbox"/>	7/20/2007	Roxicodone 15 mg Oral Tab Dosage: 1 po bid prn breakthrough pain Qty/Dur: 60 Refills: 0 Use Generic: Yes ID: 5365789	L. Weixler	Print
<input type="checkbox"/>	7/20/2007	Zanaflex 4 mg Oral Tab Dosage: 1-2 po tid for spasm and sleep Qty/Dur: 90 Tablet(s) Refills: 2 Use Generic: Yes ID: 5365788	L. Weixler	Print
<input type="checkbox"/>	7/19/2007	Zanaflex 4 mg Oral Tab Dosage: 1 po tid Qty/Dur: 90 Tablet(s) Refills: 0 Use Generic: Yes ID: 5357113	L. Weixler	To: FRUTH PHARMACY #10 3109 TEAYS VALLEY RD HURRICANE, WV 25526 304-562-2677 Electronic Transmission Success: 7/19/2007 3:54:06 PM EST
<input type="checkbox"/>	7/9/2007	Roxicodone 15 mg Oral Tab Dosage: 1 po tid Qty/Dur: 90 Refills: 0 Use Generic: Yes Comments: TM OFFICE ID: 5261285	P. Fisher	Print
<input type="checkbox"/>	7/2/2007	Flexeril 5 mg Oral Tab Dosage: 1 po tid Qty/Dur: 90 Refills: 0 Use Generic: Yes ID: 5226375	L. Weixler	To: FRUTH PHARMACY #10 3109 TEAYS VALLEY RD HURRICANE, WV 25526 304-562-2677 Electronic Transmission Success: 7/2/2007 4:46:54 PM EST
<input type="checkbox"/>	7/2/2007	Medrol (Pak) 4 mg Oral DsPk Dosage: take as directed Qty/Dur: 1 Pack(s) Refills: 0 Use Generic: Yes ID: 5226374	L. Weixler	To: FRUTH PHARMACY #10 3109 TEAYS VALLEY RD HURRICANE, WV 25526 304-562-2677 Electronic Transmission Success:

RS Medical Prescription

Order Type: New Ben. Ver. Renew Usage Ref

RS Medical 14001 S.E. Pittman Dr., Vancouver, WA 98684 FAX 800-929-193X

Patient Name J [REDACTED] T [REDACTED]
 Physician Name Wenxing Guo
 Physician Address 314 Golf Mtn Rd
 City Cross Lakes State WV Zip 25313
 Office phone (304) 774-7160
 NPI _____

Diagnosis SCOLIOSIS or

 or _____
 or _____
 or _____
 or _____

Prognosis good

- Stimulators**
 - RS-4i 4-ch. Interferential & muscle stimulator
 - RS-2m 2-channel muscle stimulator
 - RS-OA Knee System™ stimulator
 - Right Knee Left Knee
 - Other stimulator (pads listed below) _____
 - Length of use Indefinite use of Device & Supplies as needed
 _____ month rental of Device & Supplies as needed
 - RS-2i 2-channel Interferential stimulator
 - RS-TENS Plus
 - Length of use Indefinite use of Device & Supplies as needed
 _____ month rental of Device & Supplies as needed
- Primary protocol low back pain
 Use 3 times each day

- RS-4i/RS-OA Treatment Plan Number** _____
- Single-Modality Stimulator settings**
 - Interferential frequency HI Wide Lo None
 - Muscle Stim: Contract time (sec.) 5 Relax time (sec.) 5

- Conductive Garments (Purchase only)**
 - RS-FBG™
 - RS-LBM™ Sm/Med RS-LBL™ Large Extender
 - RS-OA Knee System™ Applicator
- BioniCare Knee Device** Right Left
 - Small Medium Large
- Length of use Indefinite use of Device & Supplies as needed
 _____ month rental of Device & Supplies as needed
 _____ months rental and purchase of Device & Supplies as needed

- Bracing/Orthotics (Back)**
 - RS-LSO Spinal Orthosis with System LOC™
 - Female 24-30" FRM 41-47" FPX 26-35" MRM 50-55" MPXX
 - 30-35" FRL 47-52" FPXX 35-41" MRL 55-60" MP3X
 - 35-41" FPL 41-50" MPX
 - RS-LFS Lumbar Functional System with Cinch LOC™
 - Unisex sizes
 - 24-28" Small 45-49" XX-Large
 - 29-33" Medium 50-55" 3X-Large
 - 34-39" Large 55-60" 4X-Large
 - 40-44" X-Large

- Bracing/Orthotics (Knee)**
 - ActivForce™ Osteoarthritis Knee Brace
 - Right Leg Medial OA Lateral OA Sev. Valgus
 - Left Leg Medial OA Lateral OA Sev. Valgus
- Size (Circumference of the Knee):
 - 12" - 13" XS 17" - 19" XL
 - 13" - 14" S 19" - 21" XXL
 - 14" - 15" M 21" - 22" 3XL
 - 15" - 17" L 22" - 23" 4XL
- Extension Stop: 0 degrees (standard) 125 degrees (standard)
 5 degrees 110 degrees
 10 degrees 90 degrees

- (check all that apply)
- Stimulators**
 - Relieve acute pain
 - Relieve & manage chronic pain
 - Relax muscle spasms
 - Prevent or retard disuse atrophy
 - Re-educate muscle
 - Maintain or increase range of motion.
 - Increase local blood circulation
 - Conductive Garments (Purchase only)**
 - Conductive Garment is a medical necessity due to large area and multiple sites of stimulation inaccessible with conventional supplies

- BioniCare Knee Device**
 - Adjunctive therapy in reducing the level of pain and symptoms associated with osteoarthritis of the knee, and for overall improvement of the knee as assessed by physician's global evaluation (clinical studies)
- Bracing/Orthotics (Purchase only)**
 - Relieve pain by restricting trunk mobility
 - Facilitate healing following an injury to spine or related soft tissue
 - Facilitate healing following surgery on spine or related soft tissue
 - Support weak spinal muscles and/or deformed spin
 - Relieve pain and alleviate pressure associated with moderate to severe unicompartamental osteoarthritis

In my opinion, in accordance with accepted medical practice standards, the above named patient requires the indicated device, garment and electrode pads as provided by RS Medical (dispensed as written, *no substitutes allowed*), for the above diagnosis. If the patient's insurer chooses to purchase the device, I prescribe the device for indefinite use.

Physician's signature _____ Date _____

Summary View

Page 1 of 2

Progress Notes

Patient: T, J
DOB: Age: 28 Y Sex: Female
Phone: 304-757-3203
Address: Dr W Guo, MD

Provider: John P. Pierson, MD
Date: 04/10/2008

Subjective:**CC:**

1. Pain and swelling right ankle.

HPI:**Notes:**

J, T is a 28-year-old, white female involved in a motor vehicle accident last Monday. She had pain and swelling about the knee. Lacerations were repaired in the emergency department. She complains of pain and swelling about the right ankle. She had a talus avulsion fracture. She was placed into a posterior splint and referred to our office today. She is a patient of Dr. Guo at the Pain Clinic and does obtain pain medication for scoliosis and chronic back pain. She is very tearful and has pain about the right ankle.

Medical History: Anxiety/Depression.

Surgical History: C Sections 2001/2006.

Family History:

Social History: Smoking: yes, 1/2 pack per day. no Alcohol.

Medications: Xanax, Roxicodone, OxyContin

Allergies: N.K.D.A.

Objective:

Vitals: Ht: 5'4, Wt: 140, BMI: 27.34.

Examination:**General Examination:**

Exam reveals a well developed, well nourished, white female who is awake, alert, oriented, cooperative, age appropriate to affect. She does have a very tearful mood and is tearful upon questioning. Exam reveals diffuse swelling about the right ankle. I cannot even touch the ankle without her complaining of severe pain. She has no significant motion of the ankle. She does have abrasions about the ankle as well. She has a 1+ dorsalis pedis pulse, but has swelling in the dorsal foot as well.

Imaging Studies:

X-rays of the right foot and ankle from CAMC revealed an irregularity along the lateral border of the talus consistent with avulsion fracture. On at least 2 views I do see a faint line extending through the talar neck. I'm unsure whether this represents a nondisplaced fracture or an incomplete fracture.

Assessment:**Assessments:**

1. Fracture Talus - 825.21 (Primary), Rt Avulsion

Plan:**1. Fracture Talus**

PLAN: We will obtain a CT scan of the hindfoot and talus to rule out talar neck or body fracture. If she has a simple avulsion we can treat her in a weightbearing cast. However, she is too swollen at this point to cast. If her fracture does extend into the neck or body, we will likely recommend nonweightbearing for 6 weeks. We will see her back after her CT scan and if she is improved with regards to swelling, we may consider short leg casting at that point. I advised her to keep the leg elevated and iced. I cannot write her anything for pain medication as she is on OxyContin and Roxicodone per her pain specialist. If her pain specialist feels appropriate, they may increase her pain medication until she is over the acute pain from her ankle fracture, but this would be up to the pain medication specialist. JPP:rhc C: Guo

Summary View

Immunizations:

Procedure Codes: Tarsal

Preventive:

Follow Up: After CT Rt Ankle

Provider: John P. Pierson, MD

Patient: Tom, J. [REDACTED] **DOB:** [REDACTED] **Date:** 04/10/2008



John P. Pierson, MD

Summary View

Page 1 of 2

Progress Notes

Patient: Tenta, J [REDACTED]
DOB: [REDACTED] Age: 28 Y Sex: Female
Phone: 304-757-3203
Address: [REDACTED]
Pcp: Dr W Guo, MD

Provider: John P. Pierson, MD
Date: 04/22/2008

Subjective:**CC:**

1. CT Scan.

HPI:**Notes:**

Ms. Tenta is following up today for CT scan of her right ankle. She is still having severe pain per her report. She has pain at night, burning type pain.

Medical History: Anxiety/Depression.

Medications: None

Allergies:

Objective:**Examinations:****General Examination:**

The swelling is markedly improved. She does have some ecchymosis along the medial aspect of the calf and hindfoot. No calf swelling, no signs of DVT. Laceration on the anterior aspect of the knee is well healed, no drainage or erythema. She is diffusely tender about the foot and calf as well. She does have good dorsalis pedis pulse.

Imaging Studies:

CT scan is reviewed. There is a comminuted fracture involving both the medial and lateral aspect of the talus. This does extend into the subtalar joint with some comminution especially laterally. She has an avulsion fracture off the tip of the lateral malleolus. Overall the fractures are minimally displaced. I do not think I could improve position with surgery. Radiologist does make mention of fracture of the sustentaculum talus but I do not see a fracture of the sustentaculum on the calcaneus. I do see fracture medially along the medial border of the talus which is nondisplaced and perhaps this is what he is referencing.

Assessment:**Assessments:**

1. Fracture Talus - 825.21 (Primary), Rt Avulsion
2. Fracture Lateral Malleolus/Distal Fibula - 824.2, Avulsion

Plan:**1. Others**

PLAN: I do not think surgical intervention will alter her outcome. We did discuss the fact that she does have comminution and extension into the subtalar joint which may predispose her for long-term pain and discomfort from this down the road. At this point, I would recommend nonoperative treatment. Swelling was improved so we did place her into a well-padded short-leg cast today. I would like her to be nonweight bearing. I will see her back in 4 weeks and check x-rays and go 6-8 weeks in a short-leg cast followed by possible fracture boot and therapy if necessary. JPP/jk C: DR GUO

Immunizations:

Procedure Codes: Lateral Malleolus/Distal Fibula, Fiberglass Roll

Follow Up: 4 Weeks

Summary View

Provider: John P. Pierson, MD

Patient: T... J... DOB: ... Date: 04/22/2008



John P. Pierson, MD

WV Spine and Pain Clinic New Patient Consultation Report

314 Goff Mountain Rd. Suite 16
Cross Lanes, WV 25313
Tel: (304)776-7160
Fax: (304)776-7161

340 State Street
Madison, WV 25130
Tel: (304)307-6618
Tel: (304)307-6619

Patient Name: [REDACTED] T [REDACTED] SSN#: [REDACTED] DOB: [REDACTED]

Attending Physician: _____ Date of Consult: 2-4-08 Consult Location: office

Chief Complaint: neck, upper, lower back long Scale(0-10) 9 to 10.

History of Present Illness: Plus.

28 y o f H/O falling at work. H/O throacic radicular
clso severe back. She is followed by Dr. Fisher.
lost insurance. opoid. she has been on oxycodone 40mg Bid.
Roxicodol 15 Bid Valium 10mg which did not help.

PAST MEDICAL HISTORY: otherwise healthy.

PAST SURGIES: none c/s

ALLERGIES: NEPA.

CURRENT MEDICATIONS:
Oxycodone 40mg Bid
Roxicodol 15 Bid
Valium 10mg Bid.

SOCIAL HISTORY: Sm PPD X years; Alcohol: none; wine; beer; daily; occasional; years;
Street Drugs: ; Detox History:

FAMILY HISTORY:
CAD; MI; HTN; DM; Cancer; Arthritis; Back Problems; Surgeries;
Others:

REVIEW OF SYSTEMS(circle those apply):
General: Weight loss ; skin rashes ; color changes ; headaches ; Dizziness ; loss of consciousness ;
Eye: vision changes ; Ear: hearing changes ; vertigo ; tinnitus ; Nose: nose bleeds ; Throat: sore throat ; GI:
indigestion ; heartburn ; diarrhea ; constipation ; Endo: heat/cold intolerances ; Cardiothoracic: SOB ; TB ; chest pain ;
Palpitations ; Hemo: bleeding gums ; anemia ; bruise easily ; fatigue ; Musculoskeleton: Joint pain ; weakness ;
osteoporosis ; rheumatoid arthritis ; Psycho: mood changes ; problems with concentration ; suicidal thoughts ;
Others:

WV Spine and Pain Clinic New Patient Physical Exam

Vitals: Height: 5'6" Weight: 145 kg. BP: _____ mmHg. Name: [Redacted]
ENT: S CV: RAA Chest: CRV Abd: SLF HR: _____ bpm.

Arm Exam:

nmf: abnml: L: R: B/L; ROM: nmf: abnml: warmth: cold: dry: wet: purple: thin hair: edematous: brittle nails
Muscle power: nmf: abnml: grip: flex: abduction: Rotation: Elbow reflex:

Neck Exam:

Active ROM: Supple: Limited: Moderately limited: Severely limited:
Which Way ROM Limited: L: R: B/L: L turn: R turn: L tilt: R tilt: antiflex: dorsoflex:
Palpation of C-spine: none: tenderness: Left: Right: Bilateral: Axial loading: none: L: R: B/L:

Shoulder Exam:

L: R: B/L: Normal: Tenderness at: anterior glenohumeral joint: coracoid process: acromion-clavical joint: scapula: Abduction Test:
ROM: Apley scratch test: Drop-Arm test:

Thoracic Spine/Soft tissue: T10-12 Tenderness. Refuse to touch

Lumbar Spine Exam:

ROM: normal: limited: L turn: R turn: L tilt: R tilt: antiflex: Dorsoflex:
Palpation: normal: tenderness on L: R: B/L: L1-2: L2-3: L3-4: L4-5: L5-S1: Soft tissue
Surgical Scar: none: yes

Hip Exam:

nmf: abnml: tenderness on L: R: B/L. SI joint: gluteal area: hip joint:
Groin Area: normal: tenderness on L: R: B/L:

Knee Exam:

Gross inspection: normal: abnormal: L: R: B/L: swelling: redness: deformity: discolor: warmth: ROM:
Knee ligaments: normal: abnormal: L: R: B/L: MCL: LCL: PCL: ACL: Lachman Test: negative: positive:

Lower Extremity Exam:

nmf: abnml: L: R: B/L; ROM: nmf: abnml: warmth: cold: dry: wet: purple: thin hair: edematous: brittle nails.
Pulse: nmf: abnml: decreased: impalpable. femoral: popliteal: pedal:
Reflexes: nmf: abnml: Knee: Ankle: L: R: B/L: decreased: disappeared:

Image Studies:

X-ray Date: _____; Results: _____
CT Date: _____; Results: _____
MRI Date: _____; Results: Record Review.

Other Studies:

Initial Impression: 1 Thoracic Scoliosis 4 Lumbar Fac Syndrome
2 Lumbar Scoliosis 3 Anxiety Depression
3 Cervicalgia 4 Chronic pain syndrome

- Plans: 1. X-ray: _____ CT: _____ MRI: _____ Blood: _____
2. Medication Rx: Continue current Change current Add/start new:
3. Discuss risks and benefits of controlled substances: No; Yes;
4. Other issues discussed:
5. Schedule revisit in: _____ one week; two weeks; one month;

6. Rx: Oxy contin 40mg Bid
Roxicodone 30mg Bid
Xanax 1g Bid.

ICD-9
1 _____
2 _____
3 _____

[Signature] Weixing William. Guo. M.D.

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7960404

314 Golf Mountain Road • Suite 18 • Cross Lanes, WV 25313

Phone (304) 776-7180 • Fax (304) 776-7161

Name J [REDACTED] T [REDACTED] Date 2-4-08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Xanax 17
i. Bid. po.
disp # 60
[Signature]

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- _____ Units

Do Not Substitute
Initials _____

Signature _____

Refill _____ Times

226219

SECURITY FEATURES LISTED ON REVERSE SIDE

WEIXING WILLIAM GUO, M.D.

DEA #BG7960404

314 Golf Mountain Road • Suite 18 • Cross Lanes, WV 25313

Phone (304) 776-7180 • Fax (304) 776-7161

WEIXING WILLIAM GUO, M.D.
DEA #: BG7960404

15386/002

Name J [REDACTED] T [REDACTED] Date 2-4-08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Roxicodone 307
7. po. Bid
disp # 60
[Signature]

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- _____ Units

Do Not Substitute
Initials _____

Signature _____

Refill _____ Times

226218

SECURITY FEATURES LISTED ON REVERSE SIDE

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7960404

314 Golf Mountain Road • Suite 18 • Cross Lanes, WV 25313

Phone (304) 776-7180 • Fax (304) 776-7161

WEIXING WILLIAM GUO, M.D.
DEA #: BG7960404

15386/002

Name J [REDACTED] T [REDACTED] Date 2-4-08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Oxy Contin 407
(Brand name) 7. po. Bid.
disp # 60

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- _____ Units

Do Not Substitute
Initials _____

This Form Is Designed To Meet The Requirement for Coding Up PT 99214
WV Spine & Pain Clinic History/Physical(Established)

Date 2/11/08 BP 110/70 mmHg, HR: 70 bpm:
 Patient Name J. [REDACTED]

Chief C/O: HAE Pain Scales(0-10): 7 constant, intermittent: Both:
 This is New/Old: Quality of Pain: aching: burning: stabbing: throbbing: pinning: other:
 Interventional Rx when? 2: What type of Rx? 2 How long lasted:
 Symptoms change since last visit: same: better: worse: Sleep at night: same: better: poor:
 Headache: none: yes: Others back of H&A, no top
 Mood: same: better: depressed: excitable: other: Weight: same: gained/lost: lb:
 Medications:

Response: very helpful: help some: not helpful: Why?
 Side effects of medications: none: nausea: vomit: dizziness: sleep: constipated: unsteady:
 Risk issues on CS: none: yes: if yes, why? Urine Screen:

Review of Systems: Smk A: Alcohol: Drugs: HTN: CAD: MI: DM: Asthma: Ca:
 COPD: Kidneys: Liver: Other:

Physical Exam: She is taking 1 gm, 17
 Mental A O x 3 - ENT: 2 CV: ARR CTA: 2 Other:
 Focused Local Exam:

Image Studies Review:

X-ray: 6 CT: 6 MRI: 6 Other:
 Imp: Same: New 1. 2 expedient studies
2.

Medical Decision Making:

1. Further studies.
2. Meds: Continue current; Change current; Add new;
3. Discuss risks of diversion and side effects of CS: No: Yes:
4. Other issue discussed. make 27
5. Schedule interventional procedure: No: Yes next week
6. Return visit in. Two weeks; One month; Other
7. Rx:

1. Imitrex 100ug QD
2. Xenx 27 Bid
3. Roxicodone 30mg Bid
4. oxycontin 40mg

[Signature]
 Weixing William Guo, M.D.

ICD-9
 CPT 9921

WV Spine and Pain Clinic Procedure Report

314 Goff Mountain Rd, Suite 16
Cross Lanes, W 25313
Tel: (304)776-7160

340 State Street
Madison, WV 25130
Tel: (304)30-6618

Procedure Name: Greater and Lesser Occipital Nerve Block, bilaterally (CPT 64405)
Supraorbital Nerve Block, bilaterally (CPT 64400)

Diagnosis: Occipital Neuralgia/Cervialgia(ICD-9 723.8), s/p MVA
Supraorbital Neuralgia(ICD-9 053.12). s/p MVA
Post-traumatic Headache, s/p MVA

Patient Name T. J. [REDACTED]

Date of Birth: [REDACTED]

Date of Procedure: 02-11-/2008

Anesthesia/Sedation: None

Office Note: Patient here for office procedure today. She complains of moderate to severe headache on the daily basis for about a year and half. She reports the headache starts from back of her neck, radiating to the top of her head. She c/o constant headaches not relieved by medication. On physical examination, she has tendernesses on both sides of the back of C2-6, with apparent bilateral muscles spasma. I explained to her the headache is most likely caused by the impingement of bilateral greater and lesser occipital nerves. I offered her the next step therapy, which is the occipital nerve block. She agreed to have one today. I also explained the procedure, and associated possible risks and complications. She completely understand.

Procedure Details:

The patient lays on the table with face down, with head bend forward. The back of the neck is exposed. Patient is monitored with EKG, pulse-Oxymeter, and blood pressure. The back of the neck is then cleaned with alcohol. Localization of the greater and lesser occipital nerve is done by applying pressure over the nerve which reproduces the pain and headache. #27 gauge 1.5" needle is inserted approximately 1.5 ml deep into subcutaneous tissue on the right side first. Inject 0.5ml of Omnipaque-240 under the C-

arm. There is no vascular take-off of the media. Aspiration is done to confirm the absence of blood or CSF. 3.0ml of 0.125% Bupivacaine with 20mg of Kenelog-40 was injected along the route of nerve passage. Re-direct the needle toward the right auricular process, inject 2.0ml of the same solution into the lesser occipital nerve on the right side.

Following the same principle, another 5ml of 0.125% Bupivacaine with 20mg of Kenelog-40 was deposited along the left greater and lesser occipital nerve. Immediately after injection, the patient reported the feeling of warmth in the back of the head, and about 2-3 minutes later patient reported the pain is lessened considerably.

Patient tolerated procedure well. There were no complications to this procedure. Post-procedure instruction was given. Patient walked out of clinic without assistance. Patient is escorted home with a designated driver.

Patient was scheduled to follow in one month.

 (Signature)

Weixing W. Guo, M.D.

2/11/08 (Date)

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7950404

314 Goff Mountain Road • Suite 16 • Cross Lanes, WV 25313

Phone (304) 776-7160 • Fax (304) 776-7161

Name

[Redacted]

Date

2-11-08

Address

R

PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

~~Roxitrolone 30~~
Imitrex 100mg
7. Po. QD
Depo #30

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute
Initials _____

WEIXING WILLIAM GUO, M.D.
DEA #: BG7950404

Signature

[Signature]

Refill

Times

228102

SECURITY FEATURES LISTED ON REVERSE SIDE

15386/002

This Form Is Designed To Meet The Requirement for Coding Up CPT 99214

WV Spine & Pain Clinic History/Physical(Established)

Date 2/15/2008

Patient Name

Claim #: ; D.O.I.: ; DOB:

Chief C/O: Neck pain, Back pain Pain Scales(0-10): 8; 9/10 intermittent; Both;

H/O Sciatica; This is New/Old/different; Quality of Pain: aching; burning; stabbing; throbbing; pinning; other

Interventional Rx -H How long lasted 4

Changes since last visit: same; better; worse; Headache: none; yes; Sleep: same; better; poor;

Others Later in the day she felt better;

Mood: same; better; depressed; irritable; suicidal; other; Weight: same; gained/lost: lb;

Medication issues:

Response: very helpful; help some; not helpful; Why?

Side effects of medications: none; nausea; vomit; dizziness; itching; sleepy; constipated; unsteady;

Risk issues on CS: none; yes; if yes, why?; Urine Screen:

Review of Systems: Smk (+); Alcohol (-); Drugs (-); HTN (-); CAD (-); MI (-); DM (-); Asthma (-); Ca (-);

COPD (-); Kidneys (-); Liver (-); Other: 3/4 hrs to take care of

exp in the evening, she has excruciating

Pain in the back

Physical Exam:

Mental A.O.S. ENT (-); CV: RR (+); Chest: (+); Abd: (+); Other:

Focused Local Exam:

Low back: Curvature toward left.

Image Studies Review:

X-ray: ; CT: ; MRI: ; Other:

Imp: [X] Same; [] New

Medical Decision Making:

- 1. Meds: [] Continue current; [] Change current; [] Add new;
2. Discuss risks of diversion and side effects of CS: No/Yes; If yes, time spent min
3. Schedule procedure: No/Yes
4. Return visit in: [] Two weeks; [X] One month; [] Other

- 5. Rx: 1. Upclose Roxane 30mg Tid
2. Oxycodone 4mg Bid
3. Xanax 2mg Bid

ICD-9

- 1.
2.
3.
4.

Weixing William Guo, M.D.

CPT 9921

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #BG7950404
314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 26031
Phone (304) 778-7160 • Fax (304) 778-7161

Name [Redacted] Date 2-25-08

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Oxy Contin 407
<Brand name> = 80. Brel

Not Valid
Until 03/04/08

Imp # 60
[Signature]

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute
Initials _____

Signature [Signature]
Refill 0 Times

WEIXING WILLIAM GUO, M.D.
DEA #: BG7950404

225161

SECURITY FEATURES LISTED ON REVERSE SIDE

15386/002

Name J. [REDACTED] T. [REDACTED] Date 2-25-08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Proxicodon 300
Not Valid until March 4/08
7. po. Tid
disp # 90
[Signature]

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute
Initials _____

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #B67960404
314 Goff Mountain Road • Suite 16 • Cross Lanes, WV 25313
Phone (304) 778-7180 • Fax (304) 778-7161

Name J. [REDACTED] T. [REDACTED] Date 2-25-08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

~~*Oxycodone 400*~~
~~*(Brand name)*~~
~~*7. po. Bid*~~
~~*disp # 60*~~
~~*[Signature]*~~

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute
Initials _____

Signature [Signature] WEIXING WILLIAM GUO, M.D.
DEA #: B67960404

Refill 0 Times 225159

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #B67960404
314 Goff Mountain Road • Suite 16 • Cross Lanes, WV 25313
Phone (304) 778-7180 • Fax (304) 778-7161

Name J. [REDACTED] T. [REDACTED] Date 2-25-08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Xanax 2mg
Not Valid
7. po Bid
disp # 60
[Signature]

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute
Initials _____

Signature [Signature] WEIXING WILLIAM GUO, M.D.
DEA #: B67960404

Refill 0 Times 225159

This Form Is Designed To Meet The Requirement for Coding Up To CPT 99214
WV Spine & Pain Clinic H/P(Established)(M;C)

Date 4/3/2008 Patient Name [REDACTED]

Claim #: _____; D.O.I.: _____; DOB: _____

Chief C/O: WBP Pain Scales(0-10): 8 constant; Intermittent; Both;

WAE improved

This is New/Old/different; Quality of Pain: aching; burning; stabbing; throbbing; pinning; other _____;

Interventional Rx WBP How long lasted WBP;

Changes since last visit: same; better; worse _____; Headache: none; yes; Sleep: same; better; poor; Others _____;

Mood: same; better; depressed; irritable; suicidal; other _____; Weight: same; gained/lost: _____ lb;

Response: very helpful; help some; not helpful; Why? _____;

Side effects of medications: none; nausea; vomit; dizziness; itching; sleepy; constipated; unsteady; _____;

Risk issues on CS: none; yes; if yes, why? _____; Urine Screen: _____;

Review of Systems: Smk +; Alcohol +; Drugs + HTN _____; CAD _____; MI _____; DM _____; Asthma _____; Ca _____;

COPD _____; Kidneys _____; Liver _____; Other: _____;

WBP cough

Physical Exam:

Mental A.Ox ENT: CV; CV: WBP Chest: WBP; Abd: WBP; Other: _____;

Focused Local Exam: _____;

WBP L3-5

Image Studies Review:

X-ray: _____; CT: _____; MRI: _____; Other: _____;

Imp: Same; New _____

Medical Decision Making:

1. Meds: Continue current; Change current; Add new;
2. Discuss risks of diversion and side effects of CS: No; Yes; If yes, time spent 2 min;
OD, Diversion, Safety, Patient understand: Completely; Partially; Dose not understand;
3. Schedule procedure: No; Yes
4. Return visit in: Two weeks; One month; Other _____
5. Rx: Suo Coris

ICD-9

1. _____
2. _____
3. _____
4. _____

CPT 9921 _____

Billing Insurance _____

[Signature]
Weixing William Guo, M.D.

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #BG7980404
314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 776-7160 • Fax (304) 776-7161

Name J. [REDACTED] T. [REDACTED] Date 4-3-08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

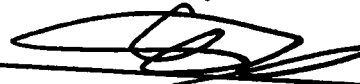
Roxicodone 307
7. pa tid
disp # 90

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute
Initials _____

Signature _____

Refill 0 Times



WEIXING WILLIAM GUO, M.D.
DEA # BG7980404

224078

SECURITY FEATURES LISTED ON REVERSE SIDE

15386/002

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7960404

314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 776-7160 • Fax (304) 776-7161

Name J [REDACTED] T [REDACTED] Date 4-3-08

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Oxy Contin 407
i, po Bid
disp # 60*

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute Initials _____

WEIXING WILLIAM GUO, M.D.
DEA #: BG7960404

Signature _____

Refill 0 Times

224080

SECURITY FEATURES LISTED ON REVERSE SIDE

15386/002

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7960404

314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 776-7160 • Fax (304) 776-7161

Name J [REDACTED] T [REDACTED] Date 4-3-08

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Xanax 27
i, po: Bid
disp # 45*

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute Initials _____

WEIXING WILLIAM GUO, M.D.
DEA #: BG7960404

Signature _____

Refill 0 Times

224079

SECURITY FEATURES LISTED ON REVERSE SIDE

15386/002

This Form Is Designed To Meet The Requirement for Coding Up To CPT 99214
WV Spine & Pain Clinic H/P(Established)(M;C)

Date 1/14/2008 Patient Name J [REDACTED] [REDACTED]

Claim #: _____; D.O.I.: _____; DOB: _____

Chief C/O: S/P MVA Pain Scales(0-10) Constant; intermittent; Both;

At level w/ last visit

This is New/Old/different; Quality of Pain: aching; burning; stabbing; throbbing; pinning; other _____

Interventional Rx _____ How long lasted _____ steroid injection

Changes since last visit: same; better; worse _____; Headaches none; yes; Sleep: same; better; poor; Others _____

Mood: same; better; depressed; irritable; suicidal; other _____; Weight: same; gained/lost: _____ lb;

Response: very helpful; help some; not helpful; Why? _____

Side effects of medications: none; nausea; vomit; dizziness; itching; sleepy; constipated; unsteady _____

Risk issues on CS: none; yes; if yes, why? _____; Urine Screen: _____

Review of Systems: Smk +; Alcohol _____; Drugs _____ HTN _____; CAD _____; MI _____; DM _____; Asthma _____; Ca _____

COPII: Kidneys _____; Liver _____; Other _____

cried in office. Husband confirm she has been crying all day long at home

Physical Exam:

Mental A.O.X ENT: _____; CV: _____; Chest: _____; Abd: _____; Other: _____

Focused Local Exam:

Unable to perform physical exam. due to the low chest on rt foot/ankle.

Image Studies Review:

X-ray: _____; CT: _____; MRI: _____; Other _____

Imp: Same; New Rt ankle lateral malleolus fx

Medical Decision Making:

1. Meds: Continue current; Change current; Add new;
2. Discuss risks of diversion and side effects of CS: No; Yes; If yes, time spent 2 min;
OD: Diversion, Safety, Patient understand: Completely; Partially; Does not understand;
3. Schedule procedure: No; Yes
4. Return visit in: Two weeks; One month; Other _____
5. Rx: (1) oxy ER 800 Bief
(2) Dilaudid 1/2 prn

ICD-9

1. _____
2. _____
3. _____
4. _____

Billing Insurance _____

self pay

Weixing William Guo, M.D.

CPT 9921 _____

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #BG7950404
314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 778-7180 • Fax (304) 778-7181

Name J [REDACTED] T [REDACTED] Date 4-14-08

Address _____
R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Dilaudid 17
i. po. PRN
day # 10*

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____
- Do Not Substitute Initials _____

Signature _____

Refill 0 Times

225794 WEIXING WILLIAM GUO, M.D.
DEA #: BG7950404
SECURITY FEATURES LISTED ON REVERSE SIDE

15386/002

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #BG7950404
314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 778-7180 • Fax (304) 778-7181

Name J [REDACTED] T [REDACTED] Date 4-14-08

Address _____
R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Oxycanti 80 ER
i. po. Bil.
day # 20*

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____
- Do Not Substitute Initials _____

Signature _____
Refill 0 Times

225793 WEIXING WILLIAM GUO, M.D.
DEA #: BG7950404
SECURITY FEATURES LISTED ON REVERSE SIDE

15386/002

This Form Is Designed To Meet The Requirement for Coding Up To CPT 99214
WV Spine & Pain Clinic History/Physical(Established)

Date 4/17/2008

Patient Name [REDACTED]

Claim #: _____ ; D.O.I.: _____ ; DOB: _____

Chief C/O: Severe pain Rt ankle. I had motor vehicle accident a week and half ago.
as she stated.

Pain Scales(0-10): 12/10 Constant; Intermittent; Both;

This is New/Old/different; Quality of Pain: aching; burning; stabbing; throbbing; pinning; other _____;

Interventional Rx None;

Changes since last visit: same; better; worse _____; Headache: none; yes; Sleep: same; better; poor; Others _____;

Mood: same; better; depressed; irritable; suicidal; other _____; Weight: same; gained/lost: _____ lb;

Medication Reviews: She is on Roxicodone 30 and oxycodone 400 for her neck, LBP upper back pain.

Response: very helpful; help some; not helpful; Why? State not strong enough;

Side effects of medications: none; nausea; vomit; dizziness; itching; sleepy; constipated; unsteady; _____;

Risk issues on CS: none; yes; if yes, why? _____; Screen: Yes; No:

Review of Systems: Smk +; Alcohol -; Drugs - HTN -; CAD - MI -; DM -; Asthma -; Ca _____;

COPD _____; Kidneys _____; Liver _____; Other _____;

Physical Exam:

Mental A.O.X ENT: _____; CV: _____; Chest: _____; Abd: _____; Other: _____;

Focused Local Exam: Pt. Walked into office with one left foot with help of her husband. cried in office. Severe pain. X-ray indicated Rt lateral malleolus closed fx. Cast placed by EMT on consult.

Imp: Same; New

Medical Decision Making:

1. Meds: Continue current; Change current; Add new;
2. Discuss risks of diversion and safety of CS: No; Yes; If yes, time spent 1 min;
OD Diversion, Safety, Patient understood: Completely; Partially; Does not understand;
3. Schedule procedure: No Yes
4. Return visit in: Two weeks; One month; Other _____
5. Rx: Massage Therapy; Psychiatrist Counsel; Referral; ICD-9

Discussed Rt ankle block for pain relief. Pt scared of needles. Refused. Prescribe Dilaudid 4mg bid.

Wexing William Guo, M.D.

CPT 9921 _____

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7950404

314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 776-7160 • Fax (304) 776-7161

Name J. [REDACTED] T. [REDACTED] Date 4-17-08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Oxy Conti: 807 ER
Not valid until 4/22/08
T. Po. Bid
disp # 20.

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

Do Not Substitute
Initials _____

Signature _____

Roll _____ Times _____

226641

SECURITY FEATURES LISTED ON REVERSE SIDE

WEIXING WILLIAM GUO, M.D.
DEA #: BG7950404

153864002

SECURITY FEATURES LISTED ON REVERSE SIDE

226639

WEIXING WILLIAM GUO, M.D.
DEA #: BG7950404

153864002

Signature _____
Roll _____ Times _____

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____
 Do Not Substitute
Initials _____

Disp # 30
T. Po. Bid
Disp # 20

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Name J. [REDACTED] T. [REDACTED] Date 4-17-08

Address _____

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.
DEA #BG7950404
314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 776-7160 • Fax (304) 776-7161

This Form Is Designed To Meet The Requirement for Coding Up To CPT 99214
WV Spine & Pain Clinic H/P(Established)(M;C)

Date 4/3/2008 Patient Name J [REDACTED] [REDACTED]

Claim #: _____; D.O.I.: _____; DOB: _____

Chief C/O: Ⓚ Ankle Swelling Pain Scales(0-10) Ⓚ: constant; intermittent; Both;

numbness Ⓚ toe sharp pin all Ⓚ low
back Ⓚ T12-13 feeling
This is New/Old/different; Quality of Pain: aching; burning; stabbing; throbbing; pinning; other _____

Interventional Rx _____ How long lasted _____

Changes since last visit: same; better; worse _____; Headache: none; yes; Sleep: same; better; poor; Others _____

Mood: same; better; depressed; irritable; suicidal; other _____; Weight: same; gained/lost: _____ lb;

Response: very helpful; help/some; not helpful; Why? _____

Side effects of medications: none; nausea; vomit; dizziness; itching; sleepy; constipated; unsteady: _____

Risk issues on CS: none; yes; if yes, why? _____; Urine Screen: _____

Review of Systems: Snk +; Alcohol -; Drugs - HTN -; CAD -; MI -; DM -; Asthma -; Ca -; COPD -; Kidneys -; Liver -; Other: _____

Physical Exam:

Mental A.O.S ENT Ⓚ; CV: R RA Chest: Ⓚ; Abd: _____; Other: _____

Focused Local Exam: Ⓚ Foot/Ankle

she still in extreme pain need
massive med to get with the pain

Image Studies Review: Ⓚ Ankle tx

X-ray: _____; CT: _____; MRI: _____; Other: _____

Imp: Same; New Ⓚ Loss Rib fx

Medical Decision Making:

1. Meds: Continue current; Change current; Add new;
2. Discuss risks of diversion and side effects of CS: No; Yes; If yes, time spent _____ min; OD, Diversion, Safety; Patient understand: Completely; Partially; Dose not understand;
3. Schedule procedure: No; Yes _____
4. Return visit in: Two weeks; One month; Other _____
5. Rx: Ⓚ Oxy code

ICD-9
1. _____
2. _____
3. _____

17 Sept.

WEIXING WILLIAM GUO, M.D.
DEA #B37950404
314 Golf Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 778-7180 • Fax (304) 778-7181

Name: [Redacted] Date: 4-30-08

DESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Roxicodone 300
7.P.O. Tid
dypts 60

- 01-24
 - 02-49
 - 03-74
 - 04-99
 - 05-100
 - 06-150
 - 07-151 and over
- Units _____
- Do Not Substitute
Initials _____

226944

WEIXING WILLIAM GUO, M.D.
DEA #: B37950404

226943

WEIXING WILLIAM GUO, M.D.
DEA #: B37950404

WEIXING WILLIAM GUO, M.D.
DEA #B37950404
314 Golf Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 778-7180 • Fax (304) 778-7181

Name: [Redacted] Date: 4-30-08

DESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Oxybontine ER
7.P.O. 2.i.d
dypts 60

- 01-24
 - 02-49
 - 03-74
 - 04-99
 - 05-100
 - 06-150
 - 07-151 and over
- Units _____
- Do Not Substitute
Initials _____

226943

WEIXING WILLIAM GUO, M.D.
DEA #: B37950404

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #B37950404
314 Golf Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 778-7180 • Fax (304) 778-7181

Name: [Redacted] Date: 4-30-08

DESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Xanax 2-1
7.P.O. B.i.d
dypts 60

- 01-24
 - 02-49
 - 03-74
 - 04-99
 - 05-100
 - 06-150
 - 07-151 and over
- Units _____
- Do Not Substitute
Initials _____

80/30/08
9:30

Signature: [Redacted] Date: _____
WEIXING WILLIAM GUO, M.D.
DEA #: B37950404

5386/002

This Form Is Designed To Meet The Requirement for Coding Up To CPT 99214
WV Spine & Pain Clinic H/P (Established) (M;C)

Date 5/16/2008

Patient Name J [redacted] T [redacted]

Claim #: _____; D.O.I.: _____;

Chief C/O: R foot fx. Pain Scales (0-10): 8/constant; Intermittent; Both;

foot feels on fire. walk hunte room

This is New/ Old/different; Quality of Pain: aching; burning; stabbing; throbbing; pinning; other _____;

Interventional Rx None How long lasted 0;

Changes since last visit: same; better; worse _____; Headache: none; yes; Sleep: same; better; poor;

Mood: same; better; depressed; irritable; suicidal; other _____; Weight: same; gained/lost: _____ lb;

Response: very helpful; help some; not helpful; Why? _____;

Side effects of medications: none; nausea; vomit; dizziness; itching; sleepy; constipated; unsteady; _____;

Risk issues on CS: none; yes; if yes, why? 2; Urine Screen: 0;

Review of Systems: Smk +; Alcohol -; Drugs - HTN -; CAD -; MI -; DM -; Asthma -; Ca -; COPD -; Kidneys -; Liver -; Other: _____;

Physical Exam:

Mental A.Ox ENT: 0; CV: RM; Chest 0; Abd: SA; Other: _____;

Focused Local Exam:

She is on Roxicodone 30mg Tid
Oxycodone 60mg Bid. but still
CPD severe pain. pt states the worse
pain is at night. wakes her up every hour.

Image Studies Review: Tried Dilaudid which causing itching

X-ray: _____; CT: _____; MRI: _____; Other _____;

Imp: Same; New ① Disc Herniation ② LBP mVA

③ Whiplash Neck ④ (R) foot fx

Medical Decision Making:

1. Meds: Continue current; Change current; Add new;
2. Discuss risks of diversion and side effects of CS: No; Yes; If yes, time spent 3 min;
Ob, Diversion, Safety, Patient understand: Completely; Partially; Dose not understand;
3. Schedule procedure: No; Yes
4. Return visit in: Two weeks; One month; Other _____
5. Rx: Oxycodone 60mg ER QHS

Insurance Self

Weixing William MD

ICD-9
1. _____
2. _____
3. _____
4. _____
CPT 9921 _____

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #BG7950404

314 Goff Mountain Road • Suite 16 • Cross Lanes, WV 25313
Phone (304) 778-7160 • Fax (304) 778-7161

Name J [REDACTED] T [REDACTED] Date 5-6-08
Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

OxyCont - ER
40

i.p.o. 4x4s

<Brand Name>

T. dy # 14 tabs

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

____ Units
 Do Not Substitute
Initials _____

Signature _____
Refill 0 Times

224459

SECURITY FEATURES LISTED ON REVERSE SIDE

WEIXING WILLIAM GUO, M.D.
DEA #: BG7950404

15386/002

This Form Is Designed To Meet The Requirement for Coding Up To CPT 99214
WV Spine & Pain Clinic H/P(Established)(M;C)

Date 5/19/2008

Patient Name [REDACTED]

Claim #: _____; D.O.I.: _____

Chief C/O: Foot/ankle pain Pain Scales(0-10) 8 constant: intermittent: Both:

It nearly killed the wheelchair

This is New Old/different: _____ Quality of Pain: aching: _____ burning: _____ stabbing: _____ throbbing: _____ pinning: _____ other: _____

Interventional Rx _____ How long lasted _____

Changes since last visit: same: better: worse: _____ Headache: none: yes: _____ Sleep: better: poor: _____

Others _____

Mood: same: better: depressed: irritable: suicidal: other: _____ Weight: same: gained/lost: _____ lb:

Response: very helpful: help some: not helpful: Why? _____

Side effects of medications: none: nausea: vomit: dizziness: itching: sleepy: constipated: unsteady: _____

Risk issues on CS: none: yes: if yes, why? _____ Urine Screen: _____

Review of Systems: Smk Alcohol Drugs HTN CAD MI DM Asthma Ca _____

COPD Kidneys Liver Other: _____

Physical Exam:

Mental A.O.S. ENT: CV: HR Chest: Calf Abd: 3/4 Other: _____

Focused Local Exam:

meds dry ground, best rest

She is on plenty of opioids but she states she's dry w/ no const med. kept her been good

Image Studies Review:

X-ray: _____ CT: _____ MRI: good Other: _____

Imp: Same; New

Medical Decision Making:

1. Meds: Continue current; Change current; Add new;
2. Discuss risks of diversion and side effects of CS: No: Yes: If yes, time spent 2 min:
OB: Diversion. Safety: Patient understand: Completely: Partially: Dose not understand: _____
3. Schedule procedure: No: Yes: _____
4. Return visit in: Two weeks; One month; Other: _____
5. Rx: Refill oxy 60mg x 11 tabs

CD-9
1. _____
2. _____
3. _____
4. _____
CPT 9921 _____

Insurance Suff

Weixing William Guo, M.D.

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #BG7950404
314 Golf Mountain Road • Suite 16 • Cross Lanes, WV 25313
Phone (304) 776-7160 • Fax (304) 776-7161

Name J. [REDACTED] T. [REDACTED] Date 5-19-08

Address _____
Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

OxyContin 40mg
C.R. T.P.O. QHS
(Brand Name) 4 # 15 tabs

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____
 Do Not Substitute
Initials _____

Signature _____
Refill 0 Times

223998
SECURITY FEATURES LISTED ON REVERSE SIDE

WEIXING WILLIAM GUO, M.D.
DEA #: BG7950404

15386/002

Pt on high dose Narcotics. Report
function well. discussed with
husband. He say she is indeed
doing better. Risks discussed. both
understand completely.

1130 am

5-19-08

This Form Is Designed To Meet The Requirement for Coding LPT 99214
WV Spine & Pain Clinic H/P (Established) (M:C)

Date 5/19/2008 Patient Name [Redacted]

Claim #: _____; D.O.I.: _____

Chief C/O: LB, P, D fast/Amble Pain Scale (0-10): _____; constant: _____; intermittent: _____; Both: _____

X-ray showed mild alignment

This is New/Old/different: Quality of Pain: aching: burning: stabbing: throbbing: pinning: other _____

Interventional Rx [Marked] How long lasted _____

Changes since last visit: same: better: worse _____; Headache: none: yes: Sleep: same: better: poor: _____

Mood: same: better: depressed: irritable: suicidal: other _____; Weight: same: gained/lost: _____ lb:

Response: very helpful: help some: not helpful: Why? _____

Side effects of medications: none: nausea: vomit: dizziness: itching: sleepy: constipated: unstable: _____

Risk issues on CS: none: yes: if yes, why? _____; Urine Screen: _____

Review of Systems: Smk [Marked]; Alcohol [Marked]; Drugs _____; HTN _____; CAD _____; MI _____; DM _____; Asthma _____; Ca _____; COPD _____; Kidneys _____; Liver _____; Other: _____

Physical Exam:

Mental A.O.S. ENT [Marked]; CV: u; Chest: _____; Abd: _____; Other: _____

Focused Local Exam: Pz: limited Rom. D-H-ud

Image Studies Review:

X-ray: _____; CT: _____; MRI: _____; Other _____

Imp: Same; New

Medical Decision Making:

- Meds: Continue current; Change current; Add new;
- Discuss risks of diversion and side effects of CS: No: Yes: If yes, time spent 2 min
OD: Diversion, Safety, Patient understand: Completely: Partially: Dose not understand:
- Schedule procedure: No: Yes _____
- Return visit in: Two weeks; One month; Other _____

- Rx: ① Oxy Contin 40mg QW 4-5 w/CD bank style
- ② Oxy Contin 80mg QW Bid
- ③ Roxicodone 30mg Tid
- ④ Xanax 1mg Bid

OSaf

- _____
- _____
- _____
- _____

Weixing William Guo, M.D.

CPT 9921

W SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #BG7960404
314 Golf Mountain Road • Suite 16 • Cross Lanes, WV 25313
Phone (304) 776-7160 • Fax (304) 776-7161

Name J [REDACTED] [REDACTED] Date 5/29/08

Address _____
PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

R
3 - Paul C too
7.70. BD
4/4 3

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over
Units _____
- Do Not Substitute
Initials _____

WEIXING WILLIAM GUO, M.D.
DEA #: BG7960404

Signature _____
Refill _____ Times

223653
SECURITY FEATURES LISTED ON REVERSE SIDE

15380602

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7950404

314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 776-7180 • Fax (304) 776-7181

Name J [REDACTED] T [REDACTED] Date 5/29/08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Oxy Conts 80g ER
(Brand Name) T.Po Bid
60

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute
Initials _____

Signature [Signature] WEIXING WILLIAM GUO, M.D.
Refill 0 Times 223645
DEA #: BG7950404

SECURITY FEATURES LISTED ON REVERSE SIDE

15386/002

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7950404

314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 776-7180 • Fax (304) 776-7181

Name J [REDACTED] T [REDACTED] Date 5/29/08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Oxy Conts 40g
(Brand Name) T.Po QRS
30

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute
Initials _____

Signature [Signature] WEIXING WILLIAM GUO, M.D.
Refill 0 Times 223644
DEA #: BG7950404

SECURITY FEATURES LISTED ON REVERSE SIDE

15386/002

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7950404

314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313

Phone (304) 776-7160 • Fax (304) 776-7181

Name J [REDACTED] T [REDACTED] Date 5/29/08
Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Roxicodone 30 y
3, po. tid
4# 90*

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- _____ Units

Do Not Substitute
Initials _____

Signature _____
Refill 0 Times

223646

WEIXING WILLIAM GUO, M.D.
DEA #: BG7950404

SECURITY FEATURES LISTED ON REVERSE SIDE

15386/002

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7950404

314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313

Phone (304) 776-7160 • Fax (304) 776-7181

Name J [REDACTED] T [REDACTED] Date 5/29/08
Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Xanax 17
7, po. Bid
5# 60*

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- _____ Units

Do Not Substitute
Initials _____

Signature _____
Refill 0 Times

223647

WEIXING WILLIAM GUO, M.D.
DEA #: BG7950404

SECURITY FEATURES LISTED ON REVERSE SIDE

15386/002

WV SPINE AND PAIN CLINIC Progress Note

Date

Patient Name: J [REDACTED] T [REDACTED]

6-9-08 1050 AM

Pt came with husband. Report her
uncle who is a Patient of mine.

[REDACTED]. Stole all her meds
over the weekend, including

Oxy Contin 800 ER -- 38 tabs.

Oxy Contin 400 -- 20 tabs.

Proxicodol 300 -- 58 tabs.

Xanax 12 -- 40 tabs.

They reported to Police.

I discussed with both of them
they are honest couples I have
taken care of. Wife cried in
the office stating she is suffering so
bad.

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7950404

314 Goff Mountain Road • Suite 16 • Cross Lanes, WV 25313
Phone (304) 778-7160 • Fax (304) 778-7161

Name J [REDACTED] T [REDACTED] Date 6/9/08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Xanax 17
7.P.O. Bid
\$#40*

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- _____ Units

Do Not Substitute
Initials _____

WEIXING WILLIAM GUO, M.D.
DEA #: BG7950404

Signature [Signature]
Refill 0 Times

224629

SECURITY FEATURES LISTED ON REVERSE SIDE

15396/002

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7950404

314 Goff Mountain Road • Suite 16 • Cross Lanes, WV 25313
Phone (304) 778-7160 • Fax (304) 778-7161

Name J [REDACTED] T [REDACTED] Date 6/9/08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Roxicodone 307
7.P.O. Tid
\$#60*

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- _____ Units

Do Not Substitute
Initials _____

WEIXING WILLIAM GUO, M.D.
DEA #: BG7950404

Signature [Signature]
Refill 0 Times

224628

SECURITY FEATURES LISTED ON REVERSE SIDE

15396/002

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #BG7960404
314 Golf Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 776-7160 • Fax (304) 776-7161

Name J [REDACTED] T [REDACTED] Date 6-9-08

Address _____
R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Oxy Contic 40
jipo. QRS
\$ 20

(Brand Name)

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute
Initials _____

Signature [Signature]

WEIXING WILLIAM GUO, M.D.
DEA #: BG7960404

Refill 9 Times

224627
SECURITY FEATURES LISTED ON REVERSE SIDE

15386/002

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #BG7960404
314 Golf Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 776-7160 • Fax (304) 776-7161

Name J [REDACTED] T [REDACTED] Date 6-9-08

Address _____
R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Oxy Contic 80 ER
j. Pa Bid
\$ 40

(Brand Name)

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute
Initials _____

Signature [Signature]

WEIXING WILLIAM GUO, M.D.
DEA #: BG7960404

Refill _____ Times

224626
SECURITY FEATURES LISTED ON REVERSE SIDE

15386/002

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #B37950404

314 Golf Mountain Road • Suite 18 • Cross Lanes, WV 25913

Phone (304) 776-7100 • Fax (304) 776-7181

Name

W. J. [Redacted]

Date *6-9-08*

Address

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Lido Derin 50g
7.012h. daily*

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

Do Not Substitute
Initials _____

WEIXING WILLIAM GUO, M.D.
DEA #: B37950404

Signature



Phone

224630

SECURITY FEATURES LISTED ON REVERSE SIDE

15386/002

This Form Is Designed To Meet The Requirement for Coding Up To CPT 99214

WV Spine & Pain Clinic History/Physical(Established)

Date 6/27/2008

Patient Name J [REDACTED] T [REDACTED]

Claim #: _____; D.O.I.: _____; DOB: _____

Chief C/O: Chronic Exacerbating pain in her Rt ankle
she is SIP w/VA

Pain Scales(0-10): 7 Sometimes 10/10
: constant; intermittent; Both;

This is New/Old/different; Quality of Pain: aching, burning, Sharp pain, stabbing, throbbing, pinning, other _____;

Interventional Rx _____;

Changes since last visit: same; better, worse _____; Headache: none; yes; Sleep: same; better, poor; _____;

Others _____;

Mood: same; better, depressed; irritable; suicidal; other _____; Weight: same; gained/lost: _____ lb;

Medication Reviews: Yes, she has question on X-ray
wanted to have 2 wks trial one month

Response: very helpful; help some; not helpful; Why? _____;

Side effects of medications: none; nausea; vomit; dizziness; itching; sleepy; constipated; unsteady; _____;

Risk issues on CS: none; yes; if yes, why? _____; Screen: Yes; No:

Review of Systems: Sxk f; Alcohol _____; Drugs HTN; CAD _____; MI _____; DM _____; Asthma _____; Ca _____;

COPD _____; Kidneys _____; Liver _____; Other _____;

Surgical consult with Dr. Cox; Not Candidate
for ORIF.

Physical Exam:

Mental A.O.S. ENT: /; CV: /; Chest: clear; Abd: /; Other: /;

Focused Local Exam: _____

Pt walk on crutch. Cast removed.
Slight discolor Rt ankle with some edema

Imp: Same; New see previous Dr's.

Medical Decision Making:

1. Meds: Continue current; Change current; Add new;
2. Discuss risks of diversion and safety of CS: No; Yes; If yes, time spent 1 min;
OB, Diversion, Safety, Patient understood: Completely, Partially, Does not understand;
3. Schedule procedure: No Yes Schedule at next visit
4. Return visit in: Two weeks; One month; Other _____
5. Rx: Massage Therapy; Psychiatrist Counsel; Referral; ICD-9

1. Repeat Rt ankle X-ray 1. _____
2. Increase right dose Oxycodone 2. _____
3. change medication for Tylenol 3. _____
4. _____ 4. _____

[Signature] CPT 9921 _____
Weixing William Guo, M.D.

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7950404

314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 776-7160 • Fax (304) 776-7161

Name J [REDACTED] T [REDACTED] Date 6-24-08

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Xanax 2mg
i.p.o. qd
1# 30*

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

Do Not Substitute
Initials _____

Signature _____

Refill 2 Times

754839

SECURITY FEATURES LISTED ON REVERSE SIDE

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7950404

314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 776-7160 • Fax (304) 776-7161

Name J [REDACTED] T [REDACTED] Date 6-24-08

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Rt ankle x-ray
Dx. Rt ankle fx*

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

Do Not Substitute
Initials _____

Signature _____

Refill _____ Times

754840

SECURITY FEATURES LISTED ON REVERSE SIDE

Phone (304) 776-7160 • Fax (304) 776-7161

Name J [REDACTED] T [REDACTED] Date 6-24-08

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Roxicodone 3mg
i.p.o. tid
5# 9 wks*

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

Do Not Substitute
Initials _____

16163/003

16163/003

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #BG7960404

314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 778-7160 • Fax (304) 778-7161

Name J. [REDACTED] T. [REDACTED] Date 6-2K-08

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

OxyContin 40mg
(Brand Name) 70 tid
y#90

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____
- Do Not Substitute
Initials _____

Signature [Signature]

Refill 0 Times

754834

SECURITY FEATURES LISTED ON REVERSE SIDE

WEIXING WILLIAM GUO, M.D.
DEA #: BG7960404

16163/003

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #BG7960404

314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 778-7160 • Fax (304) 778-7161

Name J. [REDACTED] T. [REDACTED] Date 6-2K-08

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Xanax 17
70 qd
y#30

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____
- Do Not Substitute
Initials _____

Signature [Signature]

Refill 0 Times

754837

WEIXING WILLIAM GUO, M.D.
DEA #: BG7960404

6163/003

This Form Is Designed to Meet The Requirement for Coding Up To CPT 99214
WV Spine & Pain Clinic H/P(Established)(M;C)

Date 7/3/2008 Patient Name [Redacted]
Claim #: _____ ; D.O.I.: _____

Chief C/O: RT Ankle Pain Pain Scales(0-10): constant; intermittent; Both:
the worst morning is the worst time since she
is cut on Oxycotin 807. she says she suffers
This is New/Old/Different: Quality of Pain: aching; burning; stabbing; throbbing; pinning; other

Interventional Rx: me
Changes since last visit: same; better; worse _____ How long lasted 0
Others _____ : Headache: none; yes; Sleep: same; better; poor.

Mood: same; better; depressed; irritable; suicidal; other _____ : Weight: same; gained/lost: _____ lb:
Response: very helpful; help some; not helpful; Why? _____
Side effects of medications: none; nausea; vomit; dizziness; itching; sleepy; constipated; unsteady:
Risk issues on CS: none; yes; If yes, why? _____ : Urine Screen: _____
Review of Systems: Smk _____ : Alcohol _____ : Drugs _____ : HTN _____ : CAD _____ : MI _____ : DM _____ : Asthma _____ : Ca _____
COPD _____ : Kidneys _____ : Liver _____ : Other _____

Physical Exam:

Mental A.O.X ENT: 0 : CV: R : Chest: 0 : Abd: 3/4 : Other: 4

Focused Local Exam:

Discussed with her in the presence of
husband. I feel she is really suffering.
she cried in the office. Discussed w/ all
of staff.

Image Studies Review:

X-ray: _____ : CT: _____ : MRI: _____ : Other _____
Imp: Same; New _____ : Other _____

Medical Decision Making:

1. Meds: Continue current; Change current; Add new
2. Discuss risks of diversion and side effects of CS: No: Yes: If yes, time spent _____ min:
OD. Diversion. Safety. Patient understand: Completely: Partially: Dose not understand:
3. Schedule procedure: No: Yes _____
4. Return visit in: Two weeks; One month; Other _____
5. Rx: Add Oxycotin ER 80 QD

Insurance _____

[Signature]
Weixing William Guo, M.D.

1. _____
2. _____
3. _____
4. _____
CPT 9921

WV Spine and Pain Clinic
340 State Street
Madison, WV 25130
Tel: (304)307-6618

314 G. ... Jun. ... Road, Suite 16
Cross Lanes, W 25313
Tel: (304)561-7879

Acknowledgement of Consent to Procedures

Patient Name: J. [REDACTED]

I, hereby request and authorize Dr. Weixing William Guo, of WV Spine and Pain Clinic to provide the following procedure(s):

Rt Ankle Block with Steroid Injection

During the procedure, I also authorize my doctor to do: 1. injection of local anesthetics with or without steroids, contrast media, antibiotics; 2. radiofrequency ablation of the nerve branch that might be responsible to my pain.

I understand that my doctor may give me sedatives and local anesthetics to relieve pain and anxiety, giving me intravenous fluid and antibiotics if necessary.

I understand that any type of procedure involves risks, including but not limited to allergic reactions, injection site pain, bleeding, infection, damage to the nerves and tissues, nearby organs, paralysis, seizure, cardiac arrest, brain damage, even death. If complication is severe enough, I consent to be admitted to the hospital for further treatment.

I understand that headache, neck stiffness or burning sensation, or backache may occur after spinal and epidural procedures, and side effects of steroid may also occur. I understand one or both of my extremities may become weak and have risk of fall within a few hours of procedure.

My question about the procedure has been answered, and I believe that I have enough information to give this informed consent. My physician has discussed the risks and benefits of the procedure including problems with recuperation and alternative treatments (if any). I understand, however, the procedure may have to be changed without explaining to me. I have been given no promise nor guarantees about the procedure or its results.

I certify I have read(or had read to me) the contents of this form. I understand the risks and alternatives involved and I have had the opportunity to ask questions. All my questions have been answered and I wish to proceed.

Note to patient: If the information you desired in this consent has not been met, do not sign this form.

~~Patient Signature~~ [REDACTED]

Physician Signature [Signature]

Insurance _____

Date 7-3-08

- ICD _____
- CPT 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

WV Spine and Pain Clinic Procedure Report

314 Goff Mountain Rd, Suite 16
Cross Lanes, W 25313
Tel: (304)776-7160

340 State Street
Martinsburg, WV 25130
Tel: (304)30-6618

Patient Name: Tony J. [REDACTED]

Date of Birth: [REDACTED]

Date of the Procedure: 07-03-2008

Procedure Name: Ankle Block, Right

Diagnosis: Foot Reflex Symphetic Dystrophy, Right

Anesthesia/Sedation: None

Procedure Details: Following the discussion of risks and benefits, consent was obtained by the patient. Patient is then asked to lay supine on the bed. The right side saphenous nerve, superficial and deep peroneal nerves were blocked from a single injection site. The needle is inserted between the tendons of extensor digitorum and extensor hallucis longus, at the level of the malleoli. When the tibia is reached by the needle it is then withdrawn with aspiration by 1 to 2 mm. The 10.0ml of 0.5% Bupivacaine is then injected to block the deep peroneal nerve. To anaesthetise the superficial peroneal nerve the needle is withdrawn from the current position so the needle remains in the skin. The needle is then turned towards the lateral malleolus and 5ml of local anaesthetic was injected in a subcutaneous band between the lateral malleolus and the anterior border of the tibia, enabling all branches of the nerve to be reached. Finally withdraw the needle again to just below the skin surface and turn the needle to face toward the medial malleolus. 5.0 ml of 0.5% bupivacaine was injected whilst the needle advances toward the medial malleolus. The sural nerve is blocked at the upper end of the lateral malleolus lateral to the achilles tendon with 2.0 ml of 0.5% bupivacaine. The sural nerve can be found at the upper end of the lateral malleolus lateral to the achilles tendon and is a coalescence of the common peroneal nerve and the tibial nerve. the posterior tibial artery is palpated and marked. A 24-gauge 25-ml Stimuplex needle is inserted next to the artery at the level of the superior border of the malleolus just behind the marked artery. The needle is advanced until plantarflexion of the toes occurs with less than 0.5 mA of current. Stimulation of the nerve is achieved using a electronic nerve stimulator. 2.0mL of local

anaesthetic is injected. Immediate halt of toe flexion and free of pain in the distal area were confirmed .

Comments:

None. Tolerated well.
Walked out of office with no
pain. Husband accompanied with
her. instructions given.

Signature  Date: 7-3-08

Weixing W. Guo, M.D.

This Form Is Designed To Meet The Requirement for Coding Up To 99214
WV Spine & Pain Clinic History/Physical (Established)

Date 7/18/08

Patient Name [Redacted]

BP: / mmHg; HR: bpm;

Chief C/O: Rt foot/purple Pain Scales(0-100): constant: intermittent: Both;

This is New/Old; Quality of Pain: aching; burning; stabbing; throbbing; pinning; other

Interventional Rx Purple blood How long lasted

Changes since last visit: same; better; worse; Headache: none; yes; Sleep: same; better; poor; Others

Mood: same; better; depressed; irritable; suicidal; other; Weight: same; gained/lost: lb;

Medications:

Response: very helpful; help some; not helpful; Why?

Side effects of medications: none; nausea; vomit; dizziness; sleepy; constipated; unsteady;

Risk issues on CS: none; yes; if yes, why?; Urine Screen:

Review of Systems: Smk; Alcohol; Drugs; HTN; CAD; MI; DM; Asthma; Ca

COPD; Kidneys; Liver; Other:

Physical Exam:

Mental A.O.x; ENT; CV; Chest; Abd; Other:

Focused Local Exam:

Rt Ankle medial side sensitive to touch
Lumbar Tenderness L1-3 mid line Tend

Image Studies Review:

X-ray; CT; MRI; Imp: Same; New

(1) Left Ankle RSD
(2) Post-fracture pain

Medical Decision Making:

- 1.
2. Meds: Continue current; Change current; Add new;
3. Discuss risks of diversion and side effects of CS: No; Yes;
4. Other issue discussed:
5. Schedule procedure: No; Yes
6. Return visit in: Two weeks; One month; Other
7. Rx:

(1) Roxicodone 30mg Bid
(2) Oxycontin 80mg Bid
Oxycontin 40mg Bid

ICD-9
1.
2.
3.
CPT 9921

Weixing William Guo, M.D.

WV Spine and Pain Clinic

340 State Street
Madison, WV 25130
Tel: (304)307-8618

314 Goff Mountain Road, Suite 18
Cross Lanes, W 25313
Tel: (304)561-7879

Acknowledgement of Consent to Procedures

Patient Name: J [redacted] T [redacted]

I, hereby request and authorize Dr. Weixing William Guo, of WV Spine and Pain Clinic to provide the following procedure(s):

RF Ankle Block with Steroid

The Treatment Objectives:

- 1. Pain relief; 2. Decrease inflammation; 3. Improve function

During the procedure, I also authorize my doctor to do: 1. injection of local anesthetics with or without steroids, contrast media, antibiotics; 2. radiofrequency ablation of the nerve branch that might be responsible to my pain.

I understand that my doctor may give me sedatives and local anesthetics to relieve pain and anxiety, giving me intravenous fluid and antibiotics if necessary.

I understand that any type of procedure involves risks, including but not limited, allergic reactions, injection site pain, bleeding, infection, damage to the nerves and tissues, nearby organs, paralysis, seizure, cardiac arrest, brain damage, even death. If complication is severe enough, I consent to be admitted to the hospital for further treatment.

I understand that headache, neck stiffness or burning sensation, or backache may occur after spinal and epidural procedures, and side effects of steroid may also occur. I understand one or both of my extremities may become weak and have risk of fall within a few hours of procedure.

My question about the procedure has been answered, and I believe that I have enough information to give this Informed consent. My physician has discussed the risks and benefits of the procedure including problems with recuperation and alternative treatments(if any). I understand, however, the procedure may have to be changed without explaining to me. I have been given no promise nor guarantees about the procedure or its results.

I certify I have read(or had read to me) the contents of this form. I understand the risks and alternatives involved and I have had the opportunity to ask questions. All my questions have been answered and I wish to proceed.

Note to patient: If the information you desired in this consent has not been met, do not sign this form.

Patient Signature [Signature] Date 7-18-08

Physician Signature [Signature]
ICD _____
CPT 1. _____
2. _____
3. _____
4. _____
5. _____

Insurance _____

WV Spine and Pain Clinic Procedure Report

314 Goff Mountain Rd. Suite 16
Cross Lanes, W 25313
Tel: (304)776-7160

340 State Street
Madison, WV 25130
Tel: (304)30-6618

Patient Name: T [redacted] J [redacted]

Date of Birth: [redacted]

Date of the Procedure: 07-18-2008

Procedure Name: Ankle Block, Right

Diagnosis: Foot Reflex Symphetic Dystrophy, Right

Anesthesia/Sedation: None

Office Note: Patient requested another ankle block today. She had an injection with block two weeks ago. She states the injection really helped her in pain control, and helped her doing house work and taking care of her children. However, she said the pain relief lasted about a week, and then gradually came back. The medication she is prescribed help her take some of the pain away. On physical exam, she still has very limited range of motion on her right ankle, with moderate edema. She cried when I tried to perform drawer and talar tests on her. I explained the risks and benefits of the procedure, she understand and agreed to proceed.

Procedure Details: Following the discussion of risks and benefits, consent was obtained by the patient. Patient is then asked to lay supine on the bed. The right side saphenous nerve, superficial and deep peroneal nerves were blocked from a single injection site. The needle is inserted between the tendons of extensor digitorum and extensor hallucis longus, at the level of the malleoli. When the tibia is reached by the needle it is then withdrawn with aspiration by 1 to 2 mm. The 10.0ml of 0.5% Bupivacaine is then injected to block the deep peroneal nerve. To anaesthetise the superficial peroneal nerve the needle is withdrawn from the current position so the needle remains in the skin. The needle is then turned towards the lateral malleolus and 5ml of local anaesthetic was injected in a subcutaneous band between the lateral malleolus and the anterior border of the tibia, enabling all branches of the nerve to be reached. Finally withdraw the needle again to just below the skin surface and turn the needle to face toward the medial malleolus. 5.0 ml of 0.5% bupivacaine was injected whilst

the needle advances toward the medial malleolus. The sural nerve is blocked at the upper end of the lateral malleolus lateral to the achillies tendon with 2.0 ml of 0.5% bupivacaine. The sural nerve can be found at the upper end of the lateral malleolus lateral to the achillies tendon and is a coalescence of the common peroneal nerve and the tibial nerve. the posterior tibial artery is palpated and marked. A 24-gauge 25-ml Stimuplex needle is inserted next to the artery at the level of the superior border of the malleolus just behind the marked artery. The needle is advanced until plantarflexion of the toes occurs with less than 0.5 mA of current. Stimulation of the nerve is achieved using a electronic nerve stimulator. 2.0mL of local anaesthetic is injected. Immediate halt of toe flexion and free of pain in the distal area were confirmed .

Comments:

Tolerated well.

All done uncomplicated.

Signature



Date:

7-18-08

Weixing W. Guo, M.D.

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.
DEA #BG7950404
314 Golf Mountain Road • Suite 16 • Cross Lanes, WV 25313
Phone (304) 776-7160 • Fax (304) 776-7161

Name [Redacted] Date 7-18-08

PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Bexidolone 30g
7. Po Bid
z#60

1-24
 25-49
 50-74
 75-100
 101-150
 151 and over

Do Not Substitute
Initials _____

Signature [Signature] WEIXING WILLIAM GUO, M.D.
DEA #: BG7950404
754058
SECURITY FEATURES LISTED ON REVERSE SIDE
2 Times
16163/003

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #BG7950404
314 Golf Mountain Road • Suite 16 • Cross Lanes, WV 25313
Phone (304) 776-7160 • Fax (304) 776-7161

Name [Redacted] Date 7-18-08

PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Oxycontin 80mg
7. Po Bid
z#60

1-24
 25-49
 50-74
 75-100
 101-150
 151 and over

Do Not Substitute
Initials _____

Signature [Signature] WEIXING WILLIAM GUO, M.D.
DEA #: BG7950404
754060
SECURITY FEATURES LISTED ON REVERSE SIDE
2 Times
16163/003

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.
DEA #BG7950404
314 Golf Mountain Road • Suite 16 • Cross Lanes, WV 25313
Phone (304) 776-7160 • Fax (304) 776-7161

Name [Redacted] Date 7-18-08

PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Oxycontin 80mg
7. Po Bid
z#60

1-24
 25-49
 50-74
 75-100
 101-150
 151 and over

Do Not Substitute
Initials _____

Signature [Signature] WEIXING WILLIAM GUO, M.D.
DEA #: BG7950404
754059
SECURITY FEATURES LISTED ON REVERSE SIDE
2 Times

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #BG7950404
314 Golf Mountain Road • Suite 16 • Cross Lanes, WV 25313
Phone (304) 776-7160 • Fax (304) 776-7161

Name [Redacted] Date 7-18-08

PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Kexidolone
7. Po Bid
z#60

1-24
 25-49
 50-74
 75-100
 101-150
 151 and over

Do Not Substitute
Initials _____

Signature [Signature] WEIXING WILLIAM GUO, M.D.
DEA #: BG7950404
754061
SECURITY FEATURES LISTED ON REVERSE SIDE
2 Times

WV SPINE AND PAIN CLINIC Progress Note

Date 8-6-08

Patient Name: J. [REDACTED] T. [REDACTED]

(1/10)

Pt called regarding pain meds because she has infected gum on her teeth. She went to her dentist whom she did not receive pain pills. Directed office staff to have her come back to evaluation.

she showed up. Pz: Rt lower teeth gum red, swollen.

Rx: 1) discussed how to take pain meds.

2) prescribe Keffex 300 B.i.d

3) will prescribe her pain meds as scheduled.

W. G. O. [Signature]

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7850404

314 GOLF MOUNTAIN ROAD • SUITE 18 • CROSS LANES, WV 25313
PHONE (304) 778-7180 • FAX (304) 778-7181

Name J. [REDACTED] T. [REDACTED] Date 8-6-08

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*katlex 500g
7.Po. Bld
5#14*

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- _____ Units
- Do Not Substitute
Initials _____

Signature [Signature]
Refill 0 Times

WEIXING WILLIAM GUO, M.D.
DEA #: BG7850404

757878

SECURITY FEATURES LISTED ON REVERSE SIDE

16163/003

Thomas Memorial Hospital

Thomas Imaging Center
4800 MacCorkle Avenue S. W.
South Charleston, WV 25309
(304) 767-7730

Thomas Memorial Hospital
4605 MacCorkle Ave, SW
South Charleston, WV 25309
(304) 764-3200

Metro MRI
1095 Fledderjohn Road
Charleston, WV 25314
(304) 767-4576

PATIENT NAME: TRISA, J
MRN: 204447
ATTENDING PHYSICIAN: WEIXLER, LOIS
REFERRING PHYSICIAN: WEIXLER, LOIS
PATIENT ACCOUNT #:
ADMITTING DX: BRACHIAL NEURITIS NOS

DOB:
AGE: 27Y
DATE OF EXAM: 06/01/2007
ROOM: -
SERVICE: MRI

MRI

INDICATIONS FOR PROCEDURE:

Cervical radiculopathy. Numbness of the right arm.

MRI SCAN OF THE CERVICAL SPINE:

Vertebral body height is preserved. Alignment is normal. No compression deformity is seen.

There is mild disc desiccation at C2-3, C3-4, C4-5 and C5-6 levels. Craniocervical junction appears normal. The cervical cord is of normal thickness. No spinal stenosis is seen.

IMPRESSION:

Minor degenerative changes. No disc herniation. No spinal stenosis.

RG/kp

Dictated: 06/02/2007 14:48:59

Transcribed: 06/02/2007 15:03:24

Voice Job ID: 256489

Document #: 1560196

cc:

This document was electronically signed by Ravindra Gogineni, M.D. on 06/02/2007 16:14:17.

This Form is Designed To Meet The Requirement for Coding Up to CPT 99214
WV Spine & Pain Clinic History/Physical (Established)

Date 8/14/08

Patient Name [Redacted]

BP: 1 mmHg; HR: bpm;

Chief C/O: Rt Ankle - U3P. depressed Pain Scales(0-10): 8-9 Constant; intermittent; Both;

This is New/Old; Quality of Pain: aching; burning; stabbing; throbbing; pinning; other

Interventional Rx injections How long lasted?

Changes since last visit: same; better; worse ; Headache: none; yes; Sleep: same; better; poor;

Mood: same; better; depressed; irritable; suicidal; other ; Weight: same; gained/lost: lb;

Medications: Roxicodone 30mg well with meds

Response: very helpful; help some; not helpful; Why?

Side effects of medications: none; nausea; vomit; dizziness; sleepy; constipated; unsteady;

Risk issues on CS: none; yes, if yes, why? ; Urine Screen:

Review of Systems: Smk +; Alcohol ; Drugs ; HTN ; CAD ; MI ; DM ; Asthma ; Ca

COPD ; Kidneys ; Liver ; Other:

still have burning pain in the Rt ankle

Physical Exam:

Mental AOB ENT ; CV: RRR; Chest: cs 0; Abd: sp; Other:

Focused Local Exam:

- ① limited ROM in Rt ankle - walk crisp
- ② lumbar spine - unchanged
- ③ Thoracic spine - Flexion on T7-10 Rt

Image Studies Review:

X-ray: ; CT: ; MRI: ; Other:

- Imp: Same; New
- ① Rt ankle K&D
 - ② Scalation thoracic/lumbar
 - ③ neck pins cervical spine

Medical Decision Making:

1.
2. Meds: Continue current; Change current; Add new;
3. Discuss risks of diversion and side effects of CS: no Yes:
4. Other issue discussed: DDI/IS
5. Schedule procedure: No: Yes
6. Return visit in: Two weeks; One month; Other
7. Rx:

oxycontin 40mg Bid
oxycontin 80mg Bid
Roxicodone 30mg Bid
Xanax 1mg
lidocaine 5mg

William G. Cook M.D.

ICD-9
 1.
 2.
 3.
 CPT 9921

~~James J. +~~

Deputy Bledsoe

586-0256 #0214

8th on Friday
if my Doctor needs
to speak with him
about the theft
report.

Also, (today)
Friday we will
find out if they
found any of my
things in Court.

WV SPINE AND PAIN CLINIC Progress Note

Date 8-15-2008

Patient Name: J [redacted] T [redacted]

1130 am:

Ht and her husband called the office later showed up. States medication stolen by their close relatives, who have been living with them. The relative took the drug box along with their valuable belongings left. Police contacted. Report pending.

Wife is crying in the office. They are Trustful couple to me. Both have been on Narcotics for long time.

Rx:

1. Discussed with her about the seriousness of keeping medication safe. She promised this would never happen again.
2. I plan to give her one more chance as she might have withdrawals.
3. call for drug screening test tomorrow.

W. G. D. [redacted]

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

314 Goff Mountain Road, Suite 16 • Cross Lanes, WV 25313
Phone: (304) 776-7160 • Fax: (304) 776-7161

Name: [Redacted] Date: 8-14-09

PRESCRIPTIONS FOR MORE THAN 3 CONTROLLED SUBSTANCE IS PRESCRIBED

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

Units _____
 Do Not Substitute
Initials _____

Lidocaine 7.0
7.0 Bld
4A 30

Signature: [Redacted] Date: 8-14-09
757 889 WEIXING WILLIAM GUO, M.D.
DEA #: BG7850404

SECURITY FEATURES LISTED ON REVERSE SIDE

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

314 Goff Mountain Road, Suite 16 • Cross Lanes, WV 25313
Phone: (304) 776-7160 • Fax: (304) 776-7161

Name: [Redacted] Date: 8-14-09

PRESCRIPTIONS FOR MORE THAN 3 CONTROLLED SUBSTANCE IS PRESCRIBED

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

Units _____
 Do Not Substitute
Initials _____

Oxy Contin 80 Bld
(Name) 7.0 Bld
4A 60

Signature: [Redacted] Date: 8-14-09
757 889 WEIXING WILLIAM GUO, M.D.
DEA #: BG7850404

SECURITY FEATURES LISTED ON REVERSE SIDE

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

314 Goff Mountain Road, Suite 16 • Cross Lanes, WV 25313
Phone: (304) 776-7160 • Fax: (304) 776-7161

Name: [Redacted] Date: 8-14-09

PRESCRIPTIONS FOR MORE THAN 3 CONTROLLED SUBSTANCE IS PRESCRIBED

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

Units _____
 Do Not Substitute
Initials _____

Roxicodone 7.0
7.0 Bld
4A 60

Signature: [Redacted] Date: 8-14-09
757 889 WEIXING WILLIAM GUO, M.D.
DEA #: BG7850404

SECURITY FEATURES LISTED ON REVERSE SIDE

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

314 Goff Mountain Road, Suite 16 • Cross Lanes, WV 25313
Phone: (304) 776-7160 • Fax: (304) 776-7161

Name: [Redacted] Date: 8-14-09

PRESCRIPTIONS FOR MORE THAN 3 CONTROLLED SUBSTANCE IS PRESCRIBED

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

Units _____
 Do Not Substitute
Initials _____

Xanax 1mg
7.0 Bld
4A 60

Signature: [Redacted] Date: 8-14-09
757 889 WEIXING WILLIAM GUO, M.D.
DEA #: BG7850404

SECURITY FEATURES LISTED ON REVERSE SIDE

Pharmaceutical:
342-6001
Wike

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.
DEA #BG7950404

314 Golf Mountain Road, Suite 18 • Cross Lanes, WV 25313
Phone (304) 776-7180 • Fax (304) 776-7181

Name J. [REDACTED] T. [REDACTED] Date 8-15-08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN A CONTROLLED SUBSTANCE IS DESCRIBED

OK to fill early
on Oxycontin (any)
(Provide Name) TID

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____
- Do Not Substitute
Initials _____

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.
DEA #BG7950404

314 Golf Mountain Road, Suite 18 • Cross Lanes, WV 25313
Phone (304) 776-7180 • Fax (304) 776-7181

Name J. [REDACTED] T. [REDACTED] Date 8-15-08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN A CONTROLLED SUBSTANCE IS DESCRIBED

Prox. code 30
OK to fill out
early i.p.o. tid
SA 30

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____
- Do Not Substitute
Initials _____

Signature [Signature]
Date 8-15-08

WEIXING WILLIAM GUO, M.D.
DEA # BG7950404

755955
SECURITY FEATURES LISTED ON REVERSE SIDE

16163003

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.
DEA #BG7950404

314 Golf Mountain Road, Suite 18 • Cross Lanes, WV 25313
Phone (304) 776-7180 • Fax (304) 776-7181

Name J. [REDACTED] T. [REDACTED] Date 8-15-08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN A CONTROLLED SUBSTANCE IS DESCRIBED

Xanax 2 wif
i.p.o. tid
Please fill early cH 30

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____
- Do Not Substitute

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GSO, M.D.

DEA # BG7650404
314 Godd Mountain Road, Suite 16 • Cross Lanes, WV 25313
Phone (304) 776-7180 • Fax (304) 776-7181

Name J. I. [REDACTED] Date 8-14-08

Address [REDACTED]

R PRESCRIPTION IS VOID IF MORE THAN ONE CONTROLLED SUBSTANCE IS PRESCRIBED

Oxy Contin 40mg
(Brand Name) 7 Po Bia
7 A60

- 1924
 - 25-49
 - 50-74
 - 75-99
 - 101-150
 - 151 and over
- Units _____
 Do Not Substitute
Indicate _____

Signature [Signature] Weixing William GSO, M.D.
DEA # BG7650404
Date 8-14-08 757 885
SECURITY FEATURES USED ON REVERSE SIDE

16163/003



WV Spine and pain Clinic

Urine Toxicology Screening Report

314 Goff Mountain Road, Suite 16
 Cross Lanes, WV 25313
 Tel: (304)776-7160
 Fax: (304)776-7161

340 State Street
 Madison, WV 25130
 Tel: (304)307-6618
 Fax: (304)307-6619

Patient Name:
Date of Birth:
SSN#:

J [REDACTED] T [REDACTED]

	Test Date	Test Date	Test Date
Substances Tested	8-16-08		
Control	+		
Alcohol	+		
Antihistamines	—		
Cocaine	—		
THC	—		
Amphetamine	—		
Methamphetamine	—		
Opiates	POS		
Benzodiazepines	POS		
PCP	—		
Kit Used			
Sensitivity			
Reported By	W. Grant		

Called for Random drug Test

This Form Is Designed To Meet The Requirement for Coding Up To CPT 99214
WV Spine & Pain Clinic History/Physical (Established)

Date 12/10/08

Patient Name J. [REDACTED] T. [REDACTED]

BP: 1 mmHg; HR: bpm;

Chief C/O: Pain Scales(0-10): : constant; intermittent; Both;

This is New/Old; Quality of Pain: aching; burning; stabbing; throbbing; pinning; other ;

Interventional Rx How long lasted ;

Changes since last visit: same; better; worse ; Headache: none; yes; Sleep: same; better; poor;

Others ;

Mood: same; better; depressed; irritable; suicidal; other ; Weight: same; gained/lost: lb;

Medications: ;

Response: very helpful; help some; not helpful; Why? ;

Side effects of medications: none; nausea; vomit; dizziness; sleepy; constipated; unsteady; ;

Risk issues on CS: none; yes; if yes, why? ; Urine Screen: ;

Review of Systems: Smk ; Alcohol ; Drugs HTN ; CAD ; MI ; DM ; Asthma ; Ca ;

COPD ; Kidneys ; Liver ; Other: ;

Physical Exam:

Mental A.O.S. ENT: ; CV: ; Chest: ; Abd: ; Other: ;

Focused Local Exam:

*No office visit.
injection only!*

Image Studies Review:

X-ray: ; CT: ; MRI: ; Other ;

Imp: Same; New

Medical Decision Making:

-
- Meds: Continue current; Change current; Add new;
- Discuss risks of diversion and side effects of CS: No: Yes;
- Other issue discussed:
- Schedule procedure: No; Yes
- Return visit in: Two weeks; One month; Other
- Rx:

ICD-9

-
-
-

CPT 9921

[Signature]
Weixing William Guo, M.D.

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7956404

314 Golf Mountain Road - Suite 16 - Cross Lanes, WV 25313
Phone (304) 776-7160 • Fax (304) 776-7161

Name J [REDACTED] T [REDACTED] Date 8-25-08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 3 CONTROLLED SUBSTANCE IS PRESCRIBED

R MRI Lumbar Spine

- DX:**
1. Lumbar facet joint
 2. Scoliosis
 3. Descender back pain

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- _____ Units

Do Not Substitute Initials _____

WEIXING WILLIAM GUO, M.D.
DEA #: BG7956404

Signature [Signature]
Refill 7 Times
755224

SECURITY FEATURES LISTED ON REVERSE SIDE

16163003

WV Spine and Pain Clinic

340 State Street
Madison, WV 26130
Tel: (304)307-6618

314 Golf Mountain Road, Suite 16
Cross Lanes, WV 26313
Tel: (304)561-7879

Acknowledgement of Consent to Procedures

Patient Name: J [redacted] T [redacted]

I, hereby request and authorize Dr. Weibing William Guo, of WV Spine and Pain Clinic to provide the following procedure(s):

Rt Lumber facet Joint L3-4, L4-5 CT-S, 3-level steroid injections with X-ray guidance

The Treatment Objectives:

- 1. Pain relief; 2. Decrease inflammation; 3. Improve function

During the procedure, I also authorize my doctor to do: 1. Injection of local anesthetic with or without steroids, contrast media, antibiotics; 2. radiofrequency ablation of the nerve branch that might be responsible to my pain.

I understand that my doctor may give me sedatives and local anesthetic to relieve pain and anxiety, giving me intravenous fluid and antibiotics if necessary.

I understand that any type of procedure involves risks, including but not limited, allergic reactions, injection site pain, bleeding, infection, damage to the nerves and tissues, nearby organs, paralysis, seizure, cardiac arrest, brain damage, even death. If complication is severe enough, I consent to be admitted to the hospital for further treatment.

I understand that headache, neck stiffness or burning sensation, or backache may occur after spinal and epidural procedures, and side effects of steroid may also occur. I understand one or both of my extremities may become weak and have risk of fall within a few hours of procedure.

My question about the procedure has been answered, and I believe that I have enough information to give this informed consent. My physician has discussed the risks and benefits of the procedure including problems with recuperation and alternative treatments (if any). I understand, however, the procedure may have to be changed without explaining to me. I have been given no promises nor guarantees about the procedure or its results.

I certify I have read (or had read to me) the contents of this form. I understand the risks and alternatives involved and I have had the opportunity to ask questions. All my questions have been answered and I wish to proceed.

Note to patient: If the information you desired in this consent has not been met, do not sign this form.

Patient Signature [redacted]

Date 8-28-18

Physician Signature [redacted]

- ICD _____
- CPT 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Insurance _____

WV Spine and Pain Clinic Procedure Note

Name: Testa, Jessica

DOB: [REDACTED]

Date: 08/25/2008

Procedure Name: Right Lumbar Facet ~~3-Level~~ Joint Steroid Injections
(CPT: 64475, 64476, 76005)

Diagnosis: Right Lumbar facet syndrome, L3-4, L4-5, L5-S1
(ICD-9: 72142)

Scoliosis, thoracic, lumbar spine(ICD-9 737.30)

Anesthesia/Sedation: None

Office Note: Patient scheduled office procedure today. She has history of scoliosis with pain in her thoracic and lumbar spine. On physical examination, she has tenderness palpated on her right thoracic and lumbar supra and para-spinal tenderness, with limited forward bending and dorsiflex of her lumbar spine. I discussed with her about the benefits of the steroid injections on the lumbar facet joints. She agreed to proceed. Today, I plan to perform L3-4, L4-5, and L5-S1 three level facet joint injections.

Procedure Report:

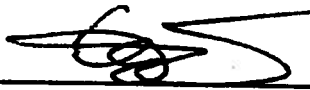
Consent obtained and signed by the patient. Position the patient prone on the fluoroscopy table. After squaring the L3 and L4 end-plates, rotate the C-arm oblique toward Right side of injection until the Left L4 facet joint is optimally visualized. Direct the tip of a Kelly forceps over the mid to inferior aspect of the facet joint, and mark the corresponding skin entry site with indelible marker. Prep and drape the skin using standard sterile technique. Using a 25G needle and buffered 2% lidocaine 2ml, administer local skin anesthesia. Advance the needle into the skin and subcutaneous tissues, keeping its trajectory parallel with the angle of the x-ray tube. Continue to advance the needle toward the facet joint under intermittent fluoroscopic guidance until firm resistance is felt. C-arm is then rotated to lateral to help confirm position of the needle tip in the joint. Remove the inner stylet from the spinal needle and inject a trace amount of contrast to confirm needle position within the joint. Acquire a fluoroscopic spot image documenting contrast location in the joint. Prepare solution

mixture: 0.5% bupivacaine 5ml, 40mg/ml Kenalog 1.0ml mixed into 6.0ml.
Inject a 1.5ml solution mixture into the joint, and 0.5ml perifacety. Remove needle and apply light manual pressure over the injection site to achieve hemostasis. Using the same technique, L4-5, and L5-S1 facet joints were also injected. i.e., 1.5ml of mixture solution was delivered at each level, and 0.5ml perifacety. Puncture site skin cleaned with a 4x4 gauze, covered with Band-Aid. Patient was then transferred to recovery area and vital signs were observed 20 min.

Patient tolerated the procedure well. Vital signs were stable, no adverse reactions such as nausea, vomiting, severe pain or bleeding were observed. Patient reported immediate pain relief following the block. Patient was able to walk out of the clinic without assistance. Post-procedure instruction was given.

Follow up: Patient is scheduled to a returned visit in four weeks.

Procedure Physician: Weixing W. Guo, M.D.

Signature: 

Date: 8/25/08

WV SPINE AND PAIN CLINIC Progress Note

Date 8-25-08

Patient Name: [Redacted]

COOP C/O Severe LBP

of 10 scaling with
Lumbar facet joint syndrome

Rx: Lumbar facet joint
C3-4. C4-5

Rx: Jetro & Kenalog

[Signature]

This Form Is Designed To Meet The Requirement for Coding Up To CPT 99214
WV Spine & Pain Clinic History/Physical (Established)

Date 9/10/08

Patient Name J. [redacted] T. [redacted]

BP: 1 mmHg; HR: bpm;

Chief C/O: neck & ankle LBP Pain Scales(0-10): 7 constant; intermittent: Both;

This is New/Old: Quality of Pain: aching; burning; stabbing; throbbing; pinning; other _____

Interventional Rx _____ How long lasted _____

Changes since last visit: same; better; worse _____ Headache: no; yes; Sleep: same; better; poor;

Others _____ Mood: same; better; depressed; irritable; suicidal; other _____ Weight: same; gained/lost: _____ lb;

Medications: _____ Response: very helpful; help some; not helpful; Why? _____

Side effects of medications: none; nausea; vomit; dizziness; sleepy; constipated; unsteady; _____

Risk issues on CS: none; yes; if yes, why? _____ Urine Screen: _____

Review of Systems: Smk 0; Alcohol ; Drugs ; HTN ; CAD ; MI ; DM ; Asthma ; Ca _____

COPD ; Kidneys ; Liver ; Other: _____

Physical Exam:

Mental A.O.s ENT: CV: R/R Chest: CTD Abd: Saf Other:

Focused Local Exam:

PE: Neck, Tend @ C5-7. Bil & shoulder
suprascapular / infrascapular muscles
spis
OK

Image Studies Review:

X-ray: _____ CT: S/P MVA Other: _____

Imp: Same; New whiplash Other: _____

Medical Decision Making:

1. _____
2. Meds: Continue current; Change current; Add new;
3. Discuss risks of diversion and side effects of CS: No; Yes;
4. Other issue discussed: _____
5. Schedule procedure: No; Yes
6. Return visit in: Two weeks; One month; Other _____
7. Rx: Continue current med

ICD-9
1. _____
2. _____
3. _____

CPT 9921 _____

Weixing William Guo, M.D.

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.
DEA #BG7950404

314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 775-7150 • Fax (304) 775-7151

Name J. [REDACTED] T. [REDACTED] Date 9-10-08

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Oxy Contin 80 mg
i. Po. Bid
Brand Name
90

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____
- Do Not Substitute
Initials _____

Signature _____

Roll # 759338

SECURITY FEATURES LISTED ON REVERSE SIDE

16163/003

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.
DEA #BG7950404

314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 775-7150 • Fax (304) 775-7151

Name J. [REDACTED] T. [REDACTED] Date 9-10-08

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Oxy Contin 80 mg
i. Po. Bid
Brand Name
90

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____
- Do Not Substitute
Initials _____

Signature _____

Roll # 759336

SECURITY FEATURES LISTED ON REVERSE SIDE

16163/003

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #BG7950404

314 Golf Mountain Road, Suite 18 • Cross Lanes, WV 26013
Phone (304) 776-7180 • Fax (304) 776-7181

Name J. [REDACTED] T. [REDACTED] Date 5-10-08
Address _____

R PRESCRIPTION IS VOID IF MORE THAN 4 CONTROLLED SUBSTANCES ARE PRESCRIBED

*Xanax 1 y
7.00 Bid
disp # 9*

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- _____ Units

Do Not Substitute
Initials _____

Signature _____

Roll # 21

759337

SECURITY FEATURES LISTED ON REVERSE SIDE

161637003

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG786044

314 Golf Mountain Road, Suite 18 • Cross Lanes, WV 25313

Phone (304) 776-7180 • Fax (304) 776-7181

Name

J [redacted] T [redacted]

Date

9-10-08

Address

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Lidocaine 5%
i.p. q12h
GA 45

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units

Do Not Substitute
Initials _____

Signature

[Handwritten Signature]

Print Name

759335

SECURITY FEATURES LISTED ON REVERSE SIDE

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG786044

314 Golf Mountain Road, Suite 18 • Cross Lanes, WV 25313

Phone (304) 776-7180 • Fax (304) 776-7181

Name

J [redacted] T [redacted]

Date

9-10-08

Address

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Roxicodone 30mg
i.p. tid
GA 40
GA 135

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units

Do Not Substitute
Initials _____

Signature

[Handwritten Signature]

Print Name

16163003

16163003

This Form Is Designed To Meet The Requirement for Coding Up CPT 99214
WV Spine & Pain Clinic History/Physical(Established)

Date: 10/20/2008

Patient Name: [REDACTED]

Claim #:

P.O.I.:

DOB:

Chief CO: Pt here for, Refill her meds
Can't wear shoes

Pain Scales(0-10): constant; intermittent; Both:

This is New/Old/different: Quality of Pain: aching; burning; stabbing; throbbing; pinning; other

Interventional Rx

Changes since last visit: same; better; worse _____ Headache: none; yes: Sleep: same; better; poor:

Others

Mood: same; better; depressed; irritable; suicidal; other

Weight: same; gained; lost: _____ lb:

Medication Reviews: day for e with meds.

Response: very helpful; help some; not helpful. Why?

Side effects of medications: none; nausea; vomit; dizziness; itching; sleepy; constipated; unsteady:

Risk issues on CS: none; yes; if yes, why?

Screen: Yes; No:

Review of Systems: Smk f Alcohol _____ Drugs _____ HTN AD MI _____ DM _____ Asthma _____ Ca _____

COPD _____ Kidney _____ Liver _____ Other _____

Physical Exam:

Mental ADs ENT: OK CV RRM (chest) OK Abd OK Other _____

Focused Local Exam:

Rt ankle still swollen
Rt foot cold
Hair growth unchanged from last visit

Imp: Same; New Rt foot Red

Medical Decision Making:

1. Mods: Continue current; Change current; Add new;
2. Discuss risks of diversion and safety of RCS: No; Yes; If yes, time spent _____ min;
OD, Diversion, Safety: Patient understood: Completely; Partially; Dose not understand;
3. Schedule procedure: No; Yes _____
4. Return visit in: Two weeks; One month; Other _____
5. Rx: Massage Therapy; Psychiatrist Counsel; Referral; ICD-9

Refill meds prescribed Oct-17

Weixing William Guo, M.D.

CPT 9921

REPORTS - WBOP - FULL NAME REPORT

WEST VIRGINIA - BOARD OF PHARMACY - PATIENT PROFILE
 Date: 10/14/2008 Date of Birth: [REDACTED] Beginning Date: 01-01-2008 Ending Date: 10-20-2008

First Name Like: J [REDACTED] Last Name Like: T [REDACTED]

First Name Address	Zip	Fill Date	Rx No	Product Name	Strength	Qty	Doctor Name	Doctor Des Pharm Name	Pharm DEA Ph Zip
[REDACTED]	25303	2/4/2008	2202514	Oxycodone Hy	30 mg	60	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	[REDACTED]
[REDACTED]	25303	2/4/2008	2202515	OXYCONTIN	40 MG	60	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	[REDACTED]
[REDACTED]	25303	2/4/2008	4406817	ALPRAZOLAM	1 MG	60	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	[REDACTED]
[REDACTED]	25309	2/25/2008	559999	ALPRAZOLAM	2 MG	60	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	[REDACTED]
[REDACTED]	25309	3/4/2008	561195	OXYCONTIN	40 MG	60	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25526
[REDACTED]	25309	3/4/2008	561196	OXYCONTIN	40 MG	60	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25526
[REDACTED]	25309	3/4/2008	561196	OXYCODONE HC	30 MG	90	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25526
[REDACTED]	25309	4/3/2008	565520	OXYCODONE HC	30 MG	90	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25526
[REDACTED]	25309	4/3/2008	565521	OXYCONTIN	40 MG	60	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25526
[REDACTED]	25309	4/3/2008	565522	ALPRAZOLAM	2 MG	45	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25526
[REDACTED]	25309	4/17/2008	567392	HYDROMORPHON 4 MG		60	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25526
[REDACTED]		4/22/2008	2108046	OXYCONTIN	80 MG	20	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25302
[REDACTED]		4/30/2008	2108122	Oxycodone Hy	30 mg	90	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25302
[REDACTED]		4/30/2008	2108123	OXYCONTIN	80 MG	60	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25302
[REDACTED]		4/30/2008	4117870	ALPRAZOLAM	2 MG	60	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25302
[REDACTED]	25303	3/6/2008	337600	OXYCONTIN	40 MG	14	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25313
[REDACTED]	25303	5/19/2008	338219	OXYCONTIN	40 MG	11	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25313
[REDACTED]	25303	5/29/2008	338729	OXYCONTIN	40 MG	30	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25313
[REDACTED]	25303	5/29/2008	338730	OXYCONTIN	80 MG	60	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25313
[REDACTED]	25303	5/29/2008	338731	ALPRAZOLAM	1 MG	60	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25313
[REDACTED]	25303	5/29/2008	338733	OXYCODONE HC	30 MG	90	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25313
[REDACTED]		6/9/2008	4118710	ALPRAZOLAM	1 MG	40	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25302
[REDACTED]		6/9/2008	2108546	Oxycodone H	30	60	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25302
[REDACTED]		6/9/2008	2108547	OXYCONTIN	80 MG	40	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25302
[REDACTED]		6/9/2008	2108548	OXYCONTIN	40 MG	20	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25302
[REDACTED]		6/24/2008	2108688	OXYCONTIN	40 MG	90	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25302
[REDACTED]		6/24/2008	4119027	ALPRAZOLAM	2 MG	30	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25302
[REDACTED]		6/24/2008	4119028	ALPRAZOLAM	1 MG	30	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25302
[REDACTED]	25303	6/24/2008	340006	OXYCODONE HC	30 MG	90	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25313
[REDACTED]	25303	7/18/2008	341212	OXYCONTIN	40 MG	60	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25313
[REDACTED]	25303	7/18/2008	341213	OXYCONTIN	80 MG	60	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25313
[REDACTED]	25303	7/18/2008	341214	OXYCODONE HC	30 MG	90	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25313
[REDACTED]		8/14/2008	4120113	ALPRAZOLAM	1 MG	60	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25302
[REDACTED]		8/14/2008	2109202	OXYCODONE HC	30 MG	60	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25302
[REDACTED]		8/14/2008	2109203	OXYCONTIN	80 MG	60	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25302
[REDACTED]		8/14/2008	2109204	OXYCONTIN	40 MG	60	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25302
[REDACTED]		8/15/2008	2109221	OXYCODONE HC	30 MG	30	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25302
[REDACTED]		8/15/2008	2109223	OXYCONTIN	40 MG	90	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25302
[REDACTED]		8/15/2008	4120151	ALPRAZOLAM	2 MG	30	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25302
[REDACTED]		9/10/2008	4120704	ALPRAZOLAM	2 MG	90	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25302
[REDACTED]		9/10/2008	2109490	OXYCONTIN	40 MG	90	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25302
[REDACTED]		9/10/2008	2109491	OXYCONTIN	80 MG	90	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25302
[REDACTED]		9/17/2008	4120840	GANI-TUSS NR	10 MG/5 ML-100 MG/5 ML	120	GUO, WEIXING MD	[REDACTED] PRUTH - CROSS	25302

WV Spine & Pain Clinic History/Physical(Established)

Date 11/11/2008

Patient Name [Redacted]

Claim #:

D.O.B.:

DOB:

Chief C/O: I'm having severe pain in my Rt ankle.

Pain Scales(0-10): ; constant; intermittent; Both;

This is New/Old/different; Quality of Pain: aching, burning, stabbing, throbbing, pinning; other

Interventional Rx

Changes since last visit: same; better, worse ; Headache: none; yes; Sleep: same; better, poor; Others

Mood: same; better, depressed; irritable; suicidal; other

Medication Reviews: Yes with patient. She has been taking same meds since my case not want to change. (Weight: none; gained/lost) lb;

Response: very helpful; help some; not helpful; Why?

Side effects of medications: none; nausea; vomit; dizziness; itching; sleepy; constipated; unsteady;

Risk issues on CS: none; yes, if yes, why? ; Screen: Yes; No:

Review of Systems: Sntk / ; Alcohol / ; Drugs / ; HTN ; CAD ; MI ; DM ; Asthma ; Ca ;

COPD ; Kidneys ; Liver ; Other.

She states she is looking for an attorney to help her with case. may need medical report.

Physical Exam:

Mental A.O.s ENT: / ; CV: / ; Chest: / ; Abt: / ; Other: / ;

Focused Local Exam:

PE: 1 Rt ankle: guarded on palpation. Pitting edema (+) - (+). Slightly purple in color. 2 Spine thoracic/lumbar. unchanged from last visit. Tender @ T7-10

Imp: [] Same; [] New b/c end 6-5-5. Bil.

Medical Decision Making:

- 1. Meds: [X] Continue current; [] Change current; [] Add new;
2. Discuss risks of diversion and safety of CS: No; Yes, If yes, time spent [] min;
OD, Diversion, Safety, Patient understood: Completely, Partially, Does not understand;
3. Schedule procedure: No; Yes
4. Return visit in: [] Two weeks; [X] One month; [] Other
5. Rx: Massage Therapy; Psychiatrist Counsel; Referral; ICD-9

cont current meds. see copies. 1. 2. 3. 4.

tabby present during interview!

Weixing William Guo, M.D.

CPT 9921

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7950494

314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 779-7180 • Fax (304) 779-7181

Name J. [REDACTED] T. [REDACTED] Date 11-11-08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Roxy Codone 30mg
7.Po.Tid
#90*

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____
- Do Not Substitute Initials _____

Signature [Signature] 761948

SECURITY FEATURES LISTED ON REVERSE SIDE

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7950494

314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 779-7180 • Fax (304) 779-7181

Name J. [REDACTED] T. [REDACTED] Date 11-11-08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Oxy Contin 40mg
7.Po.Tid
#90*

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____
- Do Not Substitute Initials _____

Signature [Signature] 761947

SECURITY FEATURES LISTED ON REVERSE SIDE

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7960464

314 Golf Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 776-7180 • Fax (304) 776-7181

Name J. [REDACTED] T. [REDACTED] Date 11-11-08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Oxy Contin Day
7 P.O. Bid
#60*

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- _____ Units

Do Not Substitute
Initials _____

Signature [Signature]
Fill _____ Times _____

761950

SECURITY FEATURES LISTED ON REVERSE SIDE

16163/003

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7960464

314 Golf Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 776-7180 • Fax (304) 776-7181

Name J. [REDACTED] T. [REDACTED] Date 11-11-08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Xant 2mg
7 P.O. QD
\$30*

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- _____ Units

Do Not Substitute
Initials _____

Signature [Signature]
Fill _____ Times _____

761949

SECURITY FEATURES LISTED ON REVERSE SIDE

16163/003

This Form Is Designed To Meet The Requirement for Coding Up To CPT 99214
WV Spine & Pain Clinic History/Physical(Established)

Date 2/1/2008

Patient Name [REDACTED]

Claim #:

D.O.I.:

DOB:

Chief C/O: my Rt foot hurts every 2-3 days my Rt foot swells, my back flares up.

Pain Scales(0-10) /D constant, intermittent, Both:

This is New/Old/different: Quality of Pain: aching, burning, stabbing, throbbing, pinning, other

Interventional Rx

Changes since last visit: same better, worse; Headache: none, yes; Sleep: same better, poor.

Others

Mood: same, better, depressed, irritable, suicidal, other

Weight: same, gained/lost: lb

Medication Reviews: She says every night wake up crying because of severe pain in her right foot

Response: very helpful, help some, not helpful, Why?

Side effects of medications: none, nausea, vomit, dizziness, itching, sleepy, constipated, incontinence

Risk issues on CS: none, yes, if yes, why?

Review of Systems: Sunk f, Alcohol Drugs HTN EAD MI DM Asthma Ca

COPD Kidneys Liver Others

Physical Exam:

Mental A.O.S ENT A CV RWA Chest GD Abd sup Other:

Focused Local Exam:

RE: Rt foot limited ROM, warm
No edema in

Imp: Same; New RA foot RSD

Scoliosis thoracic/lumbar

Medical Decision Making:

- HAE Cervicalgia
1. Meds. Continue current; Change current; Add new.
 2. Discuss risks of diversion and safety of CS. No: Yes; If yes, time spent 1 min
OD, Diversion, Safety: Patient understood: Completely, Partially, Dose not understand.
 3. Schedule procedure: No; Yes
 4. Return visit in: Two weeks; One month; Other

- Rx: Massage Therapy; Psychiatrist Counsel; Referral; ICD-9
- 1 Refer to Dr. Cox
 - 2 Change Roxicodone 15g Bid
 - 3 Roxicodone 30g Bid
 - 4 Augmentin 400g Tid

Weixing William Guo, M.D

CPT 9921

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #B37960404

314 Goff Mountain Road • Suite 16 • Cross Lanes, WV 25313
Phone (304) 778-7160 • Fax (304) 778-7161

Name J. [REDACTED] [REDACTED] Date 12-1-08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Lex 27
i.p.o. bid
#60*

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

____ Units
 Do Not Substitute
Initials _____

Signature _____

RM _____

760995

SECURITY FEATURES LISTED ON REVERSE SIDE

16163/003

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #BG7960404
314 Golf Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 778-7180 • Fax (304) 778-7181

Name J [REDACTED] T [REDACTED] Date 12-1-08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Roxicodone 157
7.00 Bid
#60

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____
- Do Not Substitute Initials _____

Signature _____

Time _____

760991

SECURITY FEATURES LISTED ON REVERSE SIDE

16163/003

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #BG7960404
314 Golf Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 778-7180 • Fax (304) 778-7181

Name J [REDACTED] T [REDACTED] Date 12-1-08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Refer to
Dr. Cox

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____
- Do Not Substitute Initials _____

Signature _____

163/003

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #807850404
314 Golf Mountain Road - Suite 18 - Cross Lanes, WV 25313
Phone (304) 776-7100 • Fax (304) 776-7101

Name J. [REDACTED]
Address [REDACTED]

Date 12/1/08

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Oxy Contin 80mg
(Brand Name) 7.90 B10
#60

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute
Initials _____

Signature [Signature]
Date _____ Time _____

760731
SECURITY FEATURES LISTED ON REVERSE SIDE

16163/003

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7960484

314 Golf Mountain Road - Suite 16 • Cross Lanes, WV 25313
Phone (304) 778-7180 • Fax (304) 778-7181

Name J. [REDACTED] T. [REDACTED] Date 12-1-08

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Proxicodone 307
7.P.O. Bid
#60

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute
Initials _____

Signature [Signature]
Date _____

760992

SECURITY FEATURES LISTED ON REVERSE SIDE

16163/003

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7960484

314 Golf Mountain Road - Suite 16 • Cross Lanes, WV 25313
Phone (304) 778-7180 • Fax (304) 778-7181

Name J. [REDACTED] T. [REDACTED] Date 12-1-08

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

OxyContin 407
7.P.O. Bid
#90

(Brand Name)

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute
Initials _____

Signature [Signature]
Date _____

760993

SECURITY FEATURES LISTED ON REVERSE SIDE

16163/003

WV SPINE AND PAIN CLINIC Progress Note

Date

Patient Name

12/27/68 1100

7k over c/o severe nerves and
loss of sleep for a couple of
days due to interogator by Paul
of mediate

Rx. Add Vitamin B₁₂ 1000 x 7

[Signature]

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #BQ7860404
314 Golf Mountain Road • Suite 16 • Cross Lanes, WV 25313
Phone (304) 776-7160 • Fax (304) 776-7161

Name: J [REDACTED] [REDACTED] Date: 12/13/08
Address: [REDACTED]

Rx PRESCRIPTIONS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Valium 1mg

*7. Pa QHS
7*

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
 - Do Not Substitute
- Units _____
Initials _____

Signature: [Signature]
Refill: _____ Times

763545
SECURITY FEATURES LISTED ON REVERSE SIDE

16163/003

WV SPINE AND PAIN CLINIC Progress Note

Date

12/5/08

Patient Name: J [REDACTED] T [REDACTED]

11/4/08

pt C/O depressed mood
received Valium 5mg to help with
her sleep.
Wanted some meds to for her
depression.

Rx : Cymbalta 30mg

i.p.o. QD

dispense #30

Chitkara

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.
DEA #BG7980404
314 Golf Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 778-7180 • Fax (304) 778-7161

Name J. [REDACTED] T. [REDACTED] Date 12/5/18

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Cymbalta 30mg
7. po. qd
#30

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute
Initials _____

Signature [Signature]
Refill _____

763701
SECURITY FEATURES LISTED ON REVERSE SIDE

16163/003

This Form Is Designed To Meet The Requirement for Coding Up To CPT 99214
WV Spine & Pain Clinic History/Physical(Established)

Date 2/19/2008 Patient Name [REDACTED] DOB: [REDACTED]

Chief C/O: my Rt ankle hurts. It ankle swollen
Report her neck, upper and lower back hurts too.
She is depressed these days.

Pain Scales(0-10): constant; intermittent; Both;
 This is New/Old/different: Quality of Pain: aching, burning, stabbing, throbbing, pinning; other
 Interventional Rx yes, ankle blood
 Changes since last visit: same, better, worse : Headache: none, yes; Sleep: same, better, poor;

Mood: same, better, depressed, irritable, suicidal; other ; Weight: same, gain, lost; lb;
 Medication Reviews: Made help. last visit. Rose 4/7 D/C

Response: very helpful; help some; not helpful; Why?
 Side effects of medications: lost; nausea; vomit; dizziness; itching; sleepy; constipated; unsteady;
 Risk issues on CS: none, yes, if yes, why? Screen: Yes, No;
 Review of Systems: Smk 0 ; Alcohol 0 ; Drugs HTN, CAD, MI ; DM 0 ; Asthma 0 ; Ca 0 ;
 COPD 0 ; Kidneys 0 ; Liver 0 ; Other 0 .

Physical Exam:

Mental A.O.x ENT 0 ; CV 0 ; Chest 0 ; Abd: 0 ; Other: 0 .

Focused Local Exam:
Rt. ankle swollen, edematous.
Very sensitive to touch.

Imp: Same; New unchanged from last visit.

Medical Decision Making:

1. Meds: Continue current; Change current; Add new;
2. Discuss risks of diversion and safety of CS: No; Yes; If yes, time spent 2 min;
 OD, Diversion, Safety. Patient understood: Completely, Partially, Dose not understand;
3. Schedule procedure: No/Yes
4. Return visit in: Two weeks; One month; Other

5. Rx: Massage Therapy; Psychiatrist Counsel; Referral; ICD 9
(k) Oxycontin 80mg Bid
(2) Oxycontin 40mg Tid
(3) Roxicodone 30mg Bid
 1. 355.71
 2. 7947
 3. 0
 4. 0

Weixing William Guo, M.D. CPT 9921

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #BG7960404
314 Goff Mountain Road • Suite 16 • Cross Lanes, WV 25313
Phone: (304) 776-7160 • Fax (304) 776-7161

Name J [REDACTED] T [REDACTED] Date 12/19/08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Oxy Contin 40mg
Brand Name
OK to fill early
7. PD Bid
\$90

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- _____ Units
- Do Not Substitute
Initials _____

Signature [Signature]

Refill 0 Times

763018

SECURITY FEATURES LISTED ON REVERSE SIDE

16163/003

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #BG7960404
314 Goff Mountain Road • Suite 16 • Cross Lanes, WV 25313
Phone: (304) 776-7160 • Fax (304) 776-7161

Name J [REDACTED] T [REDACTED] Date 12/19/08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Oxy Contin 80mg
Brand Name
OK to fill early
7. PD Bid
#60

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- _____ Units
- Do Not Substitute
Initials _____

Signature [Signature]

Refill 0 Times

763017

SECURITY FEATURES LISTED ON REVERSE SIDE

16163/003

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7850484

314 Golf Mountain Road, Suite 10 • Cross Lanes, WV 25313
Phone (304) 778-7180 • Fax (304) 778-7181

Name J. [REDACTED] T. [REDACTED] Date 12/19/08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Roxi-codone 30

J. Patient

OK to fill early

#90

- 1-24
 - 25-49
 - 50-74
 - 75-99
 - 100-150
 - 151 and over
- _____ Units
- Do Not Substitute
Initials _____

Signature [Signature] Refill 0 Times

763056

SECURITY FEATURES LISTED ON REVERSE SIDE

16163/003

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GOO, M.D.

DEA #837860404

314 Golf Mountain Road, Suite 18 • Cross Lanes, WV 25313

Phone (304) 778-7180 • Fax (304) 778-7181

Name J [REDACTED] T [REDACTED] Date 12/19/08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

He T & 257
T. Po. 20
#10

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute Initials _____

Signature [Signature]
Refill 0 Times
763022

SECURITY FEATURES LISTED ON REVERSE SIDE

161637003

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GOO, M.D.

DEA #837860404

314 Golf Mountain Road, Suite 18 • Cross Lanes, WV 25313

Phone (304) 778-7180 • Fax (304) 778-7181

Name J [REDACTED] T [REDACTED] Date 12/19/08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Adalipex 87.5
T. Po. 20
#30

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute Initials _____

Signature [Signature]
Refill 0 Times
763021

SECURITY FEATURES LISTED ON REVERSE SIDE

161637003

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #8G7960404

314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 776-7160 • Fax (304) 776-7161

Name J [REDACTED] T [REDACTED] Date 12/19/08

Address _____

Rx PRESCRIPTION VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Max 2mg
ok to fill early 7.p.m. Bid
\$60*

- 1-24
 - 25-49
 - 50-74
 - 75-99
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute
Initials _____

Signature _____

Refill 5 Times

763020

SECURITY FEATURES LISTED ON REVERSE SIDE

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #8G7960404

314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 776-7160 • Fax (304) 776-7161

Name J [REDACTED] T [REDACTED] Date 12/19/08

Address _____

Rx PRESCRIPTION VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Roxicodone 30mg
ok to fill early 7.p.m. Bid
\$60*

- 1-24
 - 25-49
 - 50-74
 - 75-99
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute
Initials _____

Signature _____

Refill 5 Times

763019

SECURITY FEATURES LISTED ON REVERSE SIDE

void

16163003

16163003

This Form Is Designed To Meet The Requirement for Coding Up to CPT 99214
WV Spine & Pain Clinic History/Physical(Established)

Date 1/19/2019 Patient Name [REDACTED] DOB: _____

Chief C/O: my Rt ankle still hurts, numbing and tingling
 onset

Pain Scales(0-10): 8; constant; intermittently; Both;

This is New/Old/different; Quality of Pain: aching; burning; stabbing; throbbing; pinning; other _____;

Interventional Rx Several injections

Changes since last visit: same; better; worse _____; Headache: none; yes; Sleep: same; better; poor;

Others _____

Mood: same; better; depressed; irritable; suicidal; other _____; Weight: same; gained/lost: _____ lb;

Medication Reviews: spell of severe pain in her Rt ankle

Can't do anything if she missed med.

Response: very helpful; help some; not helpful; Why? _____

Side effects of medications: none; nausea; vomit; dizziness; itching; sleep; constipated; unstable; _____;

Risk issues on CS: none; yes; if yes, why? _____; Screen: Yes; No;

Review of Systems: Smk 0; Alcohol _____; Drugs _____; HTN _____; CAD _____; MI _____; DM _____; Asthma _____; Ca _____;

CO2D _____; Kidneys _____; Liver _____; Other _____

Physical Exam:

Mental A.O.S; ENT: 0; CV: RR; Chest: clear; Abd: soft; Other: _____

Focused Local Exam:

Rt ankle edema (+)

Imp: Same; New Rt ankle RSD

Scoliosis related thoracic and lumbar back pain

Medical Decision Making:

1. Meds: Continue current; Change current; Add new;
2. Discuss risks of diversion and safety of CS: No; Yes; If yes, time spent 2 min;
 OD, Diversion, Safety; Patient understood: Completely, Partially, Does not understand;
3. Schedule procedure: No; Yes _____
4. Return visit in: Two weeks; One month; Other _____

5. Rx: Massage Therapy; Psychiatrist Counsel; Referral; ICD-9
1. Trial of V. tams & Celecoxib
 2. Continue Rx
 3. Discontinue Drug Rehab
 4. _____

_____ CPT 9921
 Weixing William, M.D.

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7950404

314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 776-7160 • Fax (304) 776-7161

Name J. [redacted] T. [redacted] Date 1/28/09

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Oral Contr: 407
i.p.o. QD
#30*

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over
Units

Do Not Substitute
Initials _____

Brand Name

Necess: only

of to fill together

Signature _____

Refill 0 Times

762636

SECURITY FEATURES LISTED ON REVERSE SIDE

16163/003

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7950404

314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 776-7160 • Fax (304) 776-7161

Name J. [redacted] T. [redacted] Date 1/28/09

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Oral Contr: 407
i.p.o. Bid
#60*

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over
Units

Do Not Substitute
Initials _____

Brand Name

Necess: only

Signature _____

Refill 0 Times

762635

SECURITY FEATURES LISTED ON REVERSE SIDE

16163/003

*Changed
format
due to
Medicaid
prescription*

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #8G7980494

314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313

Phone (304) 776-7160 • Fax (304) 776-7161

Name

J [REDACTED] T [REDACTED]

Date

1/19/09

Address

Rx

PRESCRIPTIONS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Roxicodone 30mg
7.p.o.tid
#90*

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

Units

Do Not Substitute
Initials

Signature

Refill

Times

[Handwritten Signature]

762412

SECURITY FEATURES LISTED ON REVERSE SIDE

16163/003

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7950404

314 Goff Mountain Road • Suite 16 • Cross Lanes, WV 25313
Phone (304) 778-7160 • Fax (304) 778-7161

Name J. [REDACTED] T. [REDACTED] Date 1/19/09

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Xanax 1mg
7.p.o. Q4S
#30*

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____
- Do Not Substitute Initials _____

Signature _____

Refill 0 Times

762415

SECURITY FEATURES LISTED ON REVERSE SIDE

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7950404

314 Goff Mountain Road • Suite 16 • Cross Lanes, WV 25313
Phone (304) 778-7160 • Fax (304) 778-7161

Name J. [REDACTED] T. [REDACTED] Date 1/19/09

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Oxy Contin' 5mg
Brand Name
Necessary
7.p.o. Tid
#60*

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____
- Do Not Substitute Initials _____

Signature _____

Refill 0 Times

762414

SECURITY FEATURES LISTED ON REVERSE SIDE

WEIXING WILLIAM GUO, M.D.

DEA #BG7950404

314 Goff Mountain Road • Suite 16 • Cross Lanes, WV 25313
Phone (304) 778-7160 • Fax (304) 778-7161

Name J. [REDACTED] T. [REDACTED] Date 1/19/09

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Oxy Contin' 5mg
Brand Name
Necessary
7.p.o. Tid*

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____
- Do Not Substitute Initials _____

16163/003

16163/003

This Form Is Designed To Meet The Requirement for Coding up To CPT 99214
WV Spine & Pain Clinic History/Physical(Established)

Date 2/10/2009

Patient Name [Redacted]

Claim #: _____ ; D.O.I.: _____ ; DOB: _____

Chief C/O: It has been for the last office visit today she says her symptoms has been improved slightly over the month under my care.

Pain Scales (0-10): constant; intermittent; both;

This is New/Old/different; Quality of Pain: aching; burning; stabbing; throbbing; pinning; other

Interventional Rx steroid injections which did help her

Changes since last visit: same; better; worse _____ ; Headache: none; yes; Sleep: same; better; poor; Others: _____

Mood: same; better; depressed; irritable; suicidal; other _____ ; Weight: same; gained/lost: _____ lb;

Medication Reviews: Yes. Discussed in length go to stretch her medication on as needed before she can

Response: very helpful; help some; not helpful; Why? find another Doc.

Side effects of medications: none; nausea; vomit; dizziness; itching; sleepy; constipated; unsteady; _____

Risk issues on CS: none; yes; if yes, why? _____ ; Screen: Yes; No:

Review of Systems: Smk P ; Alcohol _____ ; Drugs _____ ; HTN _____ ; CAD _____ ; MI _____ ; DM _____ ; Asthma _____ ; COPD _____ ; Kidneys _____ ; Liver _____ ; Other: _____

Physical Exam:

Mental A.O.S. ENT: D ; cv: R.R. ; Chest: C.O.B. ; Abd: S.A. ; Other: _____

Focused Local Exam: I only performed focused. Rt ankle some white. showed mild edema.

Imp: Same; New See previous Dx's.

Medical Decision Making:

1. Meds: Continue current; Change current; Add new;
2. Discuss risks of diversion and safety of CS: No; Yes; If yes, time spent 5 min; OD, Diversion, Safety, Patient understood: Completely, Partially, Does not understand;
3. Schedule procedure: No; Yes _____
4. Return visit in: Two weeks; One month; Other Discharge.
5. Rx: Massage Therapy; Psychiatrist Counsel; Referral; ICD-9

Cont'd Commit meds. see copies for details.

Tabby was with me during interview!

[Signature]
Weixing William Guo, M.D. CPT 9921 _____

Name [Redacted] T [Redacted] Date 2/10/09

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

OxyCont. 80g
7.P.O. QD
#30

Brand Name
Necessary

OK to fill
with other.

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute
Initials _____

Signature _____

Refill 0 Times

762877

SECURITY FEATURES LISTED ON REVERSE SIDE

WEIXING WILLIAM GUO, M.D.
DEA #BG7950404
314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 778-7160 • Fax (304) 778-7161

16163/003

Name J [Redacted] T [Redacted] Date 2/10/09

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Oxylont. 40g
7.P.O. Bid
#60

Brand Name
Necessary

OK to fill
with other

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute
Initials _____

Signature _____

Refill 0 Times

762879

SECURITY FEATURES LISTED ON REVERSE SIDE

WEIXING WILLIAM GUO, M.D.
DEA #BG7950404
314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 778-7160 • Fax (304) 778-7161

16163/003

Name J [Redacted] T [Redacted] Date 2/10/09

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

OxyCont. 40g
7.P.O. QD
#30

Brand Name
Necessary

OK to fill
with other

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute
Initials _____

Signature _____

Refill 0 Times

762880

16163/003

Name J. [redacted] T. [redacted] Date 2/10/09

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Roxicodone 30g
j.p.o. QID
#120

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute Initials _____

Signature [Signature]
Refill 0 Times

762881

SECURITY FEATURES LISTED ON REVERSE SIDE

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7850404

314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 776-7160 • Fax (304) 776-7161

Name J. [redacted] T. [redacted] Date 2/10/09

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Xanax 2mg
j.p.o. QHS
#30

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute Initials _____

Signature [Signature]
Refill 0 Times

762875

SECURITY FEATURES LISTED ON REVERSE SIDE

WEIXING WILLIAM GUO, M.D.
DEA #BG7850404
314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 776-7160 • Fax (304) 776-7161

Name J. [redacted] T. [redacted] Date 2/11/09

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Oxy Contin 80g
j.p.a Bid
#60

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute Initials _____

Brand Name
Necessary

OK to fill
with other

Signature [Signature]
Refill 0 Times

762876

6163/003

16163/003

16163/003

WV SPINE AND PAIN CLINIC Progress Note

Date

2/13/09

Patient Name:

J [REDACTED] [REDACTED]

10pm

pt here with her husband who is
having his last office visit with me.

She requested brief office visit.
wanted to have some "water pills"
she was taking Lasix on PRN
it helped to decrease swelling
of her left ankle.

I warned her of severe possible
side effects of Lasix. She understood.

Referral is in process.

Rx. Lasix 20mg qo. PRN.

Take 10mg each time

W. G. [REDACTED]

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #8G7860
314 Goff Mountain Road • Suite 16 • Cross Lanes, WV 25313
Phone (304) 778-7160 • Fax (304) 778-7161

Name J [REDACTED] T [REDACTED] Date 2/13/09
Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Lasix 20g
i.p.a. PRN
#10*

- 1-24
- 25-49
- 50-74
- 75-100
- 101-180
- 181 and over

To mandate that a brand name product be dispensed the practitioner must hand write "Brand Medically Necessary"

Signature _____
Date 2/13/09

100534
SECURITY FEATURES LISTED ON REVERSE SIDE

16801/003

Rational Drug Therapy Program
West Virginia University School of Pharmacy
On Behalf of the WV Bureau for Medical Services
PO Box 9511 HSCN
Morgantown, WV 26506

FAX, Phone, Mail Completed form to:
FAX: 1-800-531-7787
Phone: 1-800-847-3859
 (Please print or type)

Preferred Drug List Exemption Request

Patient Name (Last) (First) (MI)	WV Medicaid ID #:	Date of Birth
T [redacted] J [redacted] [redacted]	[redacted]	[redacted]

Practitioner Name (Last) (First) (MI)			
Geo Weixing William			
Practitioner Address: (Street)		(City)	(State) (Zip)
314 Goff Mt. Rd		Stelle	Cass Leno WV 25313
Practitioner DEA Number	Return Phone #	Return FAX #	
[redacted]	(304) 776-7160	(304) 776-7161	

Non-Preferred Medication Name:	Dose	Directions	
Oxycontin	40mg q8h	40mg tid	80 mg RTO
Diagnosis:	(Optional) Diagnosis Code (ICD-9-CM)		

14 years

Please answer each of the following questions for your request to prescribe a non-preferred drug for your patient:*

- Has the patient experienced treatment failure with the preferred product(s) Yes No
- Does the patient have a condition that prevents the use of the preferred product(s)? Yes No
 IF YES, list the condition(s) in the box below:

- Is there a potential drug interaction between another medication and the preferred product(s) Yes No
 IF YES, list the interaction(s) in the box below:

- Has the patient experienced intolerable side effects while on the preferred product(s)? Yes No
 IF YES, list the side effects in the box below:

Practitioner Signature: [Signature] 12/4/08
 (If a signature stamp is used then the prescribing practitioner must initial the signature, signatures by agents of the practitioner are not acceptable)

Confidentiality Notice: The documents accompany this telecopy contain legally confidential information belonging to the sender. This information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copy distribution or actions taken in reliance on the content of these documents is strictly prohibited. If have received this telecopy in error, please notify the sender immediately to arrange for return of the documents.

IF YOU DO NOT RECEIVE ALL THE PAGES PLEASE CALL 1-800-847-3859

CabellHuntington Hospital

REGIONAL PAIN MANAGEMENT CENTER

Dr. Ahmet "Ozzie" Ostuck

1623 13th Avenue, Huntington, WV 25701

To inquire about this referral please call 304-526-6351 Fax: 304-526-2220

FAKED

DATE: 2-10-2009

Comprehensive evaluation (to include blocks, psychology and physical therapy) **
 Blocks only as requested One time consult Independent Medical Evaluation

Reason for referral: office closing

**New patient referral is a consult ONLY, and does not guarantee continuing management

Is the patient's condition related to an: MVA Litigation case Work-related injury
 Has the patient been seen at any other pain clinic? YES NO

IF PRE-AUTHORIZATION IS REQUIRED BY THE PATIENT'S INSURANCE COMPANY, YOUR OFFICE MUST OBTAIN AUTHORIZATION AND A COPY SENT WITH THIS REFERRAL.

Referring Physician: Weikens, Guo Dr. NPI # [REDACTED]

Address: 314 Golf Mill Rd Cosburn WV

Phone: 776-7160 ext: _____ Fax No: 776-7161

PATIENT INFORMATION

Name: [REDACTED] Last First Middle

Social Security Number: [REDACTED] DOB: [REDACTED]

Phone Number: 757-3203 Gender: (circle) Male Female

Address: [REDACTED] Street City State Zip

Employer: Homenetex Currently Working: (circle) Yes / No

Insurance Carrier (1) Primary: Medicaid (2) Secondary: _____

Is either insurance through spouse? Yes (No) (1) or (2) Spouses name: _____

Spouses Date of Birth: _____ SSN: _____

PLEASE FAX COPIES OF THE FRONT AND BACK OF THE PATIENT'S INSURANCE CARDS AND RECORDS RELATED TO THE PATIENT'S PAIN CONDITION FOR THE PHYSICIAN TO REVIEW.

J. [redacted] + P. [redacted]

904-0140

if you come back please
let us know.

You are a wonderful Doctor.

Thank You for all of
your help getting us better.

Sincerely,
The [redacted]

Weicing William Guo, M.D.

P. O. Box 58125
South Charleston, WV 25358

WV Spine and Pain Clinic

340 State Street
Madison, WV 25130

February 13, 2009

Re: **Jessie Testa**

SSN: **[REDACTED]**

D.O.B: **[REDACTED]**

Subject: **Disability Evaluation**

To Whom It May Concern,

Mrs. **Jessie Testa** is a 29 years old female who has been under my care since February 4, 2008. She had right ankle avulsion fracture and is s/p right ankle laceration repair resulted from a motor vehicle accident. She subsequently developed Reflex Sympathetic Dystrophy(RSD) syndrome on her right ankle and right foot. She received several right ankle nerve blocks and steroid injections which had limited therapeutic effects. Currently she is on OxyContin, Roxicodone for the chronic pain and Xanax for her anxiety and depression, and panic attack that happen several times during the office visits, in which she was in shortness of breath, tachypnic and tackycardia that lasted for about twenty to thirty seconds.

Past Medical History:

1. Reflex Sympathetic Dystrophy(RSD), right lower extremity (337.21)
2. Cervicalgia (723.1)
3. Occipital Neuralgia(723.8)
4. Neuralgia (729.2)
5. Pelvic Obliquity (784.0)
6. Cervical Somatic Dysfunction (739.1)

Weixing William Gao, M.D.

P. O. Box 58125
South Charleston, WV 25358

WV Spine and Pain Clinic

340 State Street
Madison, WV 25130

7. Thoracic Somatic Dysfunction (739.2)
8. Scoliosis (737.30)
9. Anxiety/Depression (311.0)
10. Carpal tunnel syndrome (354.0)

Allergies: NKDA

Physical Examination:

Ht: 5'4", Wt: 140; BMI: 27.4

General exam indicated she has approximately twenty degrees lumbar antiflexes on standing. She has limped gait while walking due to pain in her right ankle. The right ankle dorsiflex and right plantar reflex are disappeared. There is significant diffuse swelling in her right ankle, with +++ pitting edema. Light touch causes significant pain which is sharp, shooting and burning type. Hair growth slower compared to the left leg. Circumferences of Right ankle: 10.4 inches, Left Ankle: 9.5 inches.

Imaging Studies:

X-rays of the right foot and ankle done on admission following the accident revealed an irregularity along the lateral border of the talus consistent with avulsion fracture as well as the talar neck fracture on her right foot.

Medical Opinion:

Based on the history, physical, and imaging studies, with reasonable degree of medical certainty, Mrs. Testa will have chronic pain that will last another year, or even several years. Apparently she will not be able to join the work force due to above medical situations in the next twelve months, to my opinion. However, I recommend to re-evaluate in 12 month.

Weixing William Guo, M.D.

P. O. Box 58125
South Charleston, WV 25358

WV Spine and Pain Clinic

340 State Street
Madison, WV 25130

If you have any questions regarding Ms. ~~T~~'s medical condition, please do not hesitate to contact me at the office (304)776-7160, or write to: P. O. Box 58125, South Charleston, WV 25358.

Sincerely,



Weixing W. Guo, M.D.

HUNTINGTON SPINE REHAB & PAIN CENTER

Lois Weixler, D.O.

PATIENT: T [REDACTED], Jonathan

DATE OF OFFICE VISIT: 07/02/2007

SSN: [REDACTED]

DOB: [REDACTED]

Ms. T [REDACTED] presents today after experiencing excruciating pain while reaching for a towel on July 1. She was showering and reached across the shower to retrieve a towel and she felt pain in her low back that radiated down her legs. She states she fell to her knees due to the pain. She can't stand completely straight due to symptoms of back pain. She stands with a kyphotic spine in the thoracic area.

She currently takes Roxicodone 15 mg 1 p.o. t.i.d. and Vallium 10 mg 1 p.o. b.i.d.

The patient states she has had pain since yesterday, July 1. Now her pain is worse in the low back. Vallium seems to help the spasms and allows her to rest at night. She has recently been on a vacation. We refilled her prescription early due to her vacation plans. It was noted that her vacation was to King's Island and Amusement Park. The patient states that she has been home for about three weeks. However, she does not attribute any of these symptoms to a flare-up because of the vacation she went on.

Vital signs: Height 5'4", weight 137, blood pressure 94/72, and pulse 84.

Her straight leg-raise test was positive for pain. She was able to raise her legs only to 10° in the supine position. She would not relax her quadriceps muscles when asked to let her legs lie flat on the table. The straight leg-raise test in the seated position was 90°. Her thoracic spine is somewhat kyphotic with tender to palpation in the paraspinal muscle areas. A fluoro picture of her thoracic spine was negative at this visit. She has tenderness to palpation in her lumbar spine. She is tender in so many areas that there is no definitive region that we can treat with an injection-type treatment.

We will give her a Medrol Dosepak today to start tonight, have her use Flexeril 5 mg 1 p.o. t.i.d., and ice.

She will return to the office for an EMG that is already scheduled and begin using the Flexeril.



Lois Weixler, D.O.

LW/lgg

Huntington Spine Rehab & Pain Ctr
Physiatry & Pain Management
Barboursville, West Virginia
304-736-2981

Patient: J [redacted] T [redacted]
 Sex: Female
 Age: 27
 Height: 64 inches
 Weight: 140 lbs
 I.D.#: [redacted]
 Ref. M.D.: Dr. Weixler

Physician: Philip Fisher DO, PhD
 Test Date: 07/20/07

History/Comments:

This 27 year old female is referred by Dr. Weixler for electrodiagnostic testing of the bilateral upper extremities due to a 3 month history of pain, numbness, and tingling in the right moreso than left hand. Symptoms are worse with activity and at night. Initial treatment included anti-inflammatory medication and wrist bracing. X-rays were unremarkable. She is a right hand dominant homemaker with 3 young children at home.

PHYSICAL EXAM:

Upper extremity reflexes are intact. Sensation decreased within the distal median nerve distribution. Strength testing reveals mild right thenar weakness. Phalen, tincl, and carpal compression tests are positive. TQS stress maneuvers are negative.

Motor Nerve Study

Median* Nerve Rec Site: APB Stim Site	Lat (ms)		Norm Lat	Amp (mV)		Norm Amp	Dist (mm)		C.V. (m/s)	
	L	R		L	R		L	R	L	R
Wrist	5.0	5.0	<4.2	6.5	3.7	>5	80	80		
Elbow	8.3	8.7		3.1	5.2	>3.5	170	150	52.3	40.9
Axilla	9.3	9.6		10.8	10.8	>3.5	80	80	80.0	87.3

Ulnar* Nerve Rec Site: ADM Stim Site	Lat (ms)		Norm Lat	Amp (mV)		Norm Amp	Dist (mm)		C.V. (m/s)	
	L	R		L	R		L	R	L	R
Wrist	3.4	3.1	<3.4	12.0	13.8	>3	80	80		
B.Elbow	6.2	7.8		10.1	1.167	>3	150	150	54.5	32.1
A.Elbow	8.3	9.4		10.0	14.7	>3	120	100	55.4	60.0

Sensory Nerve Study

Med/Uln/Rad* Nerve Stim Site: Wrist Rec Site	Lat (ms)		Norm Lat	Amp (uV)		Norm Amp	Dist (mm)		C.V. (m/s)	
	L	R		L	R		L	R	L	R
RadThumb	3.3	3.3	<2.9	87.7	10.3	>10	100	100	30.0	30.6
MedThumb	3.2	2.1	<2.8	36.7	11.3	>10	100	100	31.6	47.6
Uln 5th dig	3.2	3.6	<3.7	45.7	33.7	>12	140	140	43.3	38.9

Patient: ~~Jessie T~~
 I.D.#: 234192831

Test Date: 07/20/07

EMG Study

Name	Ins Act	Fibs	PSW	Fascics	Polyph	MU Amp	MU Dur	Config	Pattern	Recruit
R. Deltoid C5Axill	norm	none	none	none	none	norm	norm	norm	norm	norm
R. Parasp C5-T1	norm	none	none	none	none	norm	norm	norm	norm	norm
R. Biceps C5& MC	norm	none	none	none	none	norm	norm	norm	norm	norm
R. Tricap C67 Rad	norm	none	none	none	none	norm	norm	norm	norm	norm
R. BrachioradC5&6	norm	none	none	none	none	norm	norm	norm	norm	norm
R. 1st DI C8T1Uln	norm	none	none	none	none	norm	norm	norm	norm	norm
R. APB C8T1 Med	norm	none	none	none	none	norm	norm	norm	norm	norm
R. AbDigMnC8T1	norm	none	none	none	none	norm	norm	norm	norm	norm
L. Parasp C5-T1	norm	none	none	none	none	norm	norm	norm	norm	norm
L. Deltoid C5Axill	norm	none	none	none	none	norm	norm	norm	norm	norm
L. Biceps C5& MC	norm	none	none	none	none	norm	norm	norm	norm	norm
L. Tricap C67 Rad	norm	none	none	none	none	norm	norm	norm	norm	norm
L. BrachioradC5&6	norm	none	none	none	none	norm	norm	norm	norm	norm
L. 1st DI C8T1Uln	norm	none	none	none	none	norm	norm	norm	norm	norm
L. APB C8T1 Med	norm	none	none	none	none	norm	norm	norm	norm	norm
L. AbDigMnC8T1	norm	none	none	none	none	norm	norm	norm	norm	norm

INTERPRETATION: Peripheral polyneuropathy.

Phillp Fisher, D.O., Ph.D., FAADEP
 Physical Medicine and Rehabilitation

HUNTINGTON SPINE REHAB & PAIN CENTER

Lois Weixler, D.O.

PATIENT: T [REDACTED], J [REDACTED]

DATE OF OFFICE VISIT: 07/19/2007

SSN: [REDACTED]

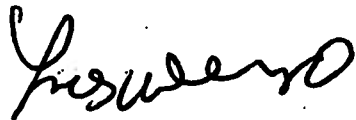
DOB: [REDACTED]

Ms. T [REDACTED] states her low back feels "really bad." She states she can't straighten up. She has had no new injuries or activities that caused any aggravation of her symptoms from her last visit. Her last visit was on July 2 and at that point she stated that her pain began on July 1 after reaching for a towel. The medication we gave her on July 2, two weeks ago, did not seem to help. She stated the Medrol DosePak didn't make a difference and the Flexeril gives her no relief of muscle spasm. She describes a pressure in her lumbar spine.

Vital signs: Height 5'4", weight 139, blood pressure 110/66, and pulse 86.

She had somatic dysfunction in her thoracic and lumbar areas. She was treated in these regions with manual mobilization. However, it was very difficult to treat her due to the spasm.

We will have her discontinue the Flexeril and start Zanaflex 4 mg 1 p.o. t.i.d. This will be sent to the Fruth Pharmacy in Hurricane. We will also get the report of an MRI that she had done in Ashton Place approximately one month ago. She will follow up with Dr. Fisher tomorrow for an EMG.



Lois Weixler, D.O.

LW/lgg

Huntington Spine Rehab & Pain Center

Philip Fisher D.O., Ph.D., FAADEP

Name: T [REDACTED], J [REDACTED]

Date: 7/20/2007

SSN: [REDACTED]

DOB: [REDACTED]

Ms. T [REDACTED] was last seen on 7-19-07 by Dr. Weixler. She was seen today for a bilateral upper extremity EMG for symptoms of right greater than left median nerve pain and paresthesias. She is also complaining today of severe lumbar spine pain at the L5-S1 level, which began again a couple of days ago. She says yesterday was "pretty bad", but today she is having difficulty walking in an upright position. She states she has been very depressed.

On examination today her BP Sitting: 108/64 HR: 70 Height: 5 ft. 4 in. Weight: 141 lbs. BMI: 24.

LUMBAR PARAVERTEBRAL MUSCLE INJECTIONS: I obtained an informed consent, the patient was placed in the prone position. The area of maximal tenderness in the lumbar spine was identified by palpation. The skin over this area was prepped with Hibiclens. A solution of corticosteroid and local anesthetic was injected into the bilateral lumbar paravertebrals at the lumbosacral junction. She tolerated this well. She was instructed to use ice copiously to the injection sites.

I will obtain some lab work on Ms. T [REDACTED] today to include a CBD, thyroid panel with TSH, T3-T4, and antibodies.

The patient tells me her Roxicodone 15mg q.i.d. is not lasting long enough in between doses. I will change her to OxyContin 40mg, b.i.d. and give her the Roxicodone 15mg b.i.d. as needed for breakthrough pain. I will also prescribe her a DexPak for the inflammatory component of her pain.

Prescriptions:

DexPak Sig: 1 pack to take as directed Dispense: 1 Refills: 0
OxyContin 40mg Sig: 1 po BID Dispense: 60 Refills: 0
Roxicodone 15mg Sig: 1 po BID prn breakthrough pain Dispense: 60 Refills: 0
Zanaflex 4mg Sig: 1-2 po TID for spasm and sleep Dispense: 90 Refills: 2
Lexapro 20mg Sig: 1 po QD Dispense: 30 Refills: 2

She will return to the office in approximately two months for follow-up.



Philip Fisher, D.O., Ph.D., FAOCPPMR

T. J.
09/27/2007
Page 2

up at her usual hour. I explained to her that she might even function better after having the pain medication start working before she starts moving around. She seemed to understand this and calmed down somewhat after the explanation.

Vital signs: Height 5'4", weight 143, blood pressure 98/62, pulse 70, BMI 25, neck circumference 13½".

The patient has some sleep disturbance but states that her husband reports that she snores.

On examination today she does have paraspinal muscle spasm in the lumbar spine area but there is no significant somatic dysfunction present today. She was not treated with manual mobilization.

Ms. T. will return to the office in approximately 6 months or sooner if her symptoms flare up.



Lois Weixler, D.O.

LW/lgg

HUNTINGTON SPINE REHAB & PAIN CENTER

Lois Weixler, D.O.

PATIENT: T [REDACTED] J [REDACTED]

DATE OF OFFICE VISIT: 09/27/2007

SSN: [REDACTED]

DOB: [REDACTED]

Ms. T [REDACTED] presents today for a 6- to 8-week followup. She was last seen in July. At that time she was seen on an emergent basis for increased muscle spasm. However, on that date she was scheduled to have an EMG. Dr. Fisher performed the EMG. He also ordered some laboratory studies. The laboratory study results appear to be normal. He ordered a thyroid panel and a CBC. Thyroid antibodies were normal. TSH was normal. Thyroxine and T4 were normal.

The patient appeared very depressed at her last visit. Today she appears to be in good humor. She is using her medication as directed and states that it is working quite well, but the OxyContin makes her drowsy. When questioned on how she takes her medicine, she states, "Well, I break the OxyContin in half and take half of it because I was getting too drowsy in the morning before driving my children to school." It is no wonder she is getting drowsy by breaking OxyContin in half because she is getting the entire dose of OxyContin in one dose, defeating the long-acting purpose of the medication. The patient was cautioned strongly and advised to never break that medication in half. She was advised to read the bottle. She was advised to keep the OxyContin and the Roxicodone separate. She was advised to call the pharmacist if she ever has a question about that again. She was also advised to only cut tablets in half that she is certain can be cut in half and always make a phone call to this office or the pharmacy before doing so.

She became quite distressed at the thought of having possibly harmed herself by breaking the pill in half. However, she had been doing this for some time and has not had any adverse effects. I explained to her that OxyContin does have a short-acting component that dissolves before the long-acting component kicks in so that the patient may have some immediate relief when taking the first tablet and to make up for the lowering blood level of the medication as the last pill wears off.

She states she is not able to take the medication at 6 a.m. and drive her children to school at 7, so I suggested that she simply wake up an hour earlier, take the tablet and lie back down to go to sleep to allow the 20 minutes of drowsiness to wear off. She finally admitted that the drowsiness symptoms that were causing her disturbance in getting her children to school only lasted 20 minutes. It seems she should be able to take her medication an hour earlier and let the 20-minute phase of drowsiness fade away while she is safely lying down and not on the road with her children, and then get

T. J. [REDACTED]

Philip Fisher D.O., Ph.D.

T9, which is 38% below normal/average. At no point on the left side does she ever reach the lowest acceptable limit of normal and overall she ranks 55% below normal/average with a reported pain level of 9/10 during testing on the left.

The lumbar MedX test reveals her to rank in the lower region of normal with the exception of L5, which is 47% below normal/average, therefore placing her in the bottom 5th percentile. There is no range of motion available from L5 to S1. She ranks her pain as 8/10 during testing.

The Metrecom Skeletal System was originally developed by the Shriner's Hospitals for Children to diagnose and track the progress of scoliosis and pelvic abnormalities in children using a computer-based digitizing 3-D spatial bony landmark tracking device. This system produces a 3-D skeletal image obtained from digitizing bony landmarks of the body. From this digital data and the ensuing 3-D measurements, it is therefore possible to determine pelvic as well as axial skeletal and lower extremity injuries and anomalies. Utilizing this data, structural and postural conclusions on this patient can be made. The detailed evaluation is available within the chart, but the salient points are as follows:

1. She has a very obvious pelvic obliquity of 17mm higher on left than right.
2. There appears to be an SI joint shear, which is consistent with a fall onto the buttock with resulting torsion.
3. Other salient points include the left shoulder being 4mm higher on the right and 85mm more anterior on the right.
4. The center of the pelvis is displaced 18mm to the right of normal indicating a postural accommodation for her painful weight bearing through the lumbosacral region.
5. The left hemipelvic unit is externally rotated 28 degrees more than the right.
6. The left hemipelvic unit is posteriorly tilted 22 degrees from normal.
7. She is tender to the touch at the greater trochanters. This is consistent with the sacropelvic pain upon palpation.
8. Spinal curve analysis demonstrates a normal thoracic kyphosis, normal lumbar lordosis and somewhat flattened sacral base angle of 30 degrees with normal being 45 degrees +/- 10 degrees.
9. She has a well compensated postural function sidebending of 11 degrees from T6 to T11 with an opposite compensatory sidebending of 12 degrees from T11 to L4. These are felt to be compensatory changes due to the pelvic obliquity.

Impression: 723.1 Cervicalgia, 723.8 Occipital neuralgia, 729.2 Neuralgia, 738.6 Pelvic obliquity, 784.0 Headache, 739.1 Cervical somatic dysfunction, and 739.2 Thoracic somatic dysfunction.

Prescriptions:

Valium Dosage: 10mg Sig: 1/2-1 po BID prn spasm, anxiety and sleep Dispense: 60 Refills: 1
Medrol Dose Pak Dosage: Sig: 1 pack to take as directed Dispense: 1 Refills: 0

I will schedule her for the formal MedX rehabilitation program. I will also schedule her for EMG-guided greater occipital nerve blocks to treat her symptoms of occipital neuralgia.

Most Sincerely,



Philip Fisher, D.O., Ph.D.

Huntington Spine Rehab & Pain Center

Medical rehabilitation of trauma & sports injuries, chronic pain disorders & headaches



Name: T [REDACTED] Jessamine

Date: 2/2/2007

SSN: [REDACTED]

DOB: [REDACTED]

Ms. T [REDACTED] a new patient seen on self-referral. She presents today for evaluation and treatment for symptoms of neck pain and headaches for the last four years. She states her pain began when she worked as a laborer for a construction company and fell from scaffolding 3-4 ft. high and landed on her left side. She admits having momentary loss of consciousness. She says she had no initial pain but did have soreness. The next day she noticed severe pain in the right cervical area and right shoulder. She has never had any x-rays, MRI's or diagnostic testing. She says she continued to work even after the injury. When describing the neck and shoulder pain, she describes it as a stiffness with decreased range of motion. She says she can rotate her head and bend to the side but flexion and extension cause terrible pain. She also complains of associated headaches, which are located in the greater and lesser occipital nerve distribution. She currently uses Lortab 10mg three times daily, which she admits helps with her pain but does not completely cover her pain. She has poor sleeping habits and says she only gets a few hours of sleep each night. She only gets 1 1/2-2 hours of uninterrupted sleep per night. She says it hurts to sleep flat on her back. She tells me she has three children at home so she is constantly on the go and would like to be able to function again.

The patient was previously seeing Dr. Baker.

The patient's chronic pain cognitive changes include a sleep disturbance of no more than four or five hours of sleep per night, grumpiness, irritability, short attention span, forgetfulness, short term memory difficulties, easy distractibility, and depression with anxiety as described by the patient. This is a normal human reaction to being in pain all the time and being sleep deprived.

Allergies: No known medical allergies.

Medication History: Active: Lortab 10mg (1 po TID) (active), Adderall 10mg (1 po QAM) (active), Xanax 2mg (1 po BID) (active).

Past Medical History: Neurological Hx: (+) headaches.

Past Surgical History: No previous surgeries.

Social History: Patient admits caffeine use and consumes one serving per day. Patient admits tobacco use.

On examination today her BP Sitting: 128/74 HR: 70 Height: 5 ft. 4 in. Weight: 132 lbs. BMI: 23. She is exquisitely tender to palpation at the bilateral greater occipital and bilateral lesser occipital nerves. She has a positive Chandellers sign. She has bilateral elevated first rib moreso on the right than the left. She is exquisitely tender to palpation at the level of T6 and the thoracolumbar junction. She has a reversal of curvature at L2. She has a huge amount of myofascial pain. In general, she has an exaggerated common compensatory pattern, which is almost entirely soft tissue with compensatory musculoskeletal changes throughout the axial skeleton. This responded well to manual modalities, but it did require a great deal of time to do so. I performed OMT including HVLA, muscle spasm release techniques, and ischemic inhibition to the cervicothoracic junction on the right side with good results.

I obtained x-rays today of her cervical, thoracic and lumbar spine. The lumbar spine films show a marked narrowing of the L5-S1 foramen, which explains her intermittent S1 nerve root irritation. The L4-5 foramen is somewhat narrowed, but does not appear to be clinically significant. There is no appreciable sidebending or scoliosis component. There appears to be some two dimensional radiographic evidence of a pelvic obliquity but a three dimensional study would be more revealing. The Cervicothoracic junction reveals an unidentified bright object possible just an artifact, which appears to be overlying the proximal 1/3 of the right third rib. It's clinical significance is unknown. It does not appear in any of the other cervical spine films. There is no other unusual cervical spine findings, except for a reversal of the normal lordotic curve. This occurs at C4. There appears to be a foraminal narrowing at C4-5. Thoracic spine x-rays are unremarkable with no evidence of any DDD or DJD.

I performed a MedX Cervical, Thoracic and Lumbar Torque Production Evaluation using the University of Florida at Gainesville and University of California at San Diego protocol. We were able to use a blinded testing protocol that can determine individual muscle torque production throughout the entire ROM of the patient's cervical, thoracic and lumbar spine in flexion/extension. This protocol also helps us to identify any malingering potential as well as providing objective data for the identification of underlying musculoskeletal pathology. The results of this patient's torque production curve were compared to established normative data and adjusted for age, sex, and weight. The results were very helpful in determining the location and extent of the patient's underlying pathology that has apparently contributed greatly to the lack of functional rehabilitation progress. In this case, the intrinsic muscles of the cervical, thoracic and lumbar spine have apparently reacted to the arthropathy by guarding and splinting to the point that they have lost their functional ROM and they have become functionally useless due to extensive disuse atrophy.

Cervical MedX test reveals no rom from C5-C7. She ranks within normal range from the atlanto-occipital junction to C2, but has a dramatic dropout in strength at C2 and C3 with an even more profound dropout in strength at C4-C5. Overall, she ranks 34% below normal/average. Her worst testable point is C5, which is 61% below normal/average. C4 is 56% below normal/average. C3 and C4 are 21% and 24% below normal/average respectively. Her best testable point is at C1, which is 7% below normal/average. She is not able to move the atlanto-occipital joint due to muscle guarding, splinting and spasm, therefore no testable data can be obtained at that joint.

The thoracic MedX test reveals full range of motion. Her strength curve parallels the lowest acceptable limit of normal with a focal dropout in strength at T7. Overall, she ranks 29% below normal on the right. Her worst testable pint is at T7, which is 44% below normal/average and

HUNTINGTON SPINE REHAB & PAIN CENTER

Lois Weixler, D.O.

PATIENT: T [REDACTED] J [REDACTED]

DATE OF OFFICE VISIT: 05/14/2007

SSN: [REDACTED]

DOB: [REDACTED]

Ms. T [REDACTED] was last set up for an appointment on March 19 but she canceled that appointment. She was last seen in the office in February. At that time we were going to enroll her in the cervical MedX program. We discussed the scheduling for a greater and lesser occipital nerve block test injection but she was needle phobic at that time.

She continues to complain of right arm numbness and pain and decreased grip strength in the right hand that is different from her headache pain. She states her right upper extremity pain has been there for about two weeks with pain in her forearm. She states she has numbness in her hands but no known injury. An MRI of her cervical spine was never done so we will order that. The patient does not correlate any kind of injury or problems with her upper extremity numbness.

She had her last MedX appointment on May 11 with increased range of motion at that visit. She needs 16 appointments to complete her program so we will make sure she has those appointments scheduled.

Vital signs: Height 5'4", weight 137, blood pressure 100/70, and pulse 80.

She had some muscle spasm and decreased range of motion to her cervical spine and thoracic area. She was treated with manual mobilization which seemed to help.

We will order a cervical MRI and a bilateral upper extremity EMG to document and diagnose her upper extremity numbness, tingling and weakness. We will follow up with Ms. Testa after the end of her MedX appointments and in between time perform an EMG of her upper extremities.



Lois Weixler, D.O.

LW/lgg

Huntington Spine Rehab & Pain Center

Phillip Fisher D.O., PhD., FAADEP

Name: T [REDACTED], J [REDACTED]

Date: 2/13/2007

SSN: [REDACTED]

DOB: [REDACTED]


Ms. T [REDACTED] was last seen on 2-2-07. She presents today for follow-up. She states the Lortab 10 t.i.d. from Dr. Larry Baker helped her pain more than the Norco 10 q.i.d. She admits the Norco does help her pain but doesn't last as long as the Lortab did and doesn't understand why. She states the Valium is helping her sleep.

The patient states her neck hurts constantly. She has radiation of pain into her right shoulder. Her neck is stiff with limited range of motion due to her pain. She has stabbing pain when turning her head. She also admits having radiation of pain into the back of her head. In the past two weeks, she has had four headaches that have lasted the entire day. The patient states she has intermittent low back pain. She admits that lifting her eight month old baby and the laundry increases her low back pain. She states she occasionally has pain that radiates down her right leg below her knee with some numbness and tingling. On further discussion, she states her face feels tender to the touch on the right side only. She states her face tingles, as well as, her right arm. She also states her fingers go numb on the right hand.

On examination today her BP Sitting: 112/80 HR: 72 5 ft. 4 in. Weight: 143 lbs. BMI: 25.

Her cervical MedX test showed her to have no range of motion from C5 through C7, and no motion from the atlanto-occipital junction through C1. In the available motion from C1 through C5, she ranked 34% below normal/average in her absolute strength. The thoracic MedX test revealed her to have full range of motion. She ranked 29% below normal on the right and 55% below normal on the left. The asymmetry is indicative of her scoliosis. The lumbar MedX test revealed her to have no range of motion from L5 through S1. In the available motion from the thoracolumbar junction through L5, she ranked 25% below normal.

We will enroll her in the cervical and thoracic MedX rehabilitation program. I discussed scheduling her for bilateral greater and lesser occipital nerve test injections but she is very needle phobic. I will inject her when she has her next headache.



Philip Fisher, D.O., Ph.D.

541939
02/10/2009

SUBSCRIBER INFORMATION

AT&T

860659278

C/T

FINANCIALLY LIABLE PARTY

Name: WEI GUO
Credit Address: 314 GOFF MOUNTAIN RD STE 16, CROSS LANES, WV 25313
Customer Since: 10/08/2004
Photo ID Type: Photo ID State:
Photo ID Number: SSN:
DOB: Contact Name:
Contact Home Phone: (000) 000-0000 Contact Work Phone: (000) 000-0000
Contact Home Email: WEIXINGG@YAHOO.COM Contact Work Email:

BILLING PARTY

Account Number: 860659278
Name: WEI GUO
Billing Address: 314 GOFF MOUNTAIN RD STE 16, CROSS LANES, WV 25313
Account Status: Active Billing Cycle: 7

USER INFORMATION

MSISDN: (304) 561-7879 IMSI: 310410086531963
MSISDN Active: 10/08/2004 - Current IMEI/ESN: 011354000778835/
Name: WEI GUO
User Address: 314 GOFF MOUNTAIN RD STE 16, CROSS LANES, WV 25313
Service Start Date: 10/08/2004 Dealer Info: DTV5 1045V
Payment Type: Postpaid
Contact Name:
Contact Home Phone: Contact Work Phone:
Contact Home Email: WEIXINGG@YAHOO.COM Contact Work Email:

Status Change Reason:

STATUS CHANGE HISTORY

Status Change Date:

Contract Accepted
Non-Pay Manual Restoral
NON PAY CACS-T SUSPEND
Non Payment - Automatic
NON PAY CACS-T SUSPEND

03/09/2008
01/23/2008
01/22/2008
11/23/2007
11/21/2007

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02/10/2009

SUBSCRIBER INFORMATION

AT&T

860659278

C/T

FINANCIALLY LIABLE PARTY

Name:WEI GUO
Credit Address:314 GOFF MOUNTAIN RD STE 16, CROSS LANES, WV 25313
Customer Since:10/08/2004
Photo ID Type:
Photo ID Number:
DOB:
Contact Name:
Contact Home Phone:(000) 000-0000
Contact Home Email:WEIXING@YAHOO.COM
Photo ID State:
SSN:
Contact Work Phone: (000) 000-0000
Contact Work Email:

BILLING PARTY

Account Number:860659278
Name:WEI GUO
Billing Address:314 GOFF MOUNTAIN RD STE 16, CROSS LANES, WV 25313
Account Status: Active
Billing Cycle: 7

USER INFORMATION

MSISDN:(304) 881-1990 IMSI:
MSISDN Active: 11/05/2008 - 02/06/2009 IMEI/ESN: /
Name:WEI GUO

User Address: 314 GOFF MOUNTAIN RD STE 16, CROSS LANES, WV 25313
 Service Start Date: 11/05/2008 Dealer Info:
 Payment Type: Postpaid
 Contact Name:
 Contact Home Phone:
 Contact Home Email:

Contact Work Phone:
 Contact Work Email:

STATUS CHANGE HISTORY
 Status Change Reason: Status Change Date:

Lost/Stolen 12/08/2008
 Contract Accepted 11/05/2008
 CTN Activation 11/05/2008
 Contract Acceptance Required 11/05/2008

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541939
 02/10/2009
 860659278

 C/T (304) 561-7879

 AT&T

FEATURE	C/T	START DATE	END DATE
900 ANYTIME MINUTES		01/26/2009 12:00 AM	
ANYTIME ROLLOVER MINS		01/26/2009 12:00 AM	
AT&T DirectBill		01/26/2009 12:00 AM	
BasicVoiceMail		01/26/2009 12:00 AM	
CALL WAITING		01/26/2009 12:00 AM	
CALLER ID		01/26/2009 12:00 AM	
Call Hold		01/26/2009 12:00 AM	
DATA USAGE		01/26/2009 12:00 AM	
DOMESTIC LD		01/26/2009 12:00 AM	
DOMESTIC LD		01/26/2009 12:00 AM	
DOMESTIC LD		01/26/2009 12:00 AM	
DOMESTIC LD		01/26/2009 12:00 AM	
DUMMY FEATURE FOR ELA SOC (CALLING AREAS		01/26/2009 12:00 AM	
Direct Bill Detail		01/26/2009 12:00 AM	
EXPANDED M2M		01/26/2009 12:00 AM	
Extended Local Area Including Toll(Call		01/26/2009 12:00 AM	
IMMEDIATE CALL FORWARD		01/26/2009 12:00 AM	
INTERNATIONAL LD		01/26/2009 12:00 AM	

INTERNATIONAL LD	01/26/2009	12:00 AM
INTERNATIONAL LD	01/26/2009	12:00 AM
IRM Bundled Feature	01/26/2009	12:00 AM
Int'l Text Messaging	01/26/2009	12:00 AM
IntLongDistAllowed	01/26/2009	12:00 AM
International Roaming	01/26/2009	12:00 AM
LBS Account Holder	11/14/2007	12:00 AM
MESSAGE NOTIFICATION	01/26/2009	12:00 AM
Multimedia Messaging	01/26/2009	12:00 AM
N&W Comes First UTOLT	01/26/2009	12:00 AM
NO ANSWER CALL FORWARD	01/26/2009	12:00 AM
Nation GSM	01/26/2009	12:00 AM
Rollover Minutes	01/26/2009	12:00 AM
THREE WAY CALLING	01/26/2009	12:00 AM
Text/Instant Msgs	01/26/2009	12:00 AM
Toll International	01/26/2009	12:00 AM
UNL Nght & Wknd Min	01/26/2009	12:00 AM
UNLTD EXP M2M MINS	01/26/2009	12:00 AM
Upgrade	06/07/2006	12:00 AM
Upgrade Fee	03/10/2008	12:00 AM

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10-FEB-09

INVOICES/CT

AT&T

Billing Cycle Date: 09/21/07 - 10/20/07

Account Number: 860659278

304-561-7879

Call Detail (Continued)

User Name: WEI GUO

Call To: **=International Call Terminated to Mobile

Rate Code: RM45=450 Rollover Mins, 5KNW=5000 N&W, MME0=Unlimited Expd M2M, CN1N=NATP450RUMM5KNW

Rate Period (PD): DT=Daytime, NW=Nwknd

239	08/05	2:58PM	[REDACTED]	INCOMI CL	2	RM45	DT
0.00							
240	08/05	3:24PM	[REDACTED]	VAN WV	1	RM45	DT
0.00							
241	08/05	3:34PM	304-757-3203	INCOMI CL	3	RM45	DT
0.00							
242	08/05	3:36PM	304-757-3203	INCOMI CL	1	RM45	DT
0.00							
243	08/05	3:40PM	304-757-3203	SCOTTD WV	6	RM45	DT
0.00							
244	08/05	5:28PM	[REDACTED]	INCOMI CL	6	RM45	DT
0.00							
245	WED 08/06	9:36AM	[REDACTED]	CHARLE WV	2	RM45	DT
0.00							
246	08/06	11:08AM	[REDACTED]	INCOMI CL	1	RM45	DT
0.00							
247	08/06	11:09AM	[REDACTED]	INCOMI CL	2	RM45	DT
0.00							
248	08/06	12:56PM	[REDACTED]	INCOMI CL	2	RM45	DT
0.00							
249	08/06	1:50PM	[REDACTED]	INCOMI CL	1	RM45	DT
0.00							
250	08/06	3:31PM	[REDACTED]	INCOMI CL	2	RM45	DT
0.00							
251	08/06	3:50PM	[REDACTED]	INCOMI CL	2	RM45	DT
0.00							
252	08/06	7:04PM	[REDACTED]	CHARLE WV	1	RM45	DT
0.00							
253	08/06	9:45PM	[REDACTED]	VMAIL CL	2	5KNW	NW VM
0.00							

347	08/15	9:50PM	[REDACTED]	CHARLE WV	2	5KNW	NW	
0.00								
348	08/15	11:47PM	[REDACTED]	VMAIL CL	1	5KNW	NW VM	
0.00								
349	SAT	08/16	4:35PM	304-757-3203	INCOMI CL	4	5KNW	NW
0.00								
350	08/16	4:55PM	[REDACTED]	INCOMI CL	10	5KNW	NW	
0.00								
351	08/16	5:56PM	304-757-3203	INCOMI CL	2	5KNW	NW	
0.00								
352	08/16	6:00PM	[REDACTED]	CHARLE WV	2	5KNW	NW	
0.00								
353	08/16	6:18PM	[REDACTED]	CHARLE WV	1	5KNW	NW	
0.00								
354	08/16	6:21PM	[REDACTED]	INCOMI CL	2	5KNW	NW	
0.00								
355	08/16	6:23PM	304-757-3203	SCOTTD WV	1	5KNW	NW	
0.00								
356	08/16	6:50PM	[REDACTED]	INCOMI CL	1	5KNW	NW	
0.00								
357	08/16	9:52PM	[REDACTED]	CHARLE WV	4	5KNW	NW	
0.00								
358	08/16	9:55PM	[REDACTED]	CHARLE WV	5	5KNW	NW	
0.00								
359	08/16	10:19PM	304-757-3203	INCOMI CL	7	5KNW	NW	
0.00								
360	08/16	10:37PM	[REDACTED]	MADISO WV	2	5KNW	NW	
0.00								
361	08/16	10:46PM	[REDACTED]	INCOMI CL	1	5KNW	NW	
0.00								

Item	Day	Date	Time	Number Called	Call To	Min	Rate Code	Rate Fea- Pd ture	Airtime Charge	LD/Add'l Charge	Total
1	THU	08/21	9:00AM	[REDACTED]	INCOMI CL	4	RM45	DT			0.00
2	08/21	9:34AM	[REDACTED]	CHARLE WV	2	MME0	DT		M2MC		0.00
3	08/21	11:39AM	304-757-3203	SCOTTD WV	10	RM45	DT				0.00
4	08/21	12:09PM	304-757-3203	INCOMI CL	6	RM45	DT				0.00
5	08/21	4:01PM	[REDACTED]	INCOMI CL	1	RM45	DT				0.00
6	08/21	4:32PM	[REDACTED]	VMAIL CL	2	RM45	DT		VM		0.00
7	08/21	4:33PM	[REDACTED]	CHARLE WV	1	RM45	DT				0.00
8	08/21	4:43PM	[REDACTED]	INCOMI CL	1	RM45	DT				0.00
9	08/21	4:49PM	[REDACTED]	CHARLE WV	1	RM45	DT				0.00
10	08/21	4:52PM	[REDACTED]	CHARLE WV	1	RM45	DT				0.00
11	08/21	5:02PM	[REDACTED]	CHARLE WV	1	RM45	DT				0.00
12	08/21	5:13PM	[REDACTED]	INCOMI CL	3	MME0	DT		M2MC		0.00
13	08/21	5:28PM	[REDACTED]	INCOMI CL	5	MME0	DT		M2MC		0.00
14	08/21	5:33PM	[REDACTED]	INCOMI CL	3	MME0	DT		M2MC		0.00

123	0.00	09/02	11:32AM	[REDACTED]	NITRO WV	1	RM45	DT
124	0.00	09/02	12:12PM	[REDACTED]	INCOMI CL	1	RM45	DT
125	0.00	09/02	1:34PM	[REDACTED]	NITRO WV	3	RM45	DT
126	0.00	09/02	4:17PM	[REDACTED]	LOGAN WV	7	RM45	DT
127	0.00	09/02	5:37PM	[REDACTED]	ERIE PA	1	RM45	DT
128	0.00	09/02	7:49PM	[REDACTED]	MADISO WV	9	RM45	DT
129	0.00	09/02	7:58PM	[REDACTED]	CHARLE WV	1	MME0	DT M2MC
130	0.00	WED 09/03	11:21AM	[REDACTED]	INCOMI CL	6	RM45	DT
131	0.00	09/03	1:30PM	[REDACTED]	CHARLE WV	1	MME0	DT M2MC
132	0.00	09/03	1:34PM	[REDACTED]	CHARLE WV	1	MME0	DT M2MC
133	0.00	09/03	1:35PM	[REDACTED]	INCOMI CL	2	MME0	DT M2MC
134	0.00	09/03	2:40PM	[REDACTED]	LOGAN WV	1	RM45	DT
135	0.00	09/03	2:42PM	[REDACTED]	LOGAN WV	9	RM45	DT
136	0.00	09/03	3:19PM	[REDACTED]	INCOMI CL	2	RM45	DT
137	0.00	09/03	4:50PM	304-757-3203	INCOMI CL	2	RM45	DT

138	0.00	09/03	5:20PM	[REDACTED]	MADISO WV	1	RM45	DT
139	0.00	09/03	5:30PM	[REDACTED]	MADISO WV	1	RM45	DT
140	0.00	09/03	5:31PM	[REDACTED]	MADISO WV	1	RM45	DT
141	0.00	09/03	5:50PM	[REDACTED]	MADISO WV	1	RM45	DT
142	0.00	09/03	5:53PM	[REDACTED]	MADISO WV	1	RM45	DT
143	0.00	09/03	5:55PM	[REDACTED]	MADISO WV	1	RM45	DT
144	0.00	09/03	6:00PM	[REDACTED]	BRANCH WV	2	RM45	DT
145	0.00	09/03	6:05PM	304-757-3203	INCOMI CL	2	RM45	DT
146	0.00	09/03	6:09PM	[REDACTED]	LOGAN WV	1	MME0	DT M2MC
147	0.00	09/03	6:11PM	[REDACTED]	LOGAN WV	1	MME0	DT M2MC
148	0.00	09/03	6:11PM	[REDACTED]	LOGAN WV	1	MME0	DT M2MC
149	0.00	09/03	6:13PM	[REDACTED]	MADISO WV	1	RM45	DT
150	0.00	09/03	6:15PM	[REDACTED]	MADISO WV	4	RM45	DT
151	0.00	09/03	6:19PM	304-757-3203	INCOMI CL	15	RM45	DT
152	0.00	09/03	6:35PM	[REDACTED]	MADISO WV	4	RM45	DT

Line	Time	Call ID	Number	Area	Rate	DT
153	09/03 6:39PM	[REDACTED]	2	RM45		DT
154	09/03 6:49PM	[REDACTED]	1	RM45		DT
155	09/03 6:50PM	[REDACTED]	2	RM45		DT
156	09/03 7:11PM	[REDACTED]	2	RM45		DT
157	09/03 7:14PM	[REDACTED]	4	RM45		DT
158	09/03 8:07PM	304-757-3203	3	RM45		DT
159	09/03 9:20PM	[REDACTED]	3	5KNW		NW
160	09/03 9:23PM	[REDACTED]	1	5KNW		NW
161	09/03 9:24PM	[REDACTED]	1	5KNW		NW
162	09/03 10:21PM	[REDACTED]	9	5KNW		NW

Billing Cycle Date: 08/21/08 - 09/20/08

Account Number: 860659278

Call Detail (Continued)

User Name: WEI GUO

304-561-7879

Rate Code: MME0=Unlimited Expd M2M, CNIN=NTN450RUMM5KNW, 5KNW=5000 N&W, RM45=450 Rollover Mins

Rate Period (PD): DT=Daytime, NW=Nwknd

Feature: M2MC=EXPANDED M2M, VM=MESSAGE PLUS, CW=CALL WAITING

Number Rate Rate Fea- Airtime LD/Add'l Total

284	0.90	09/17	7:05PM	[REDACTED]	INCOMI CL	2	CN1N	DT	0.90
285	6.75	09/17	7:06PM	[REDACTED]	INCOMI CL	15	CN1N	DT	6.75
286	0.90	09/17	7:20PM	[REDACTED]	CALL WAIT	2	CN1N	DT	0.90
287	23.85	09/17	7:22PM	[REDACTED]	VAN WV	53	CN1N	DT	23.85
288	0.45	THU 09/18	8:27AM	[REDACTED]	INCOMI CL	1	CN1N	DT	0.45
289	0.45	FRI 09/19	2:29PM	[REDACTED]	INCOMI CL	1	CN1N	DT	0.45
290	0.00	09/19	5:05PM	[REDACTED]	INCOMI CL	8	MME0	DT	M2MC
291	0.45	09/19	5:30PM	[REDACTED]	INCOMI CL	1	CN1N	DT	0.45
292	0.90	09/19	5:59PM	[REDACTED]	INCOMI CL	2	CN1N	DT	0.90
293	0.00	SAT 09/20	3:36PM	[REDACTED]	VMAIL CL	2	5KNW	NW	VM
294	0.00	09/20	3:38PM	[REDACTED]	VMAIL CL	1	5KNW	NW	VM
295	0.00	09/20	3:39PM	304-757-3203	SCOTTD WV	18	5KNW	NW	
296	0.00	09/20	3:57PM	[REDACTED]	CHARLE WV	1	5KNW	NW	
297	0.00	09/20	11:19PM	[REDACTED]	VAN WV	96	5KNW	NW	

Data Detail
561-7879

54	09/27	2:32PM	[REDACTED]	CHICAG IL	1	5KNW	NW
0.00							
55	09/27	3:19PM	[REDACTED]	INCOMI CL	3	5KNW	NW
0.00							
56	09/27	4:40PM	[REDACTED]	NITRO WV	1	5KNW	NW
0.00							
57	09/27	4:41PM	[REDACTED]	NITRO WV	2	5KNW	NW
0.00							
58	09/27	5:05PM	[REDACTED]	INCOMI CL	1	5KNW	NW
0.00							
59	09/27	5:38PM	304-757-3203	INCOMI CL	9	5KNW	NW
0.00							
60	09/27	6:15PM	304-757-3203	INCOMI CL	3	5KNW	NW
0.00							
61	SUN 09/28	11:46AM	304-757-3203	INCOMI CL	16	5KNW	NW
0.00							
62	09/28	1:22PM	[REDACTED]	LOGAN WV	6	5KNW	NW
0.00							
63	09/28	1:28PM	[REDACTED]	CHICAG IL	1	5KNW	NW
0.00							
64	09/28	1:41PM	[REDACTED]	INCOMI CL	1	5KNW	NW
0.00							
65	09/28	5:50PM	[REDACTED]	BUFFAL NY	10	5KNW	NW
0.00							
66	MON 09/29	8:52AM	[REDACTED]	CHARLE WV	3	MME0	DT M2MC
0.00							
67	09/29	10:13AM	[REDACTED]	INCOMI CL	1	RM45	DT
0.00							
68	09/29	12:17PM	[REDACTED]	INCOMI CL	1	RM45	DT
0.00							

138	10/05	9:28AM	[REDACTED]	CHINA	1	5KNW	NW
0.00							
139	THU	10/16	6:26PM	[REDACTED]	CHARLE WV	3	RM45 DT
0.00							
140	10/16	8:15PM	304-757-3203	SCOTTD WV	2	RM45	DT
0.00							
141	10/16	8:17PM	[REDACTED]	CHARLE WV	1	RM45	DT
0.00							
142	10/16	8:37PM	304-757-3203	SCOTTD WV	5	RM45	DT
0.00							
143	10/16	8:41PM	[REDACTED]	CHARLE WV	1	RM45	DT
0.00							
144	10/16	10:00PM	[REDACTED]	CHARLE WV	1	5KNW	NW
0.00							
145	FRI	10/17	8:46AM	[REDACTED]	INCOMI CL	2	RM45 DT
0.00							
146	10/17	11:10AM	[REDACTED]	CHARLE WV	16	RM45	DT
0.00							
147	10/17	11:28AM	[REDACTED]	CHARLE WV	5	RM45	DT
0.00							
148	10/17	12:05PM	304-757-3203	SCOTTD WV	3	RM45	DT
0.00							
149	10/17	12:13PM	[REDACTED]	CHARLE WV	2	RM45	DT
0.00							
150	10/17	12:16PM	[REDACTED]	INCOMI CL	3	RM45	DT
0.00							
151	10/17	12:45PM	[REDACTED]	INCOMI CL	3	RM45	DT
0.00							
152	10/17	12:47PM	[REDACTED]	CALL WAIT	9	RM45	DT CW
0.00							

PATIENT 3

PT

EXHIBIT 5

WEST VIRGINIA BOARD OF MEDICINE
 101 DEE DRIVE, SUITE 103
 CHARLESTON, WV 25311
REPORT OF INVESTIGATION

Date of Call or Visit: February 12, 2010		Time: A M	
Name: P. T. [REDACTED]	Office:		Called >
	Address: [REDACTED]	Phone Number:	Visited > X
City, State, Zip: [REDACTED]		304-757-3203	Emailed >
Investigator's Name: Leslie A. Higginbotham, CMBI			Called >
Office: West Virginia Board of Medicine			Visited >
Address: 101 Dee Drive, Suite 103		Phone Number:	Emailed >
City, State, Zip: Charleston, WV 25311		304.558.2921	

Licensee: **Weixing Guo, M.D.**
WV Spine and Pain Clinic, PLLC
Madison, WV 25130

Weixing Guo, M.D.
WV Spine and Pain Clinic, PLLC
Cross Lanes, WV 25313

Interview:

In September 2008, the Complaint Committee initiated a complaint against Weixing Guo, M.D., relating to dishonorable, unethical or unprofessional conduct, that related to the prescribing or dispensing controlled substances with the intent or knowledge that they will be used other than medicinally or for an accepted therapeutic purpose, with the intent to evade the law with respect to the sale, use or disposition of controlled substances, and in such amounts that licensee knows or has reason to know, under the attendant circumstances, are excessive under accepted and prevailing medical practice standards; relating to prescribing, dispensing, or administering a prescription drug other than in good faith and in a therapeutic manner in accordance with accepted medical standards; and failing to perform any statutory or legal obligation, and failing to practice medicine acceptably. The Complaint Committee requested further investigation.

On February 12, 2009, Dr. Guo entered into a Consent Order with the Board to cease and desist from prescribing any scheduled controlled substances while the investigation continues.

On February 12, 2010, P. T. [REDACTED] (P. T. [REDACTED]) was interviewed at the office of the West Virginia Board of Medicine, in Charleston, WV, by Investigator Higginbotham with respect to P. T. [REDACTED] knowledge regarding Dr. Guo. P. T. [REDACTED] stated that all of his office visits were at the Cross Lanes, West Virginia office.

P. T. [REDACTED] heard about Dr. Guo from a server named "Matt" who worked for P. T. [REDACTED] restaurant in Cross Lanes, WV. According to P. T. [REDACTED] " [REDACTED] " stated that you could get higher doses and more pills from Dr. Guo. P. T. [REDACTED] went to Dr. Guo for treatment of severe back pain.

P. T. [REDACTED] stated that the first two or three visits with Dr. Guo were professional. P. T. [REDACTED] received "a little more" medicine than he received from his former doctor. P. T. [REDACTED] stated that after the fourth visit, Dr. Guo "upped me" as far as the dose and number of pills. After the fifth or sixth month, Dr. Guo "upped me again" as far as the dose and number of pills. Around the sixth month, Dr. Guo asked P. T. [REDACTED] about his sex life at home. Dr.

Initials and Date: [Signature] 2-26-10	Case Number: 08-119-W
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Guo stated, "The amount of medication you are taking, it may be hard for you to get an erection. I prescribe Viagra. It will help you have great sex at home, you have beautiful wife you have sex all the time." P. T. [REDACTED] also asked for prevacid for his acid reflux. P. T. [REDACTED] felt that Dr. Guo would prescribe him anything because Dr. Guo was hitting on his wife. P. T. [REDACTED] stated that he felt that he had the right amount of medicine for the first four months but then after Dr. Guo started hitting on his wife and feeling guilty, Dr. Guo "upped" him to supplement for feeling bad by acting like a doctor and friend to my face but messing with my wife behind my back.

The first three months Dr. Guo did professional exams, checked me head to toe. After the third or fourth appointment, Dr. Guo did not perform any exams. P. T. [REDACTED] stated that he would sit in a chair and talk to Dr. Guo about hanging out together, how work was going, golfing and other casual things, while Dr. Guo wrote in his medical record and gave P. T. [REDACTED] his prescriptions. P. T. [REDACTED] stated that he received his prescriptions and no exams were ever performed.

P. T. [REDACTED] stated that after Dr. Guo became aware of the BOM investigation, Dr. Guo started to get strict with his prescriptions. Before the BOM investigation, there would be 40 - 50 patients in the waiting room and parking lot talking about getting their pills and then trading their pills in the office and parking lot. Patients were stating out loud that they would go in to the exam room, get their prescription and leave without an exam. P. T. [REDACTED] stated that very nice looking women came in dressed with hardly anything on. P. T. [REDACTED] further stated he knew exactly what was going on. According to P. T. [REDACTED], these women were providing sexual favors "pleasing Dr. Guo."

P. T. [REDACTED] stated that when he and J. T. [REDACTED] came to their appointments, the waiting room would be full and they didn't wait. [REDACTED] the office manager, took the T. [REDACTED] right back to see Dr. Guo.

P. T. [REDACTED] stated that with the amount of medication he and his wife, J. T. [REDACTED] were on at the end of their treatment with Dr. Guo, we were legally abusing our medication because it was more than we needed to be taking. When Dr. Guo upped his medication, P. T. [REDACTED] stated that he could not take all the pills. P. T. [REDACTED] would throw up before he was able to take all the pills prescribed. P. T. [REDACTED] further stated, "Coming off of the pills was the worst experience of my entire life." P. T. [REDACTED] stated that Dr. Guo over medicated him and his wife, J. T. [REDACTED]

P. T. [REDACTED] stated that when Dr. Guo closed his Cross Lanes, WV, office in February, the T. [REDACTED] went everywhere trying to get the pills filled and pharmacies would not fill Dr. Guo's prescriptions. P. T. [REDACTED] stated that his tolerance level was so high, he needed the number of pills Dr. Guo was writing. P. T. [REDACTED] stated that he and J. T. [REDACTED] went through the worst sickness and had to call for help to take care of their children. P. T. [REDACTED] stated that he and J. T. [REDACTED] were close to suicide. P. T. [REDACTED] stated that they called every pain clinic around and there was a 6 to 8 month waiting list or they would not take you at all if you were a patient of Dr. Guo.

P. T. [REDACTED] stated that in his opinion, the behavior Dr. Guo displayed was demented with a warped thought process. P. T. [REDACTED] felt Dr. Guo abused his power and position as a doctor to get what he wanted.

P. T. [REDACTED] stated that Dr. Guo was always running on high speed. Dr. Guo was always zipping around the office really fast like he was on Adderall or cocaine.

P. T. [REDACTED] stated that Dr. Guo told P. T. [REDACTED] that he thought his office and car was bugged by the DEA and the Board of Medicine. P. T. [REDACTED] further stated that Dr. Guo was very guarded of his money.

P. T. [REDACTED] stated that he and Dr. Guo would exchange phone calls because Dr. Guo would call for reservations for his parties at [REDACTED] the restaurant P. T. [REDACTED] managed. P. T. [REDACTED] stated that he never gave Dr. Guo free

Name: P. T. [REDACTED]

Date of Call or Visit: February 12, 2010

Page 3 of 3

Case Number: 08-119-W

meals at [REDACTED]. P. T. [REDACTED] stated that he did use his employee manager discount card for Dr. Guo and gave him discounts as a customer.

P. T. [REDACTED] stated that Dr. Guo provided him and J. T. [REDACTED] copies of their medical records about a week before he closed his Cross Lanes office. P. T. [REDACTED] further stated that about two weeks after Dr. Guo closed his office, Dr. Guo called the T. [REDACTED] and told them he needed to come over and exchange their medical records and give the T. [REDACTED] their actual medical records. According to P. T. [REDACTED] Dr. Guo exchanged medical records that was thicker and had more detailed information than the first set of medical records.

J. T. [REDACTED] and P. T. [REDACTED] stated that with the pain and suffering Dr. Guo put us through, "Dr. Guo does not need his license back. We do not want to see Dr. Guo get his license back."



State of West Virginia Board of Medicine

"FILE COPY"

JOHN A. WADE, JR., MD
PRESIDENT

101 Dee Drive, Suite 103
Charleston, WV 25311
Telephone 304.558.2921
Fax 304.558.2084
www.wvbom.wv.gov

J. DAVID LYNCH, JR., MD
VICE PRESIDENT

CATHERINE SLEMP, MD, MPH
SECRETARY

ROBERT C. KNITTLE
EXECUTIVE DIRECTOR

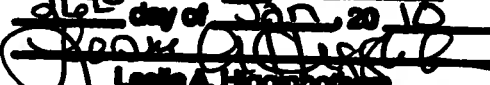
SUBPOENA

BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN THE MATTER OF:


Weixing Guo, M.D.
Complaint Number: 08-119-G

To: ~~Paul J. Testa~~
~~13 Cordoba Drive~~
~~Charleston, WV 25311~~

Original subpoena issued in the matter of Weixing Guo, MD was hand delivered to Paul J. Testa at 3:10 pm 13 Cordoba Drive this 21st day of Jan, 20 10

Leslie A. Higginbotham
WEST VIRGINIA BOARD OF MEDICINE

IN THE NAME OF THE WEST VIRGINIA BOARD OF MEDICINE: You are hereby summoned and commanded to appear at West Virginia Board of Medicine, 101 Dee Drive, Suite 103, Charleston, WV, 25311, on Friday, February 5, 2010 at 11:00 a.m. for an informal conference and discussion in furtherance of an investigation of the Complaint Committee of the West Virginia Board of Medicine. 11 CSR 3 10.9. Failure to appear may subject you to an attachment proceeding for contempt in the Circuit Court of Kanawha County to compel compliance with this subpoena. W.V. Code §29A-5-1(b).

DATED: JAN 26 2010


John A. Wade, Jr., M.D.
President

BOARD SEAL



State of West Virginia *Board of Medicine*

JOHN A. WADE, JR., MD
PRESIDENT

CATHERINE SLEMP, MD, MPH
SECRETARY

101 Dee Drive, Suite 103
Charleston, WV 25311
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J. DAVID LYNCH, JR., MD
VICE PRESIDENT

ROBERT C. KNITTLE
EXECUTIVE DIRECTOR

SUBPOENA


BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN THE MATTER OF: Weixing Guo, M.D.
Complaint Number: 08-119-G

To: ~~Publicis~~
~~12~~
~~11~~

IN THE NAME OF THE WEST VIRGINIA BOARD OF MEDICINE: You are hereby summoned and commanded to appear at West Virginia Board of Medicine, 101 Dee Drive, Suite 103, Charleston, WV, 25311, on Friday, February 5, 2010 at 11:00 a.m., to give a statement under oath in furtherance of an investigation of the Complaint Committee of the West Virginia Board of Medicine. 11 CSR 3 10.9. Failure to appear may subject you to an attachment proceeding for contempt in the Circuit Court of Kanawha County to compel compliance with this subpoena. W.V. Code §29A-5-1(b).

DATED: JAN 26 2010



John A. Wade, Jr., M.D.
President

BOARD SEAL

West Virginia Board of Medicine

101 Dee Drive, Suite 103

Charleston, WV 25311

(304) 558-2921

DRIVING DIRECTIONS:

From I-64, East or West:

1. Take Exit # 99 (State Capitol, Greenbrier Street, Yeager Airport) toward Yeager Airport.
2. Go up Greenbrier Street (approximately four tenths of a mile) and turn right at the traffic light onto Hillcrest Drive. (If you go as far as the airport intersection, you have gone too far.)
3. Follow Hillcrest Drive (approximately one mile to top of mountain), turn right off Hillcrest Drive into the Hillcrest Office Park complex.
4. Turn left on Players Club Drive.
5. Follow Players Club Drive to the mailboxes and turn left. This puts you onto Dee Drive.
6. Follow this road to 101 Dee Drive (at sign) and go the length of the building and turn right at the end of the building and park here.
7. Board office is the first door on the right after entering the building.

From Kanawha Boulevard :

1. Turn onto Greenbrier Street.
2. Go up Greenbrier Street to the fourth (4th) traffic light, turn right onto Hillcrest Drive.
3. Follow Hillcrest Drive (approximately one mile to top of mountain), turn right off Hillcrest Drive into the Hillcrest Office Park complex.
4. Turn left on Players Club Drive.
5. Follow Players Club Drive to the mailboxes and turn left. This puts you onto Dee Drive.
6. Follow this road to 101 Dee Drive (at sign) and go the length of the building and turn right at the end of the building and park here.
7. Board office is the first door on the right after entering the building.

WEST VIRGINIA - BOARD OF PHARMACY - PATIENT PROFILE

Date: 11/30/2009 Date of Birth: [REDACTED] Beginning Date: 01-01-2003 Ending Date: 11-30-2009

First Name: P [REDACTED] Last Name: T [REDACTED]

First Name Address	Zip	Fill Date	Rx No	Product Name	Strength	Qty	Doctor Name	Doctor Dea Pharm Name	Pharm DEA Ph Zip
[REDACTED]		9/6/2007	2216137	OXYCODONE HC	15 MG	90	SMYTHE, GAI LOUI	[REDACTED] KROGER PHARMAC	[REDACTED] 25560
[REDACTED]		10/4/2007	209678	OXYCODONE HC	15 MG	90	SMYTHE, GAI LOUI	[REDACTED] CVS PHARMACY	[REDACTED] 25526
[REDACTED]		10/31/2007	937374	OXYCODONE HC	15 MG	90	SMYTHE, GAI LOUI	[REDACTED] RITE AID OF WE	[REDACTED] 25313
[REDACTED]		12/3/2007	2106625	Oxycodone Hy	15 mg	90	SMYTHE, GAI LOUI	[REDACTED] RX BY TEL INC	[REDACTED] 25302
[REDACTED]		12/7/2007	548406	OXYCODONE HC	15 MG	75	SMYTHE, GAI LOUI	[REDACTED] RITE AID OF WE	[REDACTED] 25526
[REDACTED]		1/7/2008	2106946	Oxycodone Hy	15 mg	60	SMYTHE, GAI LOUI	[REDACTED] RX BY TEL INC	[REDACTED] 25302
[REDACTED]		1/14/2008	958957	OXYCODONE HC	15 MG	90	SMYTHE, GAI LOUI	[REDACTED] RITE AID OF WE	[REDACTED] 25313
[REDACTED]		2/11/2008	2202559	Oxycodone Hy	30 mg	90	GUO, WEIXING MD	[REDACTED] FRUTH - CROSS	[REDACTED] 25313
[REDACTED]		2/11/2008	4406909	ALPRAZOLAM	1 MG	30	GUO, WEIXING MD	[REDACTED] FRUTH - CROSS	[REDACTED] 25313
[REDACTED]		3/11/2008	2202689	Oxycodone Hy	30 mg	90	GUO, WEIXING MD	[REDACTED] FRUTH - CROSS	[REDACTED] 25313
[REDACTED]		3/11/2008	4407273	ALPRAZOLAM	1 MG	30	GUO, WEIXING MD	[REDACTED] FRUTH - CROSS	[REDACTED] 25313
[REDACTED]		4/9/2008	4407603	ALPRAZOLAM	1 MG	30	GUO, WEIXING MD	[REDACTED] FRUTH - CROSS	[REDACTED] 25313
[REDACTED]		4/9/2008	2202823	Oxycodone Hy	30 mg	120	GUO, WEIXING MD	[REDACTED] FRUTH - CROSS	[REDACTED] 25313
[REDACTED]		5/9/2008	2202991	Oxycodone Hy	30 mg	120	GUO, WEIXING MD	[REDACTED] FRUTH - CROSS	[REDACTED] 25313
[REDACTED]		5/9/2008	4408038	ALPRAZOLAM	1 MG	30	GUO, WEIXING MD	[REDACTED] FRUTH - CROSS	[REDACTED] 25313
[REDACTED]		6/4/2008	339036	OXYCODONE HC	30 MG	120	GUO, WEIXING MD	[REDACTED] CROSS LANES FA	[REDACTED] 25313
[REDACTED]		6/4/2008	339034	OXYCONTIN	20 MG	30	GUO, WEIXING MD	[REDACTED] CROSS LANES FA	[REDACTED] 25313
[REDACTED]		6/4/2008	339035	ALPRAZOLAM	1 MG	30	GUO, WEIXING MD	[REDACTED] CROSS LANES FA	[REDACTED] 25313
[REDACTED]		7/31/2008	341788	ALPRAZOLAM	1 MG	30	GUO, WEIXING MD	[REDACTED] CROSS LANES FA	[REDACTED] 25313
[REDACTED]		7/31/2008	341789	OXYCODONE HC	30 MG	120	GUO, WEIXING MD	[REDACTED] CROSS LANES FA	[REDACTED] 25313

P	[REDACTED]	7/31/2008	341790	OXYCONTIN	20 MG	30	GUO, WEIXING MD	CROSS LANES FA	25313
P	[REDACTED]	8/6/2008	342075	OXYCONTIN	80 MG	30	GUO, WEIXING MD	CROSS LANES FA	25313
P	[REDACTED]	8/6/2008	342077	OXYCONTIN	40 MG	90	GUO, WEIXING MD	CROSS LANES FA	25313
P	[REDACTED]	8/25/2008	4120345	ALPRAZOLAM	1 MG	30	GUO, WEIXING MD	RX BY TEL INC	25302
P	[REDACTED]	8/25/2008	2109320	OXYCODONE HC	30 MG	120	GUO, WEIXING MD	RX BY TEL INC	25302
P	[REDACTED]	8/26/2008	2109333	OXYCONTIN	40 MG	90	GUO, WEIXING MD	RX BY TEL INC	25302
P	[REDACTED]	9/4/2008	2109423	OXYCONTIN	80 MG	60	GUO, WEIXING MD	RX BY TEL INC	25302
P	[REDACTED]	9/22/2008	2109625	OXYCONTIN	40 MG	90	GUO, WEIXING MD	RX BY TEL INC	25302
P	[REDACTED]	9/29/2008	344783	OXYCONTIN	80 MG	60	GUO, WEIXING MD	CROSS LANES FA	25313
P	[REDACTED]	10/22/2008	345873	OXYCONTIN	40 MG	90	GUO, WEIXING MD	CROSS LANES FA	25313
P	[REDACTED]	10/22/2008	345874	OXYCONTIN	80 MG	60	GUO, WEIXING MD	CROSS LANES FA	25313
P	[REDACTED]	10/22/2008	345875	OXYCODONE HC	30 MG	120	GUO, WEIXING MD	CROSS LANES FA	25313
P	[REDACTED]	11/11/2008	4410500	ALPRAZOLAM	1 MG	30	GUO, WEIXING MD	FRUTH - CROSS	25313
P	[REDACTED]	11/18/2008	347087	OXYCONTIN	40 MG	90	GUO, WEIXING MD	CROSS LANES FA	25313
P	[REDACTED]	11/18/2008	347088	OXYCODONE HC	30 MG	120	GUO, WEIXING MD	CROSS LANES FA	25313
P	[REDACTED]	11/18/2008	347093	OXYCONTIN	80 MG	60	GUO, WEIXING MD	CROSS LANES FA	25313
P	[REDACTED]	12/12/2008	2052396	OXYCONTIN	40 MG	60	GUO, WEIXING MD	LOOP PLAZA DIS	25177
P	[REDACTED]	12/12/2008	4116763	ALPRAZOLAM	1 MG	30	GUO, WEIXING MD	LOOP PLAZA DIS	25177
P	[REDACTED]	12/12/2008	2052394	OXYCODONE HC	30 MG	120	GUO, WEIXING MD	LOOP PLAZA DIS	25177
P	[REDACTED]	12/12/2008	2052395	OXYCONTIN	80 MG	60	GUO, WEIXING MD	LOOP PLAZA DIS	25177
P	[REDACTED]	1/6/2009	2110788	OXYCONTIN	40 MG	60	GUO, WEIXING MD	RX BY TEL INC	25302
P	[REDACTED]	1/6/2009	2110789	OXYCONTIN	80 MG	60	GUO, WEIXING MD	RX BY TEL INC	25302
P	[REDACTED]	1/6/2009	2110790	OXYCONTIN	40 MG	30	GUO, WEIXING MD	RX BY TEL INC	25302
P	[REDACTED]	1/6/2009	349482	ALPRAZOLAM	1 MG	5	GUO, WEIXING MD	CROSS LANES FA	25313
P	[REDACTED]	1/9/2009	349773	OXYCODONE	30 MG	120	GUO, WEIXING MD	CROSS LANES FA	25313

P	[REDACTED]	2/2/2009	359798	HC OXYCODONE	30 MG	120	GUO, WEIXING MD	[REDACTED]	TRIVILLIAN'S P	[REDACTED]	25304
P	[REDACTED]	2/28/2009	4119110	HC ALPRAZOLAM	1 MG	30	GUO, WEIXING MD	[REDACTED]	LOOP PLAZA DIS	[REDACTED]	25177
P	[REDACTED]	2/28/2009	2053686	HC OXYCODONE	30 MG	120	GUO, WEIXING MD	[REDACTED]	LOOP PLAZA DIS	[REDACTED]	25177
P	[REDACTED]	2/28/2009	2053687	HC OXYCONTIN	40 MG	60	GUO, WEIXING MD	[REDACTED]	LOOP PLAZA DIS	[REDACTED]	25177
P	[REDACTED]	3/3/2009	352415	OXYCONTIN	80 MG	60	GUO, WEIXING MD	[REDACTED]	CROSS LANES FA	[REDACTED]	25313
P	[REDACTED]	3/7/2009	2053844	OXYCONTIN	40 MG	30	GUO, WEIXING MD	[REDACTED]	LOOP PLAZA DIS	[REDACTED]	25177
P	[REDACTED]	8/4/2009	4032402	HYDROCODONE/	325MG-7.5MG	30	FRAME, JERRY L M	[REDACTED]	TRUTH PHARMACY	[REDACTED]	25560
P	[REDACTED]	9/15/2009	301716	APAP/HYDROCO	500 MG-5 MG	10	PETTITE, ANITA F	[REDACTED]	EV'S PHARMACY	[REDACTED]	25526

WV Spine and Pain Clinic

140 State Street
Martinsburg, WV 25112
Tel: 304-757-3203
Fax: 304-757-3203

140 State Street
Martinsburg, WV 25112
Tel: 304-757-3203
Fax: 304-757-3203

GENERAL INFORMATION

Customer's Name T [REDACTED] P [REDACTED]
Last First Middle
Customer's SSN# [REDACTED] Date of Birth (mm/dd/yy) [REDACTED]
Sex: M F
Marital Status: Single Married Divorced Widowed
Phone (304) 757-3203 Cell 304 550-1344
Street Address [REDACTED]
City [REDACTED] State [REDACTED] Zip [REDACTED]
Are You Employed? Yes No If Yes, Your Employer [REDACTED] Cross Lanes
Your occupation Manager
Medicare ID _____ Medicaid ID _____
Insurance: BCBS, Aetna, Limited, Acordia, PEIA,
Carelink, Worker's Comp., Other _____
Your Insurance ID# 31107

PERSON TO CONTACT IN CASE OF EMERGENCY:

Name [REDACTED] T [REDACTED] Relationship: Wife Tel 304-757-3203
Address [REDACTED] City [REDACTED] State [REDACTED] Zip [REDACTED]

I, the undersigned, voluntarily consent to the receipt of medical and/or minor surgical care from the authorized professional staff of WV Spine and Pain Clinic.
Upon request, I have the right to a full disclosure of the name of any medical treatment rendered or proposed to be rendered in the past. Any professional staff in the WV Spine and Pain Clinic shall only release or discuss my care or information with third party such as medical specialist whom my case is referred to, with my permission.
I authorize WV Spine and Pain Clinic to bill claim(s) to my health care plan, or to release medical information to any third party sources necessary to obtain payment for medical services rendered. If I am self insured or not insured I agree to be responsible fully to the payment for the medical services rendered. I have the right to withdraw this consent at any time by contacting the clinic in writing. I agree I still carry the financial responsibility to WV Spine and Pain Clinic which has provided medical services to me if I chose to withdraw. I also understand WV Spine and Pain Clinic may withdraw service commitment if I miss appointment twice consecutively, do not pay services I received, do not comply with the guided treatment, or at risk for controlled substances.

AUTHORIZED SIGNATURE [REDACTED] (if minor, parent/guardian)

Date 2/11/08

UNAUTHORIZED USE IS
A FRAUDULENT PRACTICE

WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES
MEDICAL I.D. CARD

SEE NOTICE ON BACK
KEEP THIS CARD

CASE NO.
PROX. NO.

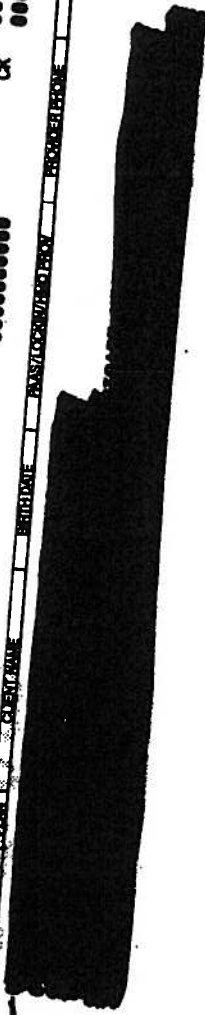
XXXXXXXXXXXX
XXXXXXXXXXXX

FS 0000
CX 0000

VALID ONLY
12/31/00
12/31/00

FROM
TO

RESIDENT
PATIENT/STUDENT
EMPLOYEE



WV010

WV010

YOU MUST SHOW THIS CARD TO GET MEDICAL SERVICES

UNAUTHORIZED USE IS
A FRAUDULENT PRACTICE

WEST VIRGINIA DEPARTMENT OF HEALTH & HUMAN RESOURCES
MEDICAL I.D. CARD

CASE NO.
PROV. NO.

0000000000

FS 0000
CK 0000

SEE NOTICE ON BACK
KEEP THIS CARD

WLD ONLY
01/01/09
01/31/09

FROM
TO

01/01/09
01/31/09

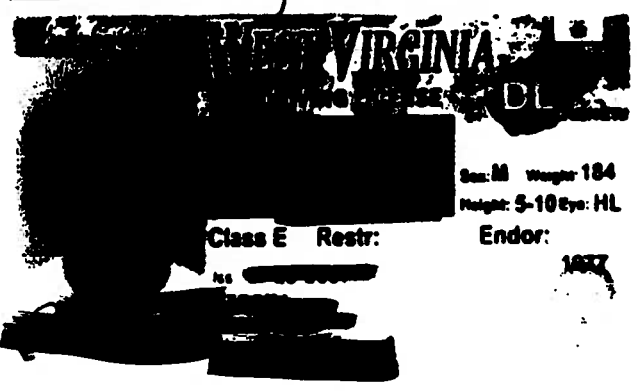
YOU MUST SHOW THIS CARD TO GET MEDICAL SERVICES

WEST VIRGINIA
DEPARTMENT OF TRANSPORTATION

Sex: M Weight: 184
Height: 5-10 Eye: HL

Class E Restr: **Endor:**

1957



WV Spine and Pain Clinic Controlled Substance Agreement

314 Goff Mountain Road, Suite 16
Cross Lanes, WV 25133
Tel: (304)307-6618

340 State Street
Madison, WV 25130
Tel: (304)776-7160

We at the WV Spine and Pain Clinic are committed to do all we can to treat your chronic pain condition. In some cases, controlled substances are used as a therapeutic option in the management of chronic pain, which is strictly regulated by both state and federal agencies. This agreement is a tool to protect you, P. PATE, and the physician by establishing guidelines, within the laws, for proper controlled substance use. The words "we" and "our" refer to the WV Spine and Pain Clinic, and the words "I", "you", "your", "me", or "my" refer to you, the patient.

1. All controlled substance must come from the physician whose signature appears below, or, during his/her absence, by the covering physician, unless specific authorization is obtained for an exception. I understand that I must tell the physician whose signature appears below or, during his/her absence, the covering physician, all drugs that I am taking, have purchased, or have obtained, even over-the-counter medications. Failure to do so may result in drug interaction or overdose that could result in harm to me, including death. I will not seek prescriptions for controlled substances from any other physician, health care provider, or dentist. I understand it is unlawful to be prescribed the same controlled medication by more than one physician at a time without each physician's knowledge. I also understand that it is unlawful to obtain or to attempt to obtain a prescription for a controlled substance by knowingly misrepresenting facts to a physician or his/her staff of all controlled substances that have been prescribed.

2. All controlled substances must be obtained at the same pharmacy, where possible. Should the need arise to change pharmacies our office must be informed. The Pharmacy that you have selected is

Faith Pharmacy Cross Lanes Phone: _____
3. You may not share, sell, or otherwise permit others, including your spouse or family members, to have access to any controlled substances that you have been prescribed.

4. Unannounced urine or serum toxicology specimens may be requested from you, and your cooperation is required. Presence of unauthorized substances in urine or serum toxicology screen may result in your discharge from treatment by the WV Spine and Pain Clinic.

5. I will not consume excessive amount of alcohol in conjunction with controlled substances. I will not use, purchase, or obtain any other legal drugs except as specifically authorized by the physician whose signature appears below or, during his/her absence by the covering physician, as set forth in Section 1 above. I will not use, purchase, or otherwise obtain any illegal drugs, including marijuana, cocaine, etc. I understand that driving while under the influence of any substance, including a prescribed controlled substance, or any combination of substances (e.g., alcohol and prescription drugs) which impairs my driving ability may result in severe accident and DUI charges.

6. Medication or written prescriptions may not be replaced if they are lost, stolen, get wet, are destroyed, etc. If your medication has been stolen it will not be replaced unless explicit proof is provided.

7. Early refill phone calls will not be taken. Renewals are based upon keeping scheduled appointments.

8. In the event you are arrested or incarcerated related to legal or illegal drugs, refills on controlled substances will not be given.

9. I understand that failure to adhere to these policies may result in cessation of therapy with controlled substances prescribed by WV Spine and Pain Clinic, and that law enforcement officials may be contacted.

10. I affirm that I have full right and power to sign and to be bound by this agreement, and that I have read, and understand and accept all of its terms. A copy of this document has been given to me.

P. PATE
Patient's Signature

2/11/08
Date

[Signature]
Physician's Signature

2/11/08
Date

Additional discussion on risks, regulations dates:

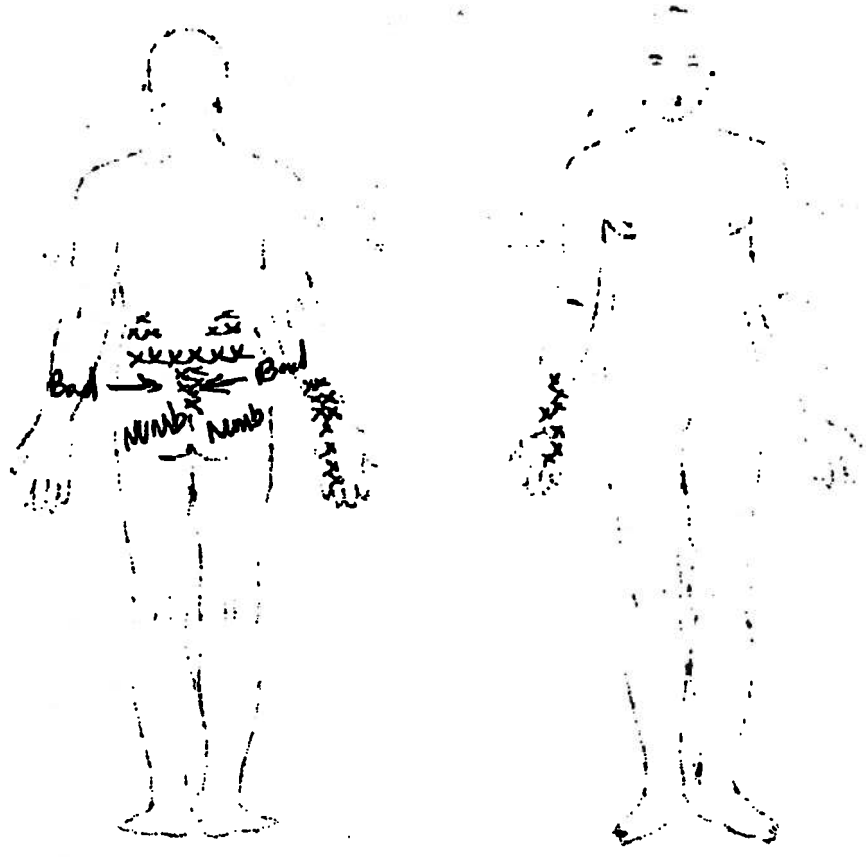
WV Spine and Pain Clinic

340 State Street
Madison, WV 26130
Tel: 304-367-8419

Date 2/10/08

Name P [REDACTED] T [REDACTED]

Height 5'10" Weight 170 lbs



WV Spine & Pain Clinic

Neck Or Low Back Pain Questionnaire

Instructions: Please fill below as accurately as to the best of your knowledge. leave blank if you don't know. You can fax to us (304)776-7161 for Cross Lanes Office. (304)397-6619 for Madison Office or bring it with you at your office visit.

Name: [redacted] DOB(MM/DD/YR) [redacted] SSN# [redacted]

Home Address: [redacted]

Home Phone: 304-757-3209 Cell Phone: 304-550-1344

Your Major Complaint(Lower back pain, neck pain, headache, etc.):

Lower back is in constant pain.

How long you have had the pain, or when did it started? aprox. 5 yrs.

Where the pain is located? lower back across tail bone

What is your average daily pain score(0-10 with 10 being the worst)? 8

What is today's pain score(0-10 with 10 being the worst)? 6

Does the pain radiate or go to anywhere? No Yes Where? up my back a little & makes tea

Numbness/Burning in the arms? No Yes Where? my right wrist has my butt not Carpetnume

If yes, on which side? Left Right To Where(Forarm, little finger, etc.)?

Numbness in the legs? Yes No To Where(thigh, Where?)

If yes, on which side? Left Right

Does cough make the pain worse? No Yes

Do you have trouble walking? No Yes

How long you can: Sit 20 min Stand 1-2 hr Walk 1-2 hr

What body position feel more comfortable? laying on side & stomach

Does the pain frequently wake you up at night? No Yes

Abnormal bladder function? No Yes Explain

Abnormal bowel movement? No Yes Explain

Were you involved in an motor accident? No Yes If yes, please fill the accident form.

Other accident? No Yes

Is the pain related to work injury? No Yes

If yes, explain briefly: _____

Did you seek medical attention? No Yes

If yes, what types of medical specialists you have seen? Please list _____

Smoke and how much? 1 pack a day Alcohol? No Illicit Drugs? NO

Are you currently taking pain killers? No Yes From Whom? Dr. Smith

Please list all the medications you are currently taking: Oxycodone 15mg, Prevecid 30 mg.

Please check last time you have done the followings:

X-rays 3 months CT Scan MRI EMG

Other studies done? Physical Therapy

Any Diagnosis made: Mayo Facial Pain, Carpal tunnel, pulled muscles in back

Please list the surgeries you've ever had:

Surgeries When? NONE Where? _____

1 _____

2 _____

WV Spine and Pain Clinic New Patient Consultation Report

314 Goff Mountain Rd. Suite 16
Cross Lanes, WV 25113
Tel: (304)776-7160
Fax: (304)776-7161

340 State Street
Martinsburg, WV 25130
Tel: (304)307-6618
Tel: (304)307-6619

Patient Name: P. T.

SSN: [REDACTED]

DOB: [REDACTED]

Attending Physician: _____

Date of Consult: 2-11-08

Consult Location: _____

Chief Complaint: UBP.

How long 5 y Scale(0-10) 8-9/10.

History of Present Illness:

30 y/o male, complains of LBP @ work. This
seems to be chronic. He went to PPD
lined doctor did not help. He is seeing
Rexicodine by Dr. Smith. He has to take 30 mg
before he goes to work. Dr. Smith.

PAST MEDICAL HISTORY:

otherwise.

PAST SURGIES:

none

ALLERGIES:

CURRENT MEDICATIONS:

Rexicodine 100 mg tid. from Dr. Smith.

SOCIAL HISTORY: Sm 7 PPD X 15 years; Alcohol: none; wine, beer, daily, occasional; _____ years;
Street Drugs: 0; Detox History: _____

FAMILY HISTORY:

CAD; MI; HTN; DM; Cancer; Arthritis; Back Problems; Surgeries;

Others: 0

REVIEW OF SYSTEMS(circle those apply):

General: Weight loss skin rashes color changes headaches Dizziness loss of consciousness

Eye: vision changes Ear: hearing changes vertigo tinnitus Nose: nose bleeds Throat: sore throat GI:

indigestion heartburn diarrhea constipation Endo: heart/cold intolerance Cardiothoracic: SOB TB chest pain

palpitations Hemo: bleeding gums anemia bruise easily fatigue Musculoskeleton: Joint pain weakness

osteoporosis rheumatoid arthritis Psycho: mood changes problems with concentration suicidal thoughts

Others: _____

WV Spine and Pain Clinic New Patient Physical Exam

Name: R. I.
HR: bpm

Vitals: Height: cm Weight: 91 kg; BP: mmHg;
ENT: Chest: Abd:

Arm Exam:
numl: abnuml: L: R: B/L; ROM: nml: abnml; warmth: cold: dry: wet: purple: thin hair: edematous: brittle nails:
Muscle power: nml: abnml; grip: ; flex: ; abduction: ; Rotation: ; Elbow reflex:

Neck Exam:
Active ROM: Supple; Limited: Moderately limited: Severely limited:
Which Way ROM: Limited: L: R: B/L; L turn: ; R turn: ; L tilt: ; R tilt: ; antiflex: ; dorsoflex:
Palpation of C-spine: none; tenderness: Left: Right: Bilateral; Axial loading: none; L: R: B/L:

Shoulder Exam:
L: R: B/L: Normal; Tenderness at: anterior glenohumeral joint, coracoid process, acromion-clavical joint, scapula; Abduction Test:
ROM: ; Apley scratch test: ; Drop-Arm test:

Thoracic Spine/Soft tissue:

Lumbar Spine Exam:
ROM: normal: limited: L turn: ; R turn: ; L tilt: ; R tilt: ; antiflex: ; Dorsoflex:
Palpation: normal; tenderness on L: R: B/L: L1-2: ; L2-3: ; L3-4: ; L4-5: ; L5-S1: ; Soft tissue:
Surgical Scar: none: yes:

Hip Exam:
numl: abnuml; tenderness on L: R: B/L; SI joint; gluteal area; hip joint:
Groin Area: normal; tenderness on L: R: B/L:

Knee Exam:
Gross inspection: normal: abnormal: L: R: B/L; swelling; redness; deformity; discolor; warmth; ROM:
Knee ligaments: normal: abnormal: L: R: B/L; MCL; LCL; PCL; ACL; Lachman Test: negative: positive:

Lower Extremity Exam:
numl: abnuml: L: R: B/L; ROM: nml: abnml; warmth: cold: dry: wet: purple: thin hair: edematous: brittle nails:
Pulse: ; numl: abnuml; decreased: impalpable; femoral; popliteal; pedal:
Reflexes: nml: abnuml; Knee: Ankle: L: R: B/L; decreased: disappeared:

Image Studies:
X-ray Date: ; Results: Not available, will obtain image
CT Date: ; Results: studies
MRI Date: ; Results: pt has no indy, but will arrange
Other Studies: pt to have studies done

Initial Impression:
1. UPP
2. RD Carpal tunnel
3. Sciatica
4. Myofascial pain syndrome

Plans: 1. X-ray: ; CT: ; MRI: Yes; Blood:
2. Medication Rx: Continue current; Change current; Add/start new:
3. Discuss risks and benefits of controlled substances: No; Yes
4. Other issues discussed:
5. Schedule revisit in: one week; two weeks; one month

6. Rx:
1. Roxic 40mg tid
2. Xanax 1mg qd
3. MRI lumbar spine

ICD-9
1
2
3

William Guo, M.D.

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7950404

314 Goff Mountain Road • Suite 16 • Cross Lanes, WV 26313
Phone (304) 776-7160 • Fax (304) 776-7161

Name P [REDACTED] T [REDACTED] Date 2-11-08

Address _____
Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Roxicodone 30mg
7 po. Tid
disp # 90

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute
Initials _____

WEIXING WILLIAM GUO, M.D.
DEA #: BG7950404

Signature _____

Refill _____ Times

226104

SECURITY FEATURES LISTED ON REVERSE SIDE

15386/002

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7950404

314 Goff Mountain Road • Suite 16 • Cross Lanes, WV 26313
Phone (304) 776-7160 • Fax (304) 776-7161

Name P [REDACTED] T [REDACTED] Date 2-11-08

Address _____
Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Xanax 1mg
7 po. QHS
disp # 30

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute
Initials _____

WEIXING WILLIAM GUO, M.D.
DEA #: BG7950404

Signature _____

Refill _____ Times

226105

SECURITY FEATURES LISTED ON REVERSE SIDE

15386/002

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #BG7950404
314 Golf Mountain Road • Suite 18 • Cross Lanes, WV 26313
Phone (304) 778-7180 • Fax (304) 778-7181

Name [REDACTED] Date 2-11-21
Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Lumbar MRI
diag: 724.3.

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute
Initials _____

[Handwritten Signature]

WEIXING WILLIAM GUO, M.D.
DEA #: BG7950404

Signature _____
Refill _____ Times

226103

SECURITY FEATURES LISTED ON REVERSE SIDE

15386/002

This Form Is Designed To Meet The Requirement for Coding Up To CPT 99214
WV Spine & Pain Clinic History/Physical(Established)

Date 3/11/2008

Patient Name [REDACTED]

Claim #: _____; D.O.I.: _____; DOB: _____

Chief C/O: UBP. (R) Computer Pain Scales(0-10): 8 constant; intermittent; Both;

This is New/old/different; Quality of Pain: aching; burning; stabbing; throbbing; pinning; other _____;

Interventional Rx None How long lasted 0

Changes since last visit: same; better; worse _____; Headache: none; yes; Sleep: same; better; poor; Others _____;

Mood: same; better; depressed; irritable; suicidal; other _____; Weight: same; gained/lost: _____ lb;

Medication issues: helps a lot Response: very helpful; help some; not helpful; Why? _____;

Side effects of medication: none; nausea; vomit; dizziness; itching; sleepy; constipated; unsteady; Risk issues on CS: none; yes; if yes, why? _____; Urine Screen: _____;

Review of Systems: Smk (+) Alcohol _____; Drugs _____ HTN _____ CAD _____ MI _____ DM _____ Asthma _____ Ca _____ COPD _____ Kidneys _____ Liver _____ Other _____;

pt seriously considers surgery

Physical Exam: Mental A.O.X ENT: R; CV: RLL Chest: C/T Abd: Soft other: _____;

Focused Local Exam: He works hard Spent 5 months around town He completely inert

Image Studies Review: X-ray: _____; CT: _____; MRI: _____; Other _____;

Imp: Same; New

Medical Decision Making:

1. Meds: Continue current; Change current; Add new;
2. Discuss risks of diversion and side effects of CS: No; Yes, If yes, time spent 2 min; OD, Version, Safety; Patient understand: Completely; Partially; Dose not understand _____;
3. Schedule procedure: No; Yes _____;
4. Return visit in: Two weeks; One month; Other _____;
5. Rx: 1. Ibuprofen 200 TID ICD-9 _____
2. Xant 1/2 qd _____
3. Praxid 300 qd _____
4. 2 pack 3dys _____

Weixing William Guo, M.D.

CPT 9921 _____

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7980404

314 Goff Mountain Road • Suite 16 • Cross Lanes, WV 25313
Phone (304) 776-7160 • Fax (304) 776-7161

Name P [redacted] T [redacted] Date 3-11-08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Z-pak 500mg
i.p.o. QD
days # 3

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- _____ Units

Do Not Substitute
Initials _____

Signature _____

Refill 0 Times

223113

SECURITY FEATURES LISTED ON REVERSE SIDE

WEIXING WILLIAM GUO, M.D.
DEA #: BG7980404

15386/002

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7980404

314 Goff Mountain Road • Suite 16 • Cross Lanes, WV 25313
Phone (304) 776-7160 • Fax (304) 776-7161

Name P [redacted] T [redacted] Date 3-11-08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Provacid 307
i.p.o. QD
days # 30

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- _____ Units

Do Not Substitute
Initials _____

Signature _____

Refill 3 Times

223112

SECURITY FEATURES LISTED ON REVERSE SIDE

WEIXING WILLIAM GUO, M.D.
DEA #: BG7980404

15386/002

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7950404

314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 778-7160 • Fax (304) 778-7161

Name P [REDACTED] T [REDACTED] Date 3-11-08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Xanax 17
7. po. qts
disp # 30*

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute
Initials _____

[Signature]

WEIXING WILLIAM GUO, M.D.
DEA #: BG7950404

Signature _____

Refill 0 Times

223111

SECURITY FEATURES LISTED ON REVERSE SIDE

15386/002

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7950404

314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 778-7160 • Fax (304) 778-7161

Name P [REDACTED] T [REDACTED] Date 3-11-08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Roxicodon 307
7. po. tid
disp # 90*

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute
Initials _____

[Signature]

WEIXING WILLIAM GUO, M.D.
DEA #: BG7950404

Signature _____

Refill 0 Times

223110

SECURITY FEATURES LISTED ON REVERSE SIDE

15386/002

This Form Is Designed To Meet The Requirement for Coding Up To CPT 99214
WV Spine & Pain Clinic H/P(Established)(M;C)

Date 4/9/2008

Patient Name P. T.

Claim #: _____; D.O.I.: _____; DOB: _____

Chief C/O: LPD. wrist Pain Scales(0-10): constant; intermittent; Both;

pt's night had mild last week. stressed
but poor sleep

This is New Old/different; Quality of Pain: aching; burning; stabbing; throbbing; pinning; other _____;

Interventional Rx Nil How long lasted 0;

Changes since last visit: same; better; worse _____; Headache: none; yes; Sleep: same; better; poor;

Others _____;

Mood: same; better; depressed; irritable; suicidal; other _____; Weight: same; gained/lost: _____ lb;

Response: very helpful; help some; not helpful; Why? _____;

Side effects of medications: none; nausea; vomit; dizziness; itching; sleepy; constipated; unsteady;

Risk issues on CS: none; yes; if yes, why? _____; Urine Screen: _____;

Review of Systems: Smk ; Alcohol ; Drugs HTN CAD MI DM Asthma Ca _____;

COPD Kidneys Liver Other:

Physical Exam:

Mental A.O x ENT; CV: RRR; Chest: clear; Abd: soft; Other: _____;

Focused Local Exam:

LB: unremarkable
D wrist: ↓ grip power

Image Studies Review:

X-ray: ; CT: ; MRI: _____; Other _____

Imp: Same; New

Medical Decision Making:

1. Meds: Continue current; Change current; Add new;
2. Discuss risks of diversion and side effects of CS: No; Yes; If yes, time spent 2 min;
 Diversion, Safety, Patient understand: Completely; Partially; Dose not understand;
3. Schedule procedure: No; Yes
4. Return visit in: Two weeks; One month; Other _____
5. Rx: Chiral Roxic 3-7 to QID
X-ray 12 QHS

CD-9

Billing Insurance _____

[Signature]
Wesley Williams, MD

CPT 9921

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7950404

314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 778-7180 • Fax (304) 778-7181

Name P [REDACTED] T [REDACTED] Date 4-9-08

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*2 mix 4
i.p.o. qd
dp # 30*

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

Do Not Substitute
Initials _____

Signature _____

WEIXING WILLIAM GUO, M.D.

DEA #: BG7950404

Refill 0 Times

225743

SECURITY FEATURES LISTED ON REVERSE SIDE

15386/002

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7950404

314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 778-7180 • Fax (304) 778-7181

Name P [REDACTED] T [REDACTED] Date 4-9-08

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Roxicodone 30z
i.p.o. qd
dp # 120*

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

Do Not Substitute
Initials _____

Signature _____

WEIXING WILLIAM GUO, M.D.

DEA #: BG7950404

Refill 0 Times

225742

SECURITY FEATURES LISTED ON REVERSE SIDE

15386/002

WV Spine & Pain Clinic H/P (Established) (M;C)

Date 5/9/2008

Patient Name [Redacted]

Claim #: _____; D.O.I.: _____

Chief C/O: CBP wrist Pain Scales (0-10): 9; constant; intermittent; Both;

This is New Old different; Quality of Pain: aching; burning; stabbing; throbbing; pinning; other

Interventional Rx _____ How long lasted _____
Changes since last visit: same; better; worse _____; Headache: none; yes; Sleep: same; better; poor; Others _____

Mood: same; better; depressed; irritable; suicidal; other _____; Weight: same; gained/lost: _____ lb;

Response: very helpful; help some; not helpful; Why? _____

Side effects of medications: none; nausea; vomit; dizziness; itching; sleepy; constipated; unsteady; _____

Risk issues on CS: none; yes; if yes, why? _____; Urine Screen: _____

Review of Systems: Smk +; Alcohol /; Drugs / HTN /; CAP /; MI /; DM /; Asthma /; Ca COPD /; Kidneys /; Liver /; Other: _____

Physical Exam:

Mental A.Ox ENT: D; CV: DM Chest: C/D abd: emp; Other: _____

Focused Local Exam: _____

Image Studies Review:

X-ray: _____; CT: _____; MRI: _____; Other _____

Imp: Same; New _____

Medical Decision Making:

1. Meds: Continue current; Change current; Add new;
2. Discuss risks of diversion and side effects of CS: No; Yes; If yes, time spent 2 min; OD Diversion, Safety; Patient understand: Completely; Partially; Dose not understand;
3. Schedule procedure: No; Yes
4. Return visit in: Two weeks; One month; Other _____
5. Rx: Prox 300 QW
Durx 12 QHS

ICD-9
1. _____
2. _____
3. _____
4. _____

Insurance Self

[Signature]
Weixing William Guo, M.D.

CPT 9921

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #BG7950404
314 Goff Mountain Road • Suite 16 • Cross Lanes, WV 25313
Phone (304) 778-7180 • Fax (304) 778-7181

Name P [REDACTED] T [REDACTED] Date 5-9-08
Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Pravacid 307
j.p. QD
q # 30*

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____
 Do Not Substitute
Initials _____

Signature _____
Refill 3 Times

224353
SECURITY FEATURES LISTED ON REVERSE SIDE

WEIXING WILLIAM GUO, M.D.
DEA #: BG7950404

15386/002



Name [Redacted] Date 5-9-08

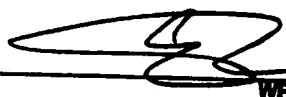
Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Xanax 17
7. PO. QHS
#30

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute Initials _____

Signature 

Refill 0 Times

224352

WEIXING WILLIAM GUO, M.D.
DEA #: BG7950404

SECURITY FEATURES LISTED ON REVERSE SIDE

15386/002

WV SPINE AND PAIN CLINIC WEIXING WILLIAM GUO, M.D.

DEA #BG7950404
314 Goff Mountain Road • Suite 16 • Cross Lanes, WV 26313
Phone (304) 776-7160 • Fax (304) 778-7161

Name [Redacted] Date 5-9-08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Roxicodone 30mg
7. PO. QHS
#120

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute Initials _____

Signature 

Refill 0 Times

224351

WEIXING WILLIAM GUO, M.D.
DEA #: BG7950404

SECURITY FEATURES LISTED ON REVERSE SIDE

15386/002

BL0348, 6625 West 78th Street
Bloomington, MN 55439-0842

March 13, 2008

2008031124 - 1672
cc: Dr. Weixing Guo
3508 Staunton Ave Se
Ste 4005
Charleston, WV 25304

POST

Dear **POST**

Date of Birth: **XXXXXXXXXX**


Express Scripts is the company chosen to manage your prescription drug plan.

Your physician recently requested coverage for your prescription for PREVACID 30 MG CAPSULE DR. Express Scripts has reviewed this request and the guidelines in effect for your pharmacy benefit plan. The request has been approved. The necessary adjustments have been made to allow coverage of your prescription. This authorization for coverage is for unlimited fill(s) and is effective until 03/12/2009.

If you have questions regarding this approval or your prescription drug benefit, you can contact Express Scripts at the toll free number printed on the back of your prescription benefit card.

Sincerely,

Prior Authorization Services
Express Scripts, Inc.



Express Scripts is the company chosen to manage your prescription drug plan.

Your physician recently requested coverage for your prescription for PREVACID 30 MG CAPSULE DR. Express Scripts has reviewed this request and the guidelines in effect for your pharmacy benefit plan. The request has been approved. The necessary adjustments have been made to allow coverage of your prescription. This authorization for coverage is for unlimited fill(s) and is effective until 03/12/2009.

If you have questions regarding this approval or your prescription drug benefit, you can contact Express Scripts at the toll free number printed on the back of your prescription benefit card.

Sincerely,

Prior Authorization Services

Express Scripts, Inc.

WV Spine and Pain Clinic
340 State Street
Madison, WV 25130
Tel: (304)307-6618

314 Greenbush Road, Suite 16
Cross Lanes, W 25313
Tel: (304)581-7879

Acknowledgement of Consent to Procedures

Patient Name: P. [REDACTED] T. [REDACTED]

I, hereby request and authorize Dr. Weixing William Guo, of WV Spine and Pain Clinic to provide the following procedure(s):

umbilicofemoral spinal L5-S1
3-lead patch

During the procedure, I also authorize my doctor to do: 1. injection of local anesthetics with or without steroids, contrast media, antibiotics; 2. radiofrequency ablation of the nerve branch that might be responsible to my pain.

I understand that my doctor may give me sedatives and local anesthetics to relieve pain and anxiety, giving me intravenous fluid and antibiotics if necessary.

I understand that any type of procedure involves risks, including but not limited, allergic reactions, injection site pain, bleeding, infection, damage to the nerves and tissues, nearby organs, paralysis, seizure, cardiac arrest, brain damage, even death. If complication is severe enough, I consent to be admitted to the hospital for further treatment.

I understand that headache, neck stiffness or burning sensation, or backache may occur after spinal and epidural procedures, and side effects of steroid may also occur. I understand one or both of my extremities may become weak and have risk of fall within a few hours of procedure.

My question about the procedure has been answered, and I believe that I have enough information to give this informed consent. My physician has discussed the risks and benefits of the procedure including problems with recuperation and alternative treatments (if any). I understand, however, the procedure may have to be changed without explaining to me. I have been given no promise nor guarantees about the procedure or its results.

I certify I have read (or had read to me) the contents of this form. I understand the risks and alternatives involved and I have had the opportunity to ask questions. All my questions have been answered and I wish to proceed.

Note to patient: If the information you desired in this consent has not been met, do not sign this form.

Patient Signature P. [REDACTED] T. [REDACTED] Date 6/14/08

Physician Signature [Signature]
ICD _____
CPT 1. _____
2. _____
3. _____
4. _____
5. _____

Insurance _____

UnitedHealthcare
Options PPO Network

[Redacted]

Group No: 12345678

[Redacted]

**FAMILY
MED**

Send All Claims to:
Medical: Payer ID 021102
Dental: Payer ID 021102 or
United Medical Services, Inc.
PO Box 148884
Cleveland, OH 44180-0884

Co-Pays
Individual: 0%
Family: 0%
Prescription Drug: 0%
Hospital Inpatient: 0%

LOCUS HEALTH PLAN

PL 00000000
PL 00000000
PL 00000000
PL 00000000
PL 00000000
PL 00000000
PL 00000000
PL 00000000
PL 00000000
PL 00000000

Include group if the separate claim payment.

WV Spine and Pain Clinic
340 State Street
Madison, WV 25130
Tel: (304)307-6618

314 Golf Course Road, Suite 16
Cross Lanes, WV 25313
Tel: (304)561-7879

Acknowledgement of Consent to Procedures

Patient Name: P. [REDACTED] T. [REDACTED]

I, hereby request and authorize Dr. Weidong William Guo, of WV Spine and Pain Clinic to provide the following procedure(s):

Under Lumbar Spinal C3-5.
2- level Discectomy

During the procedure, I also authorize my doctor to do: 1. injection of local anesthetics with or without steroids, contrast media, antibiotics; 2. radiofrequency ablation of the nerve branch that might be responsible to my pain.

I understand that my doctor may give me sedatives and local anesthetics to relieve pain and anxiety, giving me intravenous fluid and antibiotics if necessary.

I understand that any type of procedure involves risks, including but not limited, allergic reactions, injection site pain, bleeding, infection, damage to the nerves and tissues, nearby organs, paralysis, seizure, cardiac arrest, brain damage, even death. If complication is severe enough, I consent to be admitted to the hospital for further treatment.

I understand that headache, neck stiffness or burning sensation, or backache may occur after spinal and epidural procedures, and side effects of steroid may also occur. I understand one or both of my extremities may become weak and have risk of fall within a few hours of procedure.

My question about the procedure has been answered, and I believe that I have enough information to give this informed consent. My physician has discussed the risks and benefits of the procedure including problems with recuperation and alternative treatments (if any). I understand, however, the procedure may have to be changed without explaining to me. I have been given no promise nor guarantees about the procedure or its results.

I certify I have read (or had read to me) the contents of this form. I understand the risks and alternatives involved and I have had the opportunity to ask questions. All my questions have been answered and I wish to proceed.

Note to patient: If the information you desired in this consent has not been met, do not sign this form.

Patient Signature P. [REDACTED] T. [REDACTED] Date 6/4/08

Physician Signature [Signature] ICD CPT

Insurance _____

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

This Form Is Designed To Meet The Requirement for Coding Up To CPT 99214

WV Spine & Pain Clinic H/P (Established) (M;C)

Date 6/1/2008

Patient Name [Redacted]

Claim #:

D.O.I.:

Chief C/O: LBP @ 2 hr wrist & arm

Pain Scales (0-10): Constant: intermittent: Both:

Constant pain, esp. after cement & CBS bags

This is New/Old/different: Quality of Pain: aching; burning; stabbing; throbbing; pinning; other:

Interventional Rx: [Handwritten]

How long lasted:

Changes since last visit: same: better: worse:

Headache: none: yes: Sleep: same: better: poor:

Others:

Mood: same: better: depressed: irritable: suicidal: other:

Weight: same: gained/lost: lb:

Response: very helpful; help some; not helpful: Why?:

Side effects of medications: drows. nausea; vomit; dizziness; itching; sleepy; constipated; unsteady:

Risk issues on CS: none: yes: if yes, why?:

Urine Screen:

Review of Systems: Smk +

Alcohol

Drugs

HTN

CAD

MI

DM

Asthma

Ca

COPD

Kidneys

Liver

Other:

Physical Exam:

Mental A.O.S. EMT: D

CV: M

Chest: C

Abd: S

Other:

Focused Local Exam:

See procedure notes. Tenderness mainly on L4-5 distributed areas with significant para spinal muscle spasm. decreased B/L knee reflexes.

Image Studies Review:

X-ray:

CT:

1 Lumbar discogram: back pain

Imp:

Same:

New

2 Scurtic

3 Carpal Tunnel Syndrome det.

Medical Decision Making:

1. Meds:

Continue current:

Change current:

Add new:

2. Discuss risks of diversion and side effects of CS: No: Yes: If yes, time spent 2 min;

OR Diversion, Safety; Patient understand: Completely; Partially; Dose not understand:

3. Schedule procedure: No: Yes

4. Return visit in: Two weeks: One month: Other

5. Rx:

OC out med

2 ESZ today, indicated.

ICD-9

1.

2.

3.

4.

D self

Weixing Wilkam-Guo, M.D.

CPT 9921

WV Spine and Pain Clinic Procedure Note

Date: 06/04/2008

Name: ~~Testa, Paul~~

DOB: [REDACTED]

Procedure Name: Lumbar Interlaminar Epidural Steroid Injection(CPT 62311)
X-Ray Imaging Guidance(CPT 77003)

Diagnosis:

1. Lumbar Discogenic Lower Back Pain(ICD-9 72273)
2. Sciatica, left (ICD-9 724.3)

Anesthesia/Sedation: None

Procedure Report: Following the procedure consent obtained from the patient, the patient was asked to lie prone position. Lumbar spine L4 and L5 are identified and marked. Rotate C-Arm to locate interlaminar space L4-5. Mark the skin. The skin was cleaned with betadine three times, and then covered with a drape. The skin 1.0cm lateral to supraspinal process L4-5 was infiltrated with 2ml of 1% lidocaine with a #25 1.5 inch needle. A 20 gauge Touhy needle connected to a LOR 10ml glass syringe was carefully inserted and advanced until a loss of resistance is felt. 1.0ml of Omnipaque-300 was injected into the epidural space to confirm there is no intrathecal leak or intravascular take-off. After negative aspiration, there was no blood or CSF was identified, 40mg of Mepo-Medro(1.0ml) diluted in 2.5 mL of 0.25% bupivacaine and 1.5ml of sterile water was slowly injected into epidural space. Patient's response was observed closely. At the end of injection, the needle was withdrawn. Puncture site skin cleaned with a 4x4 gauze, covered with Band-Aid. And then patient was transferred to recovery area for further observation.

Patient tolerated the procedure well. Vital signs were stable, no adverse reactions such as

nauseous and vomiting or severe pain or bleeding were observed.

Patient reported immediate pain relief following the block. Patient was able to walk out of the clinic without assistance. Post-procedure instruction was given.

Follow up: Patient is scheduled to a returned visit in four weeks.

Signature: 
Weixing W. Guo, M.D.

Date: 6/4/08

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.
DEA #BG7950404
314 Golf Mountain Road • Suite 18 • Cross Lanes, WV 26013
Phone (304) 776-7180 • Fax (304) 776-7181

Name P [REDACTED] [REDACTED] Date 6-4-08

Address _____
R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Viagra 507
7.00 PRN
4/5*

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over Units
- Do Not Substitute Initials _____

Signature 
Retill 6 Times
WEIXING WILLIAM GUO, M.D.
DEA #: BG7950404
224897

SECURITY FEATURES LISTED ON REVERSE SIDE

15386/002

WV SPIRIT AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7950404

314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 778-7160 • Fax (304) 778-7161

Name P [REDACTED] T [REDACTED] Date 6-4-08

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Proxicodone 300
7. Po. QHS
day # 120
[Signature]

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____
- Do Not Substitute
Initials _____
- WEIXING WILLIAM GUO, M.D.
DEA # BG7950404

Signature _____

Refill 0 Times

224894

SECURITY FEATURES LISTED ON REVERSE SIDE

WEIXING WILLIAM GUO, M.D.

DEA #BG7950404

314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 778-7160 • Fax (304) 778-7161

Name P [REDACTED] T [REDACTED] Date 6-4-08

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Xanax 17
7. Po. QHS
6 # 30
[Signature]

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____
- Do Not Substitute
Initials _____
- WEIXING WILLIAM GUO, M.D.
DEA #: BG7950404

Signature _____

Refill 0 Times

224895

SECURITY FEATURES LISTED ON REVERSE SIDE

DEA #BG7950404

314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 778-7160 • Fax (304) 778-7161

Name P [REDACTED] T [REDACTED] Date 6-4-08

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Oxy Cont 220 ER
7. Po. QHS
6 # 30
[Signature]

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____
- Do Not Substitute
Initials _____

15386/n/n2

Name [Redacted] 7-3-08

Address

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Roxicodone 30
7.8-08
4#120

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units

Do Not Substitute Initials

Signature  WEIXING WILLIAM GUO, M.D.
DEA #: BG7950404

Refill 0 Times

755472

SECURITY FEATURES LISTED ON REVERSE SIDE

WEIXING WILLIAM GUO, M.D.
DEA #BG7950404

314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 778-7160 • Fax (304) 778-7161

16163/003

Name P [Redacted] T [Redacted] Date 7-3-08

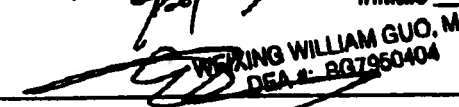
Address

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Xanax 17
7.8-08
4#30

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units

Do Not Substitute Initials

Signature  WEIXING WILLIAM GUO, M.D.
DEA #: BG7950404

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #BG7950404

314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 778-7160 • Fax (304) 778-7161

16163/003

Name P [Redacted] T [Redacted] Date 6-8-08

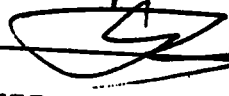
Address

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

OxyContin 20 ER
7.8-08
4#30

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units

Do Not Substitute Initials

Signature  WEIXING WILLIAM GUO, M.D.
DEA #: BG7950404

Refill 0 Times

755474

SECURITY FEATURES LISTED ON REVERSE SIDE

16163/003

This Form Is Designed to Meet The Requirement for Coding Up To CPT 99214
WV Spine & Pain Clinic H/P(Established)(M;C)

Date 7/13/2008

Patient Name T [REDACTED] T [REDACTED]

Claim #: _____ D.O.I.: _____

Chief C/O: LBP, Rt leg Pain Scales(0-10): 8 : constant; intermittent: Both:

Ankle Dis. Report sprain-lms Rt ankle
at work two days ago,

This is New/old/return: Quality of Pain: aching; burning; stabbing; throbbing; pinning; other _____
meds helped a lot for LBP.

Interventional Rx _____ How long lasted _____

Changes since last visit: same; better; worse _____ : Headache: none; yes: Sleep same; better; poor: _____

Others _____

Mood: same; better; depressed; irritable; suicidal; other _____ : Weight same; gained/lost: _____ lb:

Response: very helpful; help some; not helpful; Why? _____

Side effects of medications: none; nausea; vomit; dizziness; itching; sleepy; constipated; incontinence: _____

Risk issues on CS: none; yes; if yes, why? _____ : Urine Screen: _____

Review of Systems: Ssk ; Alcohol ; Drugs HTN PAD MI : DM : Asthma : Ca

COPD : Kidneys : Liver : Other _____

Physical Exam:

Mental A.O.s ENT : cv: Rt Chest: Ca Abd: 2/3 Other: _____

Focused Local Exam: Anterior Rom ankle

Rt leg/ankle: slight guarding. drawer &

Talar tests (-) skin color normal

Image Studies Review:

X-ray: _____ MRI: ankle

Imp: Same; New (1) Rt leg/ankle Spine grade I?

(2) Sciatica Rt?

Medical Decision Making:

1. Meds: Continue current; Change current; Add new

2. Discus risks of diversion and side effects of CS: No: Yes: If yes, time spent _____ min.
OK Diversion Safety: Patient understand: Completely: Partially: Do not understand:

3. Schedule procedure: No: Yes _____

4. Return visit in: Two weeks; One month; Other _____

5. Rx: 1. Oxycodone ER

2. Rox 175 Qd

3. Rox 175 Qd

ICD-9

1

2

3

4

CPT 9921

Insurance

Weixing William Guo, M.D.

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

314 Golf Mountain Road, Suite 16 • Cross Lanes, WV 25313
Phone (304) 778-7460 • Fax (304) 778-7461

Name: [Redacted] Date: 7-31-08

Prescription is void if more than 10 controlled substances prescribed

*Xanax 7.20 qds
4# 30*

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

Do Not Substitute
Initials _____

WEIXING WILLIAM GUO, M.D.
DEA #: 8G7850400

16163/003

757518 SECURITY FEATURES LISTED ON REVERSE SIDE

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

314 Golf Mountain Road, Suite 16 • Cross Lanes, WV 25313
Phone (304) 778-7460 • Fax (304) 778-7461

Name: [Redacted] Date: 7-31-08

Address: [Redacted]

Prescription is void if more than 10 controlled substances prescribed

*Roxicodone 30 qds
7.20 tid
4# 90*

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

Do Not Substitute
Initials _____

WEIXING WILLIAM GUO, M.D.
DEA #: 8G7850400

16163/003

757518 SECURITY FEATURES LISTED ON REVERSE SIDE

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

314 Golf Mountain Road, Suite 16 • Cross Lanes, WV 25313
Phone (304) 778-7460 • Fax (304) 778-7461

Name: [Redacted] Date: 7-31-08

Prescription is void if more than 10 controlled substances prescribed

*Prevacid 30 qd
7.20 qd
4# 30*

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

Do Not Substitute
Initials _____

WEIXING WILLIAM GUO, M.D.
DEA #: 8G7850400

16163/003

757519 SECURITY FEATURES LISTED ON REVERSE SIDE

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.
 DEA #BG7850404

314 Goff Mountain Road • Suite 16 • Cross Lanes, WV 25313
 Phone (304) 778-7160 • Fax (304) 778-7161

Name P. [REDACTED] Date 7-31-08
 Address [REDACTED]

R PRESCRIPTION IS VOID IF MORE THAN FOUR CONTROLLED SUBSTANCES PRESCRIBED

Oxy Continipn
 1-24
 25-49
 50-74
 75-100
 101-150
 151 and over
 Units 7 P.O. qds

brand name GA30
 Do Not Substitute
 Initials [REDACTED]

Signature [REDACTED] WEIXING WILLIAM GUO, M.D.
 DEA # BG7850404
 Phone 757522

SECURITY FEATURES LISTED ON REVERSE SIDE

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.
 DEA #BG7850404

314 Goff Mountain Road • Suite 16 • Cross Lanes, WV 25313
 Phone (304) 778-7160 • Fax (304) 778-7161

Name P. [REDACTED] Date 7-31-08
 Address [REDACTED]

R PRESCRIPTION IS VOID IF MORE THAN FOUR CONTROLLED SUBSTANCES PRESCRIBED

Roxicodone
 1-24
 25-49
 50-74
 75-100
 101-150
 151 and over
 Units 7 P.O. QID

GA120
 Do Not Substitute
 Initials [REDACTED]

Signature [REDACTED] WEIXING WILLIAM GUO, M.D.
 DEA # BG7850404
 Phone 757521

SECURITY FEATURES LISTED ON REVERSE SIDE

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.
 DEA #BG7850404

314 Goff Mountain Road • Suite 16 • Cross Lanes, WV 25313
 Phone (304) 778-7160 • Fax (304) 778-7161

Name P. [REDACTED] Date 7-31-08
 Address [REDACTED]

R PRESCRIPTION IS VOID IF MORE THAN FOUR CONTROLLED SUBSTANCES PRESCRIBED

Xanax
 1-24
 25-49
 50-74
 75-100
 101-150
 151 and over
 Units 7 P.O. qds

GA30
 Do Not Substitute
 Initials [REDACTED]

Signature [REDACTED] WEIXING WILLIAM GUO, M.D.
 DEA # BG7850404
 Phone 600/631

SECURITY FEATURES LISTED ON REVERSE SIDE

This Form Is Designed To Meet The Requirement for Coding Up to CPT 99214
WV Spine & Pain Clinic History/Physical (Established)

Date 7/31/08

Patient Name [REDACTED]

BP: 1 mmHg; HR: bpm;

Chief CO: LBP Rt ankle/leg Pain Scales(0-10): 2: constant; intermittent; Both;
lt wrist/hand

This is New/Old; Quality of Pain: aching; burning; stabbing; throbbing; pinning; other ;

Interventional Rx How long lasted ;

Changes since last visit: same; better; worse ; Headache: none; yes; Sleep: same; better; poor; Others ;

Mood: same; better; depressed; irritable; suicidal; other ; Weight: same; gained/lost; lb;

Medications: states they keep from taking any ;

Response: very helpful; help some; not helpful; Why? ;

Side effects of medications: none; nausea; vomit; dizziness; sleepy; constipated; unsteady; ;

Risk issues on CS: none; yes; if yes, why? ; Urine Screen: ;

Review of Systems: Smk ; Alcohol ; Drugs ; HTN ; CAD ; MI ; DM ; Asthma ; ;

COPD ; Kidneys ; Liver ; Other: ;

Reports drop cups with Rt hand.

Physical Exam:

Mental A.O.S. ENT : CV: : Chest: : Abd: : Other: ;

Focused Local Exam: ① LB: Unchanged from last visit.

② Rt ankle: gait normal w/ slight limp.

③ Lt wrist: gripping power decreased compare to left.

Image Studies Review:

X-ray: : MRI: : Other: ;

Imp: Same; New ① Dx Unchanged
② discussed w/ pt.

Medical Decision Making:

-
- Meds: Continue current; Change current; Add new;
- Discuss risks of diversion and side effects of CS: No; Yes;
- Other issue discussed: ADULTS
- Schedule procedure: No; Yes
- Return visit in: Two weeks; One month; Other

- Rx: ① Roxicod - 30y tid
- ② Xort 12 tabs
- ③ Proracel 30y qd.

ICD-9
1.
2.
3.
CPT 9921

Weixing William Guo, M.D.

This Form Is Designed To Meet The Requirement for Coding Up to CPT 99214
WV Spine & Pain Clinic History/Physical (Established)

Date 8/6/08

Patient Name P [redacted] T [redacted]

BP: 1 mmHg; HR: bpm;

Chief C/O: BP

Pain Scales(0-10) 10/10 constant; intermittent; Both:

Started yesterday - sudden sharp pain radiating to

This is New/Old; Quality of Pain: aching; burning; stabbing; throbbing; pinning; other lt leg :

Interventional Rx nil How long lasted 6 days :

Changes since last visit: same; better; worse ; Headache: none; yes; Sleep: same; better; poor;

Others :

Mood: same; better; depressed; irritable; suicidal; other ; Weight: same; gained/lost: lb;

Medications: :

Response: very helpful; help some; not helpful; Why? :

Side effects of medications: none; nausea; vomit; dizziness; sleepy; constipated; unsteady: :

Risk issues on CS: none; yes; if yes, why? ; Urine Screen: :

Review of Systems: Smk + ; Alcohol ; Drugs ; HTN ; CAD ; MI ; DM ; Asthma ; Ca :

COPD ; Kidneys ; Liver ; Other: :

He took oxycontin 80mg + fog to relieve
the pain.

Physical Exam:

Mental A.Ox ENT: ; CV: ; Chest: ; Abd: ; Other: :

Focused Local Exam: :

PE: Very limited Rom Rt leg. Rt knee
reflex decreased.

Tried flexion NSAIDs. Not helped.

Image Studies Review:

X-ray: ; CT: ; MRI: ; Other: :

Imp: Same; New Acute L5-S1 disc herniation

Medical Decision Making:

-
- Meds: Continue current; Change current; Add new;
- Discuss risks of diversion and side effects of CS: No; Yes:
- Other issue discussed: DDI/VS
- Schedule procedure: No; Yes
- Return visit in: Two weeks; One month; Other

7. Rx: 1 oxycontin 40mg tid x 90
2 oxycontin 80mg qd x 30
3 lidoderm 5%

CD-9
1.
2.
3.
CPT 9921

[Signature]
Weixing William Guo, M.D.

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7950404

314 Golf Mountain Road • Suite 16 • Cross Lanes, WV 25313
Phone (304) 776-7180 • Fax (304) 776-7181

Name

[Redacted Name]

Date

8-6-08

Address

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Day Contin 80 mg
i.p.o. qd*

(Brand Name)

30

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute
Initials _____

Signature

Refill *1* Times

757677

SECURITY FEATURES LISTED ON REVERSE SIDE

WEIXING WILLIAM GUO, M.D.

DEA #: BG7950404

16163003

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7950404

314 Golf Mountain Road • Suite 16 • Cross Lanes, WV 25313
Phone (304) 776-7180 • Fax (304) 776-7181

Name

[Redacted Name]

Date

8-6-08

Address

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Day Contin 40 mg
i.p.o. Tid
impr 90*

(Brand Name)

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute
Initials _____

Signature

Refill *1* Times

757676

SECURITY FEATURES LISTED ON REVERSE SIDE

WEIXING WILLIAM GUO, M.D.

DEA #: BG7950404

16163003

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7980404

314 Golf Mountain Road • Suite 18 • Cross Lanes, WV 25333

Phone (304) 778-7100 • Fax (304) 778-3161

Name

[Redacted]

Date

8-6-08

Address

R

PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Lidoderm 57
7. Q12h. QD
get 30*

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

Units

Do Not Substitute
Initials _____

Signature

Refill _____ Times

757879

WEIXING WILLIAM GUO, M.D.

DEA # BG7980404

SECURITY FEATURES LISTED ON REVERSE SIDE

16163/003

This Form Is Designed To Meet The Requirement for Coding Up To CPT 99214
WV Spine & Pain Clinic History/Physical (Established)

Date 8/25/08

Patient Name [Redacted]

BP: 1 mmHg; HR: bpm:

Chief C/O: BP Pain Scales (0-10): 5-6 / constant; intermittent; Both:

med works great for him
 This is New/Old; Quality of Pain: aching; burning; stabbing; throbbing; pinning; other _____

Interventional Rx _____ How long lasted _____

Changes since last visit: same; better; worse _____; Headache: none; yes; Sleep: same; better; poor;

Others _____

Mood: same; better; depressed; irritable; suicidal; other _____; Weight: same; gained/lost: lb;

Medications: _____

Response: very helpful; help some; not helpful; Why? _____

Side effects of medications: none; nausea; vomit; dizziness; sleepy; constipated; unsteady; _____

Risk issues on CS: none; yes; if yes, why? _____; Urine Screen: _____

Review of Systems: Smk _____; Alcohol _____; Drugs _____ HTN _____; CAD _____; MI _____; DM _____; Asthma _____; Ca _____

COPD _____; Kidneys _____; Liver _____; Other: _____

He went through 4 months of PT which did not

help much. injects helped a lot

Physical Exam: Mental A.O.S ENT: 0 CV: RRR Chest: C/O Abd: Soft Other: 0

Focused Local Exam: ps: L4-L5, B/L tenderness

1. He had pill counts which he passed.

2. urine test will be checked today

Image Studies Review:

X-ray: _____; CT: _____; MRI: _____; Other: _____

Imp: Same; New ① TB disc w/ back P

② myofascial back pain

Medical Decision Making: ③ R hand carpal tunnel

1. _____

2. Meds: Continue current; Change current; Add new;

3. Discuss risks of diversion and side effects of CS: No; Yes;

4. Other issue discussed: OD/ID/S ESI today

5. Schedule procedure: No; Yes

6. Return visit in: Two weeks; One month; Other _____

7. Rx: Discussed meds comply

He understood and got to protocol

to have injections

① DIC w/ start 4oz

② carpal tunnel

③ hand carpal tunnel

④ DIC w/ start 4oz

⑤ carpal tunnel

⑥ hand carpal tunnel

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #BG7980484
314 Golf Mountain Road, Suite 18 • Cross Lanes, WV 26033
Phone (304) 776-7180 • Fax (304) 776-7181

Date 8-25-08

Name [Redacted]
Address [Redacted]

R **PREScription IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED**
MRI lumbar spine

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over Units

Dr. LBP
Discontinue back pain

Do Not Substitute
Initials _____

WEIXING WILLIAM GUO, M.D.
DEA # BG7980484

Signature _____
Refill _____ Times

755222

SECURITY FEATURES LISTED ON REVERSE SIDE

16163/003

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7950404

314 Goff Mountain Road • Suite 16 • Cross Lanes, WV 25313
Phone (304) 776-7160 • Fax (304) 776-7161

Name [Redacted] Date 8-25-08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

X-ray lumbar

Dr. LBP. Disogenic

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____
- Do Not Substitute Initials _____

Signature [Signature] WEIXING WILLIAM GUO, M.D.
DEA # BG7950404

Phone 755221

SECURITY FEATURES LISTED ON REVERSE SIDE

Phone (304) 776-7160 • Fax (304) 776-7161

Name [Redacted] Date 8-25-08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Roxicodone 30mg

7. po. QID
#120

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____
- Do Not Substitute Initials _____

Signature [Signature] WEIXING WILLIAM GUO, M.D.
DEA #: BG7950404

Phone 223400

SECURITY FEATURES LISTED ON REVERSE SIDE

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7950404

314 Goff Mountain Road • Suite 16 • Cross Lanes, WV 25313
Phone (304) 776-7160 • Fax (304) 776-7161

Name [Redacted] Date 8-25-08

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Orly Conti 40mg ER

7. po. tid

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____
- Do Not Substitute Initials _____

16163003

15386002

WV Spine and Pain Clinic

340 State Street
Madison, WV 25130
Tel: (304)307-6618

314 Goff Mountain Road, Suite 16
Cross Lanes, W 25313
Tel: (304)581-7879

Acknowledgement of Consent to Procedures

Patient Name: _____

P. [Redacted]

I, hereby request and authorize Dr. Weidong William Guo, of WV Spine and Pain Clinic to provide the following procedure(s):

Lumbar Epidural steroid injection

The Treatment Objectives:

- 1. Pain relief; 2. Decrease inflammation; 3. Improve function

During the procedure, I also authorize my doctor to do: 1. injection of local anesthetic with or without steroids, contrast media, antibiotics; 2. radiofrequency ablation of the nerve branch that might be responsible to my pain.

I understand that my doctor may give me sedatives and local anesthetics to relieve pain and anxiety, giving me intravenous fluid and antibiotics if necessary.

I understand that any type of procedure involves risks, including but not limited, allergic reactions, injection site pain, bleeding, infection, damage to the nerves and tissues, nearby organs, paralysis, seizure, cardiac arrest, brain damage, even death. If complication is severe enough, I consent to be admitted to the hospital for further treatment.

I understand that headache, neck stiffness or burning sensation, or backache may occur after spinal and epidural procedures, and side effects of steroid may also occur. I understand one or both of my extremities may become weak and have risk of fall within a few hours of procedure.

My question about the procedure has been answered, and I believe that I have enough information to give this informed consent. My physician has discussed the risks and benefits of the procedure including problems with recuperation and alternative treatments (if any). I understand, however, the procedure may have to be changed without explaining to me. I have been given no promise nor guarantees about the procedure or its results.

I certify I have read (or had read to me) the contents of this form. I understand the risks and alternatives involved and I have had the opportunity to ask questions. All my questions have been answered and I wish to proceed.

Note to patient: If the information you desired in this consent has not been met, do not sign this form.

Patient Signature *P. [Redacted]*

Date 8-25-08

Physician Signature *[Signature]*

- ICD _____
 CPT _____
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____

Insurance _____

WV Spine and Pain Clinic Procedure Note

Date: 08/25/2008

Name: ~~Tommy Ford~~

DOB:

Procedure Name: Lumbar Interlaminar Epidural Steroid Injection(CPT 62311)
X-Ray Imaging Guidance(CPT 77003)

Diagnosis:

1. Lumbar Discogenic Lower Back Pain(ICD-9 72273)
2. Sciatica, left (ICD-9 724.3)

Anesthesia/Sedation: None

Office Note: Patient scheduled office visit and interlaminar steroid epidural steroid injection today. He had EPI approximately two months ago, which he reported that the procedure helped greatly for his pain, and he has been able to walk on his feet along with the medications he is taking. He reported the physical therapy has not been helping. He requested another injection today. I explained the risks and benefits of the procedure and the post-procedure care to him. He understand completely, and agreed to proceed.

Procedure Report: Following the procedure consent obtained from the patient, the patient was asked to lie prone position. Lumbar spine L4 and L5 are identified and marked. Rotate C-Arm to locate interlaminar space L4-5. Mark the skin. The skin was cleaned with betadine three times, and then covered with a drape. The skin 1.0cm lateral to supraspinal process L4-5 was infiltrated with 2ml of 1% lidocaine with a #25 1.5 inch needle. A 20 gauge Touhy needle connected to a LOR 10ml glass syringe was carefully inserted and advanced until a loss of resistance is felt. 1.0ml of Omnipaque-300 was injected into the epidural space to confirm there is no intrathecal leak or intravascular take-off. After negative aspiration, there was no blood or CSF was identified, 40mg of Mepo-Medro(1.0ml) diluted in 2.5 mL of 0.25% bupivacaine and 1.5ml of sterile water was slowly injected into epidural space. Patient's response was observed closely. At the

end of injection, the needle was withdrawn. Puncture site skin cleaned with a 4x4 gauze, covered with Band-Aid. And then patient was transferred to recovery area for further observation.

Patient tolerated the procedure well. Vital signs were stable, no adverse reactions such as nauseous and vomiting or severe pain or bleeding were observed.

Patient reported immediate pain relief following the block. Patient was able to walk out of the clinic without assistance. Post-procedure instruction was given.

Follow up: Patient is scheduled to a returned visit in four weeks.

Signature: _____



Weixing W. Guo, M.D.

Date: _____

8/25-08

WV SPINE AND PAIN CLINIC Progress Note

Date

Patient Name:

9-3-08

P [redacted] T [redacted]

1800

Dr's wife called stating P [redacted] came back from work today with severe LBP. He received [redacted] ESI a few days ago. He takes Oxycontin 40mg tid with Roxycodon 800 Bid. Still L/O severe back pain. 9-10/10 scale.

MR T found. Report pending. Will bring results tomorrow.

Request your med to see the Pdx. Otherwise he will be fired for missed work.

I spent 20 min over the phone with her.

Plan to issue short term boot device for pain relief.

I also discussed with Paul He completely understands of R/Ls of ON and tolerances.

C. [Signature]

WV SPINE AND PAIN CLINIC Progress Note

Date

9-3-28

Patient Name:

[REDACTED]

Reviewed meds.

He used to take Oxycodone 80mg Bid
reduced to 40mg Bid @ last

Visit - C/O Pain worsening.

I believe he has both discogenic
back pain and tolerance.

- Rx:
- ① Resume Oxycodone 80mg Bid
 - ② D/c 40mg Bid
 - ③ Pending MRI Results
 - ④ F/U in 3 WKS.

LO [Signature]

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #8G7950404
314 Golf Mountain Road, Suite 18 • Cross Lanes, WV 26015
Phone (304) 776-7180 • Fax (304) 776-7181

Name P [REDACTED] T [REDACTED] Date 9-3-08

Address _____
Rx PRESCRIPTIONS VOID WITHOUT CONTROLLED SUBSTANCE PRESCRIPTION

OxyContin 80mg
i.p.o. ER
Bid
clonidine 50

- 1-24
- 25-49
- 50-74
- 75-99
- 100-180
- 151 and over

Do Not Substitute
Initials _____

Signature [Signature]
Refill 3 times

WEIXING WILLIAM GUO, M.D.
DEA # 8G7950404

757458
SECURITY FEATURES LISTED ON REVERSE SIDE

16163493



WV Spine and pain Clinic Urine Toxicology Screening Report

314 Goff Mountain Road, Suite 16
Cross Lanes, WV 25313
Tel: (304)776-7160
Fax: (304)776-7161

340 State Street
Martinsburg, WV 25401
Tel: (304)307-6618
Fax: (304)307-6619

Patient Name:
Date of Birth:
SSN#:

[Redacted patient information]

DOB

	Test Date	Test Date	Test Date
Substances Tested	8/25/08		
Control			
Alcohol			
Antihistamines			
Cocaine	neg ⊖		
THC	neg ⊖		
Amphetamine	neg ⊖		
Methamphetamine			
Opiates	pos ⊕		
Benzodiazepines	pos ⊕		
PCP			
Kit Used			
Sensitivity			
Reported By	Amack		

This Form Is Designed To Meet The Requirement for Coding Up to ICD-9 99214
WV Spine & Pain Clinic History/Physical (Established)

Date 9/22/2008

Patient Name [REDACTED]

Claim #: _____; D.O.I.: _____; DOB: _____

Chief CO: I'm feel much better now
I do not take any my anymore

Pain Scales (0-10): 2-3; Constant: intermittent; Both: _____

This is New/Old/different; Quality of Pain: aching; burning; stabbing; throbbing; pinning; other: _____

Interventional Rx: None

Changes since last visit: same: better; worse: _____; Headache: none; yes; Sleep: same; better; better; Others: _____

Mood: same; better; depressed; irritable; suicidal; other: _____; Weight: same; gained/lost: _____ lb;

Medication Reviews: _____

Response: very helpful; help some; not helpful; Why? _____

Side effects of medications: none; nausea; vomit; dizziness; itching; sleepy; constipated; unsteady: _____

Risk issues on CS: yes; if yes, why? _____

Screen: Yes; No: _____

Review of Systems: Smk +; Alcohol -; Drugs -; HTN -; CAD -; MI -; DM -; Asthma -; Ca _____

COPD: Kidneys; Liver; Other: _____

Physical Exam:

Mental A.O.S; ENT +; CV +; RR; Chest +; GTD; Abd +; Suf; Other +

Focused Local Exam: _____

PE: Pt awake, cope well.

Reviewed med. I told him he is on high dose. He said. This is the only way he feels

Imp: Same; New 1) Celecoxib 100mg bid

2) B/L Sciatic
3) Rt hand caput humeri squam

Medical Decision Making

1. Meds: Continue current; Change current; Add new;
2. Discuss risks of diversion and safety of CS. No; Yes; If yes, time spent 2 min:
OK Diversion, Safety; Patient understood: Completely; Partially; Dose not understand;
3. Schedule procedure: No; Yes _____
4. Return visit in: Two weeks; One month; Other _____
5. Rx: Massage Therapy; Psychiatrist Counsel; Referral;

1) D/L Cur 1.5 qhs
2) Dry Cort: 8mg ER Bid
3) Dry Cort: 40mg ER Tid

ICD-9
1. _____
2. _____
3. _____
4. _____

[Signature]
Weixing William Guo MD

CPT 9921 _____

Name P [redacted] T [redacted] Date 9-22-08
Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Roxicodone 30 mg
i.p. ER
\$120

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____
- Do Not Substitute
Initials _____

Signature [Signature]
Retail _____ Times _____

759278

SECURITY FEATURES LISTED ON REVERSE SIDE

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.
DEA #BG7950404
314 Goff Mountain Road • Suite 16 • Cross Lanes, WV 25313
Phone (304) 778-7160 • Fax (304) 778-7161

Name P [redacted] T [redacted] Date 9-22-08
Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Oxy Contin 40 mg
ER
(Brand Name) i.p. tid
\$90

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____
- Do Not Substitute
Initials _____

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.
DEA #BG7950404
314 Goff Mountain Road • Suite 16 • Cross Lanes, WV 25313
Phone (304) 778-7160 • Fax (304) 778-7161

Name P [redacted] T [redacted] Date 9-22-08
Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Oxy Contin 80 mg
i.p. ER
(Brand Name) dy \$60

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____
- Do Not Substitute
Initials _____

Signature [Signature]
Retail _____ Times _____

759276

161637003

161637003

161637003



EXPRESS SCRIPTS®

P.O. Box 66773
St. Louis, MO 63166-6773

March 11, 2008

2008032520 - 1325

Dr. Weixing Guo
3508 Staunton Ave Se
Ste 4005
Charleston, WV 25304

*PPI Step Therapy
Please evaluate if a "step-one" generic
medication is an option for your patient*

RE: P. T. [REDACTED]

Dear Dr. Guo:

You recently prescribed a medication for P. T. [REDACTED] that was not covered by his/her health plan because it is subject to a program called "step therapy". Step therapy programs require a trial of a "step-one" generic medication before a more expensive "step-two" brand-name product will be covered. Your patient will also receive a letter explaining the health plan's step therapy program.

From our claims data, it appears that your patient did not fill the prescription for the medication that you prescribed or a therapeutic alternative. Since out-of-pocket medication costs may impact adherence, please consider whether lower-cost step-one generic omeprazole is appropriate.

If you already prescribed a step-one generic for P. T. [REDACTED], or received "prior authorization" for a step-two brand-name drug you don't need to do anything further. If you believe that generic omeprazole is not medically appropriate for this patient, you may request a prior authorization for the step-two brand-name drug by calling 800.417.8164.

The information provided is only a guideline to assist you in planning the best course of therapy for your patient, and does not replace your clinical judgment. We hope this information is helpful. If you have any questions or comments, please call the Express Scripts Physician Response Line at 888.287.8182 or fax us at 800.315.3528.

Sincerely,

Ed Weisbart, MD
Chief Medical Officer, Medical Affairs
Express Scripts

Enclosure: Step Therapy List

PPI Step Therapy

STEP ONE DRUGS Brand Always covered, any drug that is clinically appropriate	STEP TWO DRUGS Brand Covered if not previously covered in step one drug, or if clinically indicated	
omeprazole capsules - generic version of Prilosec [®]	Aciphex [®]	
pantoprazole - generic version of Protonix [®]	Nexium [®]	
† Prilosec OTC [®] delayed-release tablets	Prevacid [®]	
	Prevacid [®] SoluTab	
	Protonix [®]	
	Zegerid [®]	

† Over-the-Counter version is available. May not be covered.

CL

Patient Medication Profile For Physician: Dr Weixing Guo

FOR QUESTIONS REGARDING PRESCRIPTIONS FILLED UNDER YOUR NAME, PLEASE CONTACT THE DISPENSING PHARMACY AT THE PHONE NUMBER PROVIDED.

Pharmacy claims data may not be representative of an issue's prescriptions. Samples or prescriptions not included in the patient profile include medications that may implicate privacy issues (such as HIV medications), samples, and products not covered under the pharmacy benefit.

Patient ID	Patient Case Number	DOB	Pharmacy Name	Pharmacy Phone	
[REDACTED]	[REDACTED]	[REDACTED]	FRUTH PHARMACY #24	(304) 204-0060	
Date of Fill	Drug/Strength	Qty	RX#	Prescriber	Pharmacy #
3/11/2008	PREVACID 30 MG CAPSULE DR	30	6629236	BG7950404	5054147

|||

This Form Is Designed To Meet The Requirement for Coding Up To CPT 99214
 WV Spine & Pain Clinic History/Physical (Established)

Date 11 / 11 / 2008

Patient Name [Redacted]

Claim #: _____ : D.O.I.: _____ : DOB: _____

Chief C/O Pt states he lost his sister last night
 feels depressed

Pain Scales (1-10) 6-8 Constant intermittent 0 esp. at work

This is New or different: Quality of Pain: aching, burning, stabbing, throbbing, pinning, other

Interventional Rx Two and half months ago - CSI

Changes since last visit: same better worse Headache: none, yes, Sleep: same better, poor

Others poor sleep at night and depressed

Mood: same, better, depressed, irritable, suicidal, other Weight: same, gained/lost: lb.

Medication Reviews Reports doing ok with current meds

Response: very helpful, help some, not helpful, W/N?

Side effects of medications: none, nausea, vomit, dizziness, itching, sleepy, constipated, insteady

Risk issues on CS: none, yes, if yes, why? Screen: Yes, No

Review of Systems: Sisk f Alcohol / Drugs / HTN / CAD / MI / DM / Asthma / Ca

COPD Kidneys Liver Other

Revised meds day fine for his lower
 back pain

Physical Exam

Mental A.O.S ENT OCV R/R Chest C/O Abd N/A Other

Focused Local Exam

Discussed coping with the loss of sister.
 I did not perform detailed exam today, He
 reports some in his symptoms

Imp: Same, New
 1 depression / depressed mood
 2 LBP unrelieved
 3 Rt. Carpal tunnel syndrome

Medical Decision Making:

1. Meds Continue current, Change current, Add new.
2. Discuss risks of diversion and safety of CS. No, Yes. If yes, time spent 20 min.
 Diversion. Safety: Patient understood. Completely, Partially, Dose not understand.
3. Schedule procedure: Yes
4. Return visit in Two weeks, One month, Other

- | | | | |
|-------------------------|-----------------------|-----------|-------|
| 5. Rx. Massage Therapy. | Psychiatrist Counsel. | Referral. | ICD-9 |
| 1) [Handwritten] | | | 1 |
| 2) [Handwritten] | | | 2 |
| 3) [Handwritten] | | | 3 |
| 4) [Handwritten] | | | 4 |

Weixing William Guo, M D

CPT 9921

WV SPINE AND PAIN CLINIC
WEDKING WILLIAM GO. MD.

DEA #G795034
314 Golf Mountain Road, Suite 18 • Cross Lanes, WV 260319
Phone (304) 725-7200 • Fax (304) 725-7201

Name

Address

Date

[Handwritten scribbles and stamps: "VOID", "COPY", "16163/003"]

- 1-14
- 15-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65 and over
- Do not submit

SECURITY FEATURES LISTED ON REVERSE SIDE

16163/003

WV SPINE AND PAIN CLINIC
WEDING WILLIAM GUO, M.D.
 DEA #037700494
 314 Golf Mountain Road, Suite 18 • Cross Lanes, WV 25315
 Phone (304) 775-7100 • Fax (304) 775-7101

Name: [Redacted] Date: 1/11/08

VOID COPY VOID COPY VOID COPY

1-99
 25-49
 50-69
 75-99
 101-150
 151 and over

Do Not Signatures
 Initial: _____

Signature: [Signature] 762226

SECURITY FEATURES LISTED ON REVERSE SIDE

16163/003

WV SPINE AND PAIN CLINIC
WEDING WILLIAM GUO, M.D.
 DEA #037700494
 314 Golf Mountain Road, Suite 18 • Cross Lanes, WV 25315
 Phone (304) 775-7100 • Fax (304) 775-7101

Name: [Redacted] Date: 1/11/08

VOID COPY VOID COPY VOID COPY

1-99
 25-49
 50-69
 75-99
 101-150
 151 and over

Do Not Signatures
 Initial: _____

Signature: [Signature] 762227

SECURITY FEATURES LISTED ON REVERSE SIDE

16163/003

This Form Is Designed To Meet The Requirement for Coding Up To CPT 99214
WV Spine & Pain Clinic History/Physical(Established)

Date 1/2/2008

Patient Name [REDACTED]

Claim #: _____ ; D.O.I.: _____ ; DOB: _____

Chief C/O: LBP. Rt hand pain.

Pain Scales (0-10): constant; intermittent: 0; both: _____

This is New/Old/different: _____ Quality of Pain: aching; burning; stabbing; throbbing; pinning; other _____

Interventional Rx: three months ago

Changes since last visit: same; better; worse _____ Headache: none; yes; Sleep: same; better; poor; Others _____

Mood: same; better; depressed; irritable; suicidal; other _____ Weight: same; gained/lost: _____ lb.

Medication Reviews: Medication not changed. Report the same

Response: very helpful; help some; not helpful; Why? _____

Side effects of medications: none; nausea; vomit; dizziness; itching; sleepy; constipated; unsteady; _____

Risk issues on CS: none; yes, if yes, why? _____

Review of Systems: Smk f; Alcohol -; Drugs -; HTN -; CAD -; MI -; DM -; Asthma -; Ca _____ Screen: Yes; No: _____

COPD: _____ Kidneys: _____ Liver: _____ Other: _____

Report he lost job. depressed

Physical Exam:

Mental A.O.S; ENT: 0; CV: RRR; Chest: CR; Abd: Sf; Other: _____

Focused Local Exam:

PE: limited ROM. Unrelief from last visit. limited forwarding and Chiropractic of spine

Imp: Same; New See previous dx's

Medical Decision Making:

1. Meds. Continue current; Change current; Add new.
2. Discuss risks of diversion and safety of PS: No; Yes: If yes, time spent 0 min. OD: Diversion; Safety; Patient understood: Completely; Partially; Do not understand.
3. Schedule procedure: No; Yes
4. Return visit in: Two weeks; One month; Other

Rx: Massage Therapy; Psychiatrist Counsel: _____ Referral: _____ ICD-9 _____

- ① Oxycodone 807 ER
- ② Oxycodone 407 ER
- ③ Gabapentin 400
- ④ Tyx 10 QHS

Weixing William Guo, M.D.

CPT 9921

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #B97980404

314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313

Phone (304) 776-7150 • Fax (304) 776-7161

Name P [REDACTED] T [REDACTED] Date 12/05/08

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Cymbalta 30j
7 p.o. QD
#30

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____
- Do Not Substitute
Initials _____

Signature [Signature]
Ref _____

763702
SECURITY FEATURES LISTED ON REVERSE SIDE

16163/003

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #837980404
314 Golf Mountain Road • Suite 18 • Cross Lanes, WV 25313
Phone (304) 778-7180 • Fax (304) 778-7181

Name P [REDACTED] T [REDACTED] Date 12/1/08

Address _____
Rx **PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED**

oxycontin day
ER 7.90 Bid
#60

(Name Brand)

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

Do Not Substitute
Initials _____

Signature *[Signature]*
Refill 0 Times

760732
SECURITY FEATURES LISTED ON REVERSE SIDE

16163/003

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #B37950404

314 Goff Mountain Road • Suite 16 • Cross Lanes, WV 25313
Phone (304) 776-7160 • Fax (304) 776-7161

Name P [redacted] T [redacted] Date 12/1/08

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*oxy Contain 40g
7 P.O. ER.
B tid
#9.*

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute
Initials _____

Signature [Signature]

Refill _____ Times

760733

SECURITY FEATURES LISTED ON REVERSE SIDE

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #B37950404

314 Goff Mountain Road • Suite 16 • Cross Lanes, WV 25313
Phone (304) 776-7160 • Fax (304) 776-7161

Name P [redacted] T [redacted] Date 2/1/09

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Xanax 1g
7 P.O. QD
#30*

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

Do Not Substitute
Initials _____

Signature [Signature]

Refill _____ Times

760735

SECURITY FEATURES LISTED ON REVERSE SIDE

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #B37950404

314 Goff Mountain Road • Suite 16 • Cross Lanes, WV 25313
Phone (304) 776-7160 • Fax (304) 776-7161

Name P [redacted] T [redacted] Date 12/1/08

Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

*Roxicodone 30g
7 P.O. QD*

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units _____

16163/003

16163/003

WEST VIRGINIA - BOARD OF PHARMACY - PATIENT PROFILE

Date: 1/26/2009 Date of Birth: [REDACTED] Beginning Date: 01-01-2008 Ending Date: 01-2

First Name Like: P [REDACTED] Last Name Like: T [REDACTED]

First Name	Address	Zip	Fill Date	Rx No	Product Name	Strength	Qty	Doctor Name	Doctor Dea	Pharm N
P	[REDACTED]	[REDACTED]	1/7/2008	2106946	Oxycodone Hy	15 mg	60	SMYTHE, GAI LOUI	[REDACTED]	RX BY T
P	[REDACTED]	[REDACTED]	1/14/2008	958957	OXYCODONE HC	15 MG	90	SMYTHE, GAI LOUI	[REDACTED]	RITE AII
P	[REDACTED]	[REDACTED]	2/11/2008	2202559	Oxycodone Hy	30 mg	90	GUO, WEIXING MD	[REDACTED]	FRUTH -
P	[REDACTED]	[REDACTED]	2/11/2008	4406909	ALPRAZOLAM	1 MG	30	GUO, WEIXING MD	[REDACTED]	FRUTH -
P	[REDACTED]	[REDACTED]	3/11/2008	4407273	ALPRAZOLAM	1 MG	30	GUO, WEIXING MD	[REDACTED]	FRUTH -
P	[REDACTED]	[REDACTED]	3/11/2008	2202689	Oxycodone Hy	30 mg	90	GUO, WEIXING MD	[REDACTED]	FRUTH -
P	[REDACTED]	[REDACTED]	4/9/2008	2202823	Oxycodone Hy	30 mg	120	GUO, WEIXING MD	[REDACTED]	FRUTH -
P	[REDACTED]	[REDACTED]	4/9/2008	4407603	ALPRAZOLAM	1 MG	30	GUO, WEIXING MD	[REDACTED]	FRUTH -
P	[REDACTED]	[REDACTED]	5/9/2008	4408038	ALPRAZOLAM	1 MG	30	GUO, WEIXING MD	[REDACTED]	FRUTH -
P	[REDACTED]	[REDACTED]	5/9/2008	2202991	Oxycodone Hy	30 mg	120	GUO, WEIXING MD	[REDACTED]	FRUTH -
P	[REDACTED]	[REDACTED]	6/4/2008	339034	OXYCONTIN	20 MG	30	GUO, WEIXING MD	[REDACTED]	CROSS L
P	[REDACTED]	[REDACTED]	6/4/2008	339035	ALPRAZOLAM	1 MG	30	GUO, WEIXING MD	[REDACTED]	CROSS L
P	[REDACTED]	[REDACTED]	6/4/2008	339036	OXYCODONE HC	30 MG	120	GUO, WEIXING MD	[REDACTED]	CROSS L
P	[REDACTED]	[REDACTED]	7/31/2008	341788	ALPRAZOLAM	1 MG	30	GUO, WEIXING MD	[REDACTED]	CROSS L
P	[REDACTED]	[REDACTED]	7/31/2008	341789	OXYCODONE HC	30 MG	120	GUO, WEIXING MD	[REDACTED]	CROSS L
P	[REDACTED]	[REDACTED]	7/31/2008	341790	OXYCONTIN	20 MG	30	GUO, WEIXING MD	[REDACTED]	CROSS L
P	[REDACTED]	[REDACTED]	8/6/2008	342075	OXYCONTIN	80 MG	30	GUO, WEIXING MD	[REDACTED]	CROSS L
P	[REDACTED]	[REDACTED]	8/6/2008	342077	OXYCONTIN	40 MG	90	GUO, WEIXING MD	[REDACTED]	CROSS L
P	[REDACTED]	[REDACTED]	8/25/2008	2109320	OXYCODONE HC	30 MG	120	GUO, WEIXING MD	[REDACTED]	RX BY TE
P	[REDACTED]	[REDACTED]	8/25/2008	4120345	ALPRAZOLAM	1 MG	30	GUO, WEIXING MD	[REDACTED]	RX BY TE
P	[REDACTED]	[REDACTED]	8/26/2008	2109333	OXYCONTIN	40 MG	90	GUO, WEIXING MD	[REDACTED]	RX BY TE
P	[REDACTED]	[REDACTED]	9/4/2008	2109423	OXYCONTIN	80 MG	60	GUO, WEIXING MD	[REDACTED]	RX BY TE
P	[REDACTED]	[REDACTED]	9/22/2008	2109625	OXYCONTIN	40 MG	90	GUO, WEIXING MD	[REDACTED]	RX BY TE
P	[REDACTED]	[REDACTED]	9/29/2008	344783	OXYCONTIN	80 MG	60	GUO, WEIXING MD	[REDACTED]	CROSS LA
P	[REDACTED]	[REDACTED]	10/22/2008	345873	OXYCONTIN	40 MG	90	GUO, WEIXING MD	[REDACTED]	CROSS LA
P	[REDACTED]	[REDACTED]	10/22/2008	345874	OXYCONTIN	80 MG	60	GUO, WEIXING MD	[REDACTED]	CROSS LA

P	[REDACTED]	10/22/2008 345875	OXYCODONE 30 MG HC	120	GUO, WEIXING MD	[REDACTED]	CROSS L
P	[REDACTED]	11/11/2008 4410300	ALPRAZOLAM 1 MG	30	GUO, WEIXING MD	[REDACTED]	FRUTH -
P	[REDACTED]	11/18/2008 347087	OXYCONTIN 40 MG	90	GUO, WEIXING MD	[REDACTED]	CROSS L
P	[REDACTED]	11/18/2008 347088	OXYCODONE 30 MG HC	120	GUO, WEIXING MD	[REDACTED]	CROSS L
P	[REDACTED]	11/18/2008 347093	OXYCONTIN 80 MG	60	GUO, WEIXING MD	[REDACTED]	CROSS L
P	[REDACTED]	12/12/2008 4116763	ALPRAZOLAM 1 MG	30	GUO, WEIXING MD	[REDACTED]	LOOP PL
P	[REDACTED]	12/12/2008 2052394	OXYCODONE 30 MG HC	120	GUO, WEIXING MD	[REDACTED]	LOOP PL
P	[REDACTED]	12/12/2008 2052395	OXYCONTIN 80 MG	60	GUO, WEIXING MD	[REDACTED]	LOOP PL
P	[REDACTED]	12/12/2008 2052396	OXYCONTIN 40 MG	60	GUO, WEIXING MD	[REDACTED]	LOOP PL
P	[REDACTED]	1/6/2009 349482	ALPRAZOLAM 1 MG	5	GUO, WEIXING MD	[REDACTED]	CROSS L
P	[REDACTED]	1/9/2009 349773	OXYCODONE 30 MG HC	120	GUO, WEIXING MD	[REDACTED]	CROSS L

This Form Is Designed To Meet The Requirement for Coding Up To ICD-9-CM
Spine & Pain Clinic History/Physical (Established)

Patient Name: [Redacted]
 Date: 1/1/09
 BP: 1 mmHg; HR: bpm: Pain Scales (0-10): 5-8; Constant; Intermittent; **Both**

Chief C/O: My back hurts.
It has been there for some time.
 This is New/Old; Quality of Pain: aching; burning; stabbing; throbbing; pinning; other

Interventional Rx: _____
 How long lasted: _____
 Changes since last visit: same; better; worse; Headache: none; yes; Sleep: same; better; poor

Other: _____; Weight: same; gained/lost: _____ lb
 Medications: _____
 Response: very helpful; help some; not helpful; Why? _____
 Side effects of medications: none; nausea; vomit; dizziness; sleepy; constipated; unsteady; _____

Risk issues on CS: none; yes; if yes, why? _____; Urine Screen: _____
 Review of Systems: Smk: +; Alcohol: _____; Drugs: _____; HTN: _____; CAD: _____; MI: _____; DM: _____; Asthma: _____; COPD: _____; Kidneys: _____; Liver: _____; Other: _____

Discussed work, he says he is interviewing for a new job, bleed
 Physical Exam: _____

Mental A.O.x: ENT: 0; CV: 0; Chest: 0; Abd: 0; Other: _____
 Focused Local Exam: PG: limited ROM lumbar.
tender

Image Studies Review:
 X-ray: _____; CT: _____; MRI: _____; Other: _____
 Imp: Same; New ① lumbar disc degeneration back pain
② B/L sciatica.

Medical Decision Making:

1. _____
2. Meds: Continue current; Change current; Add new;
3. Discuss risks of diversion and side effects of CS: No; Yes;
4. Other issue discussed: ① IDIS
5. Schedule procedure: No; Yes
6. Return visit in: Two weeks; One month; Other
7. Rx:

- ① ESI
- ② Day Corts 80y B.i.d
- ③ Day Corts 40y ER T.i.d
- ④ Gabapentin Q.i.d.
- ⑤ Prozac

ICD-9
 1. 22273
 2. 7243
 3. _____
 CPT 9921 _____

Weixing William Guo, M.D.

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7950404

314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313

Phone (304) 776-7160 • Fax (304) 776-7161

Name P [REDACTED] T [REDACTED] Date 1/5/09

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Roxicodone 307
7.00. (D.U.)
\$120

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over Units
- Do Not Substitute
- Initials _____

Signature [Signature] Date _____

763297

SECURITY FEATURES LISTED ON REVERSE SIDE

16163/003

WV SPINE AND PAIN CLINIC

WEIXING WILLIAM GUO, M.D.

DEA #BG7950404

314 Goff Mountain Road • Suite 18 • Cross Lanes, WV 25313

Phone (304) 776-7160 • Fax (304) 776-7161

Name P [REDACTED] T [REDACTED] Date 1/5/09

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

OxyContin 4oz ER
7.00. tid
\$90
Brand Name necessary

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over Units
- Do Not Substitute
- Initials _____

3/003

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #BG7960494
314 Golf Mountain Road, Suite 16 • Cross Lanes, WV 25313
Phone (304) 776-7100 • Fax (304) 776-7161

Name [Redacted] Date 1/6/09
Address _____

R PRESCRIPTION IS VOID IF MORE THAN 3 CONTROLLED SUBSTANCE IS PRESCRIBED

Handwritten: Xms 17
j. Pa Qus
#5

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

Units _____
 Do Not Substitute
Initials _____

Signature [Signature]
Refill _____ Times _____
763298
SECURITY FEATURES LISTED ON REVERSE SIDE

16163/003

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #BG7960404
314 Golf Mountain Road, Suite 16 • Cross Lanes, WV 25313
Phone (304) 776-7100 • Fax (304) 776-7161

Name [Redacted] Date 1/6/09
Address _____

R PRESCRIPTION IS VOID IF MORE THAN 3 CONTROLLED SUBSTANCE IS PRESCRIBED

Handwritten: MRI Lumbur

Handwritten: Dx: LBP.
disogenic back pain

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over

Units _____
 Do Not Substitute
Initials _____

Signature [Signature]
Refill _____ Times _____
763299
SECURITY FEATURES LISTED ON REVERSE SIDE

16163/003

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #B3700404
314 Golf Mountain Road • Suite 10 • Cross Lanes, WV 25913
Phone (304) 776-7100 • Fax (304) 776-7101

Name D [REDACTED] E [REDACTED] Date 1/6/09

Address _____
R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Oxy Contin 80mg
7.2 - Bic
#60

Brand Name
necess oxy

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- _____ Units

Do Not Substitute
Initials _____

Signature _____
Refill 6 Times

763295

SECURITY FEATURES LISTED ON REVERSE SIDE

16163/003

WV Spine and Pain Clinic

340 State Street
Madison, WV 25130
Tel: (304)307-6618

314 Goff Mountain Road, Suite 18
Cross Lanes, W 25313
Tel: (304)561-7879

D.O.B. [redacted]

Acknowledgement of Consent to Procedures

Patient Name: [redacted]

I, hereby request and authorize Dr. Weidong William Guo, of WV Spine and Pain Clinic to provide the following procedure(s):

Lumbar epidural steroid injections 145

The Treatment Objectives:

1. Pain relief; 2. Decrease inflammation; 3. Improve function
During the procedure, I also authorize my doctor to do: 1. Injection of local anesthetic with or without steroids, contrast media, antibiotics; 2. radiofrequency ablation of the nerve branch that might be responsible to my pain.
I understand that my doctor may give me sedatives and local anesthetics to relieve pain and anxiety, giving me intravenous fluid and antibiotics if necessary.

I understand that any type of procedure involves risks, including but not limited, allergic reactions, injection site pain, bleeding, infection, damage to the nerves and tissues, nearby organs, paralysis, seizure, cardiac arrest, brain damage, even death. If complication is severe enough, I consent to be admitted to the hospital for further treatment.

I understand that headache, neck stiffness or burning sensation, or backache may occur after spinal and epidural procedures, and side effects of steroid may also occur. I understand one or both of my extremities may become weak and have risk of fall within a few hours of procedure.

My question about the procedure has been answered, and I believe that I have enough information to give this informed consent. My physician has discussed the risks and benefits of the procedure including problems with recuperation and alternative treatments(if any). I understand, however, the procedure may have to be changed without explaining to me. I have been given no promise nor guarantees about the procedure or its results.

I certify I have read(or had read to me) the contents of this form. I understand the risks and alternatives involved and I have had the opportunity to ask questions. All my questions have been answered and I wish to proceed.

Note to patient: If the information you desired in this consent has not been met, do not sign this form.

Patient Signature [redacted]

Date 11/6/09

Physician Signature [Signature]

ICD
CPT
1. _____
2. _____
3. _____
4. _____
5. _____

Insurance _____

WV Spine and Pain Clinic Procedure Note

Date: 01-06/2009

Name: Terry P.

DOB:

Procedure Name: Lumbar Interlaminar Epidural Steroid Injection

Level at L4-5(CPT 62311)

X-Ray Fluoroscopic Guidance (CPT 77003)

Anesthesia/Sedation: None

Diagnosis: LBP, Lumbar disc protrusions (ICD-9 722.73)

Sciatica, Right(ICD-9 724.3)

Procedure Report:

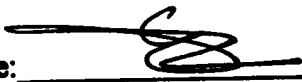
Following written consent obtained from the patient, the patient was asked to lay prone position on the table.

Moving C-Arm to localize interlaminar space L4-L5. Mark on the skin. The disc space between L4-5 and L5-S1 seem 40-50% narrower than normal. Skin is then cleansed, draped using standard sterilization technique. The site of needle entry is chosen at approximate 1" below the interlaminar space of interest, and is infiltrated with 1% Lidocaine 2.0ml. A #22-gauge 10 cm needle is inserted aiming at L5 lamina first, and advance cephalad toward L4-L5 interlaminar space. Connect the Lure-lock syringe containing 1.0ml of sterilized water and 1.0ml of air. Continue advancing the needle while gently pushing the syringe until the loss of resistance. Aspirate to confirm the absence of blood and CSF. Inject 2.0ml of Omnipaque-240 to confirm the correct placement of tip of the needle and there is no intravascular take-off, 40mg of Kenalog(1.0ml), 5.0ml of 0.25% Robivacaine is injected into the interlaminar epidural space while observing the patient's responses. Remove the needle at the end. Cover the site with Band-Aid.

Bilateral lower extremity movements were checked briefly, and were satisfactory. The patient tolerated the procedure well, and was sent to recovery area for further observation before discharge. Patient reported a immediate pain relief following the block. Patient was able to walk out of the clinic without assistance. Post-procedure instruction was given.

Follow up: Patient is scheduled to a returned visit in four weeks.

Physician: Weixing W. Guo, M.D.

Signature:  _____

Date: 6/6/08



Rational Drug Therapy Program
West Virginia University School of Pharmacy
On Behalf of the WV Bureau for Medical Services
PO Box 9511 HSCN
Morgantown, WV 26506

FAX, Phone, Mail Completed form to:
FAX: 1-800-531-7787
Phone: 1-800-847-3859
 (Please print or type)

Preferred Drug List Exemption Request

Patient Name (Last) (First) (MI)	WV Medicaid 11 Digit ID #	Date of Birth
T [redacted] P [redacted]		[redacted]

Practitioner Name (Last) (First) (MI)	Practitioner Address (Street) (City) (State) (Zip)		
Guo WEIKING W.	314 Goff Mountain Rd. WV 25313 All Crossroads		
Practitioner DEA Number	Return Phone #	Return FAX #	
B97950404	(804) 776-7160	(304) 776-7161	

Non-Preferred Medication Name:	Dose	Directions
Oxy Contin	4mg/800	P.O. Bid
Diagnosis:	(Optional) Diagnosis Code (ICD-9-CM)	
① Labor disogeni back pain ② Sciatica ③ Caput Lumen syndrome	7 2 2 2 7 3	

Please answer each of the following questions for your request to prescribe a non-preferred drug for your patient:

1. Has the patient experienced treatment failure with the preferred product(s) Yes No

2. Does the patient have a condition that prevents the use of the preferred product(s)? Yes No
 If YES, list the condition(s) in the box below:

3. Is there a potential drug interaction between another medication and the preferred product(s)? Yes No
 If YES, list the interaction(s) in the box below:

4. Has the patient experienced intolerable side effects while on the preferred product(s)? Yes No
 If YES, list the side effects in the box below:

Practitioner Signature: [Signature]
 (If a signature stamp is used then the prescribing practitioner must initial the signature, signatures by agents of the practitioner are not acceptable)

Confidentiality Notice: The documents accompany this telecopy contain legally confidential information belonging to the sender. This information is intended only for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copy distribution or actions taken in reliance on the content of these documents is strictly prohibited. If you have received this telecopy in error, please notify the sender immediately to arrange for return of the documents.

IF YOU DO NOT RECEIVE ALL THE PAGES PLEASE CALL 1-800-847-3859

Date 1/20/2019 Patient Name P. T. DOB: _____

Chief C/O: _____

my lower back hurts. I had a trip and hurts my back.

Pain Scale (0-10) 6, constant: intermittent: Both;

This is New/Different: Quality of Pain: aching; burning; stabbing; throbbing; pinning; other _____;

Interventional Rx Yes

Changes since last visit: same; better; worse _____; Headache: None; yes; Sleep: same; better; poor.

Others _____

Mood: same; better; depressed; irritable; suicidal; other _____; Weight: same; gained/lost: _____ lb;

Medication Reviews: _____

Response: very helpful; help some; not helpful; Why? _____

Side effects of medications: none; nausea; vomit; dizziness; itching; sleepy; constipated; unsteady; _____

Risk issues on CS: none; yes; if yes, why? _____; Screen: Yes; No:

Review of Systems: Smk f; Alcohol _____; Drugs _____; HTN _____; CAD _____; MI _____; DM _____; Asthma _____; Ca _____;

COPD _____; Kidneys _____; Liver _____; Other _____

Physical Exam: _____

Mental A.O.S ENT: D; CV: REN; Chest: CR; Abd: Soft; Other _____

Focused Local Exam: _____

PS: Lumbosacral tender. Rt knee reflex decreased. I had long discussion with him in the presence of his wife. They worried they couldn't find a physician in a month. Would front if they could get a few more

Imp: Same; New Lumbosacral dysfunction back pain leads to cope with
② Rt leg sensation.

Medical Decision Making ③ Rt wrist carpal tunnel.

1. Meds: Continue current; Change current; Add new;
2. Discuss risks of diversion and safety of CS: No; Yes; If yes, time spent 2 min;
 Diversion, Safety; Patient understood: Completely; Partially; Dose not understand;
3. Schedule procedure: No; Yes _____
4. Return visit in: Two weeks; One month; Other _____

5. Rx: Massage Therapy; Psychiatrist Counsel; Referral; ICD-9

① Oxy Contin 600 ER Tid
② Xanax 17 PRN
③ Roxicodone 600
④ Oxy Contin 800 ER Tid

1. _____
2. _____
3. _____
4. _____

CPT 9921 _____

Weixing William Guo, M.D.

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.
DEA #BG7950404

314 Goff Mountain Road • Suite 16 • Cross Lanes, WV 25313
Phone (304) 778-7160 • Fax (304) 778-7161

Name P [REDACTED] T [REDACTED] Date 1/28/09
Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Oxy Contin 40jE
7.P. Bid
#60

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over Units
- Do Not Substitute

Brand Name
Necess any

Signature [Signature]
Refill 0 Times

762637
SECURITY FEATURES LISTED ON REVERSE SIDE

16163/003

changed format
due to medicaid
requirements.

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.
DEA #BG7950404

314 Goff Mountain Road • Suite 16 • Cross Lanes, WV 25313
Phone (304) 778-7160 • Fax (304) 778-7161

Name P [REDACTED] T [REDACTED] Date 1/28/09
Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Oxy Contin 50j
7.P. QD
#30

- 1-24
- 25-49
- 50-74
- 75-100
- 101-150
- 151 and over Units
- Do Not Substitute

Brand Name
Necess any
OK to fill with other

Signature [Signature]
Refill 0 Times

762640
SECURITY FEATURES LISTED ON REVERSE SIDE

16163/003

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #BG7900404
314 Golf Mountain Road • Suite 16 • Cross Lanes, WV 26313
Phone (304) 776-7160 • Fax (304) 776-7161

Name P [REDACTED] T [REDACTED] Date 1/28/09
Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

OxyContri 807
j.p.o. Bid
#60

Brand Name _____

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- _____ Units
- Do Not Substitute
Initials _____

Signature _____
Roll D Times _____
762638
SECURITY FEATURES LISTED ON REVERSE SIDE

pt come back today
state Medicaid Report
two separate prescrip
in order to have the
filled.
prescription on 1/26/09
destroyed!

16163/003

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #BG7900404
314 Golf Mountain Road • Suite 16 • Cross Lanes, WV 26313
Phone (304) 776-7160 • Fax (304) 776-7161

Name P [REDACTED] T [REDACTED] Date 1/28/09
Address _____

Rx PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

OxyContri 407
j.p.o. Bid
#30
Brand Name Necessary
OK to fill together.

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- _____ Units
- Do Not Substitute
Initials _____

Signature _____
Roll D Times _____
762632
SECURITY FEATURES LISTED ON REVERSE SIDE

16163/003

WV SPINE AND PAIN CLINIC
WEIXING WILLIAM GUO, M.D.

DEA #BG7950404
314 Golf Mountain Road • Suite 16 • Cross Lanes, WV 25313
Phone (304) 776-7160 • Fax (304) 776-7161

Name P [REDACTED] T [REDACTED]

Address _____ Date 1/28/09

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

Phenergan 25-j
7. po. Bid
#60

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- _____ Units

Do Not Substitute
Initials _____

Signature _____
Refill 2 Times

762633
SECURITY FEATURES LISTED ON REVERSE SIDE

16163/003

Date 2/13/2020 Patient Name [Redacted] DOB: _____

Chief C/O: _____

I have severe pain in my lower back. I can't get out of bed because of pain in my back and legs.

Pain Scales (0-10): 8 Constant: intermittent Both: _____

This is New/Old/different: Quality of Pain: aching, burning, stabbing, throbbing, pinning, other: Shooting

Interventional Rx: Yes ESZ 1-6-09

Changes since last visit: same, better, worse: _____ Headache: none, yes, Sleep: same, better, worse

Others: _____

Mood: same, better, depressed, irritable, suicidal, other: _____ Weight: same, gained/lost: _____ lb.

Medication Reviews: Yes. He has been taking 20mg of Gabapentin 3-4 times a day instead of twice a day.

Response: very helpful; help some; not helpful; Why? _____

Side effects of medications: none; nausea; vomit; dizziness; itching; sleepy; constipated; unsteady: _____

Risk issues on CS: none; yes; if yes, why? _____ Screen: Yes; No: _____

Review of Systems: Sunk +; Alcohol -; Drugs -; HTN -; CAD -; MI -; DM -; Asthma -; COPD -; Kidneys -; Liver -; Other: _____

Physical Exam:

Mental A.O.s ENT: D; CV: RM; Chest: CR; Abd: Soft; Other: D

Focused Local Exam:

Ps: Tender points @ L4-5, L5-S1. with slightly decreased bilateral knee reflexes.

I had lengthy discussion with

Imp: Same; New (1) LBP, discogenic
(2) BCL sciatica
(3) opioid tolerance

Medical Decision Making:

- Meds: Continue current; Change current; Add new;
- Discuss risks of diversion and safety of CS: No; Yes; If yes, time spent 2 min;
OD Diversion, Safety, Patient understood: Completely; Partially; Dose not understand;
- Schedule procedure: Yes
- Return visit in: Two weeks; One month; Other _____
- Rx: Massage Therapy; Psychiatrist Counsel; Referral; ICD-9

(1) Discussed medical's compliance. (2) He is concerned running out of meds while looking for another doc. I had lengthy discussion with him in the presence of Taddy and his wife. Agreed to comply. Understand-dis is the last visit. Referral has been arranged.

Weixing William Guo, M.D.

CPT 9921

WV SPINE AND PAIN CLINIC

WEIXING WILLIAMS, M.D.

DEA # 37-000404

311 Goff Mountain Road • Suite 100 • Cross Lanes, WV 25313

Phone (304) 778-7161 Fax (304) 778-7161

Name P. [REDACTED] T. [REDACTED] Date 2/13/09

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units

Exog Control 407
 Brand Name *Exog Control 407*
7.20 QID
OK to fill with others. \$30

To indicate that a brand name product be dispensed the practitioner must hand write "Brand Medically Necessary"

Signature [Signature]

Refill 0 Times

101111

SECURITY FEATURES: SEE REVERSE SIDE

WEIXING WILLIAMS, M.D.

DEA # 37-000404

311 Goff Mountain Road • Suite 100 • Cross Lanes, WV 25313

Phone (304) 778-7161 Fax (304) 778-7161

Name P. [REDACTED] T. [REDACTED] Date 2/13/09

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units

Roxicodone 307
7.20 QID
120

To indicate that a brand name product be dispensed the practitioner must hand write "Brand Medically Necessary"

Signature [Signature]

Refill 0 Times

101111

SECURITY FEATURES: SEE REVERSE SIDE

WV SPINE AND PAIN CLINIC

WEIXING WILLIAMS, M.D.

DEA # 37-000404

311 Goff Mountain Road • Suite 100 • Cross Lanes, WV 25313

Phone (304) 778-7161 Fax (304) 778-7161

Name P. [REDACTED] T. [REDACTED] Date 2/13/09

Address _____

R PRESCRIPTION IS VOID IF MORE THAN 1 CONTROLLED SUBSTANCE IS PRESCRIBED

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- Units

Exog Control 407 ER
7.20 BID

16801/003

16801/003

WV SPINE AND PAIN CLINIC

WEIXING WU, M.D.

DEA # 37-000004

14 Goff Mountain Road • Suite 106 • Cross Lanes, WV 25313

Phone (304) 775-7777 • Fax (304) 776-7777

Name P. T. Date 2/13/09
Address _____

R PRESCRIPTIONS VOID IF MORE THAN 1 CONTRAINDICATION OR SUBSTANCE IS PRESCRIBED

*Pravacel 407
70 QD
\$30*

- 1-24
 - 25-49
 - 50-74
 - 75-100
 - 101-150
 - 151 and over
- _____ Units

When a brand name product is dispensed the practitioner must hand write "Brand Medically Necessary"

Signature _____
Refill 2 times

10/1/02

SECURITY FEATURE: SEE REVERSE SIDE

16801/003

541939
02/10/2009

SUBSCRIBER INFORMATION

AT&T

860659278

C/T

FINANCIALLY LIABLE PARTY

Name:WEI GUO
Credit Address:314 GOFF MOUNTAIN RD STE 16, CROSS LANES, WV 25313
Customer Since:10/08/2004
Photo ID Type: Photo ID State:
Photo ID Number: SSN:
DOB:
Contact Name:
Contact Home Phone:(000) 000-0000 Contact Work Phone:(000) 000-0000
Contact Home Email:WEIXING@YAHOO.COM Contact Work Email:

BILLING PARTY

Account Number:860659278
Name:WEI GUO
Billing Address:314 GOFF MOUNTAIN RD STE 16, CROSS LANES, WV 25313
Account Status: Active Billing Cycle: 7

USER INFORMATION

MSISDN:(304) 561-7879 IMSI: 310410086531963
MSISDN Active: 10/08/2004 - Current IMEI/ESN: 011354000778835/
Name:WEI GUO
User Address:314 GOFF MOUNTAIN RD STE 16, CROSS LANES, WV 25313
Service Start Date:10/08/2004 Dealer Info: DTV5 1045V
Payment Type: Postpaid
Contact Name:
Contact Home Phone: Contact Work Phone:
Contact Home Email:WEIXING@YAHOO.COM Contact Work Email:

Status Change Reason:

STATUS CHANGE HISTORY

Status Change Date:

Contract Accepted 03/09/2008
Non-Pay Manual Restoral 01/23/2008
NON PAY CACS-T SUSPEND 01/22/2008
Non Payment - Automatic 11/23/2007
NON PAY CACS-T SUSPEND 11/21/2007

VAS

AT&T Proprietary Page:1
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541939
02/10/2009 SUBSCRIBER INFORMATION AT&T

860659278 C/T

FINANCIALLY LIABLE PARTY

Name:WEI GUO
Credit Address:314 GOFF MOUNTAIN RD STE 16, CROSS LANES, WV 25313
Customer Since:10/08/2004
Photo ID Type: Photo ID State:
Photo ID Number: SSN:
DOB:
Contact Name:
Contact Home Phone:(000) 000-0000 Contact Work Phone:(000) 000-0000
Contact Home Email:WEIXING@YAHOO.COM Contact Work Email:

BILLING PARTY

Account Number:860659278
Name:WEI GUO
Billing Address:314 GOFF MOUNTAIN RD STE 16, CROSS LANES, WV 25313
Account Status: Active Billing Cycle: 7

USER INFORMATION

MSISDN:(304) 881-1990 IMSI:
MSISDN Active: 11/05/2008 - 02/06/2009 IMEI/ESN: /
Name:WEI GUO

User Address: 314 GOFF MOUNTAIN RD STE 16, CROSS LANES, WV 25313
 Service Start Date: 11/05/2008 Dealer Info:
 Payment Type: Postpaid
 Contact Name:
 Contact Home Phone: Contact Work Phone:
 Contact Home Email: Contact Work Email:

STATUS CHANGE HISTORY
 Status Change Reason: Status Change Date:

Lost/Stolen 12/08/2008
 Contract Accepted 11/05/2008
 CTN Activation 11/05/2008
 Contract Acceptance Required 11/05/2008

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541939
 02/10/2009
 860659278

 C/T (304) 561-7879

 AT&T

FEATURE	START DATE	END DATE
900 ANYTIME MINUTES	01/26/2009 12:00 AM	
ANYTIME ROLLOVER MINS	01/26/2009 12:00 AM	
AT&T DirectBill	01/26/2009 12:00 AM	
BasicVoiceMail	01/26/2009 12:00 AM	
CALL WAITING	01/26/2009 12:00 AM	
CALLER ID	01/26/2009 12:00 AM	
Call Hold	01/26/2009 12:00 AM	
DATA USAGE	01/26/2009 12:00 AM	
DOMESTIC LD	01/26/2009 12:00 AM	
DOMESTIC LD	01/26/2009 12:00 AM	
DOMESTIC LD	01/26/2009 12:00 AM	
DOMESTIC LD	01/26/2009 12:00 AM	
DUMMY FEATURE FOR ELA SOC (CALLING AREAS	01/26/2009 12:00 AM	
Direct Bill Detail	01/26/2009 12:00 AM	
EXPANDED M2M	01/26/2009 12:00 AM	
Extended Local Area Including Toll(Call)	01/26/2009 12:00 AM	
IMMEDIATE CALL FORWARD	01/26/2009 12:00 AM	
INTERNATIONAL LD	01/26/2009 12:00 AM	

INTERNATIONAL LD
 INTERNATIONAL LD
 IRM Bundled Feature
 Int'l Text Messaging
 IntLongDistAllowed
 International Roaming
 LBS Account Holder
 MESSAGE NOTIFICATION
 Multimedia Messaging
 N&W Comes First UTOLT
 NO ANSWER CALL FORWARD
 Nation GSM
 Rollover Minutes
 THREE WAY CALLING
 Text/Instant Msgs
 Toll International
 UNL Nght & Wknd Min
 UNLTD EXP M2M MINS
 Upgrade
 Upgrade Fee

01/26/2009 12:00 AM
 01/26/2009 12:00 AM
 01/26/2009 12:00 AM
 01/26/2009 12:00 AM
 01/26/2009 12:00 AM
 01/26/2009 12:00 AM
 11/14/2007 12:00 AM
 01/26/2009 12:00 AM
 01/26/2009 12:00 AM
 01/26/2009 12:00 AM
 01/26/2009 12:00 AM
 01/26/2009 12:00 AM
 01/26/2009 12:00 AM
 01/26/2009 12:00 AM
 01/26/2009 12:00 AM
 06/07/2006 12:00 AM
 03/10/2008 12:00 AM

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 distribution.

541939

10-FEB-09

INVOICES/CT

AT&T

Billing Cycle Date: 09/21/07 - 10/20/07

Account Number: 860659278

Call Detail (Continued)

304-561-7879

User Name: WEI GUO

Call To: **=International Call Terminated to Mobile

Rate Code: RM45=450 Rollover Mins, 5KNW=5000 N&W, MME0=Unlimited Expd M2M, CN1N=NATP450RUMM5KNW

Rate Period (PD): DT=Daytime, NW=Nwknd

239	08/05	2:58PM	[REDACTED]	INCOMI CL	2	RM45	DT
0.00							
240	08/05	3:24PM	[REDACTED]	VAN WV	1	RM45	DT
0.00							
241	08/05	3:34PM	304-757-3203	INCOMI CL	3	RM45	DT
0.00							
242	08/05	3:36PM	304-757-3203	INCOMI CL	1	RM45	DT
0.00							
243	08/05	3:40PM	304-757-3203	SCOTTD WV	6	RM45	DT
0.00							
244	08/05	5:28PM	[REDACTED]	INCOMI CL	6	RM45	DT
0.00							
245	WED 08/06	9:36AM	[REDACTED]	CHARLE WV	2	RM45	DT
0.00							
246	08/06	11:08AM	[REDACTED]	INCOMI CL	1	RM45	DT
0.00							
247	08/06	11:09AM	[REDACTED]	INCOMI CL	2	RM45	DT
0.00							
248	08/06	12:56PM	[REDACTED]	INCOMI CL	2	RM45	DT
0.00							
249	08/06	1:50PM	[REDACTED]	INCOMI CL	1	RM45	DT
0.00							
250	08/06	3:31PM	[REDACTED]	INCOMI CL	2	RM45	DT
0.00							
251	08/06	3:50PM	[REDACTED]	INCOMI CL	2	RM45	DT
0.00							
252	08/06	7:04PM	[REDACTED]	CHARLE WV	1	RM45	DT
0.00							
253	08/06	9:45PM	[REDACTED]	VMAIL CL	2	5KNW	NW VM
0.00							

347	08/15	9:50PM	[REDACTED]	CHARLE WV	2	5KNW	NW
0.00							
348	08/15	11:47PM	[REDACTED]	VMAIL CL	1	5KNW	NW VM
0.00							
349	SAT	08/16	4:35PM	304-757-3203	4	5KNW	NW
0.00							
350	08/16	4:55PM	[REDACTED]	INCOMI CL	10	5KNW	NW
0.00							
351	08/16	5:56PM	304-757-3203	INCOMI CL	2	5KNW	NW
0.00							
352	08/16	6:00PM	[REDACTED]	CHARLE WV	2	5KNW	NW
0.00							
353	08/16	6:18PM	[REDACTED]	CHARLE WV	1	5KNW	NW
0.00							
354	08/16	6:21PM	[REDACTED]	INCOMI CL	2	5KNW	NW
0.00							
355	08/16	6:23PM	304-757-3203	SCOTTD WV	1	5KNW	NW
0.00							
356	08/16	6:50PM	[REDACTED]	INCOMI CL	1	5KNW	NW
0.00							
357	08/16	9:52PM	[REDACTED]	CHARLE WV	4	5KNW	NW
0.00							
358	08/16	9:55PM	[REDACTED]	CHARLE WV	5	5KNW	NW
0.00							
359	08/16	10:19PM	304-757-3203	INCOMI CL	7	5KNW	NW
0.00							
360	08/16	10:37PM	[REDACTED]	MADISO WV	2	5KNW	NW
0.00							
361	08/16	10:46PM	[REDACTED]	INCOMI CL	1	5KNW	NW
0.00							

123	09/02	11:32AM	[REDACTED]	NITRO WV	1	RM45	DT
0.00							
124	09/02	12:12PM	[REDACTED]	INCOMI CL	1	RM45	DT
0.00							
125	09/02	1:34PM	[REDACTED]	NITRO WV	3	RM45	DT
0.00							
126	09/02	4:17PM	[REDACTED]	LOGAN WV	7	RM45	DT
0.00							
127	09/02	5:37PM	[REDACTED]	ERIE PA	1	RM45	DT
0.00							
128	09/02	7:49PM	[REDACTED]	MADISO WV	9	RM45	DT
0.00							
129	09/02	7:58PM	[REDACTED]	CHARLE WV	1	MME0	DT M2MC
0.00							
130	WED 09/03	11:21AM	[REDACTED]	INCOMI CL	6	RM45	DT
0.00							
131	09/03	1:30PM	[REDACTED]	CHARLE WV	1	MME0	DT M2MC
0.00							
132	09/03	1:34PM	[REDACTED]	CHARLE WV	1	MME0	DT M2MC
0.00							
133	09/03	1:35PM	[REDACTED]	INCOMI CL	2	MME0	DT M2MC
0.00							
134	09/03	2:40PM	[REDACTED]	LOGAN WV	1	RM45	DT
0.00							
135	09/03	2:42PM	[REDACTED]	LOGAN WV	9	RM45	DT
0.00							
136	09/03	3:19PM	[REDACTED]	INCOMI CL	2	RM45	DT
0.00							
137	09/03	4:50PM	304-757-3203	INCOMI CL	2	RM45	DT
0.00							

138	09/03	5:20PM	[REDACTED]	MADISO WV	1	RM45	DT
0.00							
139	09/03	5:30PM	[REDACTED]	MADISO WV	1	RM45	DT
0.00							
140	09/03	5:31PM	[REDACTED]	MADISO WV	1	RM45	DT
0.00							
141	09/03	5:50PM	[REDACTED]	MADISO WV	1	RM45	DT
0.00							
142	09/03	5:53PM	[REDACTED]	MADISO WV	1	RM45	DT
0.00							
143	09/03	5:55PM	[REDACTED]	MADISO WV	1	RM45	DT
0.00							
144	09/03	6:00PM	[REDACTED]	BRANCH WV	2	RM45	DT
0.00							
145	09/03	6:05PM	304-757-3203	INCOMI CL	2	RM45	DT
0.00							
146	09/03	6:09PM	[REDACTED]	LOGAN WV	1	MME0	DT M2MC
0.00							
147	09/03	6:11PM	[REDACTED]	LOGAN WV	1	MME0	DT M2MC
0.00							
148	09/03	6:11PM	[REDACTED]	LOGAN WV	1	MME0	DT M2MC
0.00							
149	09/03	6:13PM	[REDACTED]	MADISO WV	1	RM45	DT
0.00							
150	09/03	6:15PM	[REDACTED]	MADISO WV	4	RM45	DT
0.00							
151	09/03	6:19PM	304-757-3203	INCOMI CL	15	RM45	DT
0.00							
152	09/03	6:35PM	[REDACTED]	MADISO WV	4	RM45	DT
0.00							

Line	Time	Day	Area	Code	Rate	Rate Fea
153	09/03 6:39PM		VAN WV	2 RM45	DT	
0.00						
154	09/03 6:49PM		MADISO WV	1 RM45	DT	
0.00						
155	09/03 6:50PM		MADISO WV	2 RM45	DT	
0.00						
156	09/03 7:11PM		MADISO WV	2 RM45	DT	
0.00						
157	09/03 7:14PM		INCOMI CL	4 RM45	DT	
0.00						
158	09/03 8:07PM		SCOTTD WV	3 RM45	DT	
0.00						
159	09/03 9:20PM		CHARLE WV	3 5KNW	NW	
0.00						
160	09/03 9:23PM		CHARLE WV	1 5KNW	NW	
0.00						
161	09/03 9:24PM		CHARLE WV	1 5KNW	NW	
0.00						
162	09/03 10:21PM		INCOMI CL	9 5KNW	NW	
0.00						

Billing Cycle Date: 08/21/08 - 09/20/08

Account Number: 860659278

304-561-7879

Call Detail (Continued)

User Name: WEI GUO

Rate Code: MME0-Unlimited Expd M2M, CN1N-NTN450RUMM5KNW, 5KNW=5000 N&W, RM45=450 Rollover Mins

Rate Period (PD): DT-Daytime, NW-Nwknd

Feature: M2MC-EXPANDED M2M, VM-MESSAGE PLUS, CW-CALL WAITING

Number Rate Rate Fea- Airtime LD/Add'l Total

284	0.90	09/17	7:05PM	[REDACTED]	INCOMI CL	2	CN1N	DT	0.90
285	6.75	09/17	7:06PM	[REDACTED]	INCOMI CL	15	CN1N	DT	6.75
286	0.90	09/17	7:20PM	[REDACTED]	CALL WAIT	2	CN1N	DT	0.90
287	23.85	09/17	7:22PM	[REDACTED]	VAN WV	53	CN1N	DT	23.85
288	0.45	THU 09/18	8:27AM	[REDACTED]	INCOMI CL	1	CN1N	DT	0.45
289	0.45	FRI 09/19	2:29PM	[REDACTED]	INCOMI CL	1	CN1N	DT	0.45
290	0.00	09/19	5:05PM	[REDACTED]	INCOMI CL	8	MME0	DT	M2NC
291	0.45	09/19	5:30PM	[REDACTED]	INCOMI CL	1	CN1N	DT	0.45
292	0.90	09/19	5:59PM	[REDACTED]	INCOMI CL	2	CN1N	DT	0.90
293	0.00	SAT 09/20	3:36PM	[REDACTED]	VMAIL CL	2	5KNW	NW	VM
294	0.00	09/20	3:38PM	[REDACTED]	VMAIL CL	1	5KNW	NW	VM
295	0.00	09/20	3:39PM	304-757-3203	SCOTTD WV	18	5KNW	NW	
296	0.00	09/20	3:57PM	[REDACTED]	CHARLE WV	1	5KNW	NW	
297	0.00	09/20	11:19PM	[REDACTED]	VAN WV	96	5KNW	NW	

Item	Day	Date	Time	Number	Called	Call To	Min	Rate	Code	Rate Fea-	Airtime	LD/Add'l	Total	Charge
45		09/26	2:02PM			INCOMI CL	2	RM45	DT					
0.00														
46		09/26	6:16PM			VAN WV	1	RM45	DT					
0.00														
47		09/26	6:17PM			LOGAN WV	1	RM45	DT					
0.00														
48		09/26	6:22PM			INCOMI CL	18	RM45	DT					
0.00														
49		09/26	6:40PM			SCOTT D WV	5	RM45	DT					
0.00														
50		09/26	8:00PM			VMAIL CL	2	RM45	DT					
0.00														
51		09/26	11:42PM			VMAIL CL	1	5KNW	NW					
0.00														
52		SAT 09/27	9:31AM			INCOMI CL	2	5KNW	NW					
0.00														
53		09/27	1:34PM			CHICAG IL	1	5KNW	NW					
0.00														

Billing Cycle Date: 09/21/08 - 10/20/08

Account Number: 860659278

304-561-7879

Call Detail (Continued)

User Name: WEI GUO

Call To: **=International Call Terminated to Mobile

Rate Code: RM45=450 Rollover Mins, 5KNW=5000 N&W, MME0=Unlimited Expd M2M

Rate Period (PD): DT=Daytime, NW=Nwkn

Feature: CW=CALL WAITING, VM=MESSAGE PLUS, M2MC=EXPANDED M2M

Item	Day	Date	Time	Number	Called	Call To	Min	Rate	Code	Rate Fea-	Airtime	LD/Add'l	Total	Charge
------	-----	------	------	--------	--------	---------	-----	------	------	-----------	---------	----------	-------	--------

54	09/27	2:32PM	[REDACTED]	CHICAG IL	1	5KNW	NW
0.00							
55	09/27	3:19PM	[REDACTED]	INCOMI CL	3	5KNW	NW
0.00							
56	09/27	4:40PM	[REDACTED]	NITRO WV	1	5KNW	NW
0.00							
57	09/27	4:41PM	[REDACTED]	NITRO WV	2	5KNW	NW
0.00							
58	09/27	5:05PM	[REDACTED]	INCOMI CL	1	5KNW	NW
0.00							
59	09/27	5:38PM	304-757-3203	INCOMI CL	9	5KNW	NW
0.00							
60	09/27	6:15PM	304-757-3203	INCOMI CL	3	5KNW	NW
0.00							
61	SUN 09/28	11:46AM	304-757-3203	INCOMI CL	16	5KNW	NW
0.00							
62	09/28	1:22PM	[REDACTED]	LOGAN WV	6	5KNW	NW
0.00							
63	09/28	1:28PM	[REDACTED]	CHICAG IL	1	5KNW	NW
0.00							
64	09/28	1:41PM	[REDACTED]	INCOMI CL	1	5KNW	NW
0.00							
65	09/28	5:50PM	[REDACTED]	BUFFAL NY	10	5KNW	NW
0.00							
66	MON 09/29	8:52AM	[REDACTED]	CHARLE WV	3	MME0	DT M2MC
0.00							
67	09/29	10:13AM	[REDACTED]	INCOMI CL	1	RM45	DT
0.00							
68	09/29	12:17PM	[REDACTED]	INCOMI CL	1	RM45	DT
0.00							


138	10/05	9:28AM	[REDACTED]	CHINA	1	5KNW	NW
0.00							
139	THU 10/16	6:26PM	[REDACTED]	CHARLE WV	3	RM45	DT
0.00							
140	10/16	8:15PM	304-757-3203	SCOTTD WV	2	RM45	DT
0.00							
141	10/16	8:17PM	[REDACTED]	CHARLE WV	1	RM45	DT
0.00							
142	10/16	8:37PM	304-757-3203	SCOTTD WV	5	RM45	DT
0.00							
143	10/16	8:41PM	[REDACTED]	CHARLE WV	1	RM45	DT
0.00							
144	10/16	10:00PM	[REDACTED]	CHARLE WV	1	5KNW	NW
0.00							
145	FRI 10/17	8:46AM	[REDACTED]	INCOMI CL	2	RM45	DT
0.00							
146	10/17	11:10AM	[REDACTED]	CHARLE WV	16	RM45	DT
0.00							
147	10/17	11:28AM	[REDACTED]	CHARLE WV	5	RM45	DT
0.00							
148	10/17	12:05PM	304-757-3203	SCOTTD WV	3	RM45	DT
0.00							
149	10/17	12:13PM	[REDACTED]	CHARLE WV	2	RM45	DT
0.00							
150	10/17	12:16PM	[REDACTED]	INCOMI CL	3	RM45	DT
0.00							
151	10/17	12:45PM	[REDACTED]	INCOMI CL	3	RM45	DT
0.00							
152	10/17	12:47PM	[REDACTED]	CALL WAIT	9	RM45	DT CW
0.00							

CERTIFICATE OF SERVICE

I, John A. W. Lohmann, Counsel for the West Virginia Board of Medicine, do hereby certify that I have served the following **NOTICE OF REVOCATION** upon Weixing Guo, M.D., and his counsel of record, on the 8th day of March 2010, by depositing copies of the same in the United States Mail, postage prepaid, Certified, addressed as follows:

Weixing Guo, M.D.
100 Peyton Way, Suite 200
Charleston, WV 25309

George G. Guthrie, Esq.
Allen, Guthrie & Thomas, PLLC
500 Lee Street East, Suite 800
Charleston, WV 25301



John A. W. Lohmann
W.Va. Bar No. 6343

BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN RE: MAX ALLEN HARNED, M.D.

AMENDED CONSENT ORDER

The West Virginia Board of Medicine (“Board”) and Max Allen Harned, M.D. (“Dr. Harned”) , freely and voluntarily enter into the following Amended Consent Order pursuant to the provisions of W.Va. Code § 30-3-14, *et seq.*:

FINDINGS OF FACT

1. Dr. Harned formerly held a license to practice medicine and surgery in the State of West Virginia, License No. 12679, issued originally in 1981, and his address of record is in Bruceton Mills, West Virginia.
2. On November 1, 2006, Dr. Harned was adjudged guilty of a single felony violation of 18 U.S.C. §371 (conspiracy to defraud the United States), and multiple felony violations of 26 U.S.C. §7201 and 18 U.S.C. §2 (willfully attempting to evade and defeat income taxes), in the case *United States of America v. Dr. Max A. Harned*, Criminal Case No. 1:06-CR-0015, in the United States District Court, Northern District of West Virginia.
3. On January 8, 2007, the Complaint Committee of the Board initiated a Complaint against Dr. Harned.
4. Effective October 31, 2007, Dr. Harned was incarcerated for his felony convictions.
5. On December 26, 2007, Dr. Harned entered into a Consent Order (“Consent Order”) with the Board to settle and terminate any dispute with the Board as a result of his felony convictions, as set forth in paragraph two (2), above.

8. Dr. Harned has completed his period of incarceration and now desires to return to the active practice of medicine.

9. Pursuant to the Consent Order, Dr. Harned appeared before the Complaint Committee on May 9, 2010, with a written plan of employment and professional activity as well as a proposed course of action to ensure that he is fully prepared to return to the active practice of medicine.

10. At the Board's request, in July 2010, Dr. Harned took the Federation of State Medical Boards' Special Purpose Examination (SPEX) and received a passing score.

11. After meeting with Dr. Harned, the Complaint Committee determined that appropriate conditions, accommodations, limitations and/or restrictions are necessary to ensure that Dr. Harned is fully capable of practicing medicine and surgery in the State of West Virginia, with a reasonable degree of skill and safety for his patients.

CONCLUSIONS OF LAW

1. The Board has a mandate pursuant to W.Va. Code §30-3-1 to protect the public interest.
2. Prior to the entry of the Consent Order on December 26, 2007, the Board determined that probable cause existed in relation to Dr. Harned to substantiate charges of disqualification from the practice of medicine due to violations of W.Va. Code §30-3-14(c)(2) and (17), and 11 CSR 1A 12.1(e), (j) and (o), all relating to: the conviction of a crime which is a felony; the failure to perform a legal or statutory obligation placed upon a physician; and unprofessional conduct.
3. The Board determined previously that it was appropriate and in the public interest to proceed without the filing of formal charges in a Complaint and Notice of Hearing and to settle and terminate any dispute with Dr. Harned based on his conviction by entering into the Consent Order, so long as Dr. Harned complied with every term of the Consent Order.
4. The Board has determined that it is now appropriate and in the public interest to enter into this Amended Consent Order.

5. This Amended Consent Order between the Board and Dr. Harned supersedes the prior Consent Order entered on December 26, 2007, between the Board and Dr. Harned.

CONSENT

MAX ALLEN HARNED, M.D., by affixing his signature hereon, agrees solely and exclusively for purposes of this agreement and the entry of the Order provided for and stated herein, and proceedings conducted in accordance with this Order, to the following:

1. Dr. Harned acknowledges that, prior to the entry of the December 26, 2007, Consent Order, he had the following rights, among others: the right to a formal hearing held in accordance with W.Va. Code §30-3-14(h) and §29A-5-1, *et seq.*; the right to reasonable notice of said hearing; the right to be represented by counsel at his own expense; and the right to cross-examine witnesses against him.

2. By entering into the Consent Order on December 26, 2007, relative to his practice of medicine and surgery in the State of West Virginia, Dr. Harned waived all rights to such a hearing.

3. Dr. Harned now consents to the entry of this Amended Consent Order, which supersedes the Consent Order entered on December 27, 2007.

4. Dr. Harned further understands that this Amended Consent Order is considered public information, and that matters contained herein may be reported, as required by law, to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

ORDER

WHEREFORE, on the basis of the foregoing Findings of Fact and Conclusions of Law of the Board, and on the basis of the consent of Dr. Harned, the West Virginia Board of Medicine hereby **ORDERS** as follows:

1. Upon entry of this Amended Consent Order, the **REVOCATION** of Dr. Harned's license to practice medicine is hereby **STAYED** by the Board and Dr. Harned is hereby placed on **PROBATION**

immediately for a period of two (2) years, and Dr. Harned may resume his practice of medicine and surgery, subject to the following conditions, limitations and/or accommodations:

a. Dr. Harned shall be monitored by an actively practicing physician approved by the Board, for a period of two (2) years, which physician shall be identified in writing to the Board within sixty (60) days from the entry of this Amended Consent Order, and which physician shall report in writing to the Board on his/her monitoring of Dr. Harned every three (3) months for the first year of monitoring and every six (6) months for the remaining duration of the Amended Consent Order;

b. Dr. Harned shall be subject to a biannual chart review by the Board. The chart review shall include ten (10) charts randomly selected by the Board's Investigator;

c. During the first three (3) months that this Amended Consent Order is in effect, Dr. Harned shall attend grand rounds weekly and shall have an officer of the hospital in which these rounds take place confirm in writing Dr. Harned's completion of said grand rounds;

d. Dr. Harned shall provide documentation from his probation officer of Dr. Harned's ability to legally incur new debt;

e. For a period of two (2) years Dr. Harned shall provide a letter, from a qualified tax professional, annually, to the Board confirming that Dr. Harned has filed year end tax returns for himself and any business entity in which he has an ownership interest, including a statement that he, Dr. Harned, is following the taxation law(s) of the United States and the taxation law(s) of the State of West Virginia, and shall include a copy of any and all tax returns, including attachments, filed by Dr. Harned personally and/or in relation to any business or entity in which he has an ownership interest, and;

f. Dr. Harned shall, within ninety (90) days of the entry of this Amended Consent Order, provide a letter from a qualified tax professional confirming that Dr. Harned's federal, state and local tax returns and/or forms were properly filed in 2010 and that Dr. Harned's tax liabilities, to the extent they exist, were current as of August, 1, 2010.

2. During the two (2) year period of Probation, Dr. Harned must comply with all laws and rules pertaining to the practice of medicine, and if, in the opinion of the Board, in its sole discretion, he

does not do so, the stay of revocation shall be terminated and dissolved immediately upon written notice of the same to Dr. Harned, without any further hearing or process.

3. Upon successful completion of all of the above requirements, including the two (2) year period of Probation, as determined by the Board, the license to practice medicine and surgery of Dr. Harned shall be reinstated by the Board to an unrestricted, active license.

4. Dr. Harned shall provide a copy of this Amended Consent Order to any prospective employer or health care or medical facility where he seeks to practice medicine.

The foregoing "Amended Consent Order" of MAX ALLEN HARNED, M.D., was:

Entered this 20th day of August, 2010.

WEST VIRGINIA BOARD OF MEDICINE

Reverend O. Richard Bowyer
Reverend O. Richard Bowyer
President

Catherine C. Slemp
Catherine Slemp, M.D., M.P.H.
Secretary

Max Allen Harned, M.D.
Max Allen Harned, M.D.
Date: 8/18/2010

STATE OF West Virginia

COUNTY OF Morgan to-wit:

I, Lori J. Mobley, a Notary Public for said county and state do hereby certify that Max Allen Harned, M.D., whose name is signed above, has this day acknowledged the same before me.

Given under my hand this 18th of August, 2010.

My Commission expires September 29, 2018.

Lori J. Mobley
Notary Public



BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

WEST VIRGINIA BOARD OF MEDICINE,

Petitioner,

v.

KATHERINE ANNE HOOVER, M.D.,

Respondent.

NOTICE

This Notice is entered pursuant to action of the Board at its regular meeting on May 10, 2010, to enforce the Board Order entered in this case on September 11, 2008, which Order has been affirmed by the Circuit Court of Mingo County. Respondent has petitioned for appeal of the Order of the Circuit Court of Mingo County to the West Virginia Supreme Court of Appeals, but no stay of the Board's Order pending that appeal was sought by Respondent and no stay is in effect.

By the terms of the Board's September 11, 2008, Order, in pertinent part, the license to practice medicine and surgery in the State of West Virginia heretofore issued to the Respondent, License No. 11571, was **REVOKED**, effective at 12:01 a.m. on Monday, October 6, 2008, which **REVOCATION** was **STAYED** "and which **STAY** was subject to immediate dissolution and termination upon the Board's determination of the Respondent's failure to comply fully, timely, and satisfactorily with any other term or condition of this Order." (See Exhibit 1.)

One of the terms of the Board's Order was that the Respondent "be required to periodically appear before the Board of Medicine's Licensure Committee." A notice to appear before the Committee on March 6, 2010, was sent via certified mail on February 17, 2010, and received on

February 20, 2010. (Exhibit 2) A second certified letter was sent to Respondent by the Board of Medicine on March 8, 2010, documenting that the March 6th appearance had been rescheduled at her request and asking that she arrange her schedule so that she was available to appear at the next regular meeting of the Licensure Committee scheduled for May 8 and 9, 2010. (Exhibit 3) There were electronic and telephonic communications between the parties in early April, wherein Respondent was reminded of her scheduled appearance and again provided a copy of the March 8th letter by email attachment. (Exhibits 4 and 5) The notification regarding the specific date and time of the appearance was sent to Respondent via certified mail on April 21, 2010, (Exhibit 6) and via electronic mail on April 28, 2010. (Exhibit 7) Respondent informed the Board via email that she was “still in Nassau, Bahamas” and “will not be able to attend the meeting on May 8th”, but requested no specific accommodation with request to the required and scheduled appearance before the Licensure Committee. (Exhibit 8.)

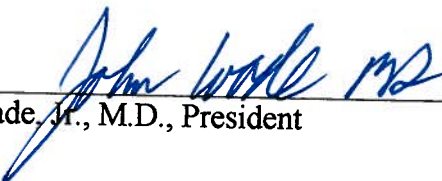
At its meeting on May 8, 2010, the Licensure Committee was advised that a Petition for Appeal of the Board’s Order is before the West Virginia Supreme Court of Appeals, but that its Order has not been stayed and no stay was sought by Respondent. The Board was apprised of the communications between the Board and Respondent regarding her appearance before them and advised that her non-appearance was in violation of the Board’s Order and constituted grounds for a dissolution of the stay of Respondent’s license revocation then in effect. The Committee discussed Respondent’s failure to comply with the terms of the Board’s Order requiring her appearance before the Licensure Committee despite the accommodation at her request to continue the ordered appearance from the March meeting to the May meeting. Although no accommodation was requested, The Committee was of the opinion that further accommodation

would be in conflict with the Board's practice regarding enforcement of its Orders which have not been stayed.

With a quorum present and voting, the Licensure Committee voted to recommend to the full Board that the stay be dissolved and terminated and that the revocation take effect immediately upon such action by the Board. This recommendation was presented by the Chair of the Licensure Committee to the full Board at its regular meeting held on the 10th of May, 2010, at which time the Board voted to accept the recommendation of its Licensure Committee. Board staff was directed to notify Respondent via certified mail to her address of record, with a copy of same being served upon her counsel of record and sent electronically to the address utilized by Respondent in the prior electronic correspondence set forth herein.

ACCORDINGLY, in conformity with the May 10, 2010, vote of the Board, the STAY of REVOCATION of Respondent's medical license has DISSOLVED and TERMINATED for her failure to comply with the terms and conditions of the September 11, 2008, Order, as set forth herein, effective immediately. The license to practice medicine and surgery in the State of West Virginia heretofore issued to Katherine Anne Hoover, M.D., is hereby REVOKED, which revocation shall be effective at 12:01 a.m., on Saturday, May 15th, 2010.

Dated this 14th day of May, 2010.



John A. Wade, Jr., M.D., President



Catherine Slomp, M.D., MPH, Secretary

BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

WEST VIRGINIA BOARD OF MEDICINE,

Petitioner,

v.

KATHERINE ANNE HOOVER, M.D.,

Respondent.

ORDER

This proceeding arises under the West Virginia Medical Practice Act, West Virginia Code § 30-3-1, et seq., and is a disciplinary proceeding involving the status of the license to practice medicine and surgery of Katherine Anne Hoover, M.D. (hereinafter "Dr. Hoover" or "Respondent"). The West Virginia Board of Medicine (hereinafter "the Board" or "Petitioner") is the duly authorized State agency to oversee and conduct physician disciplinary hearings pursuant to the provisions of West Virginia Code § 30-3-14.

Procedural History

This matter was initiated on May 13, 1996, by the filing of an initial Complaint and Notice of Hearing. The procedural history regarding that Complaint is set forth more fully in the Recommended Findings of Fact and Conclusions of Law and Recommended Decision of the Hearing Examiner¹ (hereinafter "Recommended Decision"), which procedural history is adopted by the Board as if set forth fully herein. Following

¹ It is noted that the Hearing Examiner incorrectly utilized the term "Finding of Fact" rather than "Findings of Fact" in his Recommended Decision.

litigation regarding that Complaint, the West Virginia Supreme Court of Appeals affirmed a December 18, 2002, Order of the Circuit Court of Harrison County insofar as it found a signature defect on the original Complaint. The Supreme Court reversed the Order insofar as it failed to provide the Board with an opportunity to correct the signature defect. The Supreme Court remanded the case to permit the Board to amend the Complaint to include proper signatures, and to re prosecute the case in its entirety if it chooses to do so, with a new evidentiary hearing before a different Hearing Examiner be held. Hoover v. West Virginia Board of Medicine, 216 W. Va. 23, 31-34 602 S.E. 2nd 466, 474-475 (2004).

The Board voted to re prosecute the case on September 13, 2004, and issued another "Complaint and Notice of Hearing" on November 10, 2004. That Complaint is the subject of the instant Order. The second Complaint was identical to the original Complaint, but included appropriate signatures. Like the original Complaint, the second Complaint alleged that on October 13, 1995, Respondent asked a seventeen (17) year old female patient, who was seeking gynecological care, whether the patient and any of her girlfriends would be willing to come to Respondent's home and have sex with her teenage sons. The second Complaint also charged that this conduct violated W. Va. Code §§ 30-3-14(c)(8) and (17) and 11 CSR 1A-12.1(e), (j) and (r) and 11 CSR 1A-12.2(d) (Hng. File No. 1, Bd. Ex. 6). The Respondent filed an untimely "Response" on January 16, 2005. On May 20, 2005, she filed a Petition for Writ of Prohibition in the Circuit Court of Kanawha County, as set forth more fully in the Recommended Decision. The Court denied the Writ on February 22, 2007, and authorized the Board to proceed with an evidentiary hearing before the assigned Hearing Examiner to address the matters alleged

in the second Complaint. Respondent's petition for appeal of that Order was refused by the Supreme Court.

On December 5 and 6, 2007, and on February 20, 21 and 22, 2008, the second evidentiary hearing was conducted before Hearing Examiner Jack McClung in the Conference Room at the Board offices at 101 Dee Drive, Charleston, West Virginia. The Board appeared by its disciplinary counsel, John K. McHugh, and its Executive Director, Robert G. Knittle. Also present was Leslie Higginbotham, investigator and paralegal for the Board. Dr. Hoover appeared in person and by her counsel, C. Christopher Younger. The Board called as its witnesses patient Sarah Hess-Sphon, her mother Karen Van Horn-Mercer, expert witness John B. Walden, M.D., and Child Protective Services Worker Peggy Kincaid, and introduced fifteen (15) exhibits, which were made a part of the record. Dr. Hoover testified on her own behalf and called as her witnesses medical assistant Peggy Jones and Diane E. Shafer, M.D. She also recalled as witnesses Sarah Hess-Sphon, Karen Van Horn-Mercer and Peggy Kincaid, and introduced four (4) exhibits, which were made a part of the record. Petitioner's Proposed Findings of Fact, Conclusions of Law, and Recommended Decision was filed on June 13, 2008. Respondent filed Proposed Findings of Fact and Conclusions of Law on or about June 12, 2008. Hearing Examiner McClung filed his Recommended Decision on August 22, 2008.

In accordance with 11 CSR 3 13.1, the hearing file, the stenographic record of the hearing, the Petitioner Board's and the Respondent's filings described above were provided to Board members for their individual consideration, along with the Hearing Examiner's Recommended Decision. At the September 8, 2008, regularly scheduled

meeting of the Board, at which a quorum of the Board was present and voting, the Board thoroughly considered all of this information. Drs. Wade, Lynch, Slemp, Arnold, Ferrebee, Hasan, Jimenez, Maheswaran, May and Wazir, Ms. Griffin, Ms. Hays and Mr. Wright participated in the review and, by unanimous vote, and in accordance with 11 CSR 3 7, the Board reached its decision. Dr. Wade presided.

Pursuant to 11 CSR 3 14.3, which specifies that the Board may adopt, modify or reject the recommendations of the Hearing Examiner, the Board hereby adopts the section of the Hearing Examiner's Recommended Decision labeled "Procedural History" on pages one (1) through seven (7) of his Recommended Decision. A true and accurate copy of the Recommended Decision is attached hereto.

Motions

Pursuant to 11 CSR 3 14.3, which specifies that the Board may adopt, modify or reject the recommendations of the Hearing Examiner, the Board hereby adopts the section of the Hearing Examiner's Recommended Decision labeled "Motions" on pages eight (8) through eleven (11) of his Recommended Decision with the following modification, which is made to ensure that the content of the "Motions" section properly reflects the cited references in the hearing record and exhibits:

1. In Footnote No. 5 on page 8 of the Recommended Decision, "an Amended Complaint" is modified to "the second Complaint."
2. On page 9 of the Recommended Decision, at item number 7 "'Hng. File No. 83" is modified to "Hng. File No. 53."

Issues

Pursuant to 11 CSR 3 14.3, which specifies that the Board may adopt, modify or reject the recommendations of the Hearing Examiner, the Board hereby adopts the section of the Hearing Examiner's Recommended Decision labeled "Issues" on pages eleven (11) and twelve (12) of his Recommended Decision.

Findings of Fact

Pursuant to 11 CSR 3 14.3, which specifies that the Board may adopt, modify or reject the recommendations of the Hearing Examiner, the Board hereby adopts the section of the Hearing Examiner's Recommended Decision labeled "Findings of Fact," numbered one (1) through ninety-three (93) on pages twelve (12) through thirty-seven (37) of his Recommended Decision with the following modifications, exceptions and additions. All such modifications and exceptions are made to ensure that the proposed Findings of Fact properly reflect the cited references in the hearing transcript and exhibits, unless otherwise specifically noted:

1. In Finding of Fact No. 2, "an amended Complaint" and "Amended Complaint" are modified to "a second Complaint" and "second Complaint."
2. In Finding of Fact No. 5 is modified to reflect that Dr. Hoover also recalled as witnesses in her case Sarah Hess-Sphon, Karen Van Horn-Mercer and Peggy Kincaid.
3. In Finding of Fact No. 6, "Amended" is modified to "second" and (pp.) "136143" is modified to "136-143."
4. In Finding of Fact No. 12, "to come to" is modified to "to move into" and "pp. 2627" is modified to "pp. 26-27."
5. In Finding of Fact No. 14, "or offers" is not adopted.

6. In Finding of Fact No. 14, the second sentence is modified to read: "This was the only time she has ever come out of a doctor's office with an invitation to the doctor's house and 'the map and the phone number to any doctor that I have been to.'"
7. In Finding of Fact No. 18, the first sentence is modified to read: "On September 6, 2001, a message was left on the answering machine at the residence of Sarah Hess-Sphon's father in Pennsylvania stating that his daughter Sarah is going to be arrested and probably incarcerated for perjury, and that there is an investigation ongoing at the moment." In Finding of Fact No. 18, in the third sentence, the word "threatening" is not adopted and the sentence is modified, in part, to read: "and he stated in the message that Sarah is going to be arrested and probably incarcerated for perjury."
8. In Finding of Fact No. 21, "pp. 143-240" is modified to "pp. 143-237" and "pp. 145-193" is modified to "pp. 145-193."
9. In Finding of Fact No. 22, the first sentence is modified to read: "Karen Van Horn-Mercer has been a management and program analyst for the Federal Bureau of Investigation ('FBI') since approximately October of 1997 and has been employed by the FBI since October of 1994, and she lives in Philippi, West Virginia."
10. Finding of Fact No. 23 is modified in part to read: "with a female gynecologist because Sarah needed gynecological care."

11. In Finding of Fact No. 25, the phrase “because Sarah was always tired” is not adopted and “approximately forty-five (45) minutes” is modified to “forty-five (45) minutes to an hour.”
12. Finding of Fact No. 27 is modified to read: “Karen Van Horn-Mercer testified further that Sarah believed that she was included in Dr. Hoover’s invitation, and she told Sarah perhaps she had misunderstood Dr. Hoover, and she didn’t want to believe this was true (Tr. Vol. I, pp. 152-153, 156-158; 188-193).”
13. In Finding of Fact No. 33, (pp.) “221-222” is modified to “220-221.”
14. In Finding of Fact No. 35, the word “professionally” is not adopted.
15. In Finding of Fact No. 36, (pp.) “221” is modified to “220-221.”
16. In Finding of Fact No. 37, page 230 from Volume I is added as a transcript reference.
17. Finding of Fact No. 41 is modified to read: “Karen Van Horn-Mercer testified about the harm to Sarah that the whole situation involving Dr. Hoover has caused Sarah. Sarah does not want to go for medical exams and testing after this episode and does not want doctors touching her, Ms. Van Horn-Mercer testified (Tr. Vol. I, pp. 172-173, 179).”
18. In Finding of Fact No. 47, the phrase “of a character” is inserted after the phrase “unprofessional conduct.”
19. In Finding of Fact No. 48, “the state” is modified to “this state” and pp. “263-272” is modified to “263-273.”

20. In Finding of Fact No. 50, the last phrase is modified to read: “the actions engaged in would violate Number 3, particularly with respect to the patient’s dignity and respect.”
21. The following additional Finding of Fact (No. 50.a.) is made to properly reflect the opinions of Dr. John Walden and is to be inserted after Finding of Fact No. 50: “Finding of Fact No. 50.a.: Dr. Walden was presented with a second modified set of hypothetical facts, which assumed that the physician asked, in a medical office setting, whether a 17-year-old patient’s friends, rather than the patient, would have sex with her sons. He testified that that modification of the hypothetical would not change his opinion that the physician’s conduct was unethical and violated the previously cited rules and statutes (Tr. Vol. I, pp. 274-276).”
22. In Finding of Fact No. 51, the first sentence is modified to read: “Dr. Walden was then presented with a third modified set of hypothetical facts, which assumed that a 17-year-old patient, in a medical office setting, came in for treatment and was asked if she and her girlfriends would come to the physician’s house, even if it was for nothing more than friends.” In Finding of Fact No. 51, (pp.) “295-297” is modified to “295-299.”
23. Finding of Fact No. 52 is modified to read: “... he would not give out a book such as this under the circumstances ...”
24. In Finding of Fact No. 55, (pp.) “306-312” is modified to “306-314.”
25. In Finding of Fact No. 59, (pp.) “36” is modified to “35-36.”

26. Finding of Fact No. 62 is modified, in part, to read: "Despite being subjected to overly aggressive cross-examination by counsel for the Respondent on portions of three days regarding the contents ..."
27. Finding of Fact No. 64 is modified to read: "Peggy Jones testified that she initially checked Sarah Hess-Sphon into the office, took her into a room and had a brief conversation with her before speaking with Dr. Hoover (Tr. Vol. III, pp. 207-208, 279-280).
28. In Finding of Fact No. 65, R. Ex. 4 is added as an exhibit reference.
29. In Finding of Fact No. 67, (pp.) "270-273, 276-279, 282-287" is modified to "270-279, 282-285."
30. In Finding of Fact No. 68, "April 26, 1996" is modified to "April 28, 1996."
31. In Finding of Fact No. 69, "symptoms consistent with a yeast infection" is modified to "symptoms consisting of itching and burning mainly on the outside."
32. In Finding of Fact No. 71, the second sentence is modified to read: "As part of her practice, she does pain management and treats a lot of patients with sexual abuse and mine injuries."
33. In Finding of Fact No. 73, (pp.) "167" is modified to "166-167."
34. In Finding of Fact No. 74, Tr. Vol. IV, pp. 87-88 is added as a transcript reference.
35. In Finding of Fact No. 82, "about forty-five minutes, which is consistent" is modified to "about thirty (30) to forty-five (45) minutes, which is generally consistent" and (pp.) "137-143" is modified to "137-150." (Tr.

Vol. IV, pp. 131-133, 137-150, 160; Tr. Vol. V, pp. 21-24, 26-28 and Bd. Ex. 8).

36. In Finding of Fact No. 85, "Amended Complaint" is modified to "second Complaint."
37. Finding of Fact No. 86 is modified to read: "Dr. Hoover also admitted that on September 6, 2001, her husband left a message on the telephone answering machine at the residence of Sarah's father in Pennsylvania, and that the telephone number displayed on the Caller ID in the videotape of the recorded call was the same telephone number written on the map (Bd. Ex. 2) which Dr. Hoover provided to Sarah on October 13, 1995. Dr. Hoover's husband stated that Sarah is going to be investigated and probably incarcerated for perjury. However, there is no evidence that Sarah was ever investigation or incarcerated for perjury, although Dr. Hoover testified that Sarah was being investigated by a Gary Slater with a state agency within the attorney general's office. Although Dr. Hoover now believes it was inappropriate for her husband to leave the message, she did not believe that his actions were inappropriate when she was deposed on November 20, 2002, in connection with Civil Action No. 98-C-1134 (Cir. Ct. Kanawha Co.), where Dr. Hoover sued Board staff. The videotape is authentic and the voice of the caller depicted on the videotape was that of Respondent's husband (Bd. Ex. 7, Tr. Vol. V, pp. 28-40; Vol. IV, pp. 73-74)."
38. In Finding of Fact No. 87, both references to "April 26, 1996" are modified to "April 28, 1996."

39. Finding of Fact No. 89, at the end of the last sentence, is modified to read:
“... Gerald Fogg that he had recommended that Karen Van Horn-Mercer file a report with the Board of Medicine requesting an investigation of her, and the April 25, 1996, letter allegedly signed by her medical assistant, Peggy Jones.”
40. In Finding of Fact No. 93, the fourth sentence is modified to read: “Dr. Shafer also listed Dr. Hoover’s permanent residence as her own in connection with her thinking of attending West Virginia University. (Tr. Vol. IV, pp, 284, 302-305, 317).” In Finding of Fact No. 93, the sentences beginning with “Further pursuant to a public order ...” and “Dr. Shafer complied ...” are not adopted because no evidence regarding the Board Order dated March 20, 1989, is contained in the record herein.

Discussion

Pursuant to 11 CSR 3 14.3, which specifies that the Board may adopt, modify or reject the recommendations of the Hearing Examiner, the Board hereby adopts the section of the Hearing Examiner’s Recommended Decision labeled “Discussion,” including the subsection entitled “Credibility of Witnesses, Testimony and Exhibits” on pages thirty-seven (37) and thirty-eight (38) and the section entitled “ISSUES” on pages thirty-eight (38) and thirty-nine (39), with the following modification and addition:

1. The fourth paragraph of the “Credibility of Witnesses, Testimony and Exhibits” section is modified in part to read: “ ... Gerald Fogg that he had recommended that Karen Van Horn-Mercer file a report with the Board of Medicine requesting an investigation”

2. In the section entitled "Credibility of Witnesses, Testimony and Exhibits," Finding of Fact No. 70 in the Recommended Decision is incorporated herein by reference regarding the credibility of the testimony of witness Peggy Jones.

Conclusions of Law

Pursuant to 11 CSR 3 14.3, which specifies that the Board may adopt, modify or reject the recommendations of the Hearing Examiner, the Board hereby adopts the section of the Hearing Examiner's Recommended Decision labeled "Conclusions of Law" on pages forty (40) through forty-two (42) of his Recommended Decision, with the following exceptions and modifications, which are made to ensure that the proposed Conclusions of Law properly reflect the cited references in the hearing transcript and exhibits:

1. In Conclusions of Law No. 3, "service" is modified to "services."
2. In Conclusions of Law No. 7, "demonstrate" is modified to "demonstrates."
3. In Conclusions of Law No. 8, "demonstrate" is modified to "demonstrates."
4. In Conclusions of Law No. 11, "(1989)" is modified to "(1889)."
5. Conclusions of Law No. 13 is modified to read: "Katherine Anne Hoover, M.D., in the absence of the restrictions and conditions placed upon her medical license herein, is unqualified to practice medicine and surgery in the State of West Virginia. West Virginia Code § 30-3-14(c)."

Order

The Board accepts the Hearing Examiner's "Recommended Order" on pages forty-three (43) through forty-six (46) of his Recommended Decision with the following addition, modification and exception:

1. The following paragraph is added as No. 6, and the subsequently numbered paragraphs are renumbered as Nos. 7 through 15:

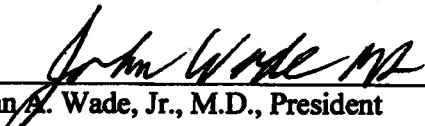
“6. It is further ORDERED that Respondent Katherine Anne Hoover, M.D., be required to periodically appear before the Board of Medicine’s Licensure Committee.”

2. In Paragraph No. 14 in the Recommended Decision (which will be Paragraph No. 15 when the paragraphs are renumbered pursuant to the immediately preceding addition and modification), the phrase “and shall remain in effect for five (5) years beginning with the date of dissolution and termination” is not adopted.


The foregoing Order in the matter styled West Virginia Board of Medicine v. Katherine Anne Hoover, M.D., was:

ENTERED this 11th day of September, 2008.

WEST VIRGINIA BOARD OF MEDICINE



John A. Wade, Jr., M.D., President



Catherine Slemp, MD, MPH, Secretary

BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

WEST VIRGINIA BOARD OF MEDICINE,

Petitioner,

v.

KATHERINE ANNE HOOVER, M.D.,

Respondent.

**RECOMMENDED FINDING OF FACT AND
CONCLUSIONS OF LAW AND RECOMMENDED DECISION
OF THE HEARING OFFICER**

INTRODUCTION

This proceeding arises under the West Virginia Medical Practice Act, W. Va. Code § 30-3-1, *et seq.* It is a disciplinary proceeding involving the status of the license to practice medicine in the State of West Virginia of Katherine Anne Hoover, M.D. (Dr. Hoover). The procedural history of this matter is extensive, and the undersigned finds that the recitation of such by counsel for the West Virginia Board of Medicine (hereinafter Board) in the Board's post-hearing submission is credible and accurate and adopts the same in its entirety, which is set forth as follows:

PROCEDURAL HISTORY

This matter dates back to events which occurred on October 13, 1995, at the Myers Clinic, in Philippi, West Virginia, and a prior Complaint and Notice of Hearing ("Complaint") issued by the Board on May 13, 1996. During the past twelve (12) years, Respondent has pursued several petitions

for writs of prohibition¹ and related appeals attacking the procedures utilized by the Board, and the case has been before the West Virginia Supreme Court of Appeals on several occasions. *See State ex rel. Hoover v. Berger*, 199 W. Va. 12, 483 S.E.2d 12 (1996) (involving issuance of a subpoena on a privately retained court reporter); *State ex rel. Hoover v. Smith*, 198 W. Va. 507, 482 S.E.2d 124 (1997)(involving issuance of subpoenas to conduct depositions); and *Hoover v. West Virginia Board of Medicine*, 216 W. Va. 23, 602 S.E.2d 466 (2004)(involving signatures on Board Orders). Respondent has also filed numerous civil actions against members of the Board and Board staff, attorneys for the Board, hearing examiners and others.² Given the significant passage of time since this matter first arose, a detailed background and procedural history is both warranted and necessary.

¹*See, e.g., Hoover v. West Virginia Board of Medicine, et al.*, Kanawha County Civil Action No. 96-MISC-229 (petition for writ of prohibition against the Board and hearing examiner); *Hoover v. Giatras, et al.*, Kanawha County Civil Action No. 01-MISC-291 (petition for writ of prohibition and damages against the Board, counsel for the Board and hearing examiner); *Hoover v. West Virginia Board of Medicine, et al.*, Kanawha County Civil Action No. 05-MISC-176 (petition for writ of prohibition against the Board and hearing examiner).

²The following is a partial listing of the many civil actions, excluding petitions for writs of prohibition, filed by Respondent in various jurisdictions during the past twelve years: *Hoover v. Van Horn*, Braxton County Civil Action No. 96-C-24 (action against a material witness--stayed pending the outcome of this disciplinary action against Respondent before the Board); *Hoover v. West Virginia Department of Health and Human Resources, et al.*, U.S. Dist. Ct. S.D. W. Va., Civil Action No. 97-C-86 (action against DHHR, members of the Board and Board staff for alleged fraudulent complaint--dismissed per *Hoover v. West Virginia Department of Health and Human Resources*, 984 F. Supp. 978 [S.D. W. Va. 1997]); *Hoover v. Briggs, et al.*, Kanawha Co. Civil Action No. 98-C-1134 (action against Board staff for alleged violation of Respondent's constitutional rights and alleged RICO violations--dismissed); *Hoover v. Giatras, et al.*, Kanawha County Civil Action No. 98-C-1951 (action against attorney appointed to serve as Hearing Examiner and attorney appointed to serve as counsel for the Board--dismissed); *Hoover v. Vanbibber, et al.*, Kanawha County Civil Action No. 01-C-961 (action against counsel for the Board, Board President and Executive Director--dismissed); *Tomasic/Hoover v. McHugh, et al.*, Kanawha County Civil Action No. 07-C-1143 (action against counsel for the Board and the Board for alleged libel, slander, defamation and malicious prosecution--dismissed, Rule 60(b) motion pending). Once again, this is only a partial listing, as Respondent has also sued members of the Board in other jurisdictions, including Harrison and Marion Counties.

The disciplinary charges against Respondent were summarized by the West Virginia Supreme Court of Appeals in *Hoover v. West Virginia Board of Medicine*, as follows:

On May 13, 1996, the Board issued a complaint and notice of hearing (hereinafter referred to as "Complaint") against Dr. Hoover. The complaint alleged that Dr. Hoover asked a seventeen-year-old patient, who was seeking gynecological care, whether the patient and any of her girlfriends would be willing to come to Dr. Hoover's home and have sex with her teenage son. The Complaint charged that this conduct violated W. Va. Code §§ 30-3-14(c)(8) and (17) and 11 C.S.R. 1A-12.1(e), (j) and (r) and 11 C.S.R. 1A-12.2(d).

Hoover v. West Virginia Board of Medicine, 216 W. Va. at 25, 602 S.E.2d at 468; *see also*, *State ex rel. Hoover v. Smith*, 198 W. Va. at 510, 482 S.E.2d at 127; *accord*, Petitioner's "Response in Opposition to Motion that the Hearing Examiner Recommend Dismissal of Charges," which was filed and entered as part of the record in this matter on April 9, 2007 (Hearing File No. 48).

The first evidentiary hearing in this matter occurred on July 26, 2001, after Respondent pursued several petitions for writs of prohibition and related appeals, as set forth above. The Board called several witnesses and introduced numerous exhibits into evidence. Respondent chose not to participate in the hearing and left the hearing after providing a brief opening statement. On October 31, 2001, after the first hearing was concluded, the hearing examiner issued proposed findings of fact, conclusions of law, and a recommended decision for consideration by the Board. *Hoover v. West Virginia Board of Medicine*, 216 W. Va. at 25, 602 S.E.2d at 468.

On November 9, 2001, the Board, upon consideration of the proposed findings of fact, conclusions of law, and recommended decision of the hearing examiner, entered an Order affecting Respondent's license to practice medicine and surgery in the State of West Virginia. *Id.* After receiving notice of the Board's Order, Respondent immediately filed a Petition for Judicial Review

in the Circuit Court of Harrison County asserting numerous assignments of error regarding the Board proceedings and arguing that the November 9, 2001, Order should be reversed on the basis of several grounds, including alleged improper signatures on the May 13, 1996, Complaint. *Id.*

By Order entered on December 18, 2002, the Circuit Court of Harrison County reversed the Board's November 9, 2001, Order because the President and Secretary of the Board had not personally signed the original Complaint. However, the Court failed to provide the Board with an opportunity to correct the signatures, and did not address any of the other grounds raised by Respondent in her Petition for Judicial Review. *Id.*

On May 7, 2003, the Board appealed the December 18, 2002, Order by the Circuit Court. *Id.* Despite the numerous arguments presented by Respondent in her Petition for Judicial Review in the Circuit Court of Harrison County, Respondent chose not to appeal or cross-appeal the Order or to address or preserve the arguments she had previously asserted in her Petition for Judicial Review.

On May 28, 2004, the Supreme Court affirmed the December 18, 2002, Order insofar as the Circuit Court found a signature defect on the Complaint, but reversed the Order insofar as the Court failed to provide the Board with an opportunity to correct the signature defect. The Supreme Court then remanded the case to permit the Board to amend the Complaint to include proper signatures, and re prosecute the case in its entirety if it chooses to do so. *Id.*, 216 W. Va. at 31-32, 602 S.E.2d at 474-475. The only requirement after amendment of the Complaint to include proper signatures was a new evidentiary hearing before a different Hearing Examiner. *Id.* at 32, 602 S.E.2d at 475, n.7. The Supreme Court did not mandate that the matter be returned to the Complaint Committee for another finding of probable cause prior to the Board issuing the Amended Complaint.

On September 13, 2004, pursuant to the Supreme Court's opinion, the Board voted to "reprosecute the case" against Respondent. *See* Petitioner's "Response in Opposition to Motion that the Hearing Examiner Recommend Dismissal of Charges" (Hng. File No. 48, p. 4). On November 10, 2004, the Board issued an amended Complaint and Notice of Hearing ("Amended Complaint"), which included appropriate signatures, and scheduled another evidentiary hearing before a new Hearing Examiner (Hng. File No. 1, Bd. Ex. 6). The Amended Complaint was identical to the original Complaint, but included appropriate signatures. Like the original Complaint, the Amended Complaint alleged that on October 13, 1995, Respondent asked a seventeen (17) year old female patient, who was seeking gynecological care, whether the patient and any of her girlfriends would be willing to come to Respondent's home and have sex with her teenage sons. The Amended Complaint also charged that this conduct violated W. Va. Code §§ 30-3-14(c)(8) and (17) and 11 C.S.R. 1A-12.1(e), (j) and (r) and 11 C.S.R. 1A-12.2(d) (Hng. File No. 1, Bd. Ex. 6).

On January 16, 2005, Respondent served an untimely "Response" to the Amended Complaint, wherein she generally denied the allegations set forth therein (Hng. File No. 9).³

On May 20, 2005, Respondent filed another Petition for Writ of Prohibition in the Circuit Court of Kanawha County alleging that the complaint procedures utilized by the Board were inadequate, that the Board failed to comply with applicable Statutes and Rules of the Board, and that the Board lacked subject matter jurisdiction or exceeded its legitimate powers in prosecuting her. Respondent raised the same arguments previously presented to the Circuit Court of Harrison County

³Pursuant to the provisions of 11 C.S.R. 3-11.5(s), Respondent was required to serve her answer within thirty (30) days after service of the Amended Complaint. Upon the failure of the Respondent to respond to the complaint as required by law, all of the allegations set forth therein as to the conduct or conditions of the Respondent may be taken by the Board as confessed by the Respondent.

in connection with the Petition for Judicial Review filed in 2001. The Petition resulted in a temporary stay of proceedings before the Board pending a decision by the Court with respect to the Petition. *See* Petitioner's "Response in Opposition to Motion that the Hearing Examiner Recommend Dismissal of Charges" (Hng. File No. 48), and Respondent's "Petition for Writ of Prohibition" attached as Exhibit C thereto.

By Order entered on February 22, 2007, the Circuit Court of Kanawha County denied Respondent's Petition for Writ of Prohibition and authorized the Board to proceed with an evidentiary hearing before the assigned Hearing Examiner to address the matters alleged in the Amended Complaint, in accordance with the Board's September 13, 2004, decision to "reprosecute the case." *See* Petitioner's "Response in Opposition to Motion that the Hearing Examiner Recommend Dismissal of Charges" (Hng. File No. 48), and the Circuit Court Order attached as Exhibit A thereto.

In its February 22, 2007, Order the Circuit Court of Kanawha County considered and rejected Respondent's arguments, not only because they were previously raised by Respondent in prior proceedings, but also because she had other adequate means during the previous eleven (11) years to address these issues and/or she waived them (Hng. File No. 48, Ex. A, pp.7-9). The Court also recognized that the Board had fully complied with all of the requirements of the West Virginia Supreme Court of Appeals, as set forth in *Hoover v. West Virginia Board of Medicine*, 216 W. Va. 23, 32, 602 S.E.2d 466, 475 (2004), which authorized the Board to "amend the complaint with the proper signatures, so that the Board may reprosecute the case in its entirety if it chooses to do so" (Hng. File No. 48, Ex. A, p. 8).

Respondent appealed the Circuit Court's Order to the West Virginia Supreme Court, but her Appeal was refused. After the Circuit Court rejected Respondent's arguments, and denied her Petition for Writ of Prohibition, this Hearing Examiner then denied her Motion to Dismiss and further Ordered that the matter should proceed to evidentiary hearing. *See* "Order Denying Respondent's Motion that the Hearing Examiner Recommend Dismissal of Charges," entered by the Hearing Examiner on April 19, 2007 (Hng. File No. 50); and "Order Regarding Pre-Hearing Motions," entered by the Hearing Examiner on October 15, 2007 (Hng. File No. 80).

The second evidentiary hearing in this matter began on December 5 and 6, 2007, and was continued to February 20, 21 and 22, 2008. During the second evidentiary hearing, the Board called as its witnesses patient Sarah Hess-Sphon, her mother Karen Van Horn-Mercer, expert witness John B. Walden, M.D., and Child Protective Services Worker Peggy Kincaid, and introduced fifteen (15) exhibits, which were made a part of the record (e.g., "Bd. Ex."). Respondent testified on her own behalf and called as her witnesses medical assistant Peggy Jones and Diane E. Shafer, M.D. Respondent also introduced four (4) exhibits, which were made a part of the record (e.g., "R. Ex."). A stenographic record of the testimony, evidence, arguments and rulings on the admissibility of testimony during the five (5) day hearing ("Tr. Vol I" through "Tr. Vol V") was prepared pursuant to 11 C.S.R. 3-12.1.

Upon conclusion of the hearing, the undersigned Hearing Examiner instructed both parties to submit proposed Findings of Fact and Conclusions of Law by June 16, 2008.⁴

⁴Pursuant to 11 C.S.R. 3-13.1, proposed findings of fact and conclusions of law are generally due "within thirty (30) days of the conclusion of a hearing, or in the event the proceedings of a hearing are transcribed, within twenty (20) days from the date the final transcript is available to all parties and to all members of the Board." However, given the length of the hearing in this matter, the extensive procedural history, and the number of exhibits introduced into evidence, this deadline was necessarily extended.

MOTIONS

The parties filed numerous pre-hearing motions regarding various issues, including repeated motions by Respondent seeking the issuance of a subpoena to compel witness Sarah Hess-Sphon, a designated witness for Petitioner, to submit to a pre-hearing deposition, repeated motions by Respondent seeking dismissal of the Amended Complaint, motions by both parties to exclude evidence, and motions by both parties to address the conduct of the hearing.⁵ The primary pre-hearing motions considered by this Hearing Examiner, and the rulings thereon,⁶ were as follows:

1. Respondent's "Motion to Issue Subpoena for Complaining Witness to Attend Deposition by Respondent and for Amended Witness List" served by Respondent on May 2, 2005 (Hng. File No. 30) was DENIED;

2. Respondent's "Motion That the Hearing Examiner Recommend Dismissal of Charges" served by Respondent on May 11, 2005 (Hng. File No. 31) was DENIED;

3. Respondent's renewed "Motion to Dismiss this Complaint" served by Respondent on September 5, 2007, together with the request by Respondent that attorney John K. McHugh be removed as counsel for the Board (Hng. File No. 74) was DENIED;

4. Respondent's "Objections to Exhibits Listed by Mr. McHugh" served by Respondent on September 5, 2007 (Hng. File No. 75) was DENIED;

5. Respondent's "Motion in Response to Supplemental Disclosure by Petitioner" served by counsel for Respondent on May 14, 2007 (Hng. File No. 56) was DENIED;

⁵The motions described herein are only those filed after November 10, 2004, when the Board issued an Amended Complaint and Notice of Hearing, and scheduled another evidentiary hearing before a new Hearing Examiner.

⁶See "Order Regarding Pre-Hearing Motions" (Hng. File No. 80).

6. Respondent's "Motion for Leave to Present Testimony of Fact Witness (Peggy Jones) by Phone" served by counsel for Respondent on April 30, 2007 (Hng. File No. 52) was GRANTED;

7. "Petitioner's Motion to Strike Respondent's Reply to Petitioner's Response in Opposition to Respondent's Motion to Issue Subpoena for Complaining Witness to be Deposed and for Amended Witness List" served by counsel for Petitioner on May 1, 2007 (Hng. File No. 83) was GRANTED;

8. "Petitioner's Motion to Exclude Irrelevant and Inadmissible Evidence" served by counsel for Petitioner on April 30, 2007 (Hng. File No. 51) was DENIED; and

9. "Petitioner's Motion Relating to Conduct of Hearing" served by counsel for Petitioner on April 30, 2007 (Hng. File No. 51) was GRANTED.

The first two (2) pre-hearing motions filed in May 2005 were decided based upon the submission of briefs by the parties. This Hearing Examiner denied Respondent's "Motion to Issue Subpoena for Complaining Witness to Attend Deposition by Respondent and for Amended Witness List," by Order entered on May 24, 2005, after considering Respondent's Motion and the Board's Response in Opposition thereto (Hng. File No. 41). The controlling authority for the ruling was the decision in *State ex rel. Hoover v. Smith*, 198 W. Va. 507, 482 S.E.2d 124 (1997) identifying the "due process" criteria necessary to require such a deposition over the objection of the Board. The Court in *Hoover* held in syllabus point 3:

Pursuant to the West Virginia Medical Practice Act set forth in W. Va. Code, 30-3-1 et seq. and the regulations promulgated by the Board of Medicine pursuant to W. Va. Code, 30-3-1 et seq. found in 11 C.S.R. 1A-1 et seq., discovery depositions are not expressly or implicitly authorized in a disciplinary proceeding before the Board of Medicine. Furthermore, the due process clause found in article III, § 10 of the Constitution of West Virginia does not mandate that

discovery be accorded to a physician in a disciplinary proceeding unless there are particular circumstances which would make it fundamentally unfair to refuse to allow the physician to conduct discovery prior to the hearing in the disciplinary proceeding. In such event the physician may obtain subpoenas for purposes of obtaining pre-hearing discovery depositions.

For the reasons stated in the May 24, 2005, Order, reference to which is herein made, circumstances of fundamental unfairness were not found, and the motion was denied (Hng. File No. 41).

This Hearing Examiner denied Respondent's "Motion That the Hearing Examiner Recommend Dismissal of Charges" by Order entered on April 19, 2007, after considering Respondent's Motion and the Board's Response in Opposition thereto (Hng. File No. 50). The controlling authority for the decision was the Order entered in the Circuit Court of Kanawha County, West Virginia, on February 22, 2007, denying Respondent's Petition for Writ of Prohibition (Hng. File No. 48, Ex. A) and the West Virginia Supreme Court of Appeals' opinion in *Hoover v. West Virginia Board of Medicine*, 216 W. Va. 23, 602 S.E.2d 466 (2004). Although Respondent appealed the Circuit Court's Order to the West Virginia Supreme Court, her Appeal was refused. Accordingly, after the Circuit Court rejected Respondent's arguments, and denied her Petition for Writ of Prohibition, this Hearing Examiner then denied Respondent's Motion to Dismiss, and further Ordered that the matter should proceed to evidentiary hearing.

The remaining pre-hearing motions were fully briefed and then argued during a pre-hearing conference, which occurred on September 19, 2007, and this Hearing Examiner entered an Order on October 15, 2007, regarding each of the remaining motions (Hng. File No. 80). A transcript of the extensive pre-hearing conference, consisting of some 76 pages, is contained in the record and reflects

the relative positions of the parties with respect to their motions, as well as the reasons assigned by the Hearing Examiner for his rulings (Hng. File No. 78).

Additional motions were made during the evidentiary hearing, and the Transcript of Hearing reflects the relative positions of the parties with respect to their motions, the rulings of the Hearing Examiner, and the reasons assigned by the Hearing Examiner for his rulings.

All decisions rendered on all motions filed in this action are hereby affirmed, and all other motions filed in this action by either of the parties upon which the Hearing Examiner previously made no ruling are hereby denied and rejected.

ISSUES

1. Whether Respondent violated W. Va. Code § 30-3-14(c)(8) and 11 C.S.R. 1A 12.1(r) by exercising influence within a patient-physician relationship for the purpose of engaging a patient in sexual activity, as set forth in paragraph 2 of Petitioner Board's Complaint and Notice of Hearing?

2. Whether Respondent violated W. Va. Code § 30-3-14(c)(17) and 11 C.S.R. 1A 12.1(e) and (j), as further described in 11 C.S.R. 1A 12.2 (d) by engaging in unprofessional, unethical, dishonorable conduct, as set forth in paragraph 2 of Petitioner Board's Complaint and Notice of Hearing?

After a review of the record and the exhibits admitted into evidence, matters of which the Hearing Examiner took judicial notice during the proceedings, assessing the credibility and demeanor of the witnesses, and weighing the evidence in consideration of the same, the Hearing Examiner makes the following Findings of Fact and Conclusions of Law. To the extent that these findings of fact and conclusions of law are consistent with any proposed findings of fact and conclusions of law submitted by the parties, the same are adopted by the Hearing Examiner, and

conversely to the extent that the same are inconsistent with these findings of fact and conclusions of law, they are rejected. To the extent that the testimony of any witness is not in accord with these findings of fact and conclusions of law, such testimony is not credited. Any proposed finding of fact, conclusion of law, or argument proposed and submitted by a party but omitted herein is deemed irrelevant or unnecessary to the determination of the material issues in this matter.

FINDINGS OF FACT

1. Respondent, Dr. Hoover, is licensed to practice medicine and surgery in the State of West Virginia, and her license is identified as License No. 11571, issued originally in 1978. Dr. Hoover's self-designated medical specialty is Internal Medicine, and her address of record with the Board is in Lost Creek, West Virginia (Hng. File No. 1, Bd. Ex. 6).

2. On November 10, 2004, charges were filed by the West Virginia Board of Medicine in an amended Complaint and Notice of Hearing ("Amended Complaint"), alleging that on October 13, 1995, Respondent, in the course of rendering gynecological care and treatment to a seventeen (17) year old female patient at the Myers Clinic in Philippi, West Virginia, asked the patient to talk to her girlfriends and see if the patient and any of her girlfriends would come to Respondent's home to have sex with her teenage sons (Hng. File No. 1, Bd. Ex. 6).

3. On January 16, 2005, Respondent served an untimely "Response" to the Amended Complaint, wherein she generally denied the allegations set forth therein (Hng. File No. 9).

4. Following the resolution of a Petition for Writ of Prohibition filed by Respondent on May 20, 2005, in the Circuit Court of Kanawha County, this Hearing Examiner, pursuant to an Order entered by the Circuit Court on February 22, 2007, denied Respondent's Motion to Dismiss and

further Ordered that the matter should proceed to evidentiary hearing. *See* "Order Denying Respondent's Motion that the Hearing Examiner Recommend Dismissal of Charges," entered by the Hearing Examiner on April 19, 2007 (Hng. File No. 50); and "Order Regarding Pre-Hearing Motions," entered by the Hearing Examiner on October 15, 2007 (Hng. File No. 80).

5. The evidentiary hearing in this matter began on December 5 and 6, 2007, and was continued to February 20, 21 and 22, 2008.⁷ During the evidentiary hearing on the Amended Complaint, the Board called as its witnesses patient Sarah Hess-Sphon, her mother Karen Van Horn-Mercer, expert witness John B. Walden, M.D., and Child Protective Services Worker Peggy Kincaid, and introduced fifteen (15) exhibits, which were made a part of the record. Respondent testified on her own behalf and called as her witnesses medical assistant Peggy Jones and expert witness Diane E. Shafer, M.D. Respondent also introduced four (4) exhibits, which were made a part of the record (Tr. Vols I through V).

Testimony of Sarah Hess-Sphon

6. Sarah Hess-Sphon, who is named in the Amended Complaint, testified during the hearing about her prior experience as a seventeen (17) year old gynecological patient who was treated by Respondent on October 13, 1995, at the Myers Clinic. Sarah was twenty-nine (29) years old at the time of the evidentiary hearing on the Amended Complaint (Tr. Vol I, pp. 11 – 109, 136143, and Tr. Vol III, pp. 106-145).

⁷As referenced in the Hearing File, there were several continuances before the final evidentiary hearing actually began, including a continuance by mutual agreement, a continuance due to Respondent obtaining new counsel, a continuance due to the withdrawal by counsel for Respondent, and another continuance due to Respondent obtaining substitute counsel (Hng. File Nos. 12, 29, 66, and 82).

7. Sarah Hess-Sphon testified that her mother, Karen Van Horn-Mercer, made an appointment at the Myers Clinic, picked her up from school and drove her to the clinic. She also testified that she was scheduled to see Dr. Hoover for medical treatment, that this was her first ever gynecological visit, and she was very nervous, uncomfortable, and didn't know what to expect (Tr. Vol I, pp. 12-16, 20-21).

8. Sarah Hess-Sphon testified about the yeast infection which had caused her to seek medical treatment and that she told both a medical assistant and Dr. Hoover that she had just recently become sexually active, on a limited basis, with an out-of-state boyfriend, and that she wanted birth control (Tr. Vol I, pp. 16, 18-21).

9. Sarah Hess-Sphon testified that she did not want her mother to know she was sexually active or receiving birth control pills to prevent pregnancy, because she did not want to disappoint her (Tr. Vol I, pp. 16-18, 91-100, and Tr. Vol III, pp. 117-120).

10. Sarah Hess-Sphon testified that she also confided in Dr. Hoover that she did not like sex and was concerned there may be a problem. She further confided in Dr. Hoover that her step-grandfather had sexually abused her when she was about seven (7) years old, and she was concerned about whether this was causing problems (Tr. Vol I, pp. 22-24).

11. Sarah Hess-Sphon testified that Dr. Hoover told her not to worry, demonstrated with her fingers different sexual positions Sarah should try that Dr. Hoover and her husband liked, and recommended that Sarah read a book entitled "ESO: Extended Sexual Orgasm" and that her boyfriend read another book entitled "You Can Heal Your Life." Dr. Hoover wrote the names of the books down for Sarah (Bd. Exs. 1 and 12, and Tr. Vol I, pp. 25, 27-29).

12. Sarah Hess-Sphon testified that Dr. Hoover asked if she had any cute girlfriends whose parents would be lenient enough to allow them to come to Dr. Hoover's house and have sex with her sons. When questioned by Sarah about whether she was serious in this request, Dr. Hoover indicated that she was serious, and stated that she would encourage it. Dr. Hoover wrote down the names and ages of her sons for Sarah on a prescription pad, drew a map to her house and provided her home telephone number for Sarah. Dr. Hoover also provided verbal directions to her house. Sarah testified that she, Sarah, considered herself included in the invitation to come to Dr. Hoover's house with her cute girlfriends to have sex with Dr. Hoover's sons (Bd. Ex. 2, and Tr. Vol I, pp. 2627, 30-34, 63, 72).

13. Sarah Hess-Sphon testified that she was very clear in her mind about why Dr. Hoover wanted Sarah and her friends to come to Dr. Hoover's house and that she had not misconstrued or misunderstood what Dr. Hoover had said to her (Tr. Vol I, pp. 33-34, 62-63, 78-79, 81, 112-113, 120).

14. Sarah Hess-Sphon testified that she has since been to other physicians for gynecological exams, and has never had any similar problems or offers. This was the only time she has ever come out of a doctor's office, with an invitation to the doctor's house, the doctor's phone number, and a map to the doctor's house with the names and ages of the doctor's sons written on the map, after being told by the doctor that the doctor was interested in finding girls whose parents would be lenient enough to allow them to come to the doctor's house and have sex with the doctor's sons (Tr. Vol I, pp. 64-65, 111-112).

15. The testimony of Sarah Hess-Sphon is confirmed by the contents of the complaint filed by her mother with the Board dated October 27, 1995 (Bd. Ex. 4, Tr. Vol I, pp. 43-45, and Tr. Vol III, pp. 135-136).

16. Sarah Hess-Sphon testified that she has since supported her mother's complaint to the Board. She also signed her name to a letter dated April 29, 1996, confirming that she was interested in pursuing the complaint filed with the Board by her mother, Karen Van Horn-Mercer (Bd. Ex. 5, and Tr. Vol. I, pp. 44-45, 48-50, 64).

17. Sarah Hess-Sphon testified that her motivation in pursuing the complaint was to prevent another seventeen (17) year old girl, who might be more vulnerable or prone to compliance with the invitation, from experiencing what she has experienced (Tr. Vol 1, pp. 69-70, 137).

18. On September 6, 2001, Sarah Hess-Sphon received a threatening telephone call on the answering machine at her father's residence. Sarah made a videotape of the recorded telephone call (Bd. Ex. 7). The telephone number displayed on the "Caller ID" in the videotape of the recorded telephone call was the same telephone number written on the map (Bd. Ex. 2), which Respondent provided to Sarah on October 13, 1995. The person making the threatening telephone call was later identified by Respondent as her husband and stated that Sarah was being investigated for perjury and would be arrested and incarcerated for perjury. Sarah was never arrested or incarcerated for perjury, and was never advised by any entity that she was being investigated for perjury. The videotape is authentic and the voice of the caller depicted on the videotape was that of Respondent's husband (Bd. Ex. 7, Tr. Vol I, pp. 53-62, 127-131, and Tr. Vol V, pp. 28-40).

19. Sarah Hess-Sphon also testified about an addendum made by Respondent to Sarah's medical record on November 1, 1995, after she learned that Sarah's mother had made a complaint.

The addendum reads: "*Patient had used condoms with boyfriend. On exam medium speculum easily inserted. No hymen present. Patient definitely not a virgin—has had numerous episodes of intercourse.*" According to Sarah, this addendum to the record was degrading, made her look bad, and really upset her (Tr. Vol I, pp. 43, 47-48, 117-120, and Bd. Ex. 3).

20. The testimony of Sarah Hess-Sphon was perceived by the undersigned as being very credible on all material matters by her demeanor, supporting documentation and her refusal to waiver in the face of extensive, aggressive, and sometimes argumentative cross-examination.

Testimony of Karen Van Horn-Mercer

21. Sarah's mother, Karen Van Horn-Mercer, testified during the evidentiary hearing about her experience in connection with Sarah's interaction in October, 1995, with Dr. Hoover (Tr. Vol I, pp. 143-240, and Tr. Vol III, pp. 145-205).

22. Karen Van Horn-Mercer, was then and is now a management and program analyst for the Federal Bureau of Investigation ("FBI") and lives in Philippi, West Virginia. In connection with her employment with the FBI, she is required to maintain a top secret security clearance, and is subject to periodic polygraph examinations (Tr. Vol I, pp. 143-145).

23. Karen Van Horn-Mercer testified about telephoning the Myers Clinic in 1995, and requesting an appointment for Sarah with a female physician because she presumed Sarah had a yeast infection and needed medical care (Tr. Vol I, pp. 146-147).

24. Karen Van Horn-Mercer confirmed that she made an appointment at the Myers Clinic, picked her daughter up from school and drove her to the clinic. She also confirmed that this was Sarah's first gynecological visit (Tr. Vol I, pp. 147-148).

25. Karen Van Horn-Mercer described the events upon their arrival at the clinic. She further testified that, as Sarah was entering the exam area, she told a nurse that she wanted a blood test because Sarah was always tired. She then returned to the waiting area, and Sarah came out after approximately forty-five (45) minutes (Tr. Vol I, pp. 148-149).

26. Karen Van Horn-Mercer testified about what Sarah said to her when she had finished her appointment with Dr. Hoover. Specifically, Sarah told her that Dr. Hoover was “one of those peace, love, flower type, hippie type people...” Dr. Hoover told Sarah that “sex should be a free and gratifying experience, and that she encouraged it in her children...” According to Sarah, Dr. Hoover then gave Sarah “a map with directions to her home and her sons’ names and ages and her phone number and that she wanted Sarah to get some of her friends and that she was looking for some girls to come to her home to have sex with her sons.” (Tr. Vol I, pp. 150-151, 153, 198, and Tr. Vol III, pp. 145-147, 149).

27. Karen Van Horn-Mercer testified further that Sarah believed she was included as a potential sex partner for Dr. Hoover’s sons, and she told Sarah perhaps she had misunderstood Dr. Hoover, and she didn’t want to believe this was true (Tr. Vol I, pp. 152-153, 156-158).

28. Karen Van Horn-Mercer identified the document introduced as Bd. Ex. 1, which includes the names of two books recommended by Dr. Hoover which Sarah referenced in her testimony that Dr. Hoover gave Sarah at Sarah’s appointment (Tr. Vol I, pp. 153-155, and Bd. Ex. 1).

29. Karen Van Horn-Mercer also identified the prescription sheet bearing Dr. Hoover’s telephone number, the names of Dr. Hoover’s sons and their ages, and a map to Dr. Hoover’s house, as found in Bd. Ex. 2, which Sarah referenced in her testimony that Dr. Hoover gave Sarah at Sarah’s

appointment. According to Ms. Mercer, the map is an accurate map to Dr. Hoover's house (Tr. Vol I, pp. 155-157, and Bd. Ex. 2).

30. Karen Van Horn-Mercer testified further that about six (6) days after Sarah's appointment with Dr. Hoover, Dr. Hoover telephoned her and asked if Sarah and some of her friends would like to come to Dr. Hoover's home on Sunday, to which she replied "No, she will be going to her father's home" (Tr. Vol I, pp. 159-160, 188, 193, 198, 206-207, 214-222, 226-228).

31. Karen Van Horn-Mercer testified that Dr. Hoover had been pleasant during the telephone conversation, and that she and Dr. Hoover discussed Sarah's diagnosis and prescriptions. They also discussed the need for blood tests because Sarah was always tired, and Dr. Hoover agreed to order Sarah "a CBC, a Sed Rate, and a thyroid." During the first telephone call, Ms. Mercer did not ask Dr. Hoover about her discussions with Sarah, because she still thought Sarah may have misunderstood what had happened (Tr. Vol I, pp. 160-163).

32. Karen Van Horn-Mercer testified that, after further reflection, she decided to telephone Dr. Hoover to let her know what Sarah had told her about Dr. Hoover's remarks to Sarah during Sarah's appointment. Dr. Hoover was with a patient, so she asked that Dr. Hoover return her call (Tr. Vol I, pp. 163).

33. Karen Van Horn-Mercer testified that when Dr. Hoover returned her call, she told Dr. Hoover during the telephone conversation that "I should have mentioned this to you the first time that I talked to you but you caught me a little off guard . . . I think Sarah misconstrued something that you said....Sarah is under the impression that you want her to get some of her friends and get the girls to come to your house to have sex with your sons..." (Tr. Vol I, pp. 163-164, 221-222).

34. Karen Van Horn-Mercer testified that Dr. Hoover's voice got "very cold and so very, very flat" and Dr. Hoover stated "no, she didn't misconstrue me, we parents need to get our heads out of the sand, we did it, our kids are doing it, and the best thing we can do as parents is provide them with a safe and protective environment" (Tr. Vol I, pp. 164-165, 177-178, 199, 206-207, 214-222, 226-228, 230, and Tr. Vol III, pp. 166-169, 174-176).

35. Karen Van Horn-Mercer testified she was in shock at Dr. Hoover's admission and that she expressed concern for Dr. Hoover professionally that she was talking to minors in this manner and that other parents might not react as calmly as she was (Tr. Vol I, pp.165-166).

36. Karen Van Horn-Mercer testified that Dr. Hoover expressed surprise that Sarah had told her mother about Sarah's conversation with Dr. Hoover and Dr. Hoover stated "I'll have to be more discreet" (Tr. Vol I, pp. 165-166, 199, 221).

37. Karen Van Horn-Mercer testified that Dr. Hoover's response to Ms. Mercer, where she stated "no, she didn't misconstrue me" was a primary basis for filing a complaint against Dr. Hoover (Tr. Vol I, pp. 186-187).

38. Karen Van Horn-Mercer's testimony was consistent with her complaint to the Board, made on October 27, 1995 (Bd. Ex. 4).

39. Karen Van Horn-Mercer testified that she was aware that an assistant prosecuting attorney in Barbour County, Gerald Fogg, had written a letter to Dr. Hoover on October 30, 1995, describing the incidents with Sarah as a patient and Karen Van Horn-Mercer on the telephone (Tr. Vol I, pp. 175-177, and Bd. Ex. 8).

40. Gerald Fogg's letter to Dr. Hoover states that he recommended to Karen Van Horn-Mercer, after hearing about the situation, that she file a report with the West Virginia Board of Medicine requesting an investigation (Bd. Ex. 8).

41. Karen Van Horn-Mercer testified about the harm to Sarah that Dr. Hoover's propositioning of Sarah had caused Sarah. Sarah didn't want to go for female exams after this episode, didn't want to be touched, and is afraid she is not normal (Tr. Vol I, pp. 172-173, 179).

42. Karen Van Horn-Mercer confirmed that her daughter has supported her complaint to the Board. Both of them signed a letter dated April 29, 1996, confirming that Sarah was interested in pursuing the complaint filed with the Board (Bd. Ex. 5, and Tr. Vol. I, pp. 170-171, 178).

43. Karen Van Horn-Mercer testified that her daughter has since had other gynecological exams, and has never experienced similar problems with other physicians (Tr. Vol. I, pp. 178-179).

44. The testimony of Karen Van Horn-Mercer was perceived by the undersigned as being credible in its entirety and effectively corroborates the testimony of her daughter, Sarah Hess-Sphon.

Testimony of John B. Walden, M.D.

45. John B. Walden, M.D., Professor and Associate Dean at Marshall University School of Medicine and Co-Chairman of the Department of Family and Community Health, testified as an expert witness on behalf of the Board during the evidentiary hearing (Bd. Ex. 9, and Tr. Vol I, pp. 240-315).

46. Dr. Walden testified that assuming a physician in the course of rendering gynecological care and treatment to a seventeen (17) year old female patient asked that patient to talk to her girlfriends and see if the patient and any of her girlfriends would come to the physician's home to have sex with the physician's sons, would constitute a violation of W. Va. Code § 30-3-14(c)(8),

and 11 C.S.R. 1A 12.1(r), exercising influence within a patient-physician relationship for the purpose of engaging a patient in sexual activity (Tr. Vol I, pp. 249-255, 262-263, and Bd. Ex. 10).

47. Dr. Walden further testified that assuming the same facts, there would be a violation of W. Va. Code § 30-3-14(c)(17), and 11 C.S.R. 1A 12.1(e), violating a rule of the Board, specifically engaging in dishonorable, unethical or unprofessional conduct likely to deceive, defraud or harm the public or any member thereof (Tr. Vol I, pp. 256-262).

48. Dr. Walden testified further that assuming the same facts, there would be a violation of W. Va. Code § 30-3-14(c)(17), and 11 C.S.R. 1A 12.1(j), engaging in unprofessional conduct including, but not limited to, any departure from, or failure to conform to, the standards of acceptable and prevailing medical practice or the ethics of the medical profession, irrespective of whether or not a patient is injured thereby, or has committed any act contrary to honesty, justice or good morals, whether the same is committed in the course of his or her practice or otherwise and whether committed within or without the state (Tr. Vol I, pp. 263-272).

49. Dr. Walden further testified that assuming the same set of facts, there would be a violation of the provisions of 11 C.S.R. 1A 12.2(d), bringing the medical profession into disrepute and would not conform to the prevailing standards of medical practice in West Virginia (Tr. Vol I, pp. 258-261).

50. Dr. Walden testified as to Number 3 of the AMA Code of Medical Ethics, Fundamental Elements of the Patient – Physician Relationship, that “The patient has the right to courtesy, respect, dignity, responsiveness and timely attention to his or her needs” and stated that assuming the same set of facts, the actions engaged in would violate the patient’s dignity and self-respect. (Tr. Vol I, pp. 266-267, and Bd. Ex. 11).

51. Dr. Walden was then presented with a second modified set of hypothetical facts, which assumed that the patient, in an office setting, came in for treatment and was then invited to the physician's house. Dr. Walden testified that even if a patient who came in for treatment was merely invited to the physician's house, such an action would still be a violation of the Statutes and Rules, as stated previously, if the invitation was made in the practice setting, particularly, without any prior social relationship between the physician and patient. Dr. Walden also testified that he has never invited anyone to be friends with his children while he was in the process of evaluating or treating them (Tr. Vol I, pp. 276-278, 295-297).

52. Dr. Walden was then presented with a copy of the book entitled "ESO: Extended Sexual Orgasm," which was the same book recommended by Dr. Hoover to Sarah Hess-Sphon during her first gynecological visit on October 13, 1995. Dr. Walden was asked to assume that the patient previously testified that, before the initial exam, she had only recently become sexually active and had only had sex on a few occasions. Dr. Walden testified that, in his personal experience and practice, he would not give out the book under the circumstances described, and that "It just would seem to me to be inappropriate in a clinical setting, given the circumstances you have presented me with" (Tr. Vol I, pp. 278-283, and Bd. Ex. 12).

53. Dr. Walden also reviewed the addendum made by Respondent to Sarah's medical record on November 1, 1995, after she found out Sarah's mother had complained, which reads: "*Patient had used condoms with boyfriend. On exam medium speculum easily inserted. No hymen present. Patient definitely not a virgin—has had numerous episodes of intercourse.*" Regarding the entry, Dr. Walden testified that, in his opinion, there was no medical reason for the addendum, and that it appears to have nothing to do with what the patient came to see the doctor for in the first

place. Specifically, Dr. Walden stated: "It strikes me as . . . an attempt to enter something into the record. It's almost some sort of-- as a cover for something." Dr. Walden further stated, "If this were an attempt to somehow cover one's self for something that was wrong, went astray or might go astray, it strikes me that this might fill the bill for what someone might write in a chart, having seen other examples of physicians who have been involved in some things. And that's how it strikes me, as a possibility or a likelihood" (Tr. Vol I, pp. 286-294, and Bd. Ex. 3).

54. When asked to assume that there was evidence that the physician had used the addendum to cover herself, as suspected by Dr. Walden, Dr. Walden testified that, assuming such facts as true, the addendum would be both unprofessional and unethical. Dr. Walden then explained his opinion in detail with reference to the addendum (Tr. Vol I, pp. 300-301, 302-305, and Bd. Ex. 3).

55. Dr. Walden was also presented with a copy of prior deposition testimony of Dr. Hoover, taken in connection with a related civil action, on November 20, 2002, wherein Dr. Hoover specifically admitted that the reason why she wrote the addendum on November 1, 1995, was because Karen Van Horn-Mercer complained. Dr. Walden testified that, if Dr. Hoover's motivation for adding the addendum was because she somehow knew a complaint was made against her, as admitted by her in her prior deposition testimony of November 20, 2002, then the addendum would be both unprofessional and unethical (Tr. Vol I, pp. 306-312).

56. The testimony of Dr. Walden is credible and believable, based upon the Hearing Examiner's observations of the demeanor of the witness, and the truthful testimony provided by the witness on all material matters.

Testimony of Peggy Kincaid

57. Peggy Kincaid, a Child Protective Services Worker with the Department of Health and Human Resources working in Barbour County in 1995, testified that she had been contacted by assistant prosecutor Gerald Fogg in October, 1995, and was asked to interview Sarah and her mother regarding the events of October 13, 1995, and determine if they were credible. She identified the report that she had prepared after the interviews (Bd. Ex. 13, Tr. Vol II, pp. 13-16, and Tr. Vol III, pp. 30-32, 34-35, 42, 52, 92).

58. Peggy Kincaid testified that her investigation in this matter was limited and didn't fall within the jurisdiction of Child Protective Services, as it didn't involve wrongdoing toward a child by someone within the household, and that she had conducted the interviews as a courtesy to the assistant prosecutor (Tr. Vol II, pp. 23-24).

59. Peggy Kincaid testified that she included everything in her report which she felt was necessary and important in connection with her limited role of interviewing Sarah and her mother regarding the events of October 13, 1995, and she believes that her report accurately reflects what she discovered during the interviews and that her testimony regarding the same has been honest and forthright (Tr. Vol III, pp. 21-22, 36, 52-54, 93-94, and Tr. Vol IV, p. 59).

60. Ms. Kincaid testified regarding her opinion that Sarah Hess-Sphon was credible, honest, truthful, and had a clear recollection of what had occurred on October 13, 1995. She further testified about her recollection that Sarah told her that Dr. Hoover wanted to find a girl or girls whose parents were liberal enough to let their daughter move into Dr. Hoover's home to have sex with her sons (Tr. Vol II, pp. 55-56, and Tr. Vol III, pp. 36, 38, 43, 54)

61. In response to inquiry by counsel for Respondent as to whether Sarah was included in the invitation to Dr. Hoover's house to have sex with her sons, Ms. Kincaid stated: "What I recall is that I felt Sarah had the distinct impression, and she shared that with me, that she and/or her friends were invited to Dr. Hoover's home." (Tr. Vol II, pp. 27-30).

62. Despite being subjected to three days of overly aggressive cross-examination by counsel for the Respondent on the contents of her file relating to this matter, the undersigned finds that Peggy Kincaid's testimony is consistent and corroborative with the testimony of Sarah Hess-Sphon and her mother, Karen Van Horn-Mercer, concerning Sarah's and Dr. Hoover's conversation at Myers clinic on October 13, 1995. It is further the finding of the undersigned that the bulk of Peggy Kincaid's testimony has minimal application to the material issues of this matter.

Testimony of Peggy Jones

63. Peggy Jones served as a medical assistant at the Myers Clinic in Philippi, West Virginia, for twenty-four (24) years. For about a year in 1995, she was periodically assigned to work with Dr. Hoover, and was working on October 13, 1995, when Sarah Hess-Sphon came to see Dr. Hoover (Tr. Vol III, pp. 206-285).

64. Peggy Jones testified that she initially checked Sarah Hess-Sphon into the office, recorded her height and weight, took a brief patient history, and had a brief conversation with Sarah Hess-Sphon before speaking with Dr. Hoover (Tr. Vol III, pp. 207-208, 279-280).

65. After checking Sarah in, Peggy Jones was instructed by Dr. Hoover to prepare Sarah for a pelvic exam, and was present during the pelvic exam. Although Ms. Jones did not hear any inappropriate conversations between Dr. Hoover and Sarah Hess-Sphon during the pelvic exam, she

admitted that she was not present during conversations that Dr. Hoover had with Sarah before and after the pelvic exam (Tr. Vol III, pp. 211-213, 226, 249-250).

66. Counsel for Respondent called Peggy Jones primarily to provide testimony regarding a letter dated April 25, 1996, which purportedly summarizes her observations and impressions concerning the treatment of Sarah Hess-Sphon during the office visit on October 13, 1995, at the Myers Clinic. The observations and impressions of Peggy Jones, as set forth in the April 25, 1996, letter, are allegedly based upon conversations between Peggy Jones and Sarah Hess-Sphon, Sarah's medical treatment at the Myers Clinic, and Sarah's interaction with Dr. Hoover. The letter also contains statements concerning the character of Dr. Hoover, Sarah and her mother (Tr. Vol III, pp. 206-285, and R. Ex. 4).

67. Peggy Jones was completely confused as to how the letter, which is dated more than six (6) months after the October 13, 1995, office visit, was prepared, who prepared it, when it was prepared, and the circumstances surrounding its preparation, including the persons who were present when it was allegedly signed and notarized. Ms. Jones testified that she did not write or author the letter, doesn't recall typing or writing anything, and doesn't recall Dr. Hoover ever telling her to write anything regarding the office visit of October 13, 1995, and she can't even recall signing the letter. Ms. Jones believes someone else actually wrote the letter or, in the alternative, that it was from a deposition sent to her by Dr. Hoover or someone else, but she is not sure, and she had never been involved in anything like it before or since (Tr. Vol III, 206-207, 248, 259-260, 263-268, 270-273, 276-279, 282-287).

68. This Hearing Examiner finds that the apparent confusion of Peggy Jones as to how the April 25, 1996, letter was prepared, who prepared it, when it was prepared, and the circumstances

surrounding its preparation are directly attributable to the fact that Peggy Jones did not actually write or author the letter. Instead, it is clear from the remaining evidence in this case, including the testimony of Dr. Hoover, and the specific wording contained in the letter, which matches the November 1, 1995, addendum added to Sarah's medical records by Dr. Hoover, that the letter was actually authored and written by Dr. Hoover, in order to serve her own interests, and in preparation for her appearance before the Board on April 26, 1996. The fact that the letter was authored and written by Dr. Hoover, when combined with the inability of this witness to recall any specific facts about the letter, raises serious questions regarding the credibility of this witness and whether her testimony is accurate and complete (Tr. Vol IV, pp. 155-156, 227-235, and R. Ex. 4).

69. There are also significant inconsistencies and conflicts with respect to the testimony of Peggy Jones and the remaining evidence, including the April 25, 1996, letter, and the medical records. For example, Ms. Jones initially testified that the primary reason Sarah Hess-Sphon was seeking treatment was to obtain birth control, as opposed to her seeking treatment for a yeast infection. In that regard, Ms. Jones initially testified "there was no mention of an infection to me," and stated that she didn't find that out until later (Tr. Vol III, p. 210, 279-280). However, this contradicts the medical records and remaining testimony, based upon her handwritten office notes dated October 13, 1995, that Sarah had complained of symptoms consistent with a yeast infection when she arrived at the clinic (Tr. Vol III, pp. 231-237, 260, and Bd. Ex. 3).

70. The testimony of Peggy Jones lacked credibility and is disregarded by the Hearing Examiner based upon the Hearing Examiner's determinations regarding the credibility of Ms. Jones as a witness and the substance of her testimony, which suggested multiple inconsistencies, conflicts and ulterior motives, particularly with respect to her confusion and inability to recall specific details

concerning the origin of a letter, which Dr. Hoover prepared for Ms. Jones to sign on or about April 25, 1996, six (6) months after the subject events occurred, and just before Dr. Hoover appeared before the Board in connection with the original complaint filed by Karen Van Horn-Mercer.

Testimony of Katherine A. Hoover, M.D.

71. Dr. Hoover's address of record with the Board is in Lost Creek, West Virginia, but she practices medicine in Williamson, West Virginia, where she currently specializes in pain management. As part of her practice, she deals with chronic pain patients some of whom are also sexual abuse patients (Tr. Vol IV, pp. 61-64).

72. Dr. Hoover testified during the hearing about her treatment of Sarah Hess-Sphon as a seventeen (17) year old gynecological patient on October 13, 1995, at the Myers Clinic in Philippi, West Virginia (Tr. Vol IV, pp. 61-255, and Tr. Vol V, pp. 10-27).

73. Dr. Hoover testified that she had never met Sarah Hess-Sphon prior to October 13, 1995, when she was scheduled to provide medical treatment to Sarah. According to Dr. Hoover, when Sarah arrived for treatment, the only persons in the waiting room were her mother, Karen Van Horn-Mercer, and other patients. Dr. Hoover testified that her medical assistant, Peggy Jones, assisted in treating Sarah (Tr. Vol IV, pp. 88-94, 167, and Tr. Vol V, pp. 10-27).

74. Dr. Hoover testified about the yeast infection which had caused Sarah to seek medical treatment, and stated that Sarah told medical assistant Peggy Jones and her that she had just recently become sexually active, on a limited basis, with an out-of-state boyfriend, and that she wanted birth control. Dr. Hoover was aware that this was Sarah's first gynecological exam and confirmed that Sarah was nervous during the exam (Tr. Vol IV, pp. 82-83, 101-102, 168-173, and Tr. Vol V, pp. 11-13).

75. Dr. Hoover testified that Sarah did not want her mother to know she was sexually active or receiving birth control pills to prevent pregnancy, because Sarah was afraid her mother would disapprove. Dr. Hoover believed this put her in a difficult position (Tr. Vol IV, pp. 66, 100-101, 107-109).

76. Dr. Hoover testified that Sarah confided in her that she was having problems with sex and was concerned there may be a problem. Dr. Hoover denies that Sarah further confided in her that her step-grandfather had sexually abused her when she was about seven (7) years old, or that Sarah was concerned about whether this was causing problems. Had Sarah told Dr. Hoover about this, Dr. Hoover would have been required to report it to authorities, and her treatment would have been different (Tr. Vol IV, pp. 77-80, 85, and Tr. Vol V, pp. 15-17, 48-49).

77. Dr. Hoover admitted that she recommended that Sarah read a book entitled "ESO: Extended Sexual Orgasm" and that her boyfriend read another book entitled "You Can Heal Your Life." Dr. Hoover wrote the names of the books down for Sarah and still believes the books are appropriate. Dr. Hoover did not mention the books in Sarah's medical records, did not make a clinical assessment concerning the books, and was surprised Sarah's mother obtained the information. Dr. Hoover has never recommended the book entitled "ESO: Extended Sexual Orgasm" to another minor female patient (Tr. Vol IV, pp. 84-87, 214-216, 220-221, Tr. Vol V, p. 17, and Bd. Exs. 1 and 12).

78. Dr. Hoover admitted that she discussed her sons with Sarah and wrote down their names and ages for Sarah on a prescription pad, drew a map to her house and provided her home telephone number for Sarah. She also admitted that she invited Sarah to her house, but denied telling Sarah she wanted her to have sex with her sons. According to Dr. Hoover, Sarah initiated the

conversations regarding her sons, and offered to help them. Dr. Hoover believes that Sarah misconstrued or misunderstood what Dr. Hoover had said to her about her sons, and she attempted to blame Sarah for any misunderstanding.⁸ She does not believe it is improper to have patients come to her home or to provide her phone number to patients. However, this is the first time that she ever provided her phone number, a map to her house, and the names and ages of her sons to a minor female patient (Tr. Vol IV, pp. 95-99, 128-130, 137, 152, 154, 211-213, Tr. Vol V, pp. 18-20, and Bd. Ex. 2).

79. Dr. Hoover denied asking Sarah to find some of her girlfriends to come out to her home to have sex with her sons, and doesn't believe Sarah would have said that "because it seems to me if her girlfriends were sexually active, her mother would think that she was sexually active also" (Tr. Vol IV, pp. 110-112, 127-128, 135-136, 141-142, and Tr. Vol V, pp. 18-20).

80. Dr. Hoover also disagrees with the allegations that she told Sarah sex should be free and open, that she would encourage sex with her sons, or that she told Karen Van Horn-Mercer she should be more discreet (Tr. Vol IV, pp. 135-136, 145-146, 149-150, and Tr. Vol V, p.17).

81. Dr. Hoover acknowledged that Sarah was laughing during the pelvic exam because she appeared uncomfortable and embarrassed about the exam (Tr. Vol IV, p. 88, and Tr. Vol V, pp. 11-13).

82. Dr. Hoover confirmed that the appointment lasted about forty-five (45) minutes, which is consistent with the testimony of Karen Van Horn-Mercer, and testified further that Sarah

⁸ Throughout her testimony, Dr. Hoover attempted to shift the blame to Sarah for what occurred and actually concluded the hearing by stating: "Well, I have always been concerned for Sarah, and her mental and physical health and I still am. I think she has got problems that need to be looked at and addressed. And I hope she gets the help she needs" (Tr. Vol. V, p. 51).

left the appointment carrying papers and birth control. She also confirmed that she spoke with Sarah's mother by telephone regarding test results, proposed blood work, a medication prescribed for the yeast infection and Karen Van Horn-Mercer's continuing education. However, Dr. Hoover did not have a specific memory of the contents of her various telephone conversations with Karen Van Horn-Mercer. Instead, she was relatively vague as to what actually occurred, and her testimony is unclear. She also was unaware that Karen Van Horn-Mercer was upset until she received the letter dated October 30, 1995, from Gerald Fogg (Tr. Vol IV, pp. 131-133, 137-143, Tr. Vol V, pp. 21-24, 26-28, and Bd. Ex. 8).

83. Initially, Dr. Hoover testified that she had agreed to lie for Sarah regarding the reason for prescribing birth control pills and state that the birth control pills were to regulate periods. However, upon further reflection during the hearing, Dr. Hoover changed her testimony and stated, in the alternative, that neither she nor Sarah were lying, and that the reasons listed in the record for prescribing birth control were legitimate (Tr. Vol IV, pp. 133, 160-163).

84. Dr. Hoover also testified about an addendum she made to Sarah's medical record on November 1, 1995, after she learned that Sarah's mother, Karen Van Horn-Mercer, had made a complaint, which reads: "*Patient had used condoms with boyfriend. On exam medium speculum easily inserted. No hymen present. Patient definitely not a virgin—has had numerous episodes of intercourse.*" According to Dr. Hoover, she added the addendum after her conversation with Karen Van Horn-Mercer and after she received a letter dated October 30, 1995, from Gerald Fogg (Bd. Ex. 8). Dr. Hoover knew that Karen Van Horn-Mercer had complained before she added the addendum, and she allegedly wanted to clarify the record. According to Dr. Hoover, the addendum merely states the facts (Tr. Vol IV, pp. 81-82, 177-187, 193-204, and Bd. Exs. 3 and 8).

85. During the hearing, Dr. Hoover again complained about the adequacy of the complaint procedures utilized by the Board, the Board's compliance with applicable Statutes and Rules, and other matters previously addressed in prior Court Orders in *Hoover v. West Virginia Board of Medicine*, 216 W. Va. 23, 602 S.E.2d 466 (2004). Although Dr. Hoover was allowed to provide testimony concerning these procedural matters, her testimony was not particularly helpful within the context of this evidentiary hearing to address the specific allegations set forth in the Amended Complaint, and these procedural matters have no tendency to make the existence of any fact that is of consequence to the determination of this action more probable or less probable than it would be without the evidence, particularly since they were resolved by prior court orders (Tr. Vol IV, pp. 66-71, and Tr. Vol V, pp. 4, 8-9).

86. Dr. Hoover also admitted that on September 6, 2001, her husband made a threatening telephone call on the answering machine at the residence of Sarah's father, and that the telephone number displayed on the "Caller ID" in the videotape of the recorded telephone call was the same telephone number written on the map (Bd. Ex. 2), which Dr. Hoover provided to Sarah on October 13, 1995. Dr. Hoover's husband stated that Sarah was being investigated for perjury and would be arrested and incarcerated for perjury. However, there is no evidence that Sarah was ever arrested or incarcerated for perjury, although Dr. Hoover suggested Sarah was previously being investigated by a Gary Slater with a state agency within the attorney general's office. Although Dr. Hoover now believes it was inappropriate for her husband to call a witness in this case and threaten that the witness was going to be arrested for perjury, she did not believe her husband's actions were inappropriate when she was deposed on November 20, 2002, in connection with Civil Action No. 98-C-1134 (Cir. Ct. Kanawha Co.), where Dr. Hoover had sued Board staff. The videotape is

authentic and the voice of the caller depicted on the videotape was that of Respondent's husband (Bd. Ex. 7, Tr. Vol V, pp. 28-40).

87. Dr. Hoover also provided testimony concerning how the April 25, 1996, letter signed by Ms. Peggy Jones was prepared. According to Dr. Hoover, Ms. Jones was completely incorrect in her testimony regarding how the letter was prepared and who prepared it. Unfortunately, Dr. Hoover's testimony with respect to what occurred is also somewhat unclear and confusing. She essentially testified that she told Ms. Jones to write in long-hand what had occurred during the office visit of October 13, 1995, and that she would then type it into a letter format for presentation to the Board during a meeting scheduled on April 26, 1996, in Beckley, West Virginia. Dr. Hoover further testified that Ms. Jones complied with her request and that she (Dr. Hoover) then typed the notes of Ms. Jones exactly as written. According to Dr. Hoover, she did not save any notes prepared by Ms. Jones, did not assist with editing in any way, and she further denies coaching Ms. Jones at all on what she should or shouldn't say. In any event, this Hearing Examiner is convinced from Dr. Hoover's testimony and the remaining evidence in this case, including the specific wording contained in the letter, which matches the November 1, 1995, addendum added to Sarah's medical records by Dr. Hoover, that the letter was actually authored and written by Dr. Hoover, in order to serve her own interests, and in preparation for her appearance before the Board on April 26, 1996 (R. Ex. 4, and Tr. Vol IV, pp. 155-156, 227-235).

88. Dr. Hoover also confirmed that she previously subpoenaed the records of witness Peggy Kincaid on September 23, 1999, in connection with her prior deposition of Ms. Kincaid on October 4, 1999, in a related civil action, *Katherine A. Hoover, et ux. v. Karen Van Horn*, Civil Action No. 96-C-24, which remains pending in the Circuit Court of Barbour County, West Virginia.

She denied obtaining the file, but was obviously aware that the file existed or she wouldn't have requested the subpoenas in her related civil action pending against material witness Karen Van Horn-Mercer. In addition, Dr. Hoover never followed up on her prior subpoenas during the deposition in 1999, even though the witness mentioned her file and personal notes during the deposition, and Dr. Hoover requested no additional subpoenas either in the pending civil action or in this proceeding (Tr. Vol IV, pp. 239-251, R. Ex. 3).

89. The testimony of Dr. Hoover was not entirely credible, based upon the Hearing Examiner's observations of Dr. Hoover as a witness, when combined with various inconsistencies, conflicts and ulterior motives. Dr. Hoover's testimony was often inconsistent and confusing in relation to the evidence and medical records, particularly with respect to the circumstances of her invitation to Sarah Hess-Sphon, the book she recommended to Sarah Hess-Sphon entitled "ESO: Extended Sexual Orgasm," an addendum dated November 1, 1995, which Dr. Hoover added to the medical records of Sarah Hess-Sphon after she received notice from prosecuting attorney Gerald Fogg that a complaint would be filed against her with the Board by Karen Van Horn-Mercer, and the April 25, 1995, letter allegedly signed by her medical assistant, Peggy Jones.

Testimony of Diane Shafer, M.D.

90. Diane E. Shafer, M.D., was called to testify as an expert witness on behalf of Respondent. Dr. Shafer practices medicine and surgery in Williamson, West Virginia, and her primary medical specialty is orthopedic surgery (Tr. Vol IV, pp. 255-261).

91. Dr. Shafer has practiced orthopedic surgery in West Virginia for approximately twenty-eight (28) years, and is familiar with the ethics of the medical profession. Dr. Shafer also works for Logan Mental Health and conducts mental hygiene exams in Williamson, West Virginia.

Dr. Shafer has limited experience in treating women who have been sexually abused in connection with her work at Tug Valley Recovery Shelter (Tr. Vol IV, pp. 255-261, 265-267).

92. Dr. Shafer lacks any formal education or training in the areas of sexual abuse, psychiatry or mental health, and did not participate in an internship, residency, fellowship, or other certification process. Like other physicians, she rotated through psychiatry in medical school, and occasionally attends Continuing Medical Education ("CME") courses which address issues related to sexual abuse, psychiatry or mental health. Dr. Shafer has authored two (2) articles for the Tug Valley Medical Society regarding sexual abuse, but has authored no other publications (Tr. Vol. IV, pp. 286-289, 317).

93. It is the finding of the undersigned that the testimony of Dr. Shafer is entitled to little or no weight because of her close personal relationship with Dr. Hoover. Dr. Hoover resides with Dr. Shafer from Monday through Thursday in Williamson, West Virginia. Dr. Shafer and Dr. Hoover engage in a wide variety of activities together including travel. Dr. Shafer has also listed Dr. Hoover's permanent residence as her own in connection with her work in the Clarksburg, West Virginia, area. Further pursuant to a public order entered by the Board on March 20, 1989, Dr. Shafer was subjected to disciplinary action by the Board for attempting to obtain, obtaining, renewing, or attempting to renew her license to practice medicine and surgery by fraudulent misrepresentation and engaging in dishonorable, unethical and unprofessional conduct of a character likely to deceive, defraud or harm the public or any member thereof, and her license was subject to such limitations and restrictions set forth in the order. Dr. Shafer complied with the limitations and restrictions as of March 31, 1991. (Tr. Vol IV, pp. 284, 302-305, 317); (Public Board Order dated March 20, 1989). Dr. Shafer's testimony and demeanor clearly reflected a bias and deference toward Dr. Hoover and

essentially destroyed her credibility as a witness and therefore her testimony has largely been disregarded by the undersigned.

DISCUSSION

Credibility of Witnesses, Testimony and Exhibits

After reviewing all of the evidence in this matter, and based upon detailed credibility determinations, this Hearing Examiner is satisfied that the Board's witnesses, Sarah Hess-Sphon, and her mother, Karen Van Horn-Mercer, were both credible and truthful, and that they provided sincere testimony, which was both clear and convincing. The demeanor of these witnesses together with the substance of their testimony, including their opportunity for knowledge, information possessed, ability to recall and relate specific events, and similar indications of veracity, suggested no significant inconsistencies, conflicts, or ulterior motives, and there is no evidence suggesting any personal gain to be achieved by either Sarah Hess-Sphon or her mother Karen Van Horn-Mercer as a result of testifying.

The opinion testimony of the Board's expert witness, John B. Walden, M.D., was also credible, clear and convincing. Dr. Walden clearly possesses the necessary professional knowledge, experience, education and training to provide useful expert opinion testimony, and his expert opinion testimony was particularly helpful in enabling this Hearing Examiner to understand the evidence and determine the facts at issue, particularly with respect to the applicable standard of care to which Dr. Walden's expert opinion testimony was addressed.

The testimony of Board witness Peggy Kincaid, the Child Protective Services Worker who interviewed Sarah Hess-Sphon in late 1995, was somewhat confusing, and at times appeared to be inconsistent with the evidence. However, the overall importance of Ms. Kincaid's testimony was minimal.

The Hearing Examiner does not believe that the testimony of Dr. Hoover was entirely credible, based upon her demeanor as a witness and various inconsistencies, conflicts and ulterior motives. Dr. Hoover's testimony was often inconsistent and confusing in relation to the evidence and medical records, particularly with respect to the circumstances of her invitation to Sarah Hess-Sphon, the book she recommended to Sarah Hess-Sphon entitled "ESO: Extended Sexual Orgasm," an addendum dated November 1, 1995, which Dr. Hoover added to the medical records of Sarah Hess-Sphon after she received notice from prosecuting attorney Gerald Fogg that a complaint would be filed against her with the Board by Karen Van Horn-Mercer, and the April 25, 1996, letter allegedly signed by her medical assistant, Peggy Jones.

The testimony of Dr. Diane Shafer, the Respondent's expert witness, was not perceived as credible for the reasons hereinbefore set forth in Finding of Fact No. 93.

It is further the finding of the Hearing Examiner that all records and documents entered as exhibits are authentic, valid, and were entered with proper evidentiary foundation.

ISSUES

1. Whether Respondent violated W. Va. Code § 30-3-14(c)(8) and 11 C.S.R. 1A 12.1(r) by exercising influence within a patient-physician relationship for the purpose of engaging a patient in sexual activity, as set forth in paragraph 2 of Petitioner Board's Complaint and Notice of Hearing?

2. Whether Respondent violated W. Va. Code § 30-3-14(c)(17) and 11 C.S.R. 1A 12.1(e) and (j), as further described in 11 C.S.R. 1A 12.2 (d) by engaging in unprofessional, unethical, dishonorable conduct, as set forth in paragraph 2 of Petitioner Board's Complaint and Notice of Hearing?

With respect to Issue 1, the substantial, credible, clear and convincing evidence adduced by the Board as set forth in the foregoing Findings of Fact shows that the Respondent did in fact exercise influence within a patient-physician relationship for the purpose of engaging a patient in sexual activity, in violation of W. Va. Code § 30-3-14(c)(8) and 11 C.S.R. 1A 12.1(r).

With respect to Issue 2, the substantial, credible, clear and convincing evidence adduced by the Board as set forth in the foregoing Findings of Fact shows that the Respondent's actions in the course of rendering gynecological care and treatment to a seventeen year old patient and asking the patient to talk to her girlfriends and see if the patient and any of her girlfriends would come to the Respondent's home to have sex with her teenage sons constitute engaging in unprofessional, unethical, dishonorable conduct, in violation of W. Va. Code § 30-3-14(c)(17) and 11 C.S.R. 1A 12.1(e) and (j), as further described in 11 C.S.R. 1A 12.2 (d).

From the review of the testimony taken during this proceeding and the exhibits admitted into the record, it is, therefore, the opinion of this Hearing Examiner that given all of the evidence of record, the following Conclusions of Law are appropriate and the following proposed disposition is justified.

CONCLUSIONS OF LAW

1. Respondent is a physician licensed to practice medicine and surgery in the State of West Virginia and the West Virginia Board of Medicine is the State agency charged with licensure and discipline of physicians under W. Va. Code § 30-3-1, *et seq.*

2. The West Virginia Board of Medicine has jurisdiction over the subject matter and over the Respondent. W. Va. Code § 30-3-1, *et seq.*

3. The expressed purpose of the West Virginia Medical Practice Act is to provide for the licensure and professional discipline of physicians and to provide a professional environment that encourages the delivery of quality medical service within the State. W. Va. Code § 30-3-2.

4. Petitioner bears the burden of proving the allegations in the Complaint and Notice of Hearing by clear and convincing evidence. *See* W. Va. Code § 30-3-14(b), and *Webb v. West Virginia Board of Medicine*, 212 W. Va. at 155, 569 S.E.2d at 231.

5. The basic purpose of any evidentiary hearing is the ascertainment of truth with the aid of all testimony which may properly contribute to that purpose. The ascertainment of truth and the prevention of manifest injustice are entitled to priority consideration by the trier of fact. *Roark v. Dempsey*, 159 W. Va. at 32, 217 S.E.2d at 918.

6. In an administrative proceeding, the trier of fact is entitled to take into account the credibility and demeanor of witnesses, including their inconsistent statements and inability to recall details, in making findings of fact and conclusions of law, and the trier of fact is uniquely situated so as to make such determinations. *Webb v. West Virginia Board of Medicine*, 212 W. Va. at 156, 569 S.E.2d at 232. In addition, determinations of credibility by an administrative law judge are

entitled to deference upon review. *See Maxey v. McDowell County Board of Education*, 212 W. Va. 668, 575 S.E.2d 278 (2002).

7. The testimony of Sarah Hess-Sphon, Karen Van Horn-Mercer, Peggy Kincaid, and John B. Walden, M.D., as set forth in the Findings of Fact, clearly and convincingly demonstrate that Dr. Hoover exercised influence within a patient-physician relationship for the purpose of engaging a patient in sexual activity, in violation of W. Va. Code § 30-3-14(c)(8) and 11 C.S.R. 1A 12.1(r), for which Dr. Hoover may be disciplined.

8. The testimony of Sarah Hess-Sphon, Karen Van Horn-Mercer, Peggy Kincaid, and John B. Walden, M.D., as set forth in the Findings of Fact, clearly and convincingly demonstrate that Dr. Hoover's actions in the course of rendering gynecological care and treatment to Sarah Hess-Sphon, then seventeen (17), in asking Sarah to talk to her girlfriends and see if Sarah and any of the girlfriends would come to Dr. Hoover's home to have sex with her teenage sons, constitute engaging in unprofessional, unethical, dishonorable conduct, in violation of W. Va. Code § 30-3-14(c)(17) and 11 C.S.R. 1A 12.1(e) and (j) and as further described at 11 C.S.R. 1A 12.2(d) specifically bringing the medical profession into disrepute, for which Dr. Hoover may be disciplined.

9. The opinion testimony of the Board's expert witness, John B. Walden, M.D., was credible, clear and convincing and was particularly helpful in enabling this Hearing Examiner to understand the evidence and determine the facts at issue, particularly with respect to the applicable standard of care to which Dr. Walden's expert opinion testimony was directly addressed. Dr. Walden's expert testimony is given great weight in this matter under the provisions of Rules 702 and 704 of the West Virginia Rules of Evidence and the Board's standard practice and custom. *See West Virginia Board of Medicine v. David C. Shamblin, MD.*, (1989); *West Virginia Board of*

Medicine v. Thomas J. Park, MD., (1994); *West Virginia Board of Medicine v. Thomas E. Mitchell, M.D.* (1995).

10. The practice of medicine is a high calling; a professional license is a high privilege; the state may attach to its possession conditions "onerous and exacting." *Barsky v. Board of Regents*, 111 N.E. 2d 222 (N.Y. 1953, *reh. den.* 112 N.E. 2d 773, *affirmed* 347 U.S. 442, 74 S. Ct. 650), cited in *West Virginia Board of Medicine v. Clayton E. Linkous, Jr., MD.*, (1991); and in *West Virginia Board of Medicine v. Rahmet Muzaffer, MD.*, *supra*; and see W. Va. Code § 30-1-1a; and § 30-1-1, cited in *State ex rel Webb v. West Virginia Board of Medicine*, 203 W. Va. 234, 506 S.E.2d 830 (1998).

11. The inherent object of the underlying statute regulating the practice of medicine is the preservation of the public health. *Vest v. Cobb*, 76 S.E.2d 885 (W. Va. 1953) citing *Dent v. State of West Virginia*, 129 U.S. 114, 123 S. Ct. 231 (1889), cited in the 1993 revocation Order in *West Virginia Board of Medicine v. Magdi Z. Fahmy, MD.*, and in the 1994 revocation Order in *West Virginia Board of Medicine v. Thomas J. Park, M.D.*

12. A variety of disciplinary sanctions may be imposed by the Board under the provisions of W. Va. Code § 30-3-14(j) and 11 C.S.R. 1A 12.3, when the Board finds a person unqualified to practice medicine in the State of West Virginia after hearing and due process.

13. Katherine Anne Hoover, M.D., is unqualified to practice medicine and surgery in the State of West Virginia. W. Va. Code § 30-3-14(c).

RECOMMENDED ORDER

WHEREFORE, on the basis of the foregoing Findings of Fact and Conclusions of Law, and pursuant to the provisions of W. Va. Code §§ 30-3-14(j), and 11 C.S.R. 1A 12.3, the Hearing Examiner recommends that the Board enter an **ORDER** as follows:

1. The license to practice medicine and surgery in the State of West Virginia heretofore issued to Katherine Anne Hoover, M.D., is hereby **REVOKED**, effective at 12:01 a.m. on Monday, October 6, 2008, which **REVOCATION** is hereby **STAYED IMMEDIATELY**, and which **STAY** is subject to immediate dissolution and termination upon the Board's determination of the Respondent's failure to comply fully, timely, and satisfactorily with any other term or condition of this **ORDER**.

2. Effective immediately upon the **STAY**, the Respondent's license shall be placed on **PROBATION** for five (5) years in which the licensee shall practice only under the supervision of one (1) or more duly licensed physicians approved by the Board prior to commencement of such supervision, and under such other supervision and reporting requirements as the Board may impose during the probationary period.

3. In order to effectuate Board approval of a supervising physician, the Respondent shall submit to the Board, on or before October 6, 2008, the names, addresses, and telephone numbers of three (3) proposed supervising physicians, and the Board shall select one (1) of the three (3) proposed supervising physicians for service in this case. If none of the proposed supervising physicians is acceptable to the Board, then the Board may, in its sole discretion, select an appropriate supervising physician. The Board-approved supervising physician shall then provide directly to the Board correspondence on his or her letterhead confirming the nature of supervision to be rendered.

4. The Board-approved supervising physician shall provide quarterly reports to the Board attesting to the continued ability of Respondent to practice medicine and surgery in a safe and effective manner, and further describing the status of Respondent with respect to patient care, practice management, delivery of medical services, medical ethics requirements and professionalism, and any other subject matter designated or pre-approved by the Board throughout the five (5) year probationary period.

5. The quarterly reporting periods commence in March 2009, and all reports shall be made by the supervising physician and submitted directly to the Board within the last business week of March, June, September, and December of each year throughout the five (5) year probationary period.

6. Should the performance of Respondent at any time fall below the reasonable standard of care or otherwise endanger the health, safety, and welfare of patients, the Board-approved supervising physician shall immediately notify the Board.

7. If at any time the designated supervising physician is unwilling or unable to serve in that capacity, Respondent shall have ten (10) working days from the date of the supervising physician's termination of service, to obtain another duly licensed supervising physician approved by the Board.

8. Throughout the five (5) year probationary period, the Respondent shall not render medical services to any patient who has not yet attained the age of eighteen (18) years without a Board-approved chaperone present in the examination room.

9. The Respondent shall report the substance of and present a copy of this **ORDER** to her approved supervising physician, any employer or health care or medical facility where

Respondent is authorized to practice medicine and surgery in the State of West Virginia, and during the period that this Order is in effect, Respondent shall provide a copy of this Order to any prospective employer or health care or medical facility where Respondent seeks to practice medicine and surgery in the State of West Virginia.

10. The Respondent shall submit to any further conditions, accommodations, limitations or restrictions the Board may deem necessary and appropriate to effectuate the terms and conditions of this **ORDER** throughout the five (5) year probationary period.

11. Administrative costs including but not limited to fees and expenses of attorneys, Hearing Examiners, court reporters, advisors and consultants, and all other costs of investigation and prosecution of this matter, shall be paid by the Respondent to the Board within thirty (30) days of issuance of an invoice by the Board.


12. The Respondent shall pay to the State of West Virginia a civil fine of One Thousand Dollars (\$1,000.00), to be received by the Board within thirty (30) days of entry of this **ORDER**.

13. The Respondent shall comply with all Statutes and Rules of the Board and shall comply with all State and Federal law.

14. Upon the Board's determination of the Respondent's failure to comply with any of the terms and conditions of this **ORDER**, the Board shall issue written **NOTICE** of immediate and

automatic dissolution and termination of the **STAY**, upon which the **REVOCATION** shall take full force and effect without further proceedings and shall remain in effect for five (5) years beginning with the date of dissolution and termination.

Dated this 2nd day of August, 2008.



JACK C. McCLUNG
HEARING OFFICER

CERTIFICATE OF SERVICE

I, Rebecca L. Stepto, post-hearing legal advisor to the West Virginia Board of Medicine, do hereby certify that service of the foregoing "Order" has been made upon the parties and counsel of record by mailing true copies thereof to in the manner specified on this 12th day of September, 2008:

Hand Delivered to:
West Virginia Board of Medicine
101 Dee Drive
Charleston, WV 25311

Hand Delivered to:
John K. McHugh, Esquire
West Virginia Board of Medicine
101 Dee Drive
Charleston, WV 25311

Via U.S. Mail, postage pre-paid, and via Certified Mail, Return Receipt Requested, to:
Katherine Anne Hoover, M.D.
Route 2, Box 203
Lost Creek, WV 26385

Via U.S. Mail, postage pre-paid:
C. Christopher Younger, Esquire
106 Logan Street
Williamson, WV 25661
Counsel for Katherine Anne Hoover, M.D.



Rebecca L. Stepto
State Bar No. 3597
844 Sherwood Road
Charleston, WV 25314



State of West Virginia
Board of Medicine

FILE COPY

JOHN A. WADE, JR., MD
PRESIDENT

CATHERINE SLEMP, MD, MPH
SECRETARY

101 Dee Drive, Suite 103
Charleston, WV 25311
Telephone 304.558.2921
Fax 304.558.2084
www.wvbom.wv.gov

J. DAVID LYNCH, JR., MD
VICE PRESIDENT

ROBERT C. KNITTLE
EXECUTIVE DIRECTOR

February 17, 2010

VIA CERTIFIED and 1st CLASS MAIL
Katherine Anne Hoover, M.D.
Route 2, Box 203
Lost Creek, WV 26385

Certified Article Number

7160 3901 9848 4044 2569

SENDERS RECORD

Dear Dr. Hoover:

Your check for \$27,430.07 has been received. Thank you. In accordance with the terms of your Order, you are scheduled to appear before the Licensure Committee on **Saturday, March 6, 2010, at 11:00 a.m.**

Prior to your appearance, please review your Order to ensure you bring with you any required documentation.

Enclosed are directions to our office. If you cannot attend this meeting or have any questions, please get in touch with me immediately.

Sincerely,

Robert C. Knittle

/sjt

Enclosure

pc: C. Christopher Younger, Esq.

Certified Article Number

7160 3901 9848 4044 2576

SENDERS RECORD

EXHIBIT **2**



State of West Virginia
Board of Medicine

"FILE COPY"

JOHN A. WADE, JR., MD
PRESIDENT

101 Dee Drive, Suite 103
Charleston, WV 25311
Telephone 304.558.2921
Fax 304.558.2084
www.wvbom.wv.gov

J. DAVID LYNCH, JR., MD
VICE PRESIDENT

CATHERINE SLEMP, MD, MPH
SECRETARY

ROBERT C. KNITTLE
EXECUTIVE DIRECTOR

March 8, 2010

VIA CERTIFIED MAIL
Katherine Anne Hoover, M.D.
Route 2, Box 203
Lost Creek, WV 26385

Certified Article Number
7160 3901 9848 4044 3238
SENDERS RECORD

Dear Dr. Hoover:

Your appearance before the Licensure Committee of the Board previously scheduled on March 6, 2010, has been rescheduled per your request.

The next meeting of the Licensure Committee will be scheduled for the weekend of May 8 and 9, 2010. Please arrange your schedule so that you are available for the aforementioned two (2) days. You will be notified of the specific date and time of your appearance as the meeting date approaches.

If you have questions regarding your appearance, feel free to contact me at 304.558.2921, extension 227.

For the Committee,

Robert C. Knittle

/sjt

Enclosure

pc: C. Christopher Younger, Esq.

Certified Article Number
7160 3901 9848 4044 3252
SENDERS RECORD

FORM 3811, JANUARY 2005

USPS MAIL CARRIER
DETACH ALONG PERFORATION

2. Article Number



7160 3901 9848 4044 3238

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee) Yes

1. Article Addressed to:

Katherine Anne Hoover MD
Route 2, Box 203
Lost Creek, WV 26385

COMPLETE THIS SECTION CAREFULLY

A. Received by (Please Print Clearly) _____ B. Date of Delivery _____

C. Signature

X

Agent
 Addressee

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

Reference Information

May LC preappr

SJT

Thank you for using Return Receipt Service

PS Form 3811, January 2005

Domestic Return Receipt

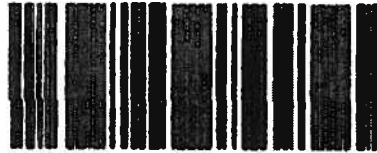
CERTIFIED MAIL

F MEDICINE

103

311

QUESTED



7160 3901 9848 4044 3238



UNC
Katherine Anne Hoover MD
Route 2, Box 203
Lost Creek, WV 26385

3-9
3-19-10
3-24-10

NIXIE 250 SE 1 00 03/27/2010

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

BC: 25311169999 *0671-17803-08-38

263852901001699



2. Article Number



7160 3901 9848 4044 3252

3. Service Type **CERTIFIED MAIL**

4. Restricted Delivery? (Extra Fee) Yes

1. Article Addressed to:

C. Christopher Younger Esq.
106 Logan Street
Williamson, WV 25661

COMPLETE THIS SECTION ON DELIVERY

A. Recipient to Print (Clearly)

Williamson

B. Date of Delivery

3-9-10

C. Signature

X *W. Sanson*

Agent

Addressee

D. Is delivery address different from item 1?

If YES, enter delivery address below:

Yes

No

Reference Information

May LC mtg - KAH

SJT

Thompson, Sheree J

From: Knittle, Robert C
Sent: Monday, April 05, 2010 9:29 AM
To: Thompson, Sheree J; dlh@wvago.gov
Subject: FW: Katherine A. Hoover MD

Received from Dr. Hoover last Thursday.

From: stomasic@aol.com [mailto:stomasic@aol.com]
Sent: Thursday, April 01, 2010 9:43 AM
To: Knittle, Robert C
Subject: Katherine A. Hoover MD

4-1-10

Dear Robert Knittle,

I am currently not practicing medicine, so I need to put my supervision on hold until I return to practice. The raid by the "drug talk force" is based on lies and criminal acts on the part of our government officials. Medicine is based on trust between the doctor and their patient. Sending phony patients to us is committing perjury. Treating pain is very difficult under the best of circumstances. A friend googled my name and found a 1997 article in TIME magazine quoting a WV doctor saying he is unable to treat pain because he has to care for his family. Dr. Teleron is an excellent physician, and I believe I do a very good job too. Having a few phony patients "complain" when they are facing criminal charges themselves is not justice.

Sincerely, Katherine A. Hoover MD

Thompson, Sheree J

From: Knittle, Robert C
Sent: Friday, April 09, 2010 3:40 PM
To: Thompson, Sheree J
Subject: FW: Katherine A. Hoover MD
Attachments: Hoover.PDF

Sheree, Here is my response to Dr. Hoover as well.
Bob

From: Knittle, Robert C
Sent: Friday, April 09, 2010 3:33 PM
To: 'stomasic@aol.com'
Subject: RE: Katherine A. Hoover MD

Dear Dr. Hoover,

Through the email below as well as your voice message of 3/31/10, we understand that you currently are not actively practicing medicine. As indicated in your Board Order you will need to submit the name of a supervising physician for approval by the Board when you choose to again practice medicine in West Virginia. We have received Dr. Teleron's last quarterly supervisory report so he has fulfilled his duty in this respect.

Although you are currently not practicing you continue to hold an active medical license and as such are still scheduled to appear before the Licensure Committee as indicated by your Order. We had earlier discussed your appearance in May as you were unable to attend the March meeting. A letter was sent to you and your attorney in March by certified mail indicating the rescheduling of your appearance. It was received by Chris Younger who remains listed as our attorney but was returned unclaimed by you. I am unsure as to when you returned from your trip to Michigan or left for the Bahamas so I have attached the March 8, 2010 letter to this email for your attention.

You may continue to communicate by email if you so choose as well as by writing or telephone as the need arises.

The Licensure Committee will look forward to your rescheduled appearance in May.

Sincerely,

Robert C. Knittle



State of West Virginia
Board of Medicine

FILE COPY

JOHN A. WADE, JR., MD
PRESIDENT

101 Dee Drive, Suite 103
Charleston, WV 25311
Telephone 304.558.2921
Fax 304.558.2084
www.wvbom.wv.gov

J. DAVID LYNCH, JR., MD
VICE PRESIDENT

CATHERINE SLEMP, MD, MPH
SECRETARY

ROBERT C. KNITTLE
EXECUTIVE DIRECTOR

April 21, 2010

VIA CERTIFIED MAIL and e-mail
Katherine Anne Hoover, M.D.
Route 2, Box 203
Lost Creek, WV 26385

Certified Article Number

7160 3901 9848 4044 2606

SENDERS RECORD

Dear Dr. Hoover:

In accordance with the terms of your Order, you are scheduled to appear before the Licensure Committee on **Saturday, May 8, 2010, at 10:00 a.m.**

Prior to your appearance, please review your Order to ensure you bring with you any required documentation.

If you cannot attend this meeting or have any questions, please get in touch with me immediately.

Sincerely,

Robert C. Knittle

/sjt

pc: C. Christopher Younger, Esq.
sent 4/27/10

EXHIBIT

Knittle, Robert C

From: Knittle, Robert C
Sent: Tuesday, April 27, 2010 3:57 PM
To: 'stomasic@aol.com'
Subject: May appearance before the Licensure Committee
Attachments: Hoover.PDF

Dear Dr. Hoover,

I am uncertain as to your actual whereabouts at this time. I have taken the liberty of attaching to this email your letter to appear before the Licensure Committee at its May meeting. This is a standard notice letter sent out at this time to all physicians scheduled to appear. As you can see we have sent this letter via certified mail to your residence in Lost Creek, WV. We have also sent a copy of this letter today to Chris Younger, Esq. who we presume is acting as your counsel for matters relating to the Board of Medicine.

We look forward to your appearance on Saturday, May 8, 2010 at 10:00 a.m.

On Behalf of the Committee,

Robert C. Knittle
Executive Director
WV Board of Medicine
304.558.2921 ext. 227

Knittle, Robert C

From: stomasic@aol.com
Sent: Thursday, April 29, 2010 9:52 AM
To: Knittle, Robert C
Subject: Meeting

4-29-10

Dear Mr. Knittle:

I am still in Nassau, Bahamas for my health and safety. I have not applied for a license here yet because I am waiting on my residency papers. I will not be able to attend the meeting on May 8th. I am obviously not currently practicing in West Virginia.

Thank you for your consideration.

Sincerely,
Katherine A. Hoover MD

EXHIBIT 8

CERTIFICATE OF SERVICE

I, Debra L. Hamilton, Counsel for the West Virginia Board of Medicine, do hereby certify that copies of the foregoing Notice were served upon counsel for Respondent, Katherine Anne Hoover, M.D., by depositing copies of the same in the United States mail, first-class postage prepaid, this 14th day of May, 2010, addressed as follows:

C. Page Hamrick, Esq.
P.O. Box 2521
Charleston, WV 25329-2521


C. Christopher Younger, Esq.
106 Logan Street
Williamson, WV 25661

and served upon Katherine Ann Hoover, M.D., by depositing a copy of the same in the United States mail, certified postage prepaid, return receipt requested, this 14th day of May, 2010, to the following address of record:

Katherine Ann Hoover, M.D.
Route 2, Box 203
Lost Creek, WV 26385

and served upon Katherine Ann Hoover, M.D., by e-mail this 14th day of May, 2010, as follows:

stomasic@aol.com


Debra L. Hamilton

BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN RE: NASROLLAH JAHDI, M.D.

CONSENT ORDER

The West Virginia Board of Medicine ("Board") and Nasrollah Jahdi, M.D. ("Dr. Jahdi") freely and voluntarily enter into the following Consent Order pursuant to W. Va. Code § 30-3-14, et seq.

FINDINGS OF FACT

1. Dr. Jahdi held License Number 13211 in the State of West Virginia, which license lapsed effective June 30, 1989, and Dr. Jahdi's address of record with the Board is in Sewickley, Pennsylvania.
2. In May 2010, Dr. Jahdi requested reactivation of his lapsed license to practice medicine and surgery in the State of West Virginia, and in the course of submitting documents in support of such licensure, it became evident that in 2005 Dr. Jahdi had entered into a Consent Agreement and Order with, and paid a civil penalty of one thousand dollars (\$1, 000) to, the Commonwealth of Pennsylvania State Board of Medicine to resolve a matter involving Dr. Jahdi's failure to timely report to the Pennsylvania State Board of Medicine a complaint in a medical professional liability action filed against him, as required by law.
3. Dr. Jahdi appeared for a full discussion of this matter with the Licensure Committee in September 2010.

4. Dr. Jahdi meets the requirements for active licensure under the West Virginia Medical Practice Act, but for him to receive reactivation of his license without an appropriate condition and limitation upon the active license, under all the circumstances of this case, could adversely affect the health and welfare of patients.

CONCLUSIONS OF LAW

1. Probable cause exists to deny Dr. Jahdi reactivation of an active license to practice medicine and surgery in this State due to the provisions of W. Va. Code § 30-3-14(c)(17) and 11 CSR 1A 12.1(g), relating to having his license in another jurisdiction acted against.

2. The Board determined under all the circumstances it is appropriate to grant Dr. Jahdi reactivation of an active license to practice medicine and surgery in the State of West Virginia provided he agrees to this action against his license.

CONSENT

Nasrollah Jahdi, M.D., by affixing his signature hereon, agrees solely and exclusively for purposes of this agreement and the entry of the Order provided for and stated herein, and proceedings conducted in accordance with this Order, to the following:

1. Dr. Jahdi acknowledges that he is fully aware that, without his consent here given, no permanent legal action may be taken against him except after a

public hearing held in accordance with W. Va. Code § 30-3-14(h) and § 29A-5-1, et seq.;

2. Dr. Jahdi further acknowledges that he has the following rights, among others: the right to a formal public hearing before the Board, the right to reasonable notice of said hearing, the right to be represented by counsel at his own expense, the right to cross-examine witnesses against him, and the right to appeal under Chapter 29A of the West Virginia Code in the event of a final order or decision adverse to him;

3. Dr. Jahdi waives all such rights;

4. Dr. Jahdi consents to the entry of this Order relative to his practice of medicine in the State of West Virginia; and

5. Dr. Jahdi understands that this Order is considered public information.

ORDER

WHEREFORE, on the basis of the foregoing Findings of Fact and Conclusions of Law of the Board, and on the basis of the Consent of Dr. Jahdi, the West Virginia Board of Medicine hereby **ORDERS** as follows:

1. Dr. Jahdi's currently lapsed license is reactivated to **ACTIVE** status in the State of West Virginia, License Number 13211, effective upon date of entry of this Consent Order.

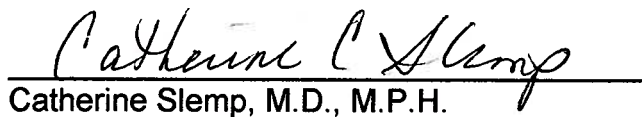
2. On or before December 15, 2010, Dr. Jahdi shall pay a fine of one thousand dollars (\$1,000) to the Board for the action taken against him in

Pennsylvania, as set forth in the Findings of Fact in this Consent Order, the receipt of which one thousand dollars (\$1,000) is acknowledged by the signatures of the President and Secretary hereon.

The foregoing Consent Order was entered this 29th day of November, 2010.

WEST VIRGINIA BOARD OF MEDICINE


Reverend O. Richard Bowyer
President


Catherine Slomp, M.D., M.P.H.
Secretary


Nasrollah Jahdi, M.D.

Date: 11/29/10

STATE OF Ohio

COUNTY OF Jefferson

I, Barbara C Kerban a Notary Public for said county and state do hereby certify that Nasrollah Jahdi, Jr., M.D., whose name is signed on the previous page, has this day acknowledged the same before me.

Given under my hand this 18th day of November, 2010.

My commission expires 11-22-14.

Barbara C Kerban
Notary Public

BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN RE: JOSHUA THOMAS KOTOUC, M.D.

ORDER OF REVOCATION

This Order is entered pursuant to W.Va. Code §30-3-14(j) and 11CSR1A §12.3.

Joshua Thomas Kotouc, M.D. ("Dr. Kotouc") currently holds an inactive license to practice medicine and surgery in the State of West Virginia, license number 21762, issued by the Board in 2004 and his address of record is in Morgantown, West Virginia. (*See Public Report of Licensee with history*, attached hereto as "Exhibit 1").

On March 29, 2010, Dr. Kotouc was convicted of the molestation of four minor boys in a criminal proceeding or its equivalent in Guatemala City, Guatemala. Dr. Kotouc was sentenced to incarceration in Guatemala for a period of six years and six months for these offenses. (*See translated Order*, attached hereto as "Exhibit 3").

Dr. Kotouc, by counsel, has notified the West Virginia Board of Medicine ("Board") that he will not contest any order of revocation of his license to practice medicine and surgery in West Virginia. Further, Dr. Kotouc, by counsel, has waived any and all rights to a hearing in connection with the revocation of his license to which he might otherwise be entitled under the applicable statutes and regulations. (*See correspondence of April 7, 2010*, attached hereto as "Exhibit 2").

On May 9, 2010, the Complaint Committee of the Board ("Committee") reviewed the materials in relation to Dr. Kotouc and his conviction in Guatemala and found probable cause to disqualify Dr. Kotouc from the practice of medicine in the state of West Virginia.

The Board, at its regular meeting on May 10, 2010, with a quorum of the Board present, heard a report of the Complaint Committee which recommended that the Board **REVOKE** the license of Dr. Kotouc. All of the exhibits to this notice were provided to all Board present and eligible to vote, as well.

After hearing the Complaint Committee report, the Board members with a quorum present and voting determined unanimously to **REVOKE** the license of Dr. Kotouc effective immediately upon execution of this **ORDER** in the interests of patient health, safety and welfare. Dr. Ferree, Dr. Arnold, Dr. Wazir and Rev. Bowyer did not vote by virtue of their membership on the Complaint Committee which made the recommendation. Ms. Hays and Dr. Slomp were not present at the meeting.

The Board is of the opinion that it is essential and in the public health, safety and welfare to **REVOKE** the license of Dr. Kotouc.

The bases for the Board's decision included the fact that the Complaint Committee has determined, that it is essential and in the public health, safety and welfare to **REVOKE** Dr. Kotouc's license. The bases for the decision included the fact that Dr. Kotouc has agreed to not contest any order of revocation and has waived his right to any hearing in this matter. Further, the Board finds that the actions of Dr. Kotouc and his conviction of molesting four minor boys in the nation of Guatemala render Dr. Kotouc unqualified to practice medicine in the state of West Virginia based upon his violation of:

1. W.Va. Code §30-3-14(c)(2), "being found guilty of a crime in any jurisdiction, which offense is a felony, involves moral turpitude...;"
2. W.Va. Code §30-3-14(c)(17) and 11CSR1A §12.1(e), "engaged in dishonorable, unethical or unprofessional conduct or a character likely to deceive, defraud, or harm the public

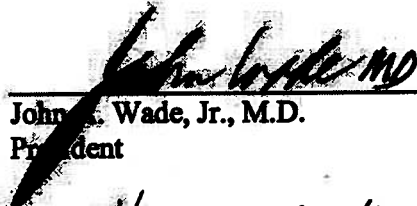
or any member thereof" including 11CSR1A §12.2(d), "conduct which is calculated or has the effect of bringing the medical or podiatric profession into disrepute...;" and,

3. W.Va. Code §30-3-14(c)(17) and 11CSR1A §12.1(j), "engaged in unprofessional conduct, including, but not limited to, any departure from, or failure to conform to,... the ethics of the medical or podiatric profession...or has committed any act contrary to honesty, justice or good morals, whether the same is committed in the course of his or her practice or otherwise and whether committed within or without this State."


Accordingly, in conformity with the May 10, 2010, vote of the Board hereinabove set forth, Dr. Kotouc's license to practice medicine and surgery, license number 21762, is **REVOKED** effective **IMMEDIATELY**.

Dated this 14th day of May, 2010.

WEST VIRGINIA BOARD OF MEDICINE



John A. Wade, Jr., M.D.
President



Catherine C. Slomp, M.D., M.P.H.
Secretary

WEST VIRGINIA BOARD OF MEDICINE: PUBLIC REPORT OF LICENSEE WITH HISTORY
 Monday, May 10, 2010

[Print Report](#)

KOTOUC, JOSHUA THOMAS **MEDICAL DOCTOR** Permanent License Number: 21762

Licenses

License Type	License #	Status	Issued	Last Renewal	Last Expiration
PMD	PMD21762	INACTIVE	11/8/2004	7/1/2008	6/30/2010
DRD	DRD03189	EXPIRED	9/8/2007	7/1/2007	5/29/2009

Other States Where Licensed (License Number):
 AL(28945)

Personal

Birth Date: 12/31/1974 Birth Place: CHARLESTON, SC Gender: M

Education, Training and Examinations

Type	School or Hospital	Completed Date
MEDICAL OR PODIATRIC SCHOOL	UNIVERSITY OF SOUTH ALABAMA COLLEGE OF MEDICINE	5/4/2002
POST-GRADUATE TRAINING	WVU SCH OF MED, MORGANTOWN	6/30/2004

Exam Type: USMLE Foreign Graduate: No License Method:

Current Addresses

Contact Type	Address	County
Preferred Mailing Address	1372 ANDERSON AVE MORGANTOWN, WV 26505	MONONGALIA
Work Location	WVU URGENT CARE 1075 VAN VOORHIS ROAD MORGANTOWN, WV 26506	MONONGALIA

Current Company Affiliations -- No Current Company Affiliations on Record

Previous West Virginia Hospitals

No Previous Hospital Privileges Found

Current Specialties (Self-Designated)

Rank	Specialty Code	Specialty Name
1	EM	EMERGENCY MEDICINE

Current Supervision -- No Supervision Information on Record

Discipline Cases -- No Discipline Cases on Record

Malpractice --No Malpractice Records Found

DISCLAIMER FOR MALPRACTICE

Consumers should take the following factors into consideration when evaluating a physician's competence from malpractice data.

- A number of studies have been conducted to identify indicators of substandard care among physicians. There is no conclusive evidence that malpractice data correlates with professional competence.
- There are a variety of factors unrelated to professional competence or conduct which affect the likelihood that a physician will be

the subject of a malpractice claim, such as, the physician's time in practice, the nature of the specialty, the types of patients treated, geographic location, etc. For example, certain medical specialties have a higher rate of malpractice claims because of a higher risk inherent to the field of practice.

- Settlements of malpractice cases by insurance companies are sometimes handled as business decisions. In the case of some minor claims, it is less expensive for the insurance company to make a monetary settlement than it is for them to take the case to court. Many times such cases are settled without a finding of fault or admission of guilt on the part of the physician.
- A payment in settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

Historical Data on Record

Name History – No Other Names on Record

Address History

Contact Type	Address	County	Changed Date
M	5 W GREEN DR MORGANTOWN, WV 26508	Monongalia	6/9/2006
H	5 W GREEN DR MORGANTOWN, WV 26508	Monongalia	6/9/2006
W	WVU DEPT OF EMERGENCY MEDICINE ONE MEDICAL CENTER DR MORGANTOWN, WV 26505	Monongalia	6/5/2008
M	1372 ANDERSON AVE MORGANTOWN, WV 26505	Monongalia	6/5/2008
H	1372 ANDERSON AVE MORGANTOWN, WV 26505	Monongalia	6/5/2008
W	WVU URGENT CARE 1075 VAN VOORHIS ROAD MORGANTOWN, WV 26508	Monongalia	6/5/2008

License Renewals History (Renewal cycles are not separately listed prior to 1991)

License Type & Number	Beginning or Renewal Date	Expiration Date
PMD21762	11/8/2004	6/30/2008
PMD21762	7/1/2006	6/30/2008
DRD03189	9/8/2007	5/29/2009
PMD21762	7/1/2008	6/30/2010

Status Change History

License Type & Number	Change Date	Status Change	Notes
PMD21762	7/1/2006	RENEW FROM ACTIVE STATUS TO ACTIVE STATUS	
PMD21762	6/30/2008	RENEW FROM ACTIVE STATUS TO ACTIVE STATUS	
PMD21762	5/29/2009	CHANGE STATUS FROM ACTIVE STATUS TO INACTIVE STATUS	LICENSE CHANGED FROM ACTIVE TO INACTIVE STATUS EFFECTIVE MAY 29, 2009. NO FURTHER PUBLIC INFORMATION AVAILABLE.
DRD03189	5/29/2009	CHANGE STATUS FROM ACTIVE STATUS TO EXPIRED	DUE TO INACTIVE LICENSURE STATUS

Previous Specialties – No Previous Specialties on Record

Previous West Virginia Hospitals – No Previous Hospitals on Record

Previous Supervision – No Previous Supervision on Record

End of Report

LAW OFFICES
ALLEN GUTHRIE & THOMAS, PLLC

P. O. BOX 3304
CHARLESTON, WEST VIRGINIA 25333-3304

600 LEE STREET, EAST, SUITE 600
CHARLESTON, WEST VIRGINIA 25301

GEORGE G. GUTHRIE
ROBERT B. ALLEN
REBECCA A. BETTS
R. TERRANCE RODGERS
DAVID B. THOMAS
JAMES S. ARNOLD
DAVID J. HARDY
WMA SCOTT WICKLINE
PAMELA L. CAMPBELL
PAMELA C. DEES
PHILIP J. COMBS
STEPHANIE D. THACKER
BRYANT J. SPAIN
DEBRA C. PRICE
CHRISTOPHER D. FENCE
PETER G. MARSHAM
ZACKARY B. MAZEY
ROBERT H. ANSBY
NICHOLAS S. JOHNSON
ERIC L. BLUNWOOD

TELEPHONE
(204) 246-7280
FACSIMILE (204) 246-6841

WRITERS DIRECT DIAL
(204) 728-4213
e-mail: agut@agut.com

April 7, 2010

CONFIDENTIAL

VIA HAND DELIVERY

John A. Lohmann, Esquire
Disciplinary Counsel
West Virginia Board of Medicine
101 Dee Drive, Suite 103
Charleston, WV 25311

Re: Joshua Thomas Kotouc, M.D.; West Virginia
Board of Medicine Complaint No. 09-42-W

Dear John,

As you are aware, on March 29, 2010, Dr. Kotouc was convicted of molestation of four minor boys in a criminal proceeding or its equivalent in Guatemala City, Guatemala.

It is my understanding that the offenses in question occurred while Dr. Kotouc was on a medical mission in Guatemala. Following conviction, Dr. Kotouc was sentenced to serve a period of confinement in Guatemala of six years and six months for the offense or offenses charged.

It is my understanding that while sentence has been imposed, no formal order with respect to the same has been entered by the Court. However, entry of that order is expected to occur on or before the close of business April 8, 2010.

In view of the foregoing, I have been authorized to inform you in your capacity as Disciplinary Counsel for the West Virginia Board of Medicine ("Board") that Dr. Kotouc does not intend to contest any order of revocation of his license to practice medicine and surgery in West Virginia that might be entered by the Board as the result of his conviction in Guatemala. Further, Dr. Kotouc has also authorized me to inform the Board that he will waive any and all rights to a hearing in connection with revocation of his license to which he might otherwise be entitled under the statutes and regulations applicable to the Board and to him

Exhibit 2.

ALLEN GUTHRIE & THOMAS, PLLC

John A. Lohmann, Esquire

April 7, 2010

Page 2

in matters of this nature. These representations are, of course, subject to the order of revocation being correct and accurate in connection with the factual predicate for the same.

Finally, Dr. Kotouc's father indicates that he will have a copy of the order of sentencing translated to English and will send the same to me certified. Upon my receipt of that order, I will provide a copy of the same to the Board for its review and file.

Should you have any questions with respect to any of the foregoing matters, please advise at your earliest convenience.

Very truly yours,


GEORGE G. GUTHRIE

GGG:clb

cc: Thomas Kotouc, Esquire

Official Third Case No. 73-2.009

Court of Criminal, Drug Trafficking and Crimes against the Environment of the Department of Baja Verapaz, Salama, Baja Verapaz, March 29, 2010

The Court, after consideration and based on the provisions of Articles 12, 14, 17, 203 and 204 of the Political Constitution of the Republic of Guatemala; Articles 8, 9 and 25, of the American Convention on Human Rights (Pact of San Jose); Articles 141, 142, 143, 147 of the Judiciary Act; Articles 1, 4, 10, 11, 13, 14, 19, 20, 27, 35, 36, 41, 42, 44, 50, 51, 59, 62, 65, 71, 180 of the Penal Code; Articles 1, 2, 3, 4, 5, 6, 7, 11, 11a, 14, 16, 19, 20, 21, 24, 37, 39, 40, 43, 45, 48, 51, 70, 72, 81, 87, 89, 90, 92, 93, 95, 101, 107, 108, 109, 142, 143, 150, 160, 161, 162, 163, 165, 169, 181, 182, 185, 186, 207, 213, 219, 220, 225, 226, 227.232, 234.245, 285, 289, 354, 355, 356, 358, 360, 362, 363, 364, 370, 372, 375, 376, 377, 378, 380, 382, 385, 386, 387, 388, 389, 390, 391, 395, and 396 of the Code of Criminal Procedure, DECLARES:

- I) That JOSHUA THOMAS KOTOUK is responsible for the crime of indecent aggravated continuous assault, committed against [REDACTED] and [REDACTED]
- II) For this breach of the criminal law, this court imposes the penalty of SIX YEARS AND SIX MONTHS OF PRISON commutable punishment to be completed in the prison designated by the court of implementation corresponding with the time actually served from the prison since his arrest;
- III) The court orders suspension in the exercise of his political rights against JOSHUA THOMAS KOTOUK;
- IV) As regards civil proceedings, the accused JOSHUA THOMAS KOTOUK is ordered to pay the amount of ONE HUNDRED THOUSAND QUETZALES, for each of the injured children [REDACTED] and [REDACTED], by way of compensation for damage received from the crime;
- V) This court orders the accused to pay the legal costs arising from civil action, and the payment of expenses incurred in the handling of this process;
- VI) As a penalty, the Court order that the desktop computers of the accused JOSHUA THOMAS KOTOUK BE CONFISCATED;
- VII) The court orders that JOSHUA THOMAS KOTOUK be imprisoned in the Preventive Detention Centre for males at Guastatoya City of the department of El Progreso, until deported from this country;
- VIII) The court orders the confiscation of material evidence of positive value, and the return to its legitimate owner of the physical evidence dismissed, ordered his remission to the State Judicial Organ pending his deportation;

Exhibit 3.

- IX) In turn, the court orders that proceedings of first instance be referred to the criminal department to begin the liquidation of legal costs ordered;**
- X) That the order be final and that this court proceeding be the first execution;**
- XI) Notice is given April 8, 2010.**

**GABINO DE LA CRUZ CAHUEC.
PRESIDING JUDGE.**

**MARIO CASTRO CAN.
JUDGE**

**EFREL OSWALDO SANCHEZ PEREZ
JUDGE**

**LUIS GARCIA DAVID ALONZO
SECRETARY**

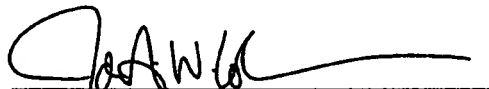
CERTIFICATE OF SERVICE

I, John A. W. Lohmann, Counsel for the West Virginia Board of Medicine, do hereby certify that I have served the following **ORDER OF REVOCATION** upon Joshua T. Kotouc, M.D. , and his counsel of record, on the 14th day of May, 2010, by depositing copies of the same in the United States Mail, postage prepaid, Certified, addressed as follows:

Joshua T. Kotouc, M.D.
1372 Anderson Avenue
Morgantown, WV 26505

Joshua T. Kotouc, M.D.
c/o Thomas Kotouc, Esq.
935 Whitehall Parkway
Montgomery, AL 36109-1559

George G. Guthrie, Esq.
Allen, Guthrie & Thomas, PLLC
500 Lee Street East, Suite 800
Charleston, WV 25301



John A. W. Lohmann
W.Va. Bar No. 6343

BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN RE: Krzysztof Jerzy Kubicki, M.D.

CONSENT ORDER

The West Virginia Board of Medicine ("Board") and Krzysztof Jerzy Kubicki, M.D. ("Dr. Kubicki") freely and voluntarily enter into the following Consent Order pursuant to W.Va. Code §30-3-14, *et seq.*

FINDINGS OF FACT

1. Dr. Kubicki currently holds an active license to practice medicine and surgery in the State of West Virginia, License No. 17474, originally issued in 1993. Dr. Kubicki's address of record is in Chester, West Virginia.
2. On or about March 31, 2010, the Board received an anonymous report regarding Dr. Kubicki. On May 9, 2010, the Complaint Committee of the Board reviewed the anonymous report. The report indicates that Dr. Kubicki has practiced medicine in the State of West Virginia while intoxicated.
3. On May 9, 2010, the Complaint Committee of the Board initiated Complaint Number 10-58-W, against Dr. Kubicki.
4. At a time subsequent to the Board's receipt of the anonymous complaint referenced above in paragraph number two (2.) and subsequent to the initiation of Complaint Number 10-58-W, Dr. Kubicki voluntarily admitted to the Talbott Center in Atlanta, Georgia, for the treatment of substance abuse.

CONCLUSIONS OF LAW

1. As a matter of public policy, the provisions of the West Virginia Medical Practice Act were enacted to protect the public interest and safety. W.Va. Code §30-3-1.
2. Pursuant to W.Va. Code §30-3-14(c)(21), probable cause may exist to substantiate charges against Dr. Kubicki for violating the Medical Practice Act; to wit: due to “the inability to practice medicine and surgery... with reasonable skill and safety due to ... abuse of drugs or alcohol.” W.Va. Code §30-3-14(c)(21).
3. The Board has determined that it is appropriate and in the public interest to proceed without the commencement of charges and/or the filing of a formal Complaint and Notice of Hearing against Dr. Kubicki, provided that he enters into this Consent Order.

CONSENT

Krzysztof Jerzy Kubicki, M.D., by affixing his signature hereon, agrees solely and exclusively for purposes of this agreement and the entry of the Order provided for and stated herein, and proceedings conducted in accordance with this Order, to the following:

1. Dr. Kubicki acknowledges that he is fully aware that, without his consent, here given, no permanent legal action may be taken against him except after a hearing held in accordance with W.Va. Code §30-3-14(h) and §29A-5-1, *et seq.*;
2. Dr. Kubicki further acknowledges that he has the following rights, among others, the right to a formal hearing before the West Virginia Board of Medicine, the right to reasonable notice of said hearing, the right to be represented by counsel at his own expense, the right to cross examine witnesses against him, and the right to appeal under Chapter 29A of the West Virginia Code in the event of a final order or decision adverse to him;

3. Dr. Kubicki waives all such rights;

4. Dr. Kubicki consents to the entry of this Order relative to his practice of medicine and surgery in the State of West Virginia; and

5. Dr. Kubicki understands that this Order is considered public information, and that matters contained herein may be reported, as required by law, to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

ORDER

WHEREFORE, on the basis of the foregoing Findings of Fact and Conclusions of Law of the Board, and, on the basis of the foregoing consent of Dr. Kubicki, the West Virginia Board of Medicine hereby **ORDERS** as follows:

1. Effective upon entry of this Consent Order, Dr. Kubicki's license to practice medicine and surgery in the State of West Virginia is hereby **SURRENDERED** until such time as the Board can determine, in its sole discretion that Dr. Kubicki is fully prepared to return safely to the active practice of medicine.

2. Before Dr. Kubicki may return to the active practice of medicine, following his release from treatment at the Talbott Center, he must first appear before the Complaint Committee of the Board and must establish to the Committee that he is fully prepared to return safely to the active practice of medicine.

3. During the duration of this Consent Order, Dr. Kubicki must be a participant in the West Virginia Medical Professionals Health Program (WVMPHP) and remain in compliance with his agreement which shall include but not limited to the following:

a. Dr. Kubicki shall refrain from the use of any controlled substances except for those specifically prescribed to him by another duly licensed physician;

b. Dr. Kubicki must submit to drug screens the nature and frequency to be determined by the WVMPHP;

c. Dr. Kubicki shall refrain from the use of alcohol;

d. Dr. Kubicki shall attend meetings of Alcoholics Anonymous or Caduceus on a regular basis as determined by the WVMPHP;

4. Prior to any appearance by Dr. Kubicki before the Committee, Dr. Kubicki must present a written plan of employment and/or professional activity to the Committee, which is a predicate to any further action by the Committee or the Board in connection with his license to practice medicine.

5. Upon successful completion of all of the above requirements, and upon a determination and recommendation by the Committee, in its sole discretion, that Dr. Kubicki is fully prepared to return safely to the active practice of medicine, Dr. Kubicki's license shall be placed into an ACTIVE status. Dr. Kubicki shall then be placed on **PROBATION** immediately, for a period of two (2) years, and Dr. Kubicki may resume his practice of medicine and surgery, subject to any additional conditions, limitations or accommodations required by the Committee at that time.

6. During the two (2) year period of Probation, Dr. Kubicki must comply with all laws and rules pertaining to the practice of medicine and if, in the opinion of the Board, he does not do so, Dr. Kubicki's license shall be **SUSPENDED** immediately upon written notice of the same to Dr. Kubicki.


7. Dr. Kubicki shall provide a copy of this Consent Order to any employer or health care or medical facility where Dr. Kubicki was practicing medicine prior to his admission to the Talbott Center, and during the period that this Consent Order is in effect, Dr. Kubicki shall provide a copy of this Consent Order to any prospective employer or health care or medical facility where he seeks to practice medicine.

8. In the event that the Board, in its sole discretion, determines that Dr. Kubicki has failed to comply with any of the terms of this Consent Order following the reactivation of his medical license, the Board shall **SUSPEND** Dr. Kubicki's license, without further hearing or process.

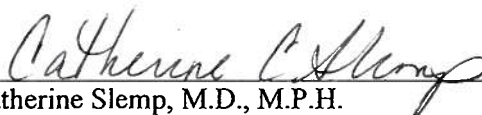
9. The failure of Dr. Kubicki to comply with any of the terms of this Consent Order shall further constitute grounds for the revocation of his license to practice medicine and surgery in West Virginia.

The foregoing Order was entered this 30th day of June 2010.

WEST VIRGINIA BOARD OF MEDICINE



John A. Wade, Jr., M.D.
President



Catherine Slemp, M.D., M.P.H.
Secretary



Krzysztof Jerzy Kubicki, M.D.

Date: 6/8/10

GEORGIA
STATE OF WEST VIRGINIA

COUNTY OF Clayton

I, Patricia Kinkade, a Notary Public for said county and state do hereby certify that Krzysztof Jerzy Kubicki, M.D., whose name is signed on the previous page as this day acknowledged the same before me.

Given under my hand this 8 day of June, 2010

My commission expires August 30, 2011



Patricia Kinkade
Notary Public

BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN RE:

JOHN PATRICK MACCALLUM, M.D.

CONSENT ORDER

The West Virginia Board of Medicine (“Board”) and John Patrick MacCallum, M.D., (“Dr. MacCallum”) freely and voluntarily enter into the following Order pursuant to West Virginia Code §30-3-1, *et seq.*:

FINDINGS OF FACT

1. Dr. MacCallum currently holds a license to practice medicine and surgery in the State of West Virginia, License No. 10552, issued originally in 1975. Dr. MacCallum’s address of record with the Board is in Winfield, West Virginia.

2. Dr. MacCallum was approved by the Board as the supervisor for physician assistant Jane Christenson on July 13, 2009, and ceased his supervision of her on January 13, 2010. He did not notify the Board that he had ceased his supervision of her until April 27, 2010, in violation of Board Rule 11 CSR 1B.

3. Like every supervising physician, Dr. MacCallum had signed a Certification when he commenced his supervision of Ms. Christenson that he had reviewed and understood and would abide by a current copy of the Medical Practice Act and Rule governing the extent to which physician assistants may function in the State.

4. Continuing to practice medicine without the Board attaching conditions and limitations upon Dr. MacCallum's license to practice medicine and surgery could adversely affect the health and welfare of a patient.

CONCLUSIONS OF LAW

1. The West Virginia Medical Practice Act declares that the practice of medicine is a privilege and that as a matter of public policy, the provisions in the act are necessary to protect the public interest (West Virginia Code §30-3-1).

2. Probable cause exists to file charges against Dr. MacCallum pursuant to the provisions of West Virginia Code §30-3-14(c)(17) and 11 CSR 1B 9.2. and 13.21., all relating to failure to comply with rules requiring a supervising physician to notify the Board within ten (10) days of the ending of supervision.

3. The Board has determined that it is appropriate to waive the commencement of proceedings against Dr. MacCallum and to proceed without the filing of charges or a formal Complaint and Notice of Hearing, provided that Dr. MacCallum agrees to comply with all laws and rules of the Board.

CONSENT

John Patrick MacCallum, M.D., by affixing his signature hereon, agrees solely and exclusively for purposes of this agreement and the entry of the Order provided for and stated herein, and proceedings conducted in accordance with this Order to the following:

1. Dr. MacCallum acknowledges that he is fully aware that, without his consent, no permanent legal action may be taken against him except after a hearing held in accordance with West Virginia Code §30-3-14(h) and §29A-5-1, *et seq.*;

2. Dr. MacCallum acknowledges that he has the following rights, among others: the right to a formal hearing before the West Virginia Board of Medicine, the right to reasonable notice of said hearing, the right to be represented by counsel at his own expense, the right to cross-examine witnesses against him, and the right to appeal under Chapter 29A of the West Virginia Code in the event of a final order or decision adverse to him;

3. Dr. MacCallum waives all such rights;

4. Dr. MacCallum consents to the entry of this Order relative to his practice of medicine in the State of West Virginia; and,

5. Dr. MacCallum understands that this Order is considered public information, and that matters contained herein may be reported, as required by law, to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

ORDER

WHEREFORE, on the basis of the foregoing Findings of Fact and Conclusions of Law of the Board, and on the basis of the consent of Dr. MacCallum, the West Virginia Board of Medicine hereby **ORDERS** that:

1. Should he determine in the future that he wishes to supervise a physician assistant again, Dr. MacCallum first agrees to read, and then if he is granted the privilege of such supervision, comply with all laws and rules of the Board pertaining to

physician assistants, West Virginia Code §30-3-16 and 11 CSR 1B, so that he is fully aware of his responsibilities and performs them properly as a supervising physician.

2. Dr. MacCallum is **PUBLICALLY REPRIMANDED** for failing to notify the Board as required within ten (10) days when he ceased supervision of Ms. Christenson.


3. Within five (5) days of entry of this Consent Order, Dr. MacCallum shall provide a copy of this Order to any employer or health care or medical facility where Dr. MacCallum is practicing medicine.

The failure of Dr. MacCallum to comply with the terms of this Consent Order, as determined by the Board, may constitute grounds for additional discipline with regard to his medical license in the State of West Virginia.

Entered this 31st day of July, 2010.

WEST VIRGINIA BOARD OF MEDICINE


Rev. O. Richard Bowyer
President


Catherine Slemp, M.D., M.P.H.
Secretary


John Patrick MacCallum, M.D.

Date: 7/21/2010

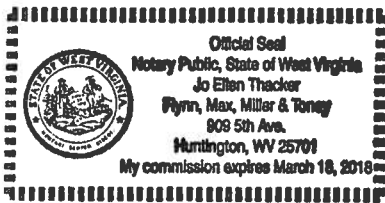
STATE OF West Virginia

COUNTY OF Putnam, to-wit:

I, Jo Ellen Thacker, a Notary Public for said county and state do hereby certify that John Patrick MacCallum, M.D., whose name is signed on the previous page, has this day acknowledged the same before me.

Given under my hand this 21st day of JULY, 2010.

My Commission expires March 18, 2018.



Jo Ellen Thacker
NOTARY PUBLIC

BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN RE: SATHISH LAKSHMINARAYAN MAGGE, M.D.

CONSENT ORDER

The West Virginia Board of Medicine ("Board") and Sathish Lakshminarayan Magge, M.D. ("Dr. Magge"), freely and voluntarily enter into the following Consent Order pursuant to the provisions of W. Va. Code § 30-3-14, *et seq.*:

FINDINGS OF FACT

1. Dr. Magge currently holds a license to practice medicine and surgery in the State of West Virginia, License No. 18557, issued originally in 1996. Dr. Magge's address of record is in Steubenville, Ohio.
2. In January 2010, Dr. Magge was the subject of a random audit by the Board to determine whether he had completed the required minimum number of fifty (50) hours of Continuing Medical Education ("CME") coursework, as described in 11 CSR 6 2.2, including two (2) hours in the subject of end-of-life care and pain management, as described in W. Va. Code § 30-1-7a, during the licensure period from July 1, 2007, to June 30, 2009.
3. In Dr. Magge's licensure renewal application for the period from July 1, 2009, to June 30, 2011, submitted to the Board and dated May 14, 2009, Dr. Magge represented that he had completed the required minimum number of fifty (50) hours of CME coursework, including two (2) hours of CME coursework in the subject of end-of-life care and pain management, during the preceding licensure period from July 1, 2007, to June 30, 2009.

4. The random audit revealed that Dr. Magge had completed at least fifty (50) hours of approved CME coursework during the preceding licensure period from July 1, 2007, to June 30, 2009, but had failed to complete two (2) hours of CME coursework in the subject of end-of-life care, including pain management.

5. In May 2010, the Complaint Committee of the Board initiated a Complaint against Dr. Magge based upon his apparent deficiency of two (2) hours of CME in the subject of end-of-life care, including pain management, and his certification that he had completed the same during the preceding licensure period from July 1, 2007, to June 30, 2009.

6. On May 28, 2010, Dr. Magge responded to the Complaint submitting a certificate indicating that he completed the two (2) hours of CME coursework in the subject of end-of-life care, including pain management on January 16, 2010.

CONCLUSIONS OF LAW

1. The Board has a mandate pursuant to the West Virginia Medical Practice Act to protect the public interest. W. Va. Code § 30-3-1.

2. Probable cause may exist to substantiate charges against Dr. Magge pursuant to W. Va. Code § 30-3-14 (c)(17) and 11 CSR 1A 12.1 (e) and (j), relating to unprofessional conduct, and W. Va. Code § 30-3-14 (c)(1) and (17), 11 CSR 1A 12.1 (a), and 11 CSR 6 4.2 and 4.4, relating to the renewal of a license to practice medicine and surgery by making an incorrect statement in connection with a licensure application.

3. The Board has determined that it is appropriate and in the public interest to waive the commencement of proceedings against Dr. Magge and to proceed without the filing of formal charges in a Complaint and Notice of Hearing, provided Dr. Magge complies with the terms and conditions set forth herein.

CONSENT

Sathish Lakshminarayan Magge, M.D., by affixing his signature hereon, agrees solely and exclusively for purposes of this agreement and the entry of the Order provided for and stated herein, and the proceedings conducted in accordance with this Order, to the following:

1. Dr. Magge acknowledges that he is fully aware that, without his consent here given, no permanent legal action may be taken against him except after a hearing held in accordance with W. Va. Code § 30-3-14 (h) and W. Va. Code § 29A-5-1, *et seq.*;
2. Dr. Magge further acknowledges that he has the following rights, among others: the right to a formal hearing before the West Virginia Board of Medicine, the right to reasonable notice of said hearing, the right to be represented by counsel at his own expense, the right to cross-examine witnesses against him, and the right to appeal under Chapter 29A of the West Virginia Code in the event of a final order or decision adverse to him;
3. Dr. Magge waives all such rights;
4. Dr. Magge consents to the entry of this Order relative to his practice of medicine and surgery in the State of West Virginia; and
5. Dr. Magge understands that this Order is considered public information.

ORDER

WHEREFORE, on the basis of the foregoing Findings of Fact and Conclusions of Law of the Board, and on the basis of the consent of Dr. Magge, the West Virginia Board of Medicine hereby **ORDERS** as follows:

1. The CME credits submitted by Dr. Magge on May 28, 2010, shall not be applied or transferred to any subsequent renewal period. However, by completing this CME, Dr.

Magge will be deemed to have met the one-time requirement for completion of this particular coursework.

2. Dr. Magge shall also pay a **CIVIL FINE** in the amount of one hundred dollars (\$100.00) per credit hour for his prior deficiency of two (2) hours of CME in the subject of end-of-life care, including pain management, for the licensure renewal period from July 1, 2007, to June 30, 2009, together with a one-time **ADMINISTRATIVE FEE** in the amount of one hundred dollars (\$100.00), for a total of **three hundred dollars (\$300.00)**, which fine and administrative fee shall be received by the Board on or before September 15, 2010.


3. In the event that Dr. Magge fails to comply with the requirement stated in the preceding paragraph of this Order, his license to practice medicine in the State of West Virginia shall be **SUSPENDED**, effective immediately, without further process or hearing, pending his successful completion of this requirement, as agreed to by him, and as required by this Order.

4. Upon the Board's determination that Dr. Magge is in full compliance with the terms and conditions of this Consent Order, the Complaint against him shall be dismissed immediately.

The foregoing Order was entered this 23rd day of August, 2010.

WEST VIRGINIA BOARD OF MEDICINE


Reverend O. Richard Bowyer
President


Catherine Slemp, M.D., M.P.H.
Secretary

Sathish Lakshminarayan Magge

Sathish Lakshminarayan Magge, M.D.

Date: 8/3/10

STATE OF Ohio

COUNTY OF Jefferson

I, Cathy R Groves, a Notary Public in and for said county and state do hereby certify that Sathish Lakshminarayan Magge, M.D., whose name is signed above, has this day acknowledged the same before me.

Given under my hand this 3rd day of August, 2010.

My commission expires 8-10-2014.

Cathy R Groves
Notary Public
Cathy R. Groves
Notary Public, State of Ohio
Expiration Date: 8-10-2014

BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN RE: SUSAN WOLF MILLER, M.D.

CONSENT ORDER

The West Virginia Board of Medicine ("Board") and Susan Wolf Miller, M.D. ("Dr. Miller"), freely and voluntarily enter into the following Consent Order pursuant to the provisions of W. Va. Code § 30-3-14, *et seq.*:

FINDINGS OF FACT

1. Dr. Miller currently holds a license to practice medicine and surgery in the State of West Virginia, License No. 13068, issued originally in 1982. Dr. Miller's address of record is in Bridgeport, West Virginia.
2. In January 2010, Dr. Miller was the subject of a random audit by the Board to determine whether she had completed the required minimum number of fifty (50) hours of Continuing Medical Education ("CME") coursework, as described in 11 CSR 6 2.2, including two (2) hours in the subject of end-of-life care and pain management, as described in W. Va. Code § 30-1-7a, during the licensure period from July 1, 2007, to June 30, 2009.
3. In Dr. Miller's licensure renewal application for the period from July 1, 2009, to June 30, 2011, submitted to the Board and dated May 14, 2009, Dr. Miller represented that she had completed the required minimum number of fifty (50) hours of CME coursework, including two (2) hours of CME coursework in the subject of end-of-life care and pain management, during the preceding licensure period from July 1, 2007, to June 30, 2009.

4. The random audit revealed that Dr. Miller failed to complete thirty four and three quarter (34.75) hours of the fifty (50) hours of approved CME coursework during the preceding licensure period from July 1, 2007, to June 30, 2009, including failing to complete two (2) hours of CME coursework in the subject of end-of-life care, including pain management.

5. In May 2010, the Complaint Committee of the Board initiated a complaint against Dr. Miller based upon her apparent deficiency of thirty four and three quarter (34.75) hours including two (2) hours of CME in the subject of end-of-life care, including pain management, and her certification that she had completed the same during the preceding licensure period from July 1, 2007, to June 30, 2009.

6. On May 24, 2010, Dr. Miller responded to the Complaint noting that her records of her CME attendance were destroyed by flooding of the storage facility containing her records.

CONCLUSIONS OF LAW

1. The Board has a mandate pursuant to the West Virginia Medical Practice Act to protect the public interest. W. Va. Code § 30-3-1.

2. Probable cause may exist to substantiate charges against Dr. Miller pursuant to W. Va. Code § 30-3-14 (c)(17) and 11 CSR 1A 12.1 (e) and (j), relating to unprofessional conduct, and W. Va. Code § 30-3-14 (c)(1) and (17), 11 CSR 1A 12.1 (a), and 11 CSR 6 4.2 and 4.4, relating to the renewal of a license to practice medicine and surgery by making an incorrect statement in connection with a licensure application.

3. The Board has determined that it is appropriate and in the public interest to waive the commencement of proceedings against Dr. Miller and to proceed without the filing

of formal charges in a Complaint and Notice of Hearing, provided Dr. Miller complies with the terms and conditions set forth herein.

CONSENT

Susan Wolf Miller, M.D., by affixing her signature hereon, agrees solely and exclusively for purposes of this agreement and the entry of the Order provided for and stated herein, and the proceedings conducted in accordance with this Order, to the following:

1. Dr. Miller acknowledges that she is fully aware that, without her consent here given, no permanent legal action may be taken against her except after a hearing held in accordance with W. Va. Code § 30-3-14 (h) and W. Va. Code § 29A-5-1, *et seq.*;

2. Dr. Miller further acknowledges that she has the following rights, among others: the right to a formal hearing before the West Virginia Board of Medicine, the right to reasonable notice of said hearing, the right to be represented by counsel at her own expense, the right to cross-examine witnesses against her, and the right to appeal under Chapter 29A of the West Virginia Code in the event of a final order or decision adverse to her;

3. Dr. Miller waives all rights;

4. Dr. Miller consents to the entry of this Order relative to her practice of medicine and surgery in the State of West Virginia; and

5. Dr. Miller understands that this Order is considered public information.

ORDER

WHEREFORE, on the basis of the foregoing Findings of Fact and Conclusions of Law of the Board, and on the basis of the consent of Dr. Miller, the West Virginia Board of Medicine hereby **ORDERS** as follows:

1. Dr. Miller shall complete, and provide certification of her completion to the Board, within ninety (90) days of the entry of this Order, thirty four and three quarter (34.75) hours of approved CME coursework including two (2) hours of CME coursework in the subject of end-of-life care, including pain management. The CME credits submitted by Dr. Miller pursuant to this provision shall not be applied or transferred to any subsequent renewal period. However, by completing this CME coursework including two (2) hours in the subject of end-of-life care, including pain management, Dr. Miller will be deemed to have met the one-time requirement for completion of this particular coursework.

2. Dr. Miller shall also pay a **CIVIL FINE** in the amount of one hundred dollars (\$100.00) per credit hour for her prior deficiency of thirty four and three quarter (34.75) hours of CME in the subject of end-of-life care, including pain management, for the licensure renewal period from July 1, 2007, to June 30, 2009, together with a one-time **ADMINISTRATIVE FEE** in the amount of one hundred dollars (\$100.00), for a total of **three thousand five hundred seventy five dollars (\$3575.00)**, which fine and administrative fee shall be received by the Board on or before September 15, 2010.

3. In the event that Dr. Miller fails to comply with the requirements stated in the preceding paragraphs of this Order, her license to practice medicine in the State of West Virginia shall be **SUSPENDED**, effective immediately, without further process or hearing, pending her successful completion of these requirements, as agreed to by her, and as required by this Order.

4. Upon the Board's determination that Dr. Miller is in full compliance with the terms and conditions of this Consent Order, the Complaint against her shall be dismissed immediately.

The foregoing Order was entered this 31st day of July, 2010.

WEST VIRGINIA BOARD OF MEDICINE

Reverend O. Richard Bowyer
Reverend O. Richard Bowyer
President

Catherine Slemp, MD
Catherine Slemp, M.D., M.P.H.
Secretary

Susan Wolf Miller

Susan Wolf Miller, M.D.

Date: 7/28/10

STATE OF West Virginia

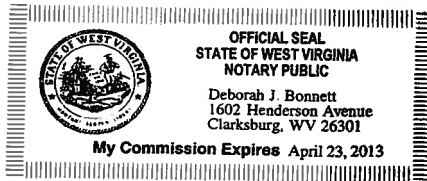
COUNTY OF Harrison

I, Deborah J. Bonnett, a Notary Public in and for said county and

state do hereby certify that Susan Wolf Miller, M.D., whose name is signed above, has this day acknowledged the same before me.

Given under my hand this 28 day of July, 2010.

My commission expires April 23, 2013.



Deborah J. Bonnett
Notary Public

BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN RE:

DAVID ALLEN MOORE, P.A.-C.

CONSENT ORDER

The West Virginia Board of Medicine (“Board”) and David Allen Moore, P.A.-C. (“Mr. Moore”) pursuant to the West Virginia Code §30-3-1, *et seq.*, and 11 CSR 1B 10.1, freely and voluntarily enter into the following:

FINDINGS OF FACT

1. Mr. Moore seeks a license to practice as a physician assistant at Beckley Pediatric Associates, Beckley, West Virginia under the supervision of John H. Johnson, M.D.
2. From September 2001 through April 10, 2008, Mr. Moore was licensed to practice as a physician assistant in West Virginia.
3. In September 2008, the Raleigh County Circuit Court issued an indictment against Mr. Moore.
4. From August 2008 through December 3, 2008, Mr. Moore underwent successful treatment at the William J. Farley Center, Williamsburg, Virginia.
5. Subsequently, Mr. Moore has been enrolled in the West Virginia Medical Professionals Health Program (“WVMPHP”) whereby he will be monitored for a period of five (5) years and is subject to expulsion from the program for any non-compliance.

6. In August 2009, Mr. Moore entered a plea of guilty in the Circuit Court of Raleigh County to the misdemeanor offense of possession of a controlled substance without a valid prescription and to the misdemeanor offense of attempting to commit the misdemeanor of possession of a controlled substance without a valid prescription.

7. Physician Assistant Committee members of the Board have reviewed documents in connection with Mr. Moore's treatment and monitoring, materials in support of his re-licensure from knowledgeable individuals and have met with Mr. Moore for a full discussion of his health and well being.

8. Mr. Moore has stated that he is abstaining from controlled substances and is committed to his recovery.

9. The Board recognizes that Mr. Moore meets the statutory qualifications for licensure as a physician assistant and that it is in the public interest to grant him a license, though permitting him such a license under the circumstances without attaching certain appropriate accommodations, conditions and limitations upon the license could adversely affect the health and welfare of a patient.

CONCLUSIONS OF LAW

1. The West Virginia Board of Medicine has a mandate pursuant to West Virginia Code §30-3-1, to protect the public interest.

2. Probable cause exists to deny licensure to Mr. Moore pursuant to the provisions of 11 CSR 1B 10.1(h) 3 and 10.

3. It is appropriate and in the public interest not to deny a license to, and to waive the commencement of proceedings against, Mr. Moore, subject to

compliance by Mr. Moore with certain accommodations, conditions and limitations upon his licensure as a physician assistant in the State of West Virginia.

CONSENT

David Allen Moore, P.A.-C. agrees solely and exclusively for the purpose of the entry of this Order to the following:

1. Mr. Moore acknowledges that without his consent, no permanent legal action may be taken against him except after a hearing held in accordance with 11 CSR 1B 10.1 and West Virginia Code §29A-5-1, *et seq.*, and West Virginia Code §30-3-16;

2. Mr. Moore further acknowledges that he has the following rights, among others: the right to a formal hearing before the West Virginia Board of Medicine, the right to reasonable notice of said hearing, the right to be represented by counsel at his own expense, the right to cross-examine witnesses against him, and the right to appeal under Chapter 29A of the West Virginia Code in the event of a final order or decision adverse to him;

3. Mr. Moore waives all such rights;

4. Mr. Moore consents to the entry of this Order relative to his practice as a physician assistant in the State of West Virginia; and,

5. Mr. Moore understands that this Order is considered public information, and that matters contained herein may be reported, as required by law, to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

ORDER

WHEREFORE, on the basis of the foregoing Findings of Fact and Conclusions of Law of the Board, and the foregoing consent of Mr. Moore, the West Virginia Board of Medicine hereby **ORDERS**:


1. Mr. Moore is again granted License Number 00877, effective March 29, 2010, to be supervised by John H. Johnson, M.D. at Beckley Pediatric Associates, Ltd.
2. Said License Number 00877 is issued for a period of six (6) months, automatically expiring and terminating September 30, 2010, at 11:59 p.m.
3. During the six (6) month period, Mr. Moore may work as a physician assistant no more than twenty (20) total hours each week.
4. Mr. Moore will meet with the Physician Assistant Committee of the Board at its regularly scheduled meeting in September 2010, for a full discussion of his progress, health and well being, and any further licensure as a physician assistant.
5. During the six (6) months, Mr. Moore shall continue to participate in the West Virginia Medical Professionals Health Program and shall comply with any and all of its requirements.
6. During the six (6) months, Mr. Moore will submit to random drug screens at any time upon request of the Board.
7. During the six (6) months, Mr. Moore will ensure that Dr. Johnson provides to the Executive Director of the Board no later than July 1, 2010, a written report with a written statement confirming that Mr. Moore is practicing as a physician assistant with reasonable skill and safety for patients.

8. Within five (5) days of entry of this Consent Order, Mr. Moore shall provide a copy of this Order to his supervising physician, Dr. Johnson.

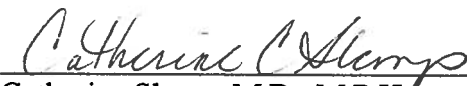
The failure of Mr. Moore to comply with any of the terms of this Consent Order, as determined by the Board, shall constitute grounds for further discipline of his licensure as a physician assistant in the State of West Virginia by this Board.

Dated this 26th day of March, 2010.

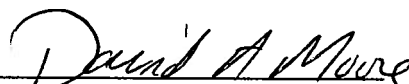
WEST VIRGINIA BOARD OF MEDICINE



John A. Wade, Jr., M.D.
President



Catherine Slemp, M.D., M.P.H.
Secretary



David Allen Moore, P.A.-C.

Date: 3/12/2010

STATE OF W.V.

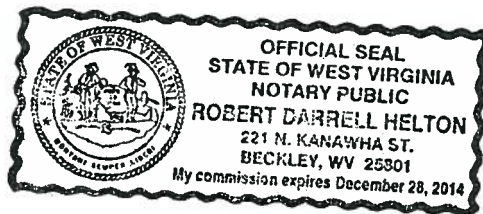
COUNTY OF Raleigh, to-wit:

I, Robert Darrell Helton Notary Public for said county and state do hereby certify that David Allen Moore, P.A.-C., whose name is signed on the previous page, has this day acknowledged the same before me.

Given under my hand this 12 day of March, 2010.

My Commission expires 12/28/14.

Robert Darrell Helton
NOTARY PUBLIC





State of West Virginia *Board of Medicine*

JOHN A. WADE, JR., MD
PRESIDENT

CATHERINE SLEMP, MD, MPH
SECRETARY

101 Dee Drive, Suite 103
Charleston, WV 25311
Telephone 304.558.2921
Fax 304.558.2084
www.wvbom.wv.gov

J. DAVID LYNCH, JR., MD
VICE PRESIDENT

ROBERT C. KNITTLE
EXECUTIVE DIRECTOR

July 1, 2010

David Moore, PA-C
185 Kevin Ridge Road
Beckley, WV 25801

Dear Mr. Moore,

I am today in receipt of your wallet card evidencing physician assistant licensure in West Virginia. As of today the Board of Medicine website shows your physician assistant license "terminated". A copy of this letter will be attached to your March 29, 2010, Consent Order and will remain a part of the Consent Order.

On behalf of the Board of Medicine, I wish you well in your continued recovery. Best wishes to you.

Sincerely,

A handwritten signature in black ink, appearing to read "Robert C. Knittle".

Robert C. Knittle

RCK/wlg

BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN RE:

DAVID ALLEN MOORE, P.A.-C.

CONSENT ORDER

The West Virginia Board of Medicine (“Board”) and David Allen Moore, P.A.-C. (“Mr. Moore”) pursuant to the West Virginia Code §30-3-1, *et seq.*, and 11 CSR 1B 10.1, freely and voluntarily enter into the following:

FINDINGS OF FACT

1. Mr. Moore seeks a license to practice as a physician assistant at Appalachian Psychiatric Services under the supervision of Ahmed D. Faheem, M.D. and Safiullah Syed, M.D.
2. From September 2001 through April 10, 2008, Mr. Moore was licensed to practice as a physician assistant in West Virginia.
3. In September 2008, the Raleigh County Circuit Court issued an indictment against Mr. Moore.
4. From August 2008, through December 3, 2008, Mr. Moore underwent successful treatment at the William J. Farley Center, Williamsburg, Virginia.
5. Subsequently, Mr. Moore has been enrolled in the West Virginia Medical Professionals Health Program (“WVMPHP”) whereby he will be monitored for a period of five (5) years and is subject to expulsion from the program for any non-compliance.

6. In August 2009, Mr. Moore entered a plea of guilty in the Circuit Court of Raleigh County to the misdemeanor offense of possession of a controlled substance without a valid prescription and to the misdemeanor offense of attempting to commit the misdemeanor of possession of a controlled substance without a valid prescription.

7. Physician Assistant Committee members of the Board have reviewed documents in connection with Mr. Moore's treatment and monitoring, materials in support of his re-licensure from knowledgeable individuals and have met with Mr. Moore for a full discussion of his health and well being.

8. Mr. Moore has stated that he is abstaining from controlled substances and is committed to his recovery.

9. The Board recognizes that Mr. Moore meets the statutory qualifications for licensure as a physician assistant and that it is in the public interest to grant him a license, though permitting him such a license under the circumstances without certain appropriate accommodations, conditions and limitations upon the license could adversely affect the health and welfare of a patient.

CONCLUSIONS OF LAW

1. The West Virginia Board of Medicine has a mandate pursuant to West Virginia Code §30-3-1, to protect the public interest.

2. Probable cause exists to deny licensure to Mr. Moore pursuant to the provisions of 11 CSR 1B 10.1.h.3 and 10.

3. It is appropriate and in the public interest not to deny a license to, and to waive the commencement of proceedings against, Mr. Moore, subject to compliance by Mr. Moore with certain accommodations, conditions and limitations upon his licensure as a physician assistant in the State of West Virginia.

CONSENT

David Allen Moore, P.A.-C., agrees solely and exclusively for the purpose of the entry of this Order to the following:

1. Mr. Moore acknowledges that without his consent, no permanent legal action may be taken against him except after a hearing held in accordance with 11 CSR 1B 10.1 and West Virginia Code §29A-5-1, *et seq.*, and West Virginia Code §30-3-16;

2. Mr. Moore further acknowledges that he has the following rights, among others: the right to a formal hearing before the West Virginia Board of Medicine, the right to reasonable notice of said hearing, the right to be represented by counsel at his own expense, the right to cross-examine witnesses against him, and the right to appeal under Chapter 29A of the West Virginia Code in the event of a final order or decision adverse to him;

3. Mr. Moore waives all such rights;

4. Mr. Moore consents to the entry of this Order relative to his practice as a physician assistant in the State of West Virginia; and,

5. Mr. Moore understands that this Order is considered public information, and that matters contained herein may be reported, as required by law, to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

ORDER

WHEREFORE, on the basis of the foregoing Findings of Fact and Conclusions of Law of the Board, and the foregoing consent of Mr. Moore, the West Virginia Board of Medicine hereby **ORDERS**:

1. Mr. Moore is again granted License Number 00877, effective upon his employment by Appalachian Psychiatric Services, to be supervised by Ahmed D. Faheem, M.D. and Safiullah Syed, M.D., which employment date shall be on or before October 15, 2010, and shall be provided to the Board in writing by Mr. Moore and his supervising physicians at the time of such employment.

2. Said License Number 00877 is issued for a period of six (6) months, automatically terminating and expiring six (6) months from the employment date provided to the Board as noted above.

3. During the six (6) month period, Mr. Moore may work as a physician assistant no more than twenty (20) hours each week.

4. Mr. Moore shall be required to meet with the Physician Assistant Committee of the Board at the regularly scheduled meeting prior to the end of the six (6) month period, for a full discussion of his progress, health and well being, and any further licensure as a physician assistant.

5. Mr. Moore shall continue to participate in the West Virginia Medical Professionals Health Program and shall comply with any and all of its requirements.

6. Upon entry of this Consent Order, Mr. Moore will submit to random drug screens at any time upon request of the Board.

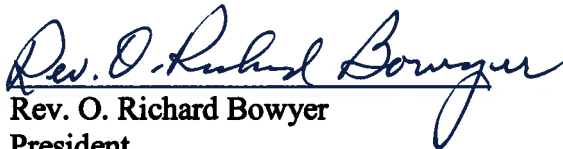
7. At the end of four (4) months after the commencement of his employment by Appalachian Psychiatric Services, Mr. Moore will ensure that his supervising physicians provide to the Executive Director of the Board a written report with a written statement confirming that Mr. Moore is practicing with reasonable skill and safety for patients.

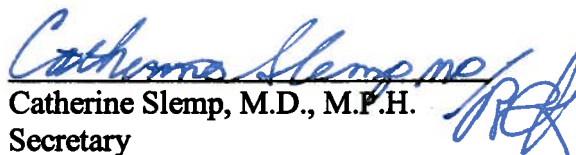
8. Within five (5) days of entry of this Consent Order, Mr. Moore shall provide a copy of this Consent Order to his supervising physicians, Dr. Faheem and Dr. Syed.

The failure of Mr. Moore to comply with any of the terms of this Consent Order, as determined by the Board, shall constitute grounds for further discipline of his licensure as a physician assistant in the State of West Virginia by this Board.

Dated this 20th day of July, 2010.

WEST VIRGINIA BOARD OF MEDICINE


Rev. O. Richard Bowyer
President


Catherine Slemp, M.D., M.P.H.
Secretary


David Allen Moore, P.A.-C.

Date: 7/14/2010

STATE OF West Virginia

COUNTY OF Kanawha, to-wit:

I, Lori Blaney, a Notary Public for said county and state do hereby certify that David Allen Moore, P.A.-C., whose name is signed on the previous page, has this day acknowledged the same before me.

Given under my hand this 16 day of July, 2010.

My Commission expires July 20, 2019.

Lori Blaney
NOTARY PUBLIC





State of West Virginia *Board of Medicine*

REV. O. RICHARD BOWYER
PRESIDENT

CATHERINE SLEMP, MD, MPH
SECRETARY

101 Dee Drive, Suite 103
Charleston, WV 25311
Telephone 304.558.2921
Fax 304.558.2084
www.wvbom.wv.gov

MICHAEL L. FERREBEL, MD
VICE PRESIDENT

ROBERT C. KNITTLE
EXECUTIVE DIRECTOR

July 26, 2010

David Moore, PA-C
185 Kevin Ridge Road
Beckley, WV 25801

Dear Mr. Moore:

The West Virginia Board of Medicine, at its meeting on July 12, 2010, approved your request to work at Appalachian Psychiatric Services and Beckley ARH, Beckley, under the supervision of Ahmed Faheem, M.D., and Safiullah Syed, M.D., effective with the execution of your Consent Order on August 2, 2010.

Also note that approval of this application DOES NOT automatically give you Prescriptive Writing Privileges.

Your wall licenses are being sent for signatures.

Sincerely,

Robert C. Knittle

RCK/wlg
pc: Appalachian Psychiatric Services
Enclosure

BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN RE: DANA RUTH MORTON, M.D.

CONSENT ORDER

The West Virginia Board of Medicine (“Board”) and Dana Ruth Morton, M.D. (“Dr. Morton”) freely and voluntarily enter into the following Consent Order pursuant to W. Va. Code § 30-3-14, et seq.

FINDINGS OF FACT

1. Dr. Morton applied for a license to practice medicine and surgery in West Virginia in August 2010.
2. Dr. Morton was dismissed from a family medicine residency program in 2003, has had difficulties with alcohol dependency, and entered a plea of “nolo contendere” to a DUI in 2009.
3. Dr. Morton has been continuously enrolled in the West Virginia Medical Professionals Health Program (“WVMPHP”) for more than two (2) years, has now successfully completed a two (2) month inpatient evaluation and substance abuse treatment program, and has been abstinent for more than one (1) year.
4. Dr. Morton appeared for a full discussion of these matters before the Licensure Committee on November 6, 2010, her treatment records have been reviewed by the Licensure Committee, and Dr. Morton has provided significant positive and reliable information supporting her return to the practice of medicine.
5. Dr. Morton meets the requirements for active licensure under the West Virginia Medical Practice Act, though to grant licensure without appropriate conditions, limitations, accommodations and restrictions thereon could adversely affect the health and welfare of patients.

CONCLUSIONS OF LAW

1. Probable cause exists to deny Dr. Morton an active license to practice medicine and surgery in the State of West Virginia, due to the provisions of W. Va. Code § 30-3-14(c)(17) and 11 CSR 1A 12.1(d), relating to alcoholism.

2. The Board determines, under all the circumstances, it is appropriate to grant Dr. Morton an active license to practice medicine and surgery in the State of West Virginia, provided she agrees to the conditions, limitations, accommodations, and restrictions herein.

CONSENT

Dana Ruth Morton, M.D., by affixing her signature hereon, agrees solely and exclusively for purposes of this agreement and the entry of the Order provided for and stated herein, and proceedings conducted in accordance with this Order, to the following:

1. Dr. Morton acknowledges that she is fully aware that, without her consent here given, no permanent legal action may be taken against her except after a public hearing held in accordance with W. Va. Code § 30-3-14(h) and § 29A-5-1, et seq.;
2. Dr. Morton further acknowledges that she has the following rights, among others: the right to a formal public hearing before the Board, the right to reasonable notice of said hearing, the right to be represented by counsel at her own expense, the right to cross-examine witnesses against her, and the right to appeal under Chapter 29A of the West Virginia Code in the event of a final order or decision adverse to her;
3. Dr. Morton waives all such rights;
4. Dr. Morton consents to the entry of this Order relative to her practice of medicine in the State of West Virginia; and

5. Dr. Morton understands that this Order is considered public information, and that matters contained herein may be reported, as required by law, to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

ORDER

WHEREFORE, on the basis of the foregoing Findings of Fact and Conclusions of Law of the Board, and on the basis of the Consent of Dr. Morton, the West Virginia Board of Medicine hereby **ORDERS** as follows:

1. Dr. Morton is granted License No. 24302, effective upon entry of this Consent Order.
2. Said License No. 24302 is issued for a period of one (1) year, with the following express conditions, limitations, accommodations, and restrictions:
 - a. Said License No. 24302 is immediately REVOKED, and the REVOCATION is immediately STAYED;
 - b. Dr. Morton shall continue as an active participant with the WVMPHP and remain in compliance with all the requirements of the WVMPHP;
 - c. Dr. Morton shall practice medicine at the Valley HealthCare System in accordance with the four (4) page plan submitted to the Board by its Chief Executive Officer dated October 15, 2010;
 - d. Dr. Morton shall meet with the Licensure Committee of the Board at its regularly scheduled meeting in November 2011, for a full discussion of her progress, health and well being, and any future medical licensure; and
 - e. Dr. Morton shall provide a copy of this fully executed Consent Order to the WVMPHP and the Chief Executive Officer of Valley HealthCare System, within ten (10) days of the date of entry of this Consent Order.

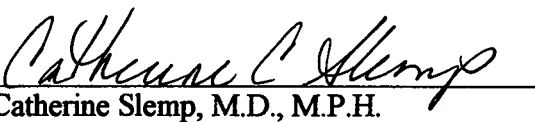
3. At the option of either Dr. Morton or the Board, this Consent Order or a modified version thereof may be entered into again by the parties at the end of the one (1) year period of licensure.

4. If Dr. Morton violates any of the requirements of this Consent Order, as determined by the Board, the Board may terminate and dissolve the STAY of REVOCATION herein imposed, upon written notice of the same to Dr. Morton, and Dr. Morton understands that, notwithstanding any provision of law to the contrary, such termination and dissolution of the STAY of REVOCATION may occur without any hearing provided by the Board, and by her signing of this Consent Order, Dr. Morton has consented to the same.

The foregoing Consent Order was entered this 29th day of November, 2010.

WEST VIRGINIA BOARD OF MEDICINE


Reverend O. Richard Bowyer
President


Catherine Slemp, M.D., M.P.H.
Secretary


Dana Ruth Morton, M.D.

Date: 11-12-10

STATE OF West Virginia

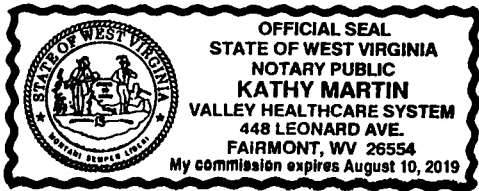
COUNTY OF MARION

I, Kathy Martin, a Notary Public for said county and state do hereby certify that Dana Ruth Morton, M.D., whose name is signed on the previous page, has this day acknowledged the same before me.

Given under my hand this 12th day of November, 2010.

My commission expires 8/10/2019.

Kathy Martin
Notary Public



BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN RE: ROBERT EDWARD OKASINSKI, M.D.

CONSENT ORDER

The West Virginia Board of Medicine ("Board") and Robert Edward Okasinski, M.D. ("Dr. Okasinski") freely and voluntarily enter into the following Consent Order pursuant to W.Va. Code §30-3-14, *et seq.*:

FINDINGS OF FACT

1. Dr. Okasinski currently holds an active license to practice medicine and surgery in the State of West Virginia, License No. 18481, originally issued in 1996. Dr. Okasinski's address of record is in Chubbuck, Idaho.
2. On or about May 17, 2010, the Board received notice via the Board Action Disciplinary Alert Report that Dr. Okasinski was disciplined by the State of Alaska.
3. The Board requested records in relation to this discipline by letter of May 19, 2010. The Alaska State Medical Board responded to the request by forwarding information in relation to the discipline enacted by the Alaska State Medical Board against Dr. Okasinski.
4. On July 11, 2010, the Complaint Committee of the West Virginia Board of Medicine reviewed all of the materials forwarded by the Alaska State Medical Board in relation to Dr. Okasinski. The Alaska State Medical Board issued a public reprimand and levied a fine against Dr. Okasinski for his failure to report his licensure in Arizona, Vermont and Virginia on his application for licensure in Alaska.

5. On July 11, 2010, the Complaint Committee of the Board initiated Complaint Number 10-112-W, against Dr. Okasinski.

6. On August 9, 2010, Dr. Okasinski responded to the Complaint, forthrightly admitting his mistake stating, "...I was filling out an Alaskan license and inadvertently left out 3 states. It was unintentional and I paid the associated fine."

CONCLUSIONS OF LAW

1. As a matter of public policy, the provisions of the West Virginia Medical Practice Act were enacted to protect the public interest and safety. W.Va. Code §30-3-1.

2. Pursuant to W.Va. Code §30-3-14(c)(17) and 11 CSR 1A 12.1(e),(j), and (g), probable cause may exist to substantiate charges against Dr. Okasinski for violating the Medical Practice Act in relation to unprofessional and unethical conduct, and in relation to having his license acted upon in another state.

3. The Board has determined that it is appropriate and in the public interest to proceed without the commencement of charges and/or the filing of a formal Complaint and Notice of Hearing against Dr. Okasinski, and to not require Dr. Okasinski to appear before the Complaint Committee, provided that he enters into this Consent Order.

CONSENT

Robert Edward Okasinski, M.D., by affixing his signature hereon, agrees solely and exclusively for purposes of this agreement and the entry of the Order provided for and stated herein, and proceedings conducted in accordance with this Order, to the following:

1. Dr. Okasinski acknowledges that he is fully aware that, without his consent, here given, no permanent legal action may be taken against him except after a hearing held in accordance with W.Va. Code §30-3-14(h) and §29A-5-1, *et seq.*;

2. Dr. Okasinski further acknowledges that he has the following rights, among others: the right to a formal hearing before the West Virginia Board of Medicine, the right to reasonable notice of said hearing, the right to be represented by counsel at his own expense, the right to cross examine witnesses against him, and the right to appeal under Chapter 29A of the West Virginia Code in the event of a final order or decision adverse to him;

3. Dr. Okasinski waives all such rights;

4. Dr. Okasinski consents to the entry of this Order relative to his practice of medicine and surgery in the State of West Virginia; and

5. Dr. Okasinski understands that this Order is considered public information, and that matters contained herein may be reported, as required by law, to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

ORDER

WHEREFORE, on the basis of the foregoing Findings of Fact and Conclusions of Law of the Board, and, on the basis of the foregoing consent of Dr. Okasinski, the West Virginia Board of Medicine hereby ORDERS as follows:

1. Dr. Okasinski is hereby **PUBLICLY REPRIMANDED**, for having his license acted against in another state.

The foregoing Order was entered this 27 day of October 2010.

WEST VIRGINIA BOARD OF MEDICINE

O. Richard Bowyer
Reverend O. Richard Bowyer
President

Catherine Slemp
Catherine Slemp, M.D., M.P.H.
Secretary

[Signature]
Robert Edward Okasinski, M.D.

Date: 10/19/10

STATE OF Oregon

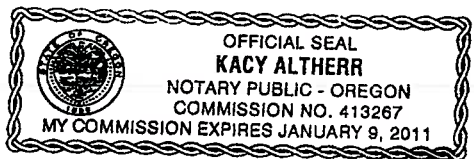
COUNTY OF Douglas

I, Kacy Altherr, a Notary Public for said county and state do hereby certify that Robert Edward Okasinski, M.D., whose name is signed above, has this day acknowledged the same before me.

Given under my hand this 19 day of October, 2010.

My commission expires: January 9, 2011.

[Signature]
Notary Public



BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN RE: CARL LEE OVERMILLER, M.D.

CONSENT ORDER

The West Virginia Board of Medicine ("Board") and Carl Lee Overmiller, M.D. ("Dr. Overmiller") freely and voluntarily enter into the following Consent Order pursuant to West Virginia Code §30-3-1, *et seq.*:

FINDINGS OF FACT

1. Dr. Overmiller's license to practice medicine and surgery is identified as License Number 17934 and his address of record with the Board is in Daniels, West Virginia.
2. On September 13, 2009, the Complaint Committee reviewed and considered a report from Dave Sotak, Chief Executive Officer of the New River Health Association, regarding Dr. Overmiller, which report alleged certain unprofessional and unethical conduct by Dr. Overmiller including forging prescriptions for his personal use on four (4) occasions in an apparent attempt to self-treat his Bipolar Disorder.
3. On September 13, 2009, the Complaint Committee initiated a Complaint against Dr. Overmiller alleging violations of the West Virginia Medical Practice Act due to: dishonorable, unethical and/or unprofessional conduct; prescribing a prescription drug other than in good faith, gross negligence in the use and control of

prescription forms; committing a serious act or a pattern of acts committed during the course of his medical practice which under the attendant circumstances, would be considered to be gross incompetence, gross ignorance or malpractice; and relating to the inability to practice medicine with reasonable skill and safety due to physical or mental impairment.

4. Dr. Overmiller has been evaluated and continues to be treated by a West Virginia licensed medical physician practicing in the specialty of psychiatry. This primary psychiatrist has reported that Dr. Overmiller is compliant with his treatment regimen, has good prognosis and that Dr. Overmiller is capable of working safely and effectively as a physician.

5. In January, 2010, Dr. Overmiller appeared before the Complaint Committee for a full discussion of his situation and his health and well being. The Board thereafter determined that Dr. Overmiller is able to practice medicine and surgery in the State of West Virginia safely and without harm to either himself or the public, provided appropriate conditions, limitations, and accommodations are placed upon his license.

6. As Dr. Overmiller has been diagnosed with Bipolar Disorder which manifestation led to Dr. Overmiller's unprofessional conduct, practicing medicine without certain appropriate limitations, conditions, and accommodations upon his license could adversely affect the health and welfare of a patient and/or the public.

CONCLUSIONS OF LAW

1. The Board has a mandate pursuant to West Virginia Code §30-3-1 to protect the public interest.

2. Probable cause exists to substantiate charges of disqualification from the practice of medicine and surgery in relation to Dr. Overmiller pursuant to West Virginia Code §30-3-14(c)(13) and (21).

3. The Board has determined that it is appropriate and in the public interest to place certain conditions, limitations, and accommodations on Dr. Overmiller's license.

CONSENT

Carl Lee Overmiller, M.D., by affixing his signature hereon, agrees solely and exclusively for the purpose of the entry of this Order to the following:

1. Dr. Overmiller acknowledges that without his consent, here given, no permanent legal action may be taken against him except after a hearing held in accordance with West Virginia Code §30-3-14(h) and §29A-5-1, *et seq.*;

2. Dr. Overmiller further acknowledges that he has the following rights, among others, the right to a formal hearing before the West Virginia Board of Medicine, the right to reasonable notice of said hearing, the right to be represented by counsel at his own expense, the right to cross examine witnesses against him, and the right to appeal under Chapter 29A of the West Virginia Code in the event of a final order or decision adverse to him;

3. Dr. Overmiller waives all such rights;

4. Dr. Overmiller consents to the entry of this Order relative to his practice of medicine and surgery in the State of West Virginia; and,

5. Dr. Overmiller understands that this Order is considered public information, and that matters contained herein may be reported, as required by law, to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

ORDER

WHEREFORE, on the basis of the foregoing Findings of Fact and Conclusions of Law of the Board, and on the basis of the consent of Dr. Overmiller, the West Virginia Board of Medicine hereby **ORDERS** as follows:

1. Dr. Overmiller is hereby **REPRIMANDED** for his prescribing of a prescription drug other than in good faith and for his gross negligence in the use and control of prescription forms.

2. Dr. Overmiller must fully comply with all of the following conditions, limitations, and accommodations for a period of three (3) years, beginning upon the date of the entry of this order.

3. The practice of medicine and surgery in the State of West Virginia of Dr. Overmiller shall occur, provided he complies with the treatment regimen as directed by his primary psychiatrist. Dr. Overmiller shall request that his primary psychiatrist forward a quarterly report to the Board indicating Dr. Overmiller's compliance with the psychiatrist's care plan and treatment regimen.

4. The practice of medicine and surgery in the State of West Virginia of Dr. Overmiller shall occur, provided he actively participates in the West Virginia Medical Professionals Health Program, Inc. (WVMPHP) and complies with all of the

provisions of his Continuing Recovery Contract Agreement, and any other agreement, with the WVMPHP and with any amendments or adjustments thereto.

5. Dr. Overmiller shall ensure that a letter from the WVMPHP is sent directly to the Board attesting to his compliance with the Continuing Recovery Contract Agreement every ninety (90) days, beginning ninety (90) days from the date of the entry of this Consent Order.

6. Dr. Overmiller shall appear before the Complaint Committee annually, beginning in January, 2011, for a full discussion of his health and well being, and prior to his appearance a summary letter of his progress during the year shall be sent to the Board from his primary psychiatrist.

7. If Dr. Overmiller changes his employment status, he must notify the Board in writing within thirty (30) days.

8. If Dr. Overmiller desires to change his primary psychiatrist, he must obtain approval from the Board.

9. Within ten (10) days of the entry of this Consent Order, Dr. Overmiller shall present a copy of this Consent Order to any employer or health care or medical facility where Dr. Overmiller is practicing medicine and during the three (3) year period that Dr. Overmiller is subject to this Consent Order, Dr. Overmiller shall present a copy of this Consent Order to any employer or health care or medical facility where Dr. Overmiller practices medicine and Dr. Overmiller shall also provide a copy of this Consent Order to his primary psychiatrist forthwith.

10. At the option of either Dr. Overmiller or the Board, this Consent Order or a modified version thereof may be again entered into by the parties at the

request of either party and at the end of the three (3) year period. During the three (3) year period if either party wishes to change the terms of the Consent Order, the Complaint Committee shall require Dr. Overmiller to appear for a discussion of the proposed changes at its next regularly scheduled meeting.


11. The failure of Dr. Overmiller to comply with any of the terms of this Consent Order may constitute grounds for further discipline of his license to practice medicine and surgery in the State of West Virginia.

12. Dr. Overmiller expressly agrees that the Complaint Committee, at its sole discretion, may recommend to the Board to place Dr. Overmiller's license into an inactive status should it find, in its sole discretion, that Dr. Overmiller has violated the terms of this Consent Order and/or that the public interest, safety and welfare requires that Dr. Overmiller's license be placed into an inactive status. Dr. Overmiller also expressly agrees that the Board may, upon recommendation from the Complaint Committee, place Dr. Overmiller's license into an inactive status without any further hearing or process.

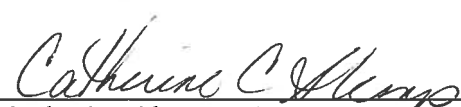
13. Dr. Overmiller has had an opportunity to consult with counsel and agrees to the terms of this Consent Order freely, without coercion, duress or any promise or representation not contained in the "four corners" of this Consent Order.

Entered this 29th day of March, 2010.

West Virginia Board of Medicine



John A. Wade, Jr., M.D.
President



Catherine Slemp, M.D., M.P.H.
Secretary

Carl Lee Overmiller

Carl Lee Overmiller, M.D.

Date: 18 Mar 10

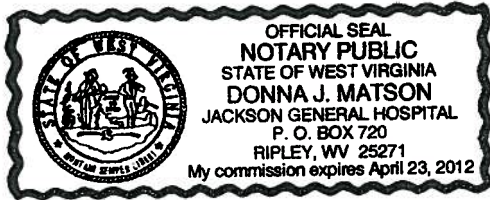
STATE OF WV

COUNTY OF JACKSON, to wit:

I, DONNA J. MATSON, a Notary Public for said county and state do hereby certify that Carl Lee Overmiller, M.D., whose name is signed above, has this day acknowledged the same before me.

Given under my hand this 18th day of MARCH, 2010.

My commission expires APRIL 23, 2012.



Donna J. Matson
Notary Public

BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN RE: ANEEL NATHOOBHAI PATEL, M.D.

CONSENT ORDER

The West Virginia Board of Medicine (“Board”) and Aneel Nathoobhai Patel, M.D. (“Dr. Patel”) freely and voluntarily enter into the following Consent Order pursuant to W.Va. Code §30-3-14, *et seq.*:

FINDINGS OF FACT

1. Dr. Patel currently holds an active license to practice medicine and surgery in the State of West Virginia, License No. 18144, originally issued in 1995. Dr. Patel’s address of record is in Hampstead, North Carolina.
2. On or about March 16, 2010, the Board received a letter from the North Carolina Medical Board relating to its concern with Dr. Patel’s prescribing practices.
3. On May 9, 2010, the Complaint Committee of the Board initiated Complaint Number 10-64-W, against Dr. Patel.
4. On May 26, 2010, Dr. Patel responded to the Complaint, noting that he is a retired physician and denying that he has written a prescription or that he has practiced medicine in the State of North Carolina since he was issued an inactive license in North Carolina.
5. On August 2, 2010, the Board issued a Subpoena for Dr. Patel’s attendance at an informal meeting of the Complaint Committee to be held in Charleston, West Virginia on September 12, 2010.

CONCLUSIONS OF LAW

1. As a matter of public policy, the provisions of the West Virginia Medical Practice Act were enacted to protect the public interest and safety. W.Va. Code §30-3-1.

2. Pursuant to W.Va. Code §30-3-14(c)(17) and (13) and 11 CSR 1A 12.1(e) and (j), probable cause may exist to substantiate charges against Dr. Patel for violating the Medical Practice Act in relation to prescribing a prescription other than in good faith and in a therapeutic manner in accordance with accepted medical standards and in the course of the physician's practice, and unprofessional conduct.

3. The Board has determined that it is appropriate and in the public interest to proceed without the commencement of charges and/or the filing of a formal Complaint and Notice of Hearing against Dr. Patel, and to release Dr. Patel from the Subpoena of the Board of August 2, 2010, provided that he enters into this Consent Order.

CONSENT

Aneel Nathoobhai Patel, M.D., by affixing his signature hereon, agrees solely and exclusively for purposes of this agreement and the entry of the Order provided for and stated herein, and proceedings conducted in accordance with this Order, to the following:

1. Dr. Patel acknowledges that he is fully aware that, without his consent, here given, no permanent legal action may be taken against him except after a hearing held in accordance with W.Va. Code §30-3-14(h) and §29A-5-1, *et seq.*;

2. Dr. Patel further acknowledges that he has the following rights, among others: the right to a formal hearing before the West Virginia Board of Medicine, the right to reasonable

notice of said hearing, the right to be represented by counsel at his own expense, the right to cross examine witnesses against him, and the right to appeal under Chapter 29A of the West Virginia Code in the event of a final order or decision adverse to him;

3. Dr. Patel waives all such rights;

4. Dr. Patel consents to the entry of this Order relative to his practice of medicine and surgery in the State of West Virginia; and

5. Dr. Patel understands that this Order is considered public information, and that matters contained herein may be reported, as required by law, to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

ORDER

WHEREFORE, on the basis of the foregoing Findings of Fact and Conclusions of Law of the Board, and, on the basis of the foregoing consent of Dr. Patel, the West Virginia Board of Medicine hereby ORDERS as follows:

1. Effective upon entry of this Consent Order, Dr. Patel's license to practice medicine and surgery in the State of West Virginia is hereby SURRENDERED.

2. Should Dr. Patel desire to return to the active practice of medicine, he must first appear before the Complaint Committee of the Board and must establish to the Committee, in its sole discretion, that he is fully able and prepared to return safely to the active practice of medicine.

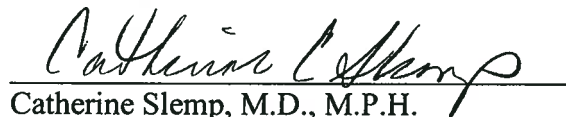
3. Prior to any appearance by Dr. Patel before the Committee, as described in paragraph two (2), above, Dr. Patel must present a written plan of employment and/or

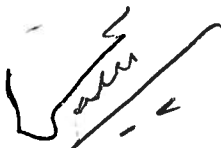
professional activity to the Committee, which is a predicate to any further action by the Committee or the Board in connection with his license to practice medicine.

The foregoing Order was entered this 20th day of August 2010.

WEST VIRGINIA BOARD OF MEDICINE


Reverend O. Richard Bowyer
President


Catherine Slemp, M.D., M.P.H.
Secretary



Aneel Nathooobhai Patel, M.D.

Date: 8-17-10

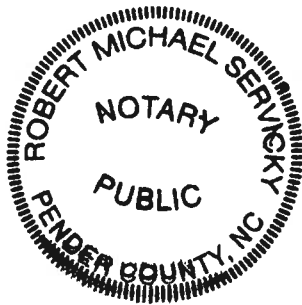
~~PAWS~~
NORTH CAROLINA
STATE OF WEST VIRGINIA

COUNTY OF PENDER

I, ROBERT MICHAEL SERVICY, a Notary Public for said county and state do hereby certify that Aneel Nathoobhai Patel, M.D., whose name is signed on the previous page, has this day acknowledged the same before me.

Given under my hand this 17th day of August, 2010

My commission expires JUNE 27th, 2015.



Robert Michael Servicy
Notary Public

BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN RE:

PATRICIA PEREZ, P.A.-C.

CONSENT ORDER

The West Virginia Board of Medicine (“Board”) and Patricia Perez, P.A.-C. (“Ms. Perez”) pursuant to the West Virginia Code §30-3-1, *et seq.*, and 11 CSR 1B 10.1, freely and voluntarily enter into the following:

FINDINGS OF FACT

1. In January 1983, Ms. Perez was first licensed as a physician assistant in West Virginia. Ms. Perez held a license to practice as a physician assistant, License Number 00194, most recently under the supervision of Luis Loimil, M.D., until July 14, 2010.

2. By letter of July 14, 2010, Ms. Perez notified the Board that she had learned that day that on November 18, 2009, her supervising physician had changed from active status to emeritus status at Charleston Area Medical Center where she was employed, that no one had informed her of this fact until that day, and that she had now learned that she had been working at CAMC for an eight (8) month period with no supervision as required by law.

3. Ms. Perez has not been licensed as a physician assistant in West Virginia since July 14, 2010, and she now seeks reinstatement as a physician assistant with Hatem Hossino, M.D., to be her supervising physician.

4. Ms. Perez appeared before the Physician Assistant Committee of the Board in September 2010, for a full discussion of this matter.

5. While it is evident that Charleston Area Medical Center where Ms. Perez was employed did not perform its responsibilities of notifying Ms. Perez that she was without proper and lawful supervision for an eight (8) month period, it is the responsibility of Ms. Perez to be sure she has a proper supervisor in accordance with the license granted her by the Board.

CONCLUSIONS OF LAW

1. The West Virginia Board of Medicine has a mandate pursuant to West Virginia Code §30-3-1, to protect the public interest.

2. Probable cause exists to deny licensure to Ms. Perez pursuant to the provisions of West Virginia Code §30-3-16(o) and 11 CSR 1B 10.1.b., relating to practicing in a health care facility other than under the supervision of a supervising physician.

3. It is appropriate and in the public interest not to deny a license to, and to waive the commencement of proceedings against Ms. Perez, subject to compliance by Ms. Perez with a condition upon her licensure as a physician assistant in the State of West Virginia.

CONSENT

Patricia Perez, P.A.-C., agrees solely and exclusively for the purpose of the entry of this Order to the following:

1. Ms. Perez acknowledges that without her consent, no permanent legal action may be taken against her except after a hearing held in accordance with 11

CSR 1B 10.1 and West Virginia Code §29A-5-1, *et seq.*, and West Virginia Code §30-3-16;

2. Ms. Perez further acknowledges that she has the following rights, among others: the right to a formal hearing before the West Virginia Board of Medicine, the right to reasonable notice of said hearing, the right to be represented by counsel at her own expense, the right to cross-examine witnesses against her, and the right to appeal under Chapter 29A of the West Virginia Code in the event of a final order or decision adverse to her;

3. Ms. Perez waives all such rights;

4. Ms. Perez consents to the entry of this Order relative to her practice as a physician assistant in the State of West Virginia; and,

5. Ms. Perez understands that this Order is considered public information, and that matters contained herein may be reported, as required by law, to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

ORDER

WHEREFORE, on the basis of the foregoing Findings of Fact and Conclusions of Law of the Board, and the foregoing consent of Ms. Perez, the West Virginia Board of Medicine hereby **ORDERS**:

1. Ms. Perez is again granted License Number 00194, effective upon entry of this Consent Order, with Hatem Hossino, M.D., as her supervising physician.

2. Ms. Perez is PUBLICALLY REPRIMANDED for practicing as a physician assistant in the State of West Virginia for a period of eight (8) months without a supervising physician, as set forth in the Findings of Fact in this Consent Order.

Dated this 29th day of September, 2010.

WEST VIRGINIA BOARD OF MEDICINE

Rev. O. Richard Bowyer
Rev. O. Richard Bowyer
President

Catherine C. Slemp
Catherine Slemp, M.D., M.P.H.
Secretary

Patricia Perez PA-C
Patricia Perez, P.A.-C.

Date: 9/20/10

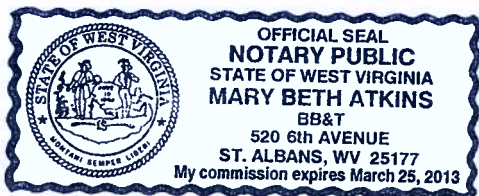
STATE OF West Virginia

COUNTY OF Kanawha, to-wit:

I, Mary Beth Atkins, a Notary Public for said county and state do hereby certify that Patricia Perez, P.A.-C., whose name is signed above, has this day acknowledged the same before me.

Given under my hand this 20 day of Sept., 2010.

My Commission expires March 25, 2013



Mary Beth Atkins
NOTARY PUBLIC

BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN RE: JAMES EDWIN PROMMERSBERGER, D.P.M.

CONSENT ORDER

The West Virginia Board of Medicine ("Board") and James Edwin Prommersberger, D.P.M. ("Dr. Prommersberger"), freely and voluntarily enter into the following Consent Order pursuant to the provisions of W. Va. Code § 30-3-14, *et seq.*:

FINDINGS OF FACT

1. Dr. Prommersberger currently holds a license to practice podiatry in the State of West Virginia, License No. 00240, issued originally in 1989. Dr. Prommersberger's address of record is in Boardman, Ohio.

2. In January 2010, Dr. Prommersberger was the subject of a random audit by the Board to determine whether he had completed the required minimum number of fifty (50) hours of Continuing Medical Education ("CME") coursework, as described in 11 CSR 6 2.2, including two (2) hours in the subject of end-of-life care and pain management, as described in W. Va. Code § 30-1-7a, during the licensure period from July 1, 2007, to June 30, 2009.

3. In Dr. Prommersberger's licensure renewal application for the period from July 1, 2009, to June 30, 2011, submitted to the Board and dated May 19, 2009, Dr. Prommersberger represented that he had completed the required minimum number of fifty (50) hours of CME coursework, including two (2) hours of CME coursework in the subject of end-of-life care and pain management, during the preceding licensure period from July 1, 2007, to June 30, 2009.

4. The random audit revealed that Dr. Prommersberger had completed at least fifty (50) hours of approved CME coursework during the preceding licensure period from July 1, 2007, to June 30, 2009, but had failed to complete two (2) hours of CME coursework in the subject of end-of-life care, including pain management.

5. In May 2010, the Complaint Committee of the Board initiated a Complaint against Dr. Prommersberger based upon his apparent deficiency of two (2) hours of CME in the subject of end-of-life care, including pain management, and his certification that he had completed the same during the preceding licensure period from July 1, 2007, to June 30, 2009.

6. On May 28, 2010, Dr. Prommersberger responded to the Complaint submitting a certificate indicating that he completed the two (2) hours of CME coursework in the subject of end-of-life care, including pain management on March 3, 2010.

CONCLUSIONS OF LAW

1. The Board has a mandate pursuant to the West Virginia Medical Practice Act to protect the public interest. W. Va. Code § 30-3-1.

2. Probable cause may exist to substantiate charges against Dr. Prommersberger pursuant to W. Va. Code § 30-3-14 (c)(17) and 11 CSR 1A 12.1 (e) and (j), relating to unprofessional conduct, and W. Va. Code § 30-3-14 (c)(1) and (17), 11 CSR 1A 12.1 (a), and 11 CSR 6 4.2 and 4.4, relating to the renewal of a license to practice podiatry by making an incorrect statement in connection with a licensure application.

3. The Board has determined that it is appropriate and in the public interest to waive the commencement of proceedings against Dr. Prommersberger and to proceed without

the filing of formal charges in a Complaint and Notice of Hearing, provided Dr. Prommersberger complies with the terms and conditions set forth herein.

CONSENT

James Edwin Prommersberger, D.P.M., by affixing his signature hereon, agrees solely and exclusively for purposes of this agreement and the entry of the Order provided for and stated herein, and the proceedings conducted in accordance with this Order, to the following:

1. Dr. Prommersberger acknowledges that he is fully aware that, without his consent here given, no permanent legal action may be taken against him except after a hearing held in accordance with W. Va. Code § 30-3-14 (h) and W. Va. Code § 29A-5-1, *et seq.*;

2. Dr. Prommersberger further acknowledges that he has the following rights, among others: the right to a formal hearing before the West Virginia Board of Medicine, the right to reasonable notice of said hearing, the right to be represented by counsel at his own expense, the right to cross-examine witnesses against him, and the right to appeal under Chapter 29A of the West Virginia Code in the event of a final order or decision adverse to him;

3. Dr. Prommersberger waives all such rights;

4. Dr. Prommersberger consents to the entry of this Order relative to his practice of podiatry in the State of West Virginia; and

5. Dr. Prommersberger understands that this Order is considered public information.

ORDER

WHEREFORE, on the basis of the foregoing Findings of Fact and Conclusions of Law of the Board, and on the basis of the consent of Dr. Prommersberger, the West Virginia Board of Medicine hereby **ORDERS** as follows:

1. The CME credits submitted by Dr. Prommersberger on May 28, 2010, shall not be applied or transferred to any subsequent renewal period. However, by completing this CME, Dr. Prommersberger will be deemed to have met the one-time requirement for completion of this particular coursework.

2. Dr. Prommersberger shall also pay a **CIVIL FINE** in the amount of one hundred dollars (\$100.00) per credit hour for his prior deficiency of two (2) hours of CME in the subject of end-of-life care, including pain management, for the licensure renewal period from July 1, 2007, to June 30, 2009, together with a one-time **ADMINISTRATIVE FEE** in the amount of one hundred dollars (\$100.00), for a total of **three hundred dollars (\$300.00)**, which fine and administrative fee shall be received by the Board on or before September 15, 2010.

3. In the event that Dr. Prommersberger fails to comply with the requirement stated in the preceding paragraph of this Order, his license to practice podiatry in the State of West Virginia shall be **SUSPENDED**, effective immediately, without further process or hearing, pending his successful completion of this requirement, as agreed to by him, and as required by this Order.

4. Upon the Board's determination that Dr. Prommersberger is in full compliance with the terms and conditions of this Consent Order, the Complaint against him shall be dismissed immediately.

The foregoing Order was entered this 9th day of August, 2010.

WEST VIRGINIA BOARD OF MEDICINE

Reverend O. Richard Bowyer
Reverend O. Richard Bowyer
President

Catherine C. Slemp
Catherine Slemp, M.D., M.P.H.
Secretary

James Edwin Prommersberger, M.D.
James Edwin Prommersberger, M.D.

Date: 8-2-10

STATE OF OHIO

COUNTY OF MAHONING

I, DENISE PREGIBON, a Notary Public in and for said county and state do hereby certify that James Edwin Prommersberger, M.D., whose name is signed above, has this day acknowledged the same before me.

Given under my hand this 2 day of AUGUST, 2010.

My commission expires 6-24-2013.



DENISE PREGIBON, Notary Public
State of Ohio
My Commission Expires June 24, 2013

Denise Pregibon
Notary Public

BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN RE:

JOHN F. RICE, P.A.-C.

CONSENT ORDER

The West Virginia Board of Medicine ("Board") and JOHN F. RICE, P.A.-C. ("Mr. Rice") pursuant to the West Virginia Code §30-3-1, *et seq.*, and 11 CSR 1B 10.1, freely and voluntarily enter into the following:

FINDINGS OF FACT

1. Mr. Rice seeks a license to practice as a physician assistant at the Dawes facility of Cabin Creek Health Systems, under the supervision of Sue A. Westfall, M.D.
2. Mr. Rice was initially licensed by the Board as a physician assistant and subsequently licensed by the Board pursuant to Consent Orders, and Mr. Rice has not been licensed by the Board for five (5) years, though he has been licensed as a physician assistant during portions of this five (5) year period by the West Virginia Board of Osteopathy.
3. From 2002 through 2007, Mr. Rice has attended several alcohol treatment programs due to an alcohol addiction and evidence has been submitted showing that he now remains sober and continues to be in active recovery.

4. The Board recognizes that Mr. Rice meets the statutory qualifications for licensure as a physician assistant and that it is in the public interest to grant him a license, though permitting him such a license without attaching certain appropriate accommodations, conditions and limitations upon the license could adversely affect the health and welfare of a patient.

CONCLUSIONS OF LAW

1. The West Virginia Board of Medicine has a mandate pursuant to West Virginia Code §30-3-1, to protect the public interest.

2. Probable cause exists to deny licensure to Mr. Rice pursuant to the provisions of 11 CSR 1B 10.1(h) and 11.

3. It is appropriate and in the public interest not to deny a license to, and to waive the commencement of proceedings against, Mr. Rice, subject to compliance by Mr. Rice with certain accommodations, conditions and limitations upon his licensure as a physician assistant in the State of West Virginia.

CONSENT

John F. Rice, P.A.-C. agrees solely and exclusively for the purpose of the entry of this Order to the following:

1. Mr. Rice acknowledges that without his consent, no permanent legal action may be taken against him except after a hearing held in accordance with 11 CSR 1B 10.1 and West Virginia Code §29A-5-1, *et seq.*, and West Virginia Code §30-3-16;

2. Mr. Rice further acknowledges that he has the following rights, among others: the right to a formal hearing before the West Virginia Board of Medicine, the right to reasonable notice of said hearing, the right to be represented by counsel at his own expense, the right to cross-examine witnesses against him, and the right to appeal under Chapter 29A of the West Virginia Code in the event of a final order or decision adverse to him;

3. Mr. Rice waives all such rights;

4. Mr. Rice consents to the entry of this Order relative to his practice as a physician assistant in the State of West Virginia; and,

5. Mr. Rice understands that this Order is considered public information, and that matters contained herein may be reported, as required by law, to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

ORDER

WHEREFORE, on the basis of the foregoing Findings of Fact and Conclusions of Law of the Board, and the foregoing consent of Mr. Rice, the West Virginia Board of Medicine hereby **ORDERS**:

1. Mr. Rice is again granted License Number 00678, effective February 1, 2010, to be supervised by Sue A. Westfall, M.D. at the Dawes facility of Cabin Creek Health Systems.

2. Said license Number 00678 is issued for a period of fourteen (14) months, automatically expiring and terminating March 31, 2011, at 11:59 p.m.

3. Mr. Rice may not ingest alcohol.

4. Mr. Rice will meet with the Physician Assistant Committee of the Board at its regularly scheduled meeting in March, 2011, for a full discussion of his progress, health and well being, and any further licensure as a physician assistant.

5. During the fourteen (14) months, Mr. Rice may work as a physician assistant no more than forty (40) total hours each week.

6. During the fourteen (14) months, Mr. Rice shall continue to participate in the West Virginia Medical Professionals Health Program and shall comply with any and all of its requirements.

7. During the fourteen (14) months, Mr. Rice will submit to random drug screens at any time upon request of the Board.

8. During the fourteen (14) months, Mr. Rice will ensure that Dr. Westfall provides to the Executive Director of the Board every three (3) months beginning March 1, 2010, a written report from her with a written statement confirming that Mr. Rice is practicing as a physician assistant with reasonable skill and safety for patients.

9. Within five (5) days of entry of this Consent Order, Mr. Rice shall provide a copy of this Order to Dr. Westfall and to any employer or health care or medical facility where Mr. Rice may be practicing as a physician assistant.

The failure of Mr. Rice to comply with any of the terms of this Consent Order, as determined by the Board, shall constitute grounds for further discipline of his licensure as a physician assistant in the State of West Virginia by this Board.

Dated this 26th day of January, 2010.

WEST VIRGINIA BOARD OF MEDICINE

John A. Wade, Jr., M.D.
John A. Wade, Jr., M.D.
President

Catherine C. Slomp
Catherine Slomp, M.D., M.P.H.
Secretary

John F. Rice, P.A.-C.
John F. Rice, P.A.-C.

Date: 1-19-10

STATE OF WV

COUNTY OF Kanawha, to-wit:

I, Jennifer Russell, a Notary Public for said county and state do hereby certify that John F. Rice, P.A.-C., whose name is signed on this page, has this day acknowledged the same before me.

Given under my hand this 19 day of January, 2010.

My Commission expires March 28, 2011.



Jennifer S. Russell
NOTARY PUBLIC

BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN RE: LAGRIMAS BABIERA SADORRA, M.D.

AMENDED CONSENT ORDER

The West Virginia Board of Medicine (“Board”) and Lagrimas Babiera Sadorra, M.D. (“Dr. Sadorra”) freely and voluntarily enter into the following Amended Consent Order pursuant to the provisions of W. Va. Code § 30-3-14, *et seq.*

FINDINGS OF FACT

1. Pursuant to the terms of the January 12, 2009, Consent Order Dr. Sadorra entered into with the Board (attached hereto and incorporated by reference herein), Dr. Sadorra appeared before the Complaint Committee (“Committee”) at its regular meeting in January 2010.

2. Paragraph six (6) at page five (5) of the Consent Order provided that the appearance of Dr. Sadorra was for the Committee to determine if Dr. Sadorra “...is fully prepared to return to the active practice of medicine, subject to any conditions the Complaint Committee may deem appropriate after completion of the period of suspension.”

3. The Committee has reviewed the materials and considered the appearance of Dr. Sadorra and has determined that it is in the interest of public safety and health that certain conditions be imposed prior to Dr. Sadorra’s license to practice medicine and surgery being placed into an active status.

CONCLUSIONS OF LAW

1. The Board has a mandate pursuant to the West Virginia Medical Practice Act to protect the public interest. W. Va. Code § 30-3-1.
2. Prior to entry of the Consent Order on January 12, 2009, the Board found probable cause to substantiate charges against Dr. Sadorra pursuant to W. Va. Code § 30-3-14(c)(17) and 11 CSR 1A 12.1(e), (j), (o) and (bb), and 12.2(d), all relating to dishonorable, unethical, and unprofessional conduct, failing to perform a statutory or legal obligation placed upon a licensed physician, violating a lawfully promulgated rule of the United States, and engaging in conduct which has the effect of bringing the medical profession into disrepute.
3. The Board determined that it was appropriate and in the public interest to enter into an Amended Consent Order provided certain restrictions and conditions are placed upon the license of Dr. Sadorra.
4. This Amended Consent Order between the Board and Dr. Sadorra supersedes the prior Consent Order entered on January 12, 2009, between the Board and Dr. Sadorra.

CONSENT

Lagrimas Babiera Sadorra, M.D., by affixing her signature hereon, agrees solely and exclusively for purposes of this agreement and the entry of the Amended Consent Order provided for and stated herein, and the proceedings conducted in accordance with this Amended Consent Order, to the following:

1. Dr. Sadorra acknowledges that, prior to entry of the January 12, 2009, Consent Order, she had the following rights, among others: the right to a formal hearing held in accordance with W. Va. Code §30-3-14(h) and §29A-5-1, *et seq.*; the right to reasonable notice

of said hearing; the right to be represented by counsel at her own expense; and the right to cross-examine witnesses against her.

2. By entering into the Consent Order on January 12, 2009, relative to her practice of medicine and surgery in the State of West Virginia, Dr. Sadorra waived all rights to such a hearing.

3. Dr. Sadorra now consents to the entry of this Amended Consent Order, which supersedes the Consent Order entered on January 12, 2009.

4. Dr. Sadorra further understands that this Amended Consent Order is considered public information, and that matters contained herein may be reported, as required by law, to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

ORDER

WHEREFORE, on the basis of the foregoing Findings of Fact and Conclusions of Law of the Board, and on the basis of the Consent of Dr. Sadorra, the West Virginia Board of Medicine hereby **ORDERS** as follows:

1. As a condition precedent to her license to practice medicine being returned to an active status, Dr. Sadorra shall complete fifty (50) hours of continuing medical education (CME) and provide proof of the same to the Board. The completion of this CME shall take place within one (1) year from the date of entry of this Amended Consent Order.

2. As a condition precedent to her license to practice medicine being returned to an active status, Dr. Sadorra shall, at her own expense, take and pass the Special Purpose Examination (SPEX). Dr. Sadorra shall provide proof of the same to the Board. The successful

passage of the SPEX shall occur within one (1) year from the date of entry of this Amended Consent Order.

3. If, and only if, Dr. Sadorra has met the conditions precedent as described in paragraphs numbered one (1) and two (2), above, Dr. Sadorra's license to practice medicine and surgery in the State of West Virginia, No. 12801, will be returned to an active status, subject to a period of PROBATION for two (2) years, effective beginning the latest date Dr. Sadorra provides proof of completion, to the satisfaction of the Board, of the conditions precedent as described in paragraphs numbered one (1) and two (2), above.

4. As a condition of the probation referenced in paragraph numbered three (3) above, Dr. Sadorra shall not practice medicine as a solo practitioner.

5. As a condition of the probation referenced in paragraph numbered three (3) above, Dr. Sadorra shall not apply for and shall not hold a DEA license to prescribe scheduled controlled substances.

6. As a condition of the probation referenced in paragraph numbered three (3) above, Dr. Sadorra may not register as a dispensing physician with the Board under Board Rule 11 CSR 5.

7. As a condition of the probation referenced in paragraph numbered three (3) above, Dr. Sadorra may practice only in a group practice, and must practice under a Board-approved supervisor. This supervisor must agree to provide the Board with quarterly reports regarding Dr. Sadorra's on-going practice.

8. As a condition of the probation referenced in paragraph numbered three (3) above, the Board will conduct an annual review of ten (10) randomly selected charts of Dr. Sadorra's patients to evaluate her quality of care.

9. As a condition of the probation referenced in paragraph numbered three (3) above, Dr. Sadorra shall appear before the Board's Complaint Committee annually for a full discussion of the review of the ten (10) randomly selected charts and for a full airing of any questions and concerns.

10. At any time, upon a determination by the Board, in its sole discretion, that Dr. Sadorra has failed to meet the conditions of her PROBATION as described in paragraphs numbered three (3) through nine (9), above, upon written notice to Dr. Sadorra, her license shall immediately be placed into a SUSPENDED status without any further administrative hearing or judicial process.

11. At the end of the two (2) year period of PROBATION, Dr. Sadorra shall appear before the Board's Complaint Committee to determine whether at the option of either Dr. Sadorra or the Board, this Amended Consent Order or a modified version thereof may be again entered into by the parties.

12. At the conclusion of the PROBATION of Dr. Sadorra's license, No. 12801, if Dr. Sadorra has complied with the conditions of said PROBATION to the satisfaction of the Board, if no other Order is entered into, and subject to Dr. Sadorra's compliance with all provisions of the West Virginia Medical Practice Act and Rules promulgated there under during the period of PROBATION, her license shall be unencumbered.

The foregoing AMENDED CONSENT ORDER was entered this 5th day of March, 2010.

WEST VIRGINIA BOARD OF MEDICINE

John A. Wade, Jr., M.D.
John A. Wade, Jr., M.D.
President

Catherine C. Slemp
Catherine Slemp, M.D., M.P.H.
Secretary

Lagrimas Babiera Sadorra
Lagrimas Babiera Sadorra, M.D.

Date: 2/25/10

STATE OF WV

COUNTY OF Kanawha

I, Charlene S. Lovejoy, a Notary Public in and for said county and state, do hereby certify that Lagrimas Babiera Sadorra, M.D., whose name is signed above, has this day acknowledged the same before me.

Given under my hand this 25th day of February, 2010.

My commission expires December 4, 2019.



Charlene S. Lovejoy
Notary Public

BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN RE: LAGRIMAS BABIERA SADORRA, M.D.

CONSENT ORDER

The West Virginia Board of Medicine ("Board") and Lagrimas Babiera Sadorra, M.D. ("Dr. Sadorra") freely and voluntarily enter into the following Consent Order pursuant to the provisions of W. Va. Code § 30-3-14, et seq.

FINDINGS OF FACT

1. Dr. Sadorra currently holds a full and active license to practice medicine and surgery in the State of West Virginia, License No. 12801, which license was issued originally in 1981, suspended for two (2) years between September 20, 1988, and September 20, 1990, and on probation until September 24, 1993. Dr. Sadorra's address of record is in Cross Lanes, West Virginia.
2. On March 10, 2008, the Complaint Committee of the Board initiated its own complaint regarding Dr. Sadorra based upon allegations of prescribing or dispensing excessive amounts of prescription drugs to patients and prescribing, dispensing or administering prescription drugs other than in good faith and in a therapeutic manner in accordance with accepted medical standards.
3. Dr. Sadorra responded in writing that the allegations were not correct, that she is certified to practice in the Suboxone (Buprenorphine) "drug withdrawal program for opioid-opiate dependence patients with a special DEA number", that she has been certified to do so since 2005, and that she is "allowed to treat two hundred (200) Suboxone patients".

4. The program to which Dr. Sadorra referred is a Federal program for office-based treatment of a limited number (thirty) of drug dependent or addicted patients with certain Food and Drug Administration approved Schedule III, IV, and V medications, which Federal program began pursuant to the Drug Addiction Treatment Act of 2000 (“DATA 2000”), and expanded in the Office of National Drug Control Policy Reauthorization Act of 2006 (“ONDCPRA”) to permit the treatment of up to one hundred (100) such patients, upon an approved application or as it is named, a Notice of Intent.

5. A Subpoena from the Board was issued to Dr. Sadorra for various documents maintained by her in connection with her participation in the Federal program for office-based treatment of drug dependent patients, it was served upon her in June 2008, and she provided the documents to the Board’s investigator in July 2008, including material evidencing her prescribing Suboxone for more than two hundred and twenty (220) patients at one time and a letter to Dr. Sadorra dated February 1, 2007, from H. Wesley Clark, M.D., J.D., Director of the Center for Substance Abuse Treatment (“CSAT”) within the Substance Abuse and Mental Health Services Administration (“SAMHSA”) all within the Federal Department of Health and Human Services, wherein he stated that Dr. Sadorra has fulfilled the requirements “to treat a maximum of 100 patients at one time” for office-based treatment of opioid addiction.

6. Dr. Sadorra stated to the investigator in July 2008, that she had made a mistake and that a physician from West Virginia University had told her she could treat up to two hundred (200) patients with Suboxone for the office-based treatment of opioid addiction, and she would start a “rapid detox” with her patients.

7. At its next regular meeting following receipt and review of the materials provided by Dr. Sadorra, in September 2008, the Complaint Committee decided to invite Dr. Sadorra to its next meeting in November for an informal conference, however, when she was

provided a notice of the Complaint Committee's request two (2) months in advance, she responded in writing that she would be out of town the weekend of the November meeting and requested her attendance be rescheduled.

8. The Complaint Committee reviewed all of the information regarding this matter at its November 9, 2008, regular meeting and also noted that a report from the West Virginia Controlled Substances Monitoring Program from November 6, 2008, showed that Dr. Sadorra was continuing to prescribe Suboxone to more than one hundred and seventy (170) patients.

9. Under all the circumstances, the Complaint Committee determined that it would not be in the interests of public safety and health to wait two (2) additional months to have an informal conference with Dr. Sadorra.

CONCLUSIONS OF LAW

1. The Board has a mandate pursuant to the West Virginia Medical Practice Act to protect the public interest. W. Va. Code § 30-3-1.

2. Probable cause exists to substantiate charges against Dr. Sadorra for violations of W. Va. Code §30-3-14(c)(17) and 11 CSR 1A 12.1(e), (j), (o) and (bb), and 12.2 (d); all relating to dishonorable, unethical, and unprofessional conduct, failing to perform a statutory or legal obligation placed upon a licensed physician, violating a lawfully promulgated rule of the United States, and engaging in conduct which has the effect of bringing the medical profession into disrepute.

3. The Board has determined that it is appropriate and in the public interest to waive the commencement of proceedings against Dr. Sadorra and to proceed without the filing of formal charges in a Complaint and Notice of Hearing, provided Dr. Sadorra enters into this Consent Order and complies fully with its provisions.

CONSENT

Dr. Sadorra, by affixing her signature hereon, agrees solely and exclusively for purposes of this agreement and the entry of the Order provided for and stated herein, and the proceedings conducted in accordance with this Order, to the following:

1. Dr. Sadorra acknowledges that she is fully aware that, without her consent here given, no permanent legal action may be taken against her except after a hearing held in accordance with W. Va. Code § 30-3-14(h) and § 29A-5-1, et seq.

2. Dr. Sadorra further acknowledges that she has the following rights, among others: the right to a formal hearing before the Board, the right to reasonable notice of said hearing, the right to be represented by counsel at her own expense, and the right to cross-examine witnesses against her.

3. Dr. Sadorra waives all rights to such a hearing.

4. Dr. Sadorra consents to the entry of this Order relative to her practice of medicine and surgery in the State of West Virginia.

5. Dr. Sadorra understands that this Order is considered public information, and that matters contained herein may be reported, as required by law, to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

ORDER

WHEREFORE, on the basis of the foregoing Findings of Fact and Conclusions of Law of the Board, and on the basis of the Consent of Dr. Sadorra, the West Virginia Board of Medicine hereby **ORDERS** as follows:

1. Dr. Sadorra's License No. 12801 is SUSPENDED for a period of one (1) year, effective January 8, 2009.

2. Dr. Sadorra shall cease and desist from any and all participation in any Federal program for office based treatment of opioid addicted patients and shall notify H. Wesley Clark, M.D., J.D., Director of the Center for Substance Abuse Treatment ("CSAT") within the Federal Department of Health and Human Resources, in writing dated no later than December 1, 2008, with a copy to the West Virginia Board of Medicine, that as of December 15, 2008, she will no longer be a participant in any DATA 2000 (SAMHSA/CSAT) treatment program and stating that both Notices of Intent (NOI's) previously filed by her, she considers to be VOIDED by her and accordingly, she is neither authorized to, nor will she continue to prescribe, any Schedule III, IV or V opioid drugs, including Suboxone, for any patient for the maintenance and detoxification treatment of opioid addiction.

3. Dr. Sadorra agrees to send a copy of this Consent Order with the written notification to H. Wesley Clark, M.D., described in paragraph 2, above, and she will comply in all respects with all representations made as specified in paragraph 2, above.

4. Dr. Sadorra agrees to surrender her special DEA number for prescribing under the DATA 2000 (SAMHSA/CSAT) treatment program and to provide written evidence of such surrender to the Board on or before January 8, 2009.

5. Dr. Sadorra agrees not to make application nor file any Notice of Intent to treat patients with Schedule III, IV or V opioid drugs for the maintenance and detoxification treatment of opioid addiction at any time in the future with any Federal program for such office-based treatment.


6. Dr. Sadorra shall appear before the Complaint Committee of the Board at its regular meeting in January, 2010, for its determination that she is fully prepared to return to the

active practice of medicine, subject to any conditions the Complaint Committee may deem appropriate after completion of the period of suspension.


7. At the conclusion of SUSPENSION of Dr. Sadorra's License No. 12801, and if she has complied with all the provisions of this Consent Order, her license will be reinstated on PROBATION for a period of two (2) years, and subject to Dr. Sadorra's compliance with all provisions of the West Virginia Medical Practice Act and Rules promulgated thereunder during the period of PROBATION, at the conclusion of the PROBATION, her license will be unencumbered.

The foregoing Order was entered this 12th day of January 2008 / 2009

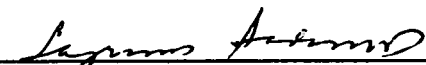
WEST VIRGINIA BOARD OF MEDICINE



John A. Wade, Jr., M.D.
President



Catherine Slemp, M.D., M.P.H.
Secretary



Lagrimas Babiera Sadorra, M.D.

Date: 1/6/09

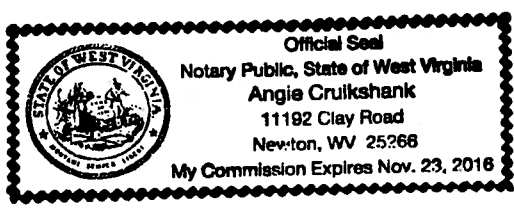
STATE OF West Virginia
COUNTY OF Kanawha

I, Angie Cruikshank, a Notary Public in and for said county and state, do hereby certify that Lagrimas Babiera Sadorra, M.D., whose name is signed on the previous page, has this day acknowledged the same before me.

Given under my hand this 6th day of January, 2008. ^{AC}

My commission expires November 23, 2016.

Angie Cruikshank
Notary Public



BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN RE: THOMAS FRANCIS SCOTT, M.D.

CONSENT ORDER

The West Virginia Board of Medicine ("Board") and Thomas Francis Scott, M.D. ("Dr. Scott") freely and voluntarily enter into the following Consent Order pursuant to West Virginia Code §30-3-1, *et seq.*:

FINDINGS OF FACT

1. Dr. Scott currently holds an active license to practice medicine in the State of West Virginia, issued originally in 1961, and his address of record is in Huntington, West Virginia.
2. Dr. Scott's license to practice medicine is identified as License No. 08379.
3. On July 9, 2009, the Board received a complaint from a patient of Dr. Scott alleging inappropriate contact with and advances upon the patient by Dr. Scott. The Complaint Committee ("Committee") of the Board began an investigation into the allegations.
4. Dr. Scott appeared before the Committee for an informal meeting on March 7, 2010.

5. After a full investigation of the matter, it has been determined that in order for Dr. Scott to continue to hold an active, unrestricted license to practice medicine in West Virginia, without conditions and limitations placed thereon, could adversely affect the health and welfare of a patient and/or the public.

CONCLUSIONS OF LAW

1. The West Virginia Board of Medicine has a mandate pursuant to West Virginia Code §30-3-1 to protect the public interest.

2. Probable cause exists to file charges against Dr. Scott pursuant to provisions of West Virginia Code §30-3-14(c)(8) and (17) and 11 CSR 1A 12.1(e) and (r) and 12.2(d), and the American Medical Association's ("AMA") Code of Medical Ethics Opinion 8.14, all related to exercising influence within a patient-physician relationship for purposes of engaging a patient in sexual activity and unprofessional conduct.

3. It is appropriate to waive the commencement of proceedings against Dr. Scott and to proceed without the filing of charges or a formal Complaint and Notice of Hearing, provided that conditions and limitations are placed upon Dr. Scott's license to practice medicine and surgery in the State of West Virginia.

CONSENT

Thomas Francis Scott, M.D., by affixing his signature hereon, agrees solely and exclusively for the purposes of this agreement and the entry of the Order provided for and stated herein, and proceedings conducted in accordance with this Order to the following:

1. Dr. Scott acknowledges that he is fully aware that, without his consent, no permanent legal action may be taken against him except after a hearing held in accordance with West Virginia Code §30-3-14(h) and §29A-5-1, *et seq.*;

2. Dr. Scott acknowledges that he has the following rights, among others: the right to a formal hearing before the West Virginia Board of Medicine, the right to reasonable notice of said hearing, the right to be represented by counsel at his own expense, the right to cross-examine witnesses against him, and the right to appeal under Chapter 29A of the West Virginia Code in the event of a final order or decision adverse to him;

3. Dr. Scott waives all such rights;

4. Dr. Scott consents to the entry of this Order relative to his practice of medicine in the State of West Virginia; and,

5. Dr. Scott understands that this Order is considered public information, and that matters contained herein shall be reported, as required by law, to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

ORDER

WHEREFORE, on the basis of the foregoing Findings of Fact and Conclusions of Law and the foregoing consent of Dr. Scott, the West Virginia Board of Medicine hereby **ORDERS** as follows:

1. Dr. Scott is hereby **PUBLICLY REPRIMANDED** for his conduct of exercising influence within a patient-physician relationship for purposes of engaging a patient in sexual activity.

2. Within six (6) months of entry of this Order, Dr. Scott will, at his own expense, attend and successfully complete a Board approved Continuing Medical Education ethics course, which ethics course shall include boundary issues with patients, and shall document his successful completion to the Board.

3. Dr. Scott will comply with all provisions of the West Virginia Medical Practice Act and the rules established thereunder.

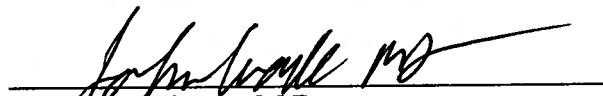
4. Dr. Scott will not engage, or attempt to engage, in a sexual and/or romantic relationship with any patient.

5. Within ten (10) days of entry of this Consent Order, Dr. Scott shall provide a copy of this Consent Order to any health care facility where he is employed, where he works, or enjoys privileges of any kind.

6. The failure of Dr. Scott to comply with the terms of this Consent Order shall constitute grounds for further discipline of his license to practice medicine and surgery in the State of West Virginia.

The foregoing was entered this 1st day of April, 2010.

WEST VIRGINIA BOARD OF MEDICINE



John A. Wade, Jr., M.D.,
President



Catherine Slemp, M.D., M.P.H.
Secretary

Thomas F Scott

Thomas Francis Scott, M.D.

Date: 3-24-10

STATE OF West Virginia

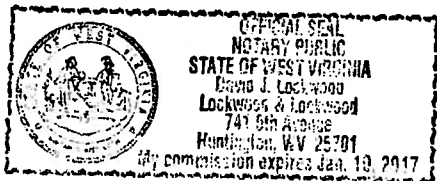
COUNTY OF Cabell, to wit:

I, David Lockwood, a Notary Public for said county and state

do hereby certify that Thomas Francis Scott, M.D., whose name is signed above, has this day acknowledged the same before me.

Given under my hand this 23rd day of March, 2010.

My commission expires 1/10/17.



David Lockwood
Notary Public

BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN RE: DOYLE RUSSELL SICKLES, M.D.

AMENDED CONSENT ORDER

The West Virginia Board of Medicine ("Board") and DOYLE RUSSELL SICKLES, M.D. ("Dr. Sickles") , freely and voluntarily enter into the following Amended Consent Order pursuant to the provisions of W.Va. Code § 30-3-14, *et seq.*:

FINDINGS OF FACT

1. Dr. Sickles formerly held a license to practice medicine and surgery in the State of West Virginia, License No. 12344, issued originally in 1980, and his address of record is in Bridgeport, West Virginia.
2. On March 23, 2007, Dr. Sickles was adjudged guilty of multiple violations of Title 26, United States Code, Section 7201 and Title 18, United States Code, Section 2, including two (2) counts of filing a false tax return, and three (3) counts of aiding and abetting tax evasion, in the case of *United States of America v. Doyle R. Sickles, M.D.*, Criminal Case No. 1:06-CR-36, in the United States District Court for the Northern District of West Virginia.
3. On May 14, 2007, the Complaint Committee of the Board initiated a Complaint against Dr. Sickles based upon the "Judgment Order" entered in the United States District Court.
4. By correspondence dated June 14, 2007, Dr. Sickles responded to the allegations in the Complaint and acknowledged his wrongdoing.
5. The violation of Title 18, United States Code, Section 2, is a felony.
6. Effective September 4, 2007, Dr. Sickles was incarcerated for his felony conviction.

7. On October 31, 2007, Dr. Sickles entered into a Consent Order (“Consent Order”) with the Board to settle and terminate any dispute with the Board as a result of his felony conviction (attached hereto).

8. Dr. Sickles has completed his period of incarceration and now desires to return to the active practice of medicine.

9. Pursuant to the Consent Order, Dr. Sickles appeared before the Complaint Committee on May 9, 2010, with a written plan of employment and professional activity as well as a proposed course of action to ensure that he is fully prepared to return to the active practice of medicine.

10. After meeting with Dr. Sickles, the Complaint Committee determined that appropriate conditions, accommodations, limitations and/or restrictions are necessary to ensure that Dr. Sickles is fully capable of practicing medicine and surgery in the State of West Virginia, with a reasonable degree of skill and safety for his patients.

CONCLUSIONS OF LAW

1. The Board has a mandate pursuant to W.Va. Code §30-3-1 to protect the public interest.

2. Prior to the entry of the Consent Order on October 31, 2007, the Board determined previously that probable cause existed to substantiate charges of disqualification from the practice of medicine due to violations of W.Va. Code §30-3-14(c)(2) and (17), and violations of West Virginia Legislative Rules, West Virginia Board of Medicine, 11 CSR 1A 12.1(e), (j) and (o), all relating to conviction of a crime which is a felony, failure to perform a legal or statutory obligation placed upon a physician, and unprofessional conduct.

3. The Board determined previously that it was appropriate and in the public interest to proceed without the filing of formal charges in a Complaint and Notice of Hearing and to settle and terminate any dispute with Dr. Sickles based on his conviction by entering into the Consent Order, providing Dr. Sickles complied with every term of the Consent Order.

4. The Board has determined that it is now appropriate and in the public interest to enter into this Amended Consent Order.

5. This Amended Consent Order between the Board and Dr. Sickles supersedes the prior Consent Order entered on October 31, 2007, between the Board and Dr. Sickles.

CONSENT

DOYLE RUSSELL SICKLES, M.D., by affixing his signature hereon, agrees solely and exclusively for purposes of this agreement and the entry of the Order provided for and stated herein, and proceedings conducted in accordance with this Order, to the following:

1. Dr. Sickles acknowledges that, prior to the entry of the October 31, 2007, Consent Order, he had the following rights, among others: the right to a formal hearing held in accordance with W.Va. Code §30-3-14(h) and §29A-5-1, *et seq.*; the right to reasonable notice of said hearing; the right to be represented by counsel at his own expense; and the right to cross-examine witnesses against him.

2. By entering into the Consent Order on October 31, 2007, relative to his practice of medicine and surgery in the State of West Virginia, Dr. Sickles waived all rights to such a hearing.

3. Dr. Sickles now consents to the entry of this Amended Consent Order, which supersedes the Consent Order entered on October 31, 2007.

4. Dr. Sickles further understands that this Amended Consent Order is considered public information, and that matters contained herein may be reported, as required by law, to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

ORDER

WHEREFORE, on the basis of the foregoing Findings of Fact and Conclusions of Law of the Board, and on the basis of the consent of Dr. Sickles, the West Virginia Board of Medicine hereby **ORDERS** as follows:

1. Upon entry of this Order, the **REVOCATION** of Dr. Sickles' license to practice medicine is hereby **STAYED** by the Board and Dr. Sickles is hereby placed on **PROBATION** immediately for a period of three (3) years, and Dr. Sickles may resume his practice of medicine and surgery, subject to the following conditions, limitations and/or accommodations:

a. Dr. Sickles must undergo a visiting residency under the tutelage of a physician and program approved by the Board, and Dr. Sickles shall have the Supervising Physician(s) submit in writing to the Board the physicians' assessment of Dr. Sickles' performance and successful completion of the residency;

b. Prior to acting as the first or lead surgeon on any case, or practicing medicine and surgery generally, Dr. Sickles must assist with five (5) total hip surgeries, five (5) total knee surgeries, and five (5) other orthopedic surgeries. Dr. Sickles is to assist only on these surgeries, and proof of which shall be submitted to the Board by a physician/surgeon who is a chair or department head indicating their satisfaction with Dr. Sickles' knowledge base and skill sets;

c. After Dr. Sickles has completed the requirements of paragraph 1.b., above, he shall perform orthopedic surgeries in the presence of and with the direct supervision of the physician supervisor approved by the Board and described in paragraphs 1.b., above. This requirement shall continue in duration at the discretion of the supervising physicians and shall be concluded only once the supervising physicians are satisfied with Dr. Sickles' knowledge base and skill sets and have indicated the same in writing to the Board;

d. While undergoing the visiting residency program described above all operative reports and office visit notes shall be signed by both Dr. Sickles and the supervising physician and an appropriate note shall be made about the supervision;

e. During the period of the visiting residency described above, Dr. Sickles shall not practice medicine generally or in any way not described specifically in the program submitted to and approved by the Board. Once Dr. Sickles has completed the visiting residency program as submitted to and approved by the Board, Dr. Sickles shall have the supervising physicians indicate Dr. Sickles'

successful completion, in writing to the Board, at which point Dr. Sickles may proceed to practice medicine and surgery generally, subject to the stayed revocation and period of probation described in paragraph 1 above, which shall remain in effect.

f. During the period of Probation, Dr. Sickles shall provide the Board with a copy of any and all federal and state tax returns and/or filings at the time of the filing.

2. During the three (3) year period of Probation, Dr. Sickles must comply with all laws and rules pertaining to the practice of medicine, and if, in the opinion of the Board, in its sole discretion, he does not do so, the stay of revocation shall be terminated and dissolved immediately upon written notice of the same to Dr. Sickles, without any further hearing or process.

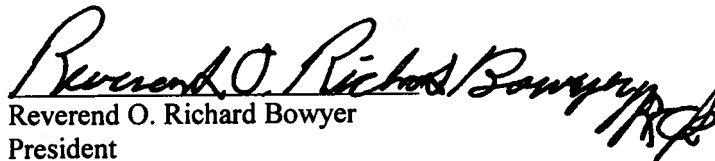
3. Upon successful completion of all of the above requirements, including the three (3) year period of Probation, as determined by the Board, the license to practice medicine and surgery of Dr. Sickles shall be reinstated by the Board to an unrestricted, active license.

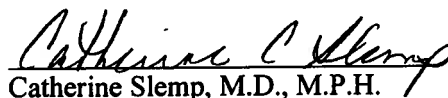
4. Dr. Sickles shall provide a copy of this Amended Consent Order to any prospective employer or health care or medical facility where he seeks to practice medicine.

The foregoing "Amended Consent Order" of DOYLE RUSSELL SICKLES, M.D., was:

Entered this 9th day of August, 2010.

WEST VIRGINIA BOARD OF MEDICINE


Reverend O. Richard Bowyer
President


Catherine Slomp, M.D., M.P.H.
Secretary

Doyle Russell Sickles, M.D.
Doyle Russell Sickles, M.D.

Date: 8-5-10

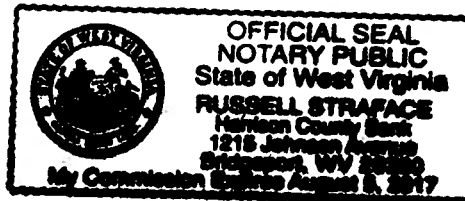
STATE OF West Virginia
COUNTY OF Harrison, to-wit:

I, Russell Straface, a Notary Public for said county and state do hereby certify that Doyle Russell Sickles, M.D., whose name is signed above, has this day acknowledged the same before me.

Given under my hand this 5th of August, 2010.

My Commission expires August 5, 2017

Russell B. Straface
Notary Public



BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN RE: DOYLE RUSSELL SICKLES, M.D.

CONSENT ORDER

The West Virginia Board of Medicine ("Board") and DOYLE RUSSELL SICKLES, M.D. ("Dr. Sickles"), freely and voluntarily enter into the following Consent Order pursuant to the provisions of W. Va. Code § 30-3-14, *et seq.*:

FINDINGS OF FACT

1. Dr. Sickles currently holds a license to practice medicine and surgery in the State of West Virginia, License No. 12344, issued originally in 1980, and his address of record with the Board is in Bridgeport, West Virginia.
2. On March 23, 2007, Dr. Sickles was adjudged guilty of multiple violations of Title 26, United States Code, Section 7201 and Title 18, United States Code, Section 2, including two (2) counts of filing a false tax return, and three (3) counts of aiding and abetting tax evasion, in the case *United States of America v. Doyle R. Sickles, M.D.*, Criminal Case No. 1:06-CR-36, in United States District Court, Northern District of West Virginia.
3. On May 14, 2007, the Complaint Committee of the Board initiated a Complaint against Dr. Sickles based upon the "Judgment Order" entered in the United States District Court.
4. By correspondence dated June 14, 2007, Dr. Sickles responded to the allegations in the Complaint and acknowledged his wrongdoing.

5. The violation of Title 18, United States Code, Section 2, is a felony.
6. Effective September 4, 2007, Dr. Sickles was incarcerated for his felony conviction.
7. Dr. Sickles now desires to enter into this Consent Order in order to settle and terminate any dispute with the Board as a result of his conviction as set forth in paragraph two (2) hereof.

CONCLUSIONS OF LAW

1. The Board has a mandate pursuant to W. Va. Code § 30-3-1 to protect the public interest.
2. Probable cause exists to substantiate charges of disqualification from the practice of medicine due to violations of W. Va. Code § 30-3-14(c)(2) and (17), and violations of West Virginia Legislative Rules, West Virginia Board of Medicine, 11 CSR 1A 12.1(e), (j) and (o), all relating to conviction of a crime which is a felony, failure to perform a legal or statutory obligation placed upon a physician, and unprofessional conduct.
3. The Board has determined that it is appropriate and in the public interest to proceed without the filing of formal charges in a Complaint and Notice of Hearing, and to settle and terminate any dispute with Dr. Sickles based on his conviction, as set forth in paragraph two (2) of the Findings of Fact, by entering into this Consent Order with Dr. Sickles, and provided he complies with each and every term of this Consent Order.

CONSENT

DOYLE RUSSELL SICKLES, M.D., by affixing his signature hereon, agrees solely and exclusively for purposes of this agreement and the entry of the Order provided for and stated herein, and proceedings conducted in accordance with this Order, to the following:

1. Dr. Sickles acknowledges that he is fully aware that, without his consent, no permanent legal action may be taken against him except after a hearing held in accordance with W. Va. Code § 30-3-14(h) and W. Va. Code § 29A-5-1, *et seq.*

2. Dr. Sickles further acknowledges that he has the following rights, among others: the right to a formal hearing before the West Virginia Board of Medicine, the right to reasonable notice of said hearing, the right to be represented by counsel at his own expense, and the right to cross-examine witnesses against him.

3. Dr. Sickles waives all rights to such a hearing.

4. Dr. Sickles consents to the entry of this Order relative to his practice of medicine in the State of West Virginia.

5. Dr. Sickles understands that this Order is considered public information and that matters contained herein may be reported, as required by law, to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

ORDER

WHEREFORE, on the basis of the foregoing Findings of Fact and Conclusions of Law of the Board, and on the basis of the consent of Dr. Sickles, the West Virginia Board of Medicine hereby **ORDERS** as follows:

1. The license to practice medicine and surgery of Dr. Sickles, License No. 12344, is hereby **REVOKED**, effective immediately upon entry of this Order, and continuing for the duration of the incarceration to which he is sentenced as a result of the conviction described herein, and until such time as the Board can determine, in its sole discretion, that he is fully prepared to return to the active practice of medicine.

2. Before Dr. Sickles may return to the active practice of medicine following his release from incarceration, he must first appear before the Complaint Committee of the Board and must establish to the Committee that he is fully prepared to return to the active practice of medicine.

3. Prior to any appearance by Dr. Sickles before the Committee, Dr. Sickles must present a written plan of employment and/or professional activity to the Committee, which is a predicate to any further action by the Committee or the Board in connection with his license to practice medicine.

4. Upon successful completion of all of the above requirements, and upon a determination and recommendation by the Committee that Dr. Sickles is fully prepared to return to the active practice of medicine, the revocation of Dr. Sickles' license to practice medicine shall be **STAYED** by the Board, Dr. Sickles shall be placed on **PROBATION** immediately, for a period of three (3) years, and Dr. Sickles may resume his practice of medicine and surgery, subject to any additional conditions, limitations or accommodations required by the Committee.

5. During the three (3) year period of Probation, Dr. Sickles must comply with all laws and rules pertaining to the practice of medicine and if, in the opinion of the Board, he does not do so, the stay of revocation shall be terminated and dissolved immediately upon written notice of the same to Dr. Sickles.

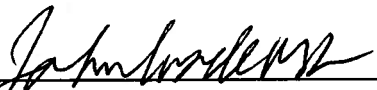
6. Upon successful completion of all of the above requirements, including the three (3) year period of Probation, as determined by the Board, the license to practice medicine and surgery of Dr. Sickles shall be reinstated by the Board.

7. Dr. Sickles shall provide a copy of this Consent Order to any employer or health care or medical facility where Dr. Sickles was practicing medicine immediately prior to incarceration, and during the period that this Consent Order is in effect, Dr. Sickles shall provide a copy of this Consent Order to any prospective employer or health care or medical facility where he seeks to practice medicine.

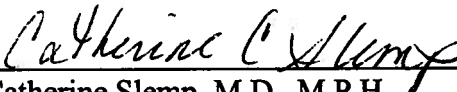
The foregoing "Consent Order" of DOYLE RUSSELL SICKLES, M.D., was:

Entered this 31st day of October, 2007.

WEST VIRGINIA BOARD OF MEDICINE



John A. Wade, Jr., M.D.
President

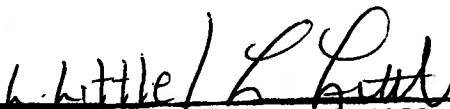


Catherine Slemp, M.D., M.P.H.
Secretary



DOYLE RUSSELL SICKLES, M.D.

Date: 10/24/07



L. Little, Case Manager
Authorized By The Act of July 7, 1955, as amended, to
administer oaths (18 U.S.C § 4004).

October 24, 2007

BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN RE: LUIS E. SORIANO-ULLOA, M.D.

CONSENT ORDER

The West Virginia Board of Medicine ("Board") and Luis E. Soriano-Ulloa, M.D. ("Dr. Soriano-Ulloa"), freely and voluntarily enter into the following Consent Order pursuant to the provisions of W. Va. Code § 30-3-14, *et seq.*:

FINDINGS OF FACT

1. Dr. Soriano-Ulloa currently holds a license to practice medicine and surgery in the State of West Virginia, License No. 12186, issued originally in 1980. Dr. Soriano-Ulloa's address of record is in Buckeye, West Virginia.
2. In January 2010, Dr. Soriano-Ulloa was the subject of a random audit by the Board to determine whether he had completed the required minimum number of fifty (50) hours of Continuing Medical Education ("CME") coursework, as described in 11 CSR 6 2.2, including two (2) hours in the subject of end-of-life care and pain management, as described in W. Va. Code § 30-1-7a, during the licensure period from July 1, 2007, to June 30, 2009.
3. In Dr. Soriano-Ulloa's licensure renewal application for the period from July 1, 2009, to June 30, 2011, submitted to the Board and dated May 19, 2009, Dr. Soriano-Ulloa represented that he had completed the required minimum number of fifty (50) hours of CME coursework, including two (2) hours of CME coursework in the subject of end-of-life care and pain management, during the preceding licensure period from July 1, 2007, to June 30, 2009.

4. The random audit revealed that Dr. Soriano-Ulloa had completed at least fifty (50) hours of approved CME coursework during the preceding licensure period from July 1, 2007, to June 30, 2009, but had failed to complete two (2) hours of CME coursework in the subject of end-of-life care, including pain management.

5. In May 2010, the Complaint Committee of the Board initiated a Complaint against Dr. Soriano-Ulloa based upon his apparent deficiency of two (2) hours of CME in the subject of end-of-life care, including pain management, and his certification that he had completed the same during the preceding licensure period from July 1, 2007, to June 30, 2009.

6. On May 24, 2010, Dr. Soriano-Ulloa responded to the Complaint submitting a certificate indicating that he completed the required coursework in the subject of end-of-life care, including pain management on May 18, 2010.

CONCLUSIONS OF LAW

1. The Board has a mandate pursuant to the West Virginia Medical Practice Act to protect the public interest. W. Va. Code § 30-3-1.

2. Probable cause may exist to substantiate charges against Dr. Soriano-Ulloa pursuant to W. Va. Code § 30-3-14 (c)(17) and 11 CSR 1A 12.1 (e) and (j), relating to unprofessional conduct, and W. Va. Code § 30-3-14 (c)(1) and (17), 11 CSR 1A 12.1 (a), and 11 CSR 6 4.2 and 4.4, relating to the renewal of a license to practice medicine and surgery by making an incorrect statement in connection with a licensure application.

3. The Board has determined that it is appropriate and in the public interest to waive the commencement of proceedings against Dr. Soriano-Ulloa and to proceed without

the filing of formal charges in a Complaint and Notice of Hearing, provided Dr. Soriano-Ulloa complies with the terms and conditions set forth herein.

CONSENT

Luis Soriano-Ulloa, M.D., by affixing his signature hereon, agrees solely and exclusively for purposes of this agreement and the entry of the Order provided for and stated herein, and the proceedings conducted in accordance with this Order, to the following:

1. Dr. Soriano-Ulloa acknowledges that he is fully aware that, without his consent here given, no permanent legal action may be taken against him except after a hearing held in accordance with W. Va. Code § 30-3-14 (h) and W. Va. Code § 29A-5-1, *et seq.*;

2. Dr. Soriano-Ulloa further acknowledges that he has the following rights, among others: the right to a formal hearing before the West Virginia Board of Medicine, the right to reasonable notice of said hearing, the right to be represented by counsel at his own expense, the right to cross-examine witnesses against him, and the right to appeal under Chapter 29A of the West Virginia Code in the event of a final order or decision adverse to him;

3. Dr. Soriano-Ulloa waives all such rights;

4. Dr. Soriano-Ulloa consents to the entry of this Order relative to his practice of medicine and surgery in the State of West Virginia; and

5. Dr. Soriano-Ulloa understands that this Order is considered public information.

ORDER

WHEREFORE, on the basis of the foregoing Findings of Fact and Conclusions of Law of the Board, and on the basis of the consent of Dr. Soriano-Ulloa, the West Virginia Board of Medicine hereby **ORDERS** as follows:

1. The CME credits submitted by Dr. Soriano-Ulloa on May 24, 2010, shall not be applied or transferred to any subsequent renewal period. However, by completing this CME, Dr. Soriano-Ulloa will be deemed to have met the one-time requirement for completion of this particular coursework.

2. Dr. Soriano-Ulloa shall also pay a **CIVIL FINE** in the amount of one hundred dollars (\$100.00) per credit hour for his prior deficiency of two (2) hours of CME in the subject of end-of-life care, including pain management, for the licensure renewal period from July 1, 2007, to June 30, 2009, together with a one-time **ADMINISTRATIVE FEE** in the amount of one hundred dollars (\$100.00), for a total of **three hundred dollars (\$300.00)**, which fine and administrative fee shall be received by the Board on or before September 15, 2010.

3. In the event that Dr. Soriano-Ulloa fails to comply with the requirement stated in the preceding paragraph of this Order, his license to practice medicine in the State of West Virginia shall be **SUSPENDED**, effective immediately, without further process or hearing, pending his successful completion of this requirement, as agreed to by him, and as required by this Order.

4. Upon the Board's determination that Dr. Soriano-Ulloa is in full compliance with the terms and conditions of this Consent Order, the Complaint against him shall be dismissed immediately.

The foregoing Order was entered this 31st day of July, 2010.

WEST VIRGINIA BOARD OF MEDICINE

Reverend O. Richard Bowyer
Reverend O. Richard Bowyer

President

Catherine Slemp, M.D., M.P.H.
Catherine Slemp, M.D., M.P.H.
Secretary

Luis E. Soriano-Ulloa
Luis E. Soriano-Ulloa, M.D.

Date: July 28, 2010

STATE OF West Virginia

COUNTY OF Pocahontas

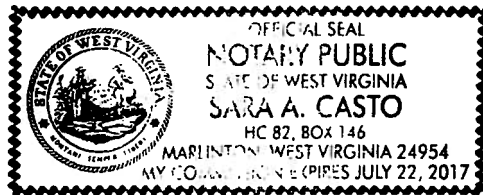
I, Sara A. Casto, a Notary Public in and for said county and

state do hereby certify that Luis E. Soriano-Ulloa, M.D., whose name is signed above, has this day acknowledged the same before me.

Given under my hand this 28 day of July, 2010.

My commission expires July 22, 2017.

Sara A. Casto
Notary Public



BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN RE:

RONALD LEE THOMAS, M.D.

CONSENT ORDER

The West Virginia Board of Medicine (“Board”) and Ronald Lee Thomas, M.D., (“Dr. Thomas”) freely and voluntarily enter into the following Consent Order pursuant to W. Va. Code § 30-3-14, *et seq.*

FINDINGS OF FACT

1. Dr. Thomas held License Number 20749 in the State of West Virginia, which license has been in an automatically suspended status since July 1, 2007, for not submitting required continuing medical education information, and Dr. Thomas’s address of record with the Board is in Pittsburgh, Pennsylvania.

2. In October 2009, Dr. Thomas requested reactivation of his license to practice medicine and surgery in the State of West Virginia, and in the course of submitting documents in support of such licensure, it became evident that Dr. Thomas had provided false information on both his 2003 and 2005 license renewal applications, when he attested on each that he had completed the mandatory two (2) hours of continuing medical education coursework in the subject of end-of-life care, including pain management.

3. Dr. Thomas meets the requirements for active licensure under the West Virginia Medical Practice Act, as he acquired continuing medical education hours in end-of-life care including pain management in December 1, 2009, but for him to receive reactivation of his license without an appropriate condition and limitation upon his active license, under all the circumstances of this case, could adversely affect the health and welfare of patients.

CONCLUSIONS OF LAW

1. Probable cause exists to deny Dr. Thomas an active license to practice medicine and surgery in this State due to the provisions of W. Va. Code § 30-3-14(c)(17) and 11 CSR 1A 12.1(a), relating to presenting false statements in connection with an application for a license.

2. The Board determined that under all of the circumstances it is appropriate to grant Dr. Thomas an active license to practice medicine and surgery in the State of West Virginia, provided he agrees to this action against his license.

3. It is appropriate to waive the commencement of proceedings against Dr. Thomas and to proceed without the filing of formal charges in a Complaint and Notice of Hearing, provided he complies with the condition and limitation set forth herein.

CONSENT

Ronald Lee Thomas, M.D., by affixing his signature hereon, agrees solely and exclusively for purposes of this agreement and the entry of the Order provided for

and stated herein, and proceedings conducted in accordance with this Order to the following:

1. Dr. Thomas acknowledges that he is fully aware that, without his consent, no permanent legal action may be taken against him except after a hearing held in accordance with W. Va. Code § 30-3-14(h) and §29A-5-1, *et seq.*;
2. Dr. Thomas acknowledges that he has the following rights, among others: the right to a formal hearing before the West Virginia Board of Medicine, the right to reasonable notice of said hearing, the right to be represented by counsel at his own expense, the right to cross-examine witnesses against him, and the right to appeal under Chapter 29A of the West Virginia Code in the event of a final order or decision adverse to him;
3. Dr. Thomas waives all such rights;
4. Dr. Thomas consents to the entry of this Order relative to his practice of medicine in the State of West Virginia; and,
5. Dr. Thomas understands that this Order is considered public information.

ORDER

WHEREFORE, on the basis of the foregoing Findings of Fact and Conclusions of Law of the Board, and on the basis of the consent of Dr. Thomas, the West Virginia Board of Medicine hereby **ORDERS** as follows:


1. Dr. Thomas is granted **ACTIVE** status for his currently automatically suspended license to practice medicine and surgery in the State of West Virginia, License Number 20749, effective upon date of entry of this Consent Order.

2. Dr. Thomas shall pay three-hundred dollars (\$300) for providing false information to the Board on two (2) applications submitted to the Board, as set forth in the Findings of Fact of this Consent Order.

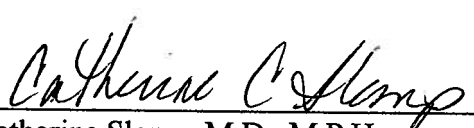
3. On or before March 26, 2010, Dr. Thomas shall pay to the Board three-hundred dollars (\$300), two-hundred dollars (\$200) of which is designated a fine for his deficiency of two (2) hours of continuing education in end-of-life care including pain management during the required periods, one-hundred dollars (\$100) of which is designated administrative costs, the receipt of which three-hundred dollars (\$300) is acknowledged by the signatures of the President and Secretary hereon.

The foregoing was entered this 15th day of March, 2010.


WEST VIRGINIA BOARD OF MEDICINE



John A. Wade, Jr., M.D.
President



Catherine Slemp, M.D., M.P.H.
Secretary



Ronald Lee Thomas, M.D.

Date: 5 MARCH 2010

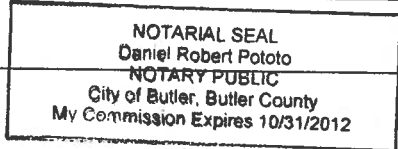
STATE OF Pennsylvania

COUNTY OF Butler, to-wit:

I, Daniel R. Pototo, a Notary Public for said county and state do hereby certify that Ronald Lee Thomas, M.D., whose name is signed on the previous page has this day acknowledged the same before me.

Given under my hand this 5 day of February, 2010.

My Commission expires _____



Daniel Robert Pototo
Notary Public

BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN RE: JOHN THEODORE TIANO, M.D.

**ORDER OF REVOCATION OF LICENSE
TO PRACTICE MEDICINE AND SURGERY**

1. John Theodore Tiano, M.D., (“Dr. Tiano”) holds a license to practice medicine in the State of West Virginia, Number 21730, issued originally in 2004. Dr. Tiano’s address of record with the West Virginia Board of Medicine (“Board”) is in Lost Creek, West Virginia. Since December 1, 2008, Dr. Tiano has been under a three (3) year probation with the West Virginia Board of Medicine pursuant to a Consent Order entered December 11, 2008. One of the requirements of the Consent Order is that he “cooperate fully with Federal and State agencies.” (Exhibit 1, incorporated by reference herein.)

2. On December 15, 2009, in the United States District Court, Southern District of West Virginia, at Charleston, Dr. Tiano entered a plea of guilty to a two (2) count Information in United States of America v. John Theodore Tiano, Criminal No. 2:09-00259. He entered a plea of guilty to 21 U.S.C. § 846, Conspiracy to Use a DEA Registration Number to Distribute Controlled Substances in violation of 21 U.S.C. § 843 (a)(2), and he entered a plea of guilty to 18 U.S.C. §§ 1347 and 2, Aiding and Abetting Health Care Fraud. The Court accepted the guilty pleas, finding that there was a basis in fact for the pleas. (Exhibit 2, Transcript of Proceedings Before the Honorable John T. Copenhaver, Jr., United States District Judge, United States of America, v. John

Theodore Tiano, Criminal No, 2:09-00259, December 15, 2009, incorporated by reference herein, p. 57).

3. Dr. Tiano was questioned by the Honorable John T. Copenhaver, Jr., at the hearing and Dr. Tiano confirmed that while he was pursuing his medical education in Huntington, and not present during the day at the Justice Medical Clinic (JMC), from December 2005, through March 2007, a nurse practitioner or physician assistant saw patients at the Justice Medical Clinic and that without Dr. Tiano seeing the patient or the patient's medical record, he would pre-sign prescriptions for larger amounts of controlled substances than the nurse practitioners or physician assistants were allowed to prescribe and then the prescriptions would be faxed to a pharmacy (Sav-Rite). (Exhibit 2, pp. 5-7, 38-40, 49).

4. At the hearing, the Assistant United States Attorney stated that there was a binder that's "nine, ten inches thick that is simply a printout from the West Virginia Board of Pharmacy that shows all the prescriptions that were issued under Dr. Tiano's number for controlled substances while he was associated with Justice Medical Clinic." (Exhibit 2, Transcript, pp. 61-62).

5. A certified copy of the Guilty Plea filed on December 15, 2009, in the case United States of America v. John Theodore Tiano, M.D., in Criminal Action No. 2:09-00259, with a ten (10) page letter of November 17, 2009, signed by the parties, and a four (4) page Information ("Plea Agreement Exhibit A") and a six (6) page Stipulation of Facts ("Plea Agreement Exhibit B") are incorporated by reference herein as Exhibit 3.

6. In the Stipulation of Facts, "Plea Agreement Exhibit B" fact 25, states as follows:

Defendant knew that the controlled substance prescriptions issued through the JMC under his name and DEA number included:

- (a) hydrocodone, a Schedule III controlled substance which is a favorite of drug seekers and is commonly abused, traded, or sold “on the streets” for a profit; and
- (b) alprazolam, also known as “Xanax,” a Schedule IV anti-anxiety medication which is often requested in combination with hydrocodone by drug seekers for the heightened effect the combination produces and is commonly abused, traded, or sold “on the streets” for a profit. (Exhibit 3, “Plea Agreement Exhibit B”, p. 5).

7. On May 25, 2010, at the Sentencing Hearing in Charleston, the Honorable John T. Copenhaver, Jr., Judge of the United States District Court, Southern District of West Virginia, stated to Dr. Tiano: “You permitted substantial mischief to be done in the community at large in the area where these massive amounts of drugs were allowed to be distributed. Throughout the presentence report, reference is made to the pill mill at Justice Medical Clinic and the virtual abandon with which drugs were prescribed by those who were employed is there. That was your responsibility while you were in charge to see that that didn’t happen.” (Exhibit 4, Transcript of Proceedings Before the Honorable John T. Copenhaver, Jr., United States District Judge, United States of America, v. John T. Tiano, Criminal No. 2:09-00259, May 25, 2010, p. 51, incorporated by reference herein).

8. On May 25, 2010, Judge Copenhaver further stated at the Sentencing Hearing that “I was surprised to learn in the report a couple of things. One had to do with the number of prescriptions that Sav-Rite Pharmacy received in 2006 during the heart of your stay there or your association there. During that year, there were 3,194, 400 dosages

of hydrocodone. That made the pharmacy rank 22nd in the United States in the sales at that particular pharmacy, and as compared to the average sold per pharmacy that year of 97,431. It simply gives one some scope of the magnitude of that which was taking place.” (Exhibit 4, Transcript, pp. 51-52).

9. On May 25, 2010, Judge Copenhaver imposed Judgment, and on May 26, 2010, Judge Copenhaver entered Judgment in a Criminal Case whereby Dr. Tiano was sentenced to one (1) year and one (1) day in prison, and upon release, a three (3) year term of supervised release, as well as making restitution of \$119, 785.57, to be paid at the rate of \$250 per month. (A certified copy of the May 26, 2010, Judgment in a Criminal Case in United States of America v. John Theodore Tiano, M.D., Case No: 2:09-00259 is incorporated by reference herein as Exhibit 5).

10. Under the provisions of 21 U.S.C. § 846 and 21 U.S.C. § 843(a)(2) and 18 U.S.C. § 3559(a)(5), a violation of 21 U.S.C. § 843 (a)(2) is a felony.

11. Under the provisions of West Virginia Code § 30-3-14(d):

The board...shall revoke the license of any physician...licensed...within this state who, is found guilty by any court of competent jurisdiction of any felony involving prescribing, selling, administering, dispensing, mixing or otherwise preparing any prescription drug, including any controlled substance under state or federal law, for other than generally accepted therapeutic purposes. Presentation to the board of a certified copy of the guilty verdict or plea rendered in the court is sufficient proof thereof for the purposes of this article.

12. Copies of the above referenced documents, Exhibits 1 through 5, all having been presented to the Board of Medicine at its regular meeting of the Board on September 13, 2010, where a quorum of the Board was present and voting, the Board

determined that Dr. Tiano has been found guilty by a court of competent jurisdiction of a felony involving prescribing a prescription drug including a controlled substance (hydrocodone and alprazolam) under state or federal law for other than generally accepted therapeutic purposes.


13. The Board concluded as a matter of law, the license to practice medicine of Dr. Tiano, License No. 21730, must be REVOKED under the provisions of West Virginia Code § 30-3-14(d), and accordingly, the Board voted in accordance with Board Rule 11 CSR 3 7 at said regular meeting to REVOKE the license to practice medicine and surgery of Dr. Tiano, effective September 15, 2010. Dr. Jimenez abstained from the vote.


WHEREFORE, it is ORDERED that the license to practice medicine and surgery of John Theodore Tiano, M.D., License No. 21730, issued by the Board in 2004, is REVOKED, effective September 15, 2010.

Entered this 13th day of September, 2010.

WEST VIRGINIA BOARD OF MEDICINE


Reverend O. Richard Bowyer
President


Michael L. Ferree, M.D.
Vice President


Catherine Slemp, M.D., M.P.H.
Secretary

BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN RE: JOHN THEODORE TIANO, M.D.

CONSENT ORDER

The West Virginia Board of Medicine ("Board") and John Theodore Tiano, M.D. ("Dr. Tiano") freely and voluntarily enter into the following Consent Order pursuant to the provisions of W. Va. Code § 30-3-14, et seq.

FINDINGS OF FACT

1. Dr. Tiano currently holds a license to practice medicine and surgery in the State of West Virginia, License No. 21730, issued originally in 2004. Dr. Tiano's address of record with the Board is in Huntington, West Virginia.
2. On September 10, 2007, the Complaint Committee of the Board initiated a complaint based on an anonymous report received regarding the purported actions of Dr. Tiano at The Justice Clinic located in Wayne County, West Virginia. The report alleges certain unprofessional and unethical conduct on the part of Dr. Tiano, including, but not limited to, prescribing or dispensing excessive amounts of prescription drugs other than in good faith, and in a therapeutic manner in accordance with accepted medical standards.
3. The Complaint Committee of the Board began an investigation of the complaint and on October 11, 2007, a response to the complaint was received at the Board offices from Dr. Tiano wherein he denied the allegations of the initiated complaint and listed a number of positive aspects of the clinic.

EXHIBIT 1

4. The Complaint Committee requested further investigation, the investigation continued and in September, 2008, Dr. Tiano appeared before the Complaint Committee for an informal conference and a full discussion relating to the complaint and the ongoing investigation.

5. Following the discussion with Dr. Tiano, the Complaint Committee of the Board reviewed all of the information received with respect to the complaint, subpoenaed and reviewed additional materials from Marshall University in Huntington, West Virginia, and determined that there was evidence of prescribing, dispensing, or administering a prescription drug other than in good faith and in a therapeutic manner in accordance with accepted medical standards, and failing to practice medicine acceptably.

6. Both parties now desire to enter into this Consent Order in order to settle and terminate this matter.

CONCLUSIONS OF LAW

1. The Board has a mandate pursuant to the West Virginia Medical Practice Act to protect the public interest. W. Va. Code § 30-3-1.

2. Probable cause exists to substantiate charges against Dr. Tiano for violations of W. Va. Code § 30-3-14(c)(13) and (17) and 11 CSR 1A 12.1(e), (j), and (x), all relating to prescribing, dispensing, or administering a prescription drug other than in good faith and in a therapeutic manner in accordance with accepted medical standards, and failing to practice medicine acceptably.

3. The Board has determined that it is appropriate and in the public interest to waive the commencement of proceedings against Dr. Tiano and to proceed without the filing of formal charges in a Complaint and Notice of Hearing, provided Dr. Tiano enters into this Consent Order.

CONSENT

Dr. Tiano, by affixing his signature hereon, agrees solely and exclusively for purposes of this agreement and the entry of the Order provided for and stated herein, and the Proceedings conducted in accordance with this Order, to the following:

1. Dr. Tiano acknowledges that he is fully aware that, without his consent here given, no permanent legal action may be taken against him except after a public hearing held in accordance with W. Va. Code § 30-3-14(h) and § 29A-5-1, et seq.

2. Dr. Tiano further acknowledges that he has the following rights, among others: the right to a formal public hearing before the Board, the right to reasonable notice of said hearing, the right to be represented by counsel at his own expense, and the right to cross-examine witnesses against him.

3. Dr. Tiano waives all rights to such a public hearing.

4. Dr. Tiano consents to the entry of this Order relative to his practice of medicine and surgery in the State of West Virginia.

5. Dr. Tiano understands that this Order is considered public information, and that matters contained herein may be reported, as required by law, to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

ORDER

WHEREFORE, on the basis of the foregoing Findings of Fact and Conclusions of Law of the Board, and on the basis of the Consent of Dr. Tiano, the West Virginia Board of Medicine hereby **ORDERS** as follows:

1. Effective December 1, 2008, the license to practice medicine and surgery in the State of West Virginia previously issued to Dr. Tiano, License No. 21730, is hereby placed on **PROBATION** for a period of three (3) years.

2. Dr. Tiano agrees to enroll in and successfully complete the intensive course in Controlled Substance Management at Case Western Reserve University School of Medicine, Cleveland, Ohio, offered December 2-5, 2008, and to document his successful completion of the same to the Board on or before December 31, 2008.

3. Dr. Tiano agrees to read and submit no later than March 30, 2009, a written report to the Complaint Committee summarizing the book Responsible Opioid Prescribing, A Physician's Guide, authored by Scott M. Fishman, M.D., which book has been sent free of charge to all West Virginia licensed physicians in 2008.

4. During the period of probation, Dr. Tiano agrees to confine his medical practice to cardiology and he will not engage in any "moonlighting" nor practice general or family medicine and he agrees not to work at or for the Justice Clinic in Wayne County, West Virginia.

5. During the period of probation, Dr. Tiano agrees to adhere to the Board's Policy for the Use of Controlled Substances for the Treatment of Pain adopted January 10, 2005.

6. No later than March 30, 2009, Dr. Tiano shall cause to be submitted to the Board a psychological evaluation sent directly to the Executive Director of the Board from a

licensed psychologist whom the Board has approved to conduct the evaluation.

7. Dr. Tiano shall appear before the Complaint Committee annually in November, 2009, 2010, and 2011, for a full discussion of his compliance with the terms of this Consent Order.

8. During the period of probation, Dr. Tiano shall comply with the provisions of the West Virginia Medical Practice Act and rules promulgated thereunder and Dr. Tiano shall cooperate fully with Federal and State agencies.

9. Dr. Tiano is **PUBLICLY REPRIMANDED** by the Board for his conduct in this matter.

10. No later than December 31, 2008, Dr. Tiano shall provide a copy of this Consent Order by certified mail, return receipt requested, to the proper licensing authority of any state or jurisdiction in which he currently holds a license to practice. Dr. Tiano further agrees to provide a copy of this Consent Order by certified mail, return receipt requested, at time of application to the proper licensing authority of any state in which he applies for licensure. Further, Dr. Tiano shall provide this Board with a copy of the return receipt of proof of notification within thirty (30) days of receiving that receipt.

11. If at any time during the period of probation the Board determines in its sole discretion, based upon credible evidence, that Dr. Tiano has not complied with the requirements of this Consent Order, the Complaint Committee may recommend to the Board that the **PROBATION** be **DISSOLVED** and the license of Dr. Tiano may be **REVOKED** by the Board without further hearing or process.

The foregoing Order was entered this 11th day of December, 2008.

WEST VIRGINIA BOARD OF MEDICINE

John A. Wade, Jr.
John A. Wade, Jr., M. D.
President

Catherine C. Slemp
Catherine Slemp, M.D., M.P.H.
Secretary

John Theodore Tiano
John Theodore Tiano, M. D.

Date: 12/1/08

STATE OF WEST VIRGINIA,

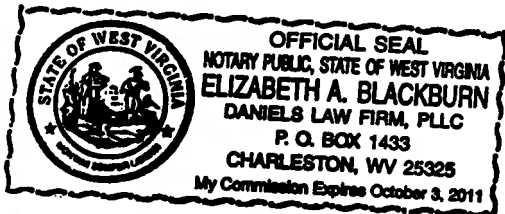
COUNTY OF Kanawha

Elizabeth A. Blackburn, a Notary Public in and for said county and state,
do hereby certify that John Theodore Tiano, M. D., whose name is signed on this page, has this
day acknowledged he same before me.

Given under my hand this 1st day of Dec., 2008.

My commission expires: 10/3/2011.

Elizabeth A. Blackburn
Notary Public



IN THE UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA
AT CHARLESTON

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-----X	
UNITED STATES OF AMERICA,	:
	:
v.	:
	:
JOHN THEODORE TIANO,	:
	:
Defendant.	:
-----X	

CRIMINAL NO. 2:09-00259
DECEMBER 15, 2009

TRANSCRIPT OF PROCEEDINGS
BEFORE THE HONORABLE JOHN T. COPENHAVER, JR.
UNITED STATES DISTRICT JUDGE

APPEARANCES:

FOR THE UNITED STATES: AUSA MONICA K. SCHWARTZ
U.S. Attorney's Office
P.O. Box 1713
Charleston, WV 25336

FOR THE DEFENDANT: J. TIMOTHY DIPIERO
HEATHER M. LANGELAND
604 Virginia Street, East
Charleston, WV 25301

PROBATION OFFICER: RUTH LOFTIS
U.S. Probation Office
300 Virginia Street East
Charleston, WV 25301

COURT REPORTER: BARBARA STEINKE, RMR
Post Office Box 75025
Charleston, WV 25375
(304) 347-3151

These proceedings were reported with use of a stenographic machine and transcribed with use of computer-aided transcription.

EXHIBIT 2

1 PROCEEDINGS 1:41 p.m.

2 THE CLERK: The case before the court is the *United*
3 *States of America versus John Theodore Tiano, M.D.*, Criminal
4 Number 2:09-00259. Would counsel note their appearance for the
5 record, please.

6 MS. SCHWARTZ: On behalf of the United States, Monica
7 Schwartz. With me at counsel table is Jim Lafferty of the FBI
8 and Dominic Grant of DEA.

9 MR. DIPIERO: And Tim DiPiero and Heather Langeland on
10 behalf of Dr. John Tiano who is also present.

11 THE COURT: Thank you.

12 Ms. Schwartz, the purpose of the hearing?

13 MS. SCHWARTZ: The purpose of the hearing, Your Honor,
14 is to present the court with a proposed plea agreement to a
15 two-count information whereby Dr. Tiano would plead guilty to
16 (a) a conspiracy to use a registration number to distribute
17 controlled substances in violation of 21, 843(a)(2), and also
18 (b) health care fraud in violation of 18 United States Code,
19 Sections 1347 and 2, aiding and abetting health care fraud.

20 THE COURT: The first violation in count one is a
21 violation of Title 21, United States Code, Section 846?

22 MS. SCHWARTZ: That's correct, Your Honor.

23 THE COURT: Thank you.

24 Let me ask you for the pronunciation on a drug that is
25 alprazolam or something like that.

1 MS. SCHWARTZ: It's alprazolam. It's commonly known as
2 Xanax.

3 THE COURT: Yes, but alprazolam is the correct
4 pronunciation of it.

5 MS. SCHWARTZ: Alprazolam.

6 THE COURT: Thank you.

7 Mr. DiPiero, is that your understanding as well as just
8 stated by Ms. Schwartz, that the defendant proposes to plead
9 guilty to the two-count information in this case?

10 MR. DIPIERO: Yes, Your Honor.

11 THE COURT: And that's pursuant to a plea agreement.

12 MR. DIPIERO: Yes, sir.

13 THE COURT: Thank you.

14 THE CLERK: Would the defendant please stand to be
15 sworn and raise your right hand.

16 (The defendant was sworn.)

17 **EXAMINATION OF JOHN TIANO, THE DEFENDANT**

18 **BY THE COURT:**

19 Q. Dr. Tiano, state your full name, please.

20 A. John Theodore Tiano.

21 Q. Would you stand, please.

22 A. Yes.

23 Q. I take it it's comfortable for you to stand?

24 A. Yes.

25 Q. And, again, your full name?

1 A. John Theodore Tiano.

2 Q. And how old are you?

3 A. Forty-one.

4 Q. And the extent of your education?

5 A. I have a medical doctorate degree from Marshall University
6 and then a residency and fellowship in cardio vascular medicine.

7 Q. Thank you. And I take it it's fair to say that you read and
8 read well.

9 A. Yes, sir.

10 Q. And write and write well.

11 A. Yes, sir.

12 Q. And were you able to read and understand the information in
13 this case?

14 A. Yes, sir.

15 Q. Both counts?

16 A. Yes, sir.

17 Q. As well as the plea agreement?

18 A. Yes.

19 Q. Now then, have you at any time in the last few years been
20 under the treatment of a physician or anyone for a serious
21 physical illness or ailment of any kind?

22 A. No, sir.

23 Q. Have you ever had occasion to consult or be under the
24 treatment of a psychiatrist, physician, counselor, psychologist,
25 or anyone for a mental illness or emotional disorder of any

1 kind?

2 A. No, sir.

3 Q. Have you ever been under treatment for drug addiction?

4 A. No, sir.

5 Q. Have you had any sedatives, medication, or drugs during the
6 past 48 hours?

7 A. No, sir.

8 Q. With respect to the charges in the case set forth, as they
9 are, in the two-count information in this matter, do you have a
10 copy of that information before you?

11 A. Yes, sir.

12 Q. And I'm going to read it because I want to be sure you
13 understand what's charged and go over with you the essential
14 elements of the offense as to each count. And while I'm doing
15 that, you can be seated. And if as I'm reading it, if there is
16 anything about the charges you don't understand, I want you to
17 interrupt me in the middle of my reading of it and we'll take it
18 up right then. Do you promise to do that?

19 A. Yes, sir.

20 Q. Looking to the first count which reads as follows:

21 From 2005 and continuing to on or about March 31, 2007, at
22 or near Kermit in Mingo County, West Virginia, and within the
23 Southern District of West Virginia and elsewhere, defendant John
24 Theodore Tiano, M.D., and other individuals known to the United
25 States Attorney, knowingly conspired to commit offenses in

1 violation of Title 21, United States Code, Section 843(a)(2),
2 that is, knowingly and intentionally causing others to use a
3 registration number which was issued to him, in the course of
4 the distribution of, and for the purpose of acquiring and
5 obtaining hydrocodone, a Schedule III controlled substance, and
6 alprazolam, a Schedule IV controlled substance; all of which is
7 charged to be in violation of Title 21, United States Code,
8 Section 846.

9 Do you understand everything there?

10 A. Yes, sir.

11 Q. Let me note to you that if instead of pleading guilty to
12 that charge, you pled not guilty and went to trial on it, in
13 order for you to stand convicted of the offense charged against
14 you in count one, it would be necessary that the government
15 prove to the satisfaction of this court and a jury, beyond a
16 reasonable doubt, each of the following four essential elements
17 of that offense, and they are as follows:

18 First, that an agreement to knowingly and intentionally
19 cause others to use a registration number which was issued to
20 you, in the course of the distribution of, and for the purpose
21 of acquiring and obtaining hydrocodone, a Schedule III
22 controlled substance, and alprazolam, a Schedule IV controlled
23 substance, existed between two or more persons.

24 Do you understand the first one?

25 A. Yes, sir.

1 Q. Secondly, that you had knowledge of the essential objectives
2 of the conspiracy that is charged in count one.

3 A. Yes, sir.

4 Q. Third, that you knowingly and voluntarily became part of
5 that conspiracy.

6 A. Yes, sir.

7 Q. And, lastly, that there was interdependence among the
8 conspirators, including you.

9 A. Yes, sir.

10 Q. And in that connection, interdependence among alleged
11 coconspirators is established when the activities of the alleged
12 coconspirators in one aspect of the charged scheme are necessary
13 or advantageous to the success of the activities of the
14 coconspirators in another aspect of the charged scheme, or the
15 success of the venture as a whole. Do you understand all that?

16 A. Yes, sir.

17 Q. Now then, let me go next to count two and go over that more
18 lengthy charge, which reads as follows:

19 At all relevant times, defendant John Theodore Tiano, M.D.,
20 was a medical doctor licensed in West Virginia and associated
21 with a medical clinic, hereinafter the clinic, located between
22 Kermit and Crum, West Virginia.

23 2. Beginning in or about September 2005, controlled
24 substance prescriptions issued through the clinic were
25 transmitted to and filled at a pharmacy located at or near

1 Kermit, Mingo County, West Virginia.

2 3. Defendant was a supervisor of certain nurse
3 practitioners, NPs, and physician assistants, PAs, employed by
4 the clinic.

5 4. Medicare was a program established and fully funded by
6 the United States to provide health insurance to the elderly,
7 severely disabled, or persons with specific chronic medical
8 conditions. Medicare was administered by the Department of
9 Health and Human Services, HHS, and private companies under
10 contract with HHS.

11 Do you understand everything down to this point?

12 A. Yes, sir.

13 Q. Thence under the scheme to defraud is paragraph 5 reading as
14 follows:

15 From 2005 and continuing to in or about March 31, 2007, at
16 or near Kermit, Mingo County, West Virginia, and within the
17 Southern District of West Virginia, and elsewhere, defendant
18 John Theodore Tiano, M.D., aided and abetted by others known to
19 the United States Attorney, did knowingly and willfully execute
20 and attempt to execute a scheme and artifice to defraud a health
21 care benefit program, that is, the Medicare program, which
22 scheme and artifice involved misrepresentation and concealment
23 of material facts, and to obtain, by means of materially false
24 and fraudulent pretenses and representations, money owned by and
25 under the control and custody of the Medicare program, in

1 connection with the payment for medical services and for
2 prescription medication.

3 Do you understand all that to this point?

4 A. Yes, sir.

5 THE COURT: Just a moment, please.

6 Q. Thence follows the further paragraphs of count two under the
7 category of Manner and Means of Execution of the Scheme.

8 6. It was part of the scheme that defendant John Theodore
9 Tiano, M.D., allowed the clinic and its employees to use his
10 name and Medicare provider number to bill for services as if
11 such services had been personally performed by defendant, a
12 physician, when, in fact, they were not.

13 7. It was further part of the scheme that defendant John
14 Theodore Tiano, M.D., allowed nurse practitioners and others who
15 were employed by, or associated with, the clinic to use his Drug
16 Enforcement Administration, DEA, registration number to issue
17 controlled substance prescriptions for, and to acquire and
18 obtain hydrocodone, a Schedule III controlled substance, and
19 alprazolam, a Schedule IV controlled substance.

20 8. It was further part of the scheme that NPs who were
21 employed by the clinic personally met with and provided
22 face-to-face personal examinations and evaluations of patients.

23 9. It was further part of the scheme that defendant
24 normally did not meet with or perform face-to-face examinations
25 and evaluations of patients at the clinic.

1 10. It was further part of the scheme that employees of the
2 clinic would and did complete billing documents falsely
3 indicating that services had been personally provided by
4 defendant to Medicare beneficiaries, thereby facilitating
5 payments by Medicare.

6 11. As a result of the fraudulent scheme, defendant John
7 Theodore Tiano, M.D., aided and abetted by others known to the
8 United States Attorney, would and did cause the Medicare program
9 to pay \$119,785.57 for services ostensibly performed by a
10 physician which were not, in fact, performed by a physician.

11 All of which is charged to be in violation of Title 18,
12 United States Code, Section 1347 and 2.

13 Do you understand everything in count two as well?

14 A. Yes, sir.

15 Q. Now, let me note to you that if instead -- well, I should
16 note to you first the essential elements of that offense. If
17 you pled not guilty to that charge in count two and went to
18 trial on it, in order for you to stand convicted of the offense
19 charged against you in that count, it would be necessary that
20 the government prove to the satisfaction of this court and a
21 jury, beyond a reasonable doubt, each of the following essential
22 elements of that offense, which are as I will now give them to
23 you.

24 First, that from 2005 and continuing to in or about March
25 31, 2007, at or near Kermit, Mingo County, West Virginia, you

1 executed and attempted to execute a scheme and artifice to
2 defraud a health care benefit program, that is, the Medicare
3 program under the federal government, which scheme and artifice
4 involved misrepresentation and concealment of material facts,
5 and to obtain, by means of materially false and fraudulent
6 pretenses and representations, money owned by and under the
7 control and custody of the Medicare program in connection with
8 the payment for medical services and for prescription
9 medication.

10 Do you understand the first one?

11 A. Yes, sir.

12 Q. Secondly, that the manner and means as described in count
13 two were performed for the purpose of executing the scheme to
14 defraud Medicare, and would and did cause the Medicare program
15 to pay \$119,785 for services ostensibly performed by a physician
16 which were not, in fact, performed by a physician; all as
17 alleged in the information and all of which was reasonably
18 foreseeable by you.

19 Do you understand that one as well?

20 A. Yes, sir.

21 Q. Next, that the scheme to defraud involved misrepresentation
22 or concealment of material fact.

23 A. Yes, sir.

24 Q. Fourth, that you were aided and abetted by others known to
25 the United States Attorney.

1 A. Yes, sir.

2 Q. And five, that you acted knowingly, willfully, and with
3 specific intent to defraud.

4 A. Yes, sir.

5 Q. Do you understand all that as well?

6 A. Yes, sir.

7 Q. And, once again, in order for you to stand convicted of the
8 charge contained in count two, should you go to trial, it would
9 be necessary that the government prove all those essential
10 elements as I have just given them to you to the satisfaction of
11 a court and a jury beyond a reasonable doubt. Anything at all
12 about any aspect of the essential elements as to each offense
13 and the offense charged that you don't understand?

14 A. No, sir.

15 Q. Now then, have you discussed the charges contained in the
16 two-count information thoroughly with your attorney,
17 Mr. DiPiero?

18 A. Yes, sir.

19 Q. Did you tell him all the facts?

20 A. Yes, sir.

21 Q. Has he counseled and advised you as to the nature of the
22 offense with which you are charged in count one?

23 A. Yes, sir.

24 Q. And count two?

25 A. Yes, sir.

1 Q. Insofar as you can tell, has he also counseled and advised
2 you as to all possible defenses you may have to those charges?

3 A. Yes, sir.

4 Q. Do you fully understand then the nature of the charge set
5 out in count one?

6 A. I do.

7 Q. And count two?

8 A. I do.

9 Q. Are you ready to enter a plea to that charge --

10 A. Yes.

11 Q. -- in count one and count two?

12 A. Yes, sir.

13 Q. Let me note to you before we proceed, this matter is brought
14 by an information filed by the United States Attorney. Do you
15 understand that you have a constitutional right to be proceeded
16 against not by that information filed by the United States
17 Attorney, but to insist instead that you be proceeded against by
18 indictment by a grand jury?

19 A. I do, sir.

20 Q. Do you further understand that if instead these charges were
21 presented to a grand jury, unless that grand jury found by a
22 majority of its entire membership that you had committed the
23 offenses charged in each count one and count two, you would
24 stand free of those charges?

25 A. Yes, sir, I understand.

1 Q. Now, notwithstanding your right to be proceeded against by
2 indictment by a grand jury, have you made a decision as to
3 whether or not you wish to waive that right, and consent instead
4 that this proceeding be by information instead?

5 A. I wish to waive that right, sir.

6 THE COURT: If that is the case, I'm going to have you
7 to sign a writing to that effect.

8 THE CLERK: Mr. Tiano, if you could please listen as I
9 read.

10 *United States of America versus John Theodore Tiano, M.D.,*
11 *Criminal Number 2:09-00259.*

12 *Waiver of Indictment.*

13 I, John Theodore Tiano, the above-named defendant, who is
14 accused of one violation of Title 21, United States Code,
15 Section 846, and one violation of Title 18, United States Code,
16 Sections 1347 and 2, as charged in the two-count information
17 filed in this action, being advised of the nature of the
18 charges, the proposed information, and of my rights, hereby
19 waive in open court on December 15, 2009, prosecution by
20 indictment, and consent that the proceeding may be by
21 information rather than by indictment.

22 (Pause.)

23 THE COURT: The defendant's written waiver of
24 indictment, and his consent that this prosecution may be by
25 information rather than by indictment, having been signed by him

1 in the presence of the court, is received and filed.

2 The court understands that a plea agreement has been entered
3 into, and I'll ask, Ms. Schwartz, if you have the original of
4 that agreement, if I might see it, please.

5 MS. SCHWARTZ: I do, Your Honor. May I approach?

6 BY THE COURT:

7 Q. Dr. Tiano, I have before me what appears to be a written
8 plea agreement in letter form under date of November 17, 2009.
9 It's addressed to your attorney, Mr. DiPiero, and it's from the
10 United States Attorney, and signed on his behalf by Ms. Schwartz
11 as Assistant United States Attorney, and there's attached to it
12 a copy of the information as exhibit A and a six-page
13 stipulation of facts as exhibit B.

14 Is that the plea agreement that you read?

15 A. Yes, sir.

16 Q. Do you believe you understand everything in it?

17 A. Yes, sir.

18 Q. Anything at all about it that you don't understand?

19 A. No, sir.

20 Q. You have been over it thoroughly with your attorney, have
21 you?

22 A. Yes, sir.

23 Q. Notwithstanding your telling me that, I'm going to go over
24 this plea agreement with you and probably have a couple of the
25 paragraphs read, if I can call on Ms. Schwartz to do that, and I

1 would note to you that you'll have the original of this
2 agreement before you and you can follow along as it's gone over
3 and read into the record; and if there is anything at all about
4 it that you don't understand, I want you to interrupt either me
5 while I'm speaking to you about it, or Ms. Schwartz when she is
6 reading a paragraph or two that I'll ask her to do, interrupt
7 either of us at the appropriate time as it's being read and
8 we'll take it up right then --

9 A. Okay, sir.

10 Q. -- whatever it is that you don't understand.

11 THE COURT: And, Ms. Schwartz, would you hand this to
12 Mr. DiPiero.

13 MS. SCHWARTZ: Certainly, Your Honor.

14 BY THE COURT:

15 Q. In the plea agreement, it's first noted in paragraph 1 that
16 you will, as you have already done, agree to be proceeded
17 against by information in the case.

18 And the next paragraph, that you'll plead guilty to the two
19 violations that are set forth in that information.

20 And then the next paragraph lists the maximum penalty to
21 which you are subject, which on count one is imprisonment for as
22 long as four years, a fine of \$250,000, a term of supervised
23 release of one year, a special assessment of \$100, the court may
24 deny certain federal benefits to you for a period of five years
25 under certain circumstances, and restitution can be required of

1 you.

2 Count two is in addition to that, imprisonment for a period
3 of ten years, a fine of \$250,000, a term of supervised release
4 of three years, a special assessment of \$100, and restitution
5 once more.

6 And so, when you combine all that, it comes to a total
7 maximum imprisonment that the court could impose in your case of
8 prison for a period of 14 years; a fine of as much as \$500,000,
9 or twice the gross pecuniary gain or twice the gross pecuniary
10 loss resulting from your conduct, whichever is greater; a term
11 of supervised release of three years; special assessments
12 totaling \$200; denial of certain benefits under certain
13 circumstances for a period of five years; and restitution.

14 And I notice in particular that the restitution is further
15 referred to in the agreement in paragraph 6, which you agree
16 that you owe restitution in the amount of \$119,785.57, and
17 agrees to pay it with interest.

18 Are you familiar with all of that --

19 A. Yes, sir.

20 Q. -- down to this point? And with that restitution provision
21 as well?

22 A. Yes, sir.

23 Q. And are you also familiar with this further provision in the
24 agreement, under license revocations, wherein it is shown that
25 you agree to surrender all of your DEA certificates or

1 registration at a time and place to be determined by the United
2 States?

3 A. Yes, sir, I've done that.

4 MS. SCHWARTZ: I'm sorry, Your Honor. He provided the
5 voluntary waiver of DEA form to the United States today.

6 THE COURT: And so, are you saying that that surrender
7 has taken place today?

8 MS. SCHWARTZ: It has, Your Honor.

9 THE COURT: Thank you.

10 Q. In addition to that, you agree in that same paragraph 4 not
11 to oppose revocation of your registration as more fully set
12 forth in paragraph 4(b). And in paragraph 4(c), you agree not
13 to apply for re-registration with the DEA until after the
14 termination of any period of imprisonment that you serve and any
15 period of supervised release --

16 A. Yes.

17 Q. -- that is imposed. Do you understand all that?

18 A. Yes, sir.

19 THE COURT: Mr. DiPiero, has the \$200 in special
20 assessment been paid?

21 MR. DIPIERO: It has, Your Honor.

22 THE COURT: Thank you.

23 Q. So there's no need to read that paragraph. And I've already
24 spoken to you generally about restitution. Do you understand
25 the rest of the provisions with regard to restitution, doctor?

1 A. I do, sir.

2 Q. Paragraph 7 provides for the payment of monetary penalties.

3 Paragraph 8 for cooperation with the United States.

4 Paragraph 9 for use immunity.

5 And paragraph 10 for limitations on immunity.

6 Do you understand all that? Have you had them all explained
7 to you fully by Mr. DiPiero?

8 A. They were all explained to me, sir.

9 Q. Next, reference is made to the stipulation of facts that is
10 attached; and under that provision, you and the United States
11 agree that the facts that comprise the offenses of conviction
12 and relevant conduct include the facts that are outlined in that
13 stipulation of facts which is attached as exhibit B and is a
14 six-page statement in that respect. Are you thoroughly familiar
15 with that stipulation of facts?

16 A. Yes, sir.

17 Q. And do you understand that by stipulation of facts is meant
18 agreement of facts, and that means that you and the United
19 States have agreed to those facts that are set forth there? Do
20 you understand that?

21 A. Yes, sir.

22 Q. And do you also understand that in the event that the court
23 should not accept this plea agreement and your plea of guilty,
24 that you could withdraw from this plea agreement, but that if
25 the court does accept it and you undertake to withdraw from the

1 agreement or it's voided because of your breach of its terms,
2 and if then you are subsequently prosecuted on either of the two
3 counts or both of the two counts in the information on any of
4 the charges contained in them or within them, that the
5 government may introduce during the course of those proceedings
6 and at trial the stipulation of facts as evidence in that case?
7 Do you understand that?

8 A. Yes, sir.

9 Q. That's part of your agreement here. Do you understand that
10 fully?

11 A. Yes, sir.

12 Q. And then going on to paragraph 12, there is set forth an
13 agreement between you and the government on sentencing
14 guidelines. Did Mr. DiPiero explain to you fully what is meant
15 by sentencing guidelines?

16 A. Yes, sir.

17 Q. Did he answer all your questions about them?

18 A. He did, sir.

19 Q. I want to go over that with you, too, because it's a very
20 important part of your sentencing. Under the terms of this
21 provision, you and the government have agreed that the
22 sentencing guidelines in your case work out to the point that
23 the suggested advisory guideline range that is within which you
24 may be sentenced is equal to a total adjusted offense level of
25 18. Do you understand that?

1 A. Yes, sir.

2 Q. And I want to impress upon you that although you and the
3 government have agreed to that, the court is not bound by it.
4 The court may find that it's something else.

5 A. Yes.

6 Q. Do you understand that? And I would point out to you that
7 the number of 18, if that's the one the court adopts for
8 advisory guideline sentencing purposes, if coupled with an
9 individual without a criminal record, would equate to 27 to 33
10 months imprisonment. Do you understand that?

11 A. Yes, sir.

12 Q. But the court, again, is not bound by it, and I want to come
13 back to that with you further in just a moment.

14 THE COURT: And then that takes us to this point to
15 paragraph 13, and I'm going to ask, Ms. Schwartz, if you would
16 read that in the record, please.

17 MS. SCHWARTZ: Paragraph 13 states as follows:

18 Waiver of Appeal and Collateral Attack. The parties reserve
19 the right to appeal the district court's determination of the
20 adjusted offense level, prior to consideration of acceptance of
21 responsibility, if the district court's determination differs
22 from that stated in paragraph 12 above. Nonetheless, Dr. Tiano
23 knowingly and voluntarily waives his right to seek appellate
24 review of any sentence of imprisonment or fine imposed by the
25 district court, or the manner in which the sentence was

1 determined, on any other ground whatsoever, including any ground
2 set forth in 18 United States Code, Section 3742, so long as
3 that sentence of imprisonment or fine is below or within the
4 sentencing guideline range corresponding to level 18 -- I'm
5 sorry, corresponding to offense level 18. The United States
6 also waives its right to seek appellate review of any sentence
7 of imprisonment or fine imposed by the district court, or the
8 manner in which the sentence was determined, on any other ground
9 whatsoever, including any ground set forth in 18 United States
10 Code, Section 3742, so long as that sentence of imprisonment or
11 fine is within or above the sentencing guideline range
12 corresponding to offense level 15.

13 Dr. Tiano also knowingly and voluntarily waives his right to
14 challenge his guilty plea and his conviction resulting from the
15 plea agreement, and any sentence imposed for the conviction, in
16 any collateral attack, including, but not limited to, a motion
17 brought under 28 United States Code, Section 2255.

18 The waivers noted above shall not apply to a postconviction
19 collateral attack or direct appeal based on a claim of
20 ineffective assistance of counsel.

21 THE COURT: Thank you.

22 Q. I want to go over this provision with you a moment, and
23 noting to you that in the event the court adopts an adjusted
24 offense level that is 18, however the court gets to it, and then
25 sentences you within the guideline range that is indicated by

1 that figure, being the advisory guideline range, if the court
2 sentences you within that range or below it, you forever waive
3 your right to appeal that sentence. Do you understand that?

4 A. Yes, sir.

5 Q. Do you also understand that the court is not bound, as I've
6 told you before, by that range. The court may find it is
7 something else. And in addition to that, the court may decide
8 not to sentence you to within the range at all, but to sentence
9 you to more than the range, although the court could also
10 conceivably determine to sentence you to less than the range.
11 That's a decision for the court to make.

12 I note to you that the advisory sentencing guidelines are a
13 very important part of the sentencing process, and the court
14 will be paying a great deal of attention to that guideline range
15 in determining what sentence to impose. But the court is not
16 bound by it and the court may vary from it if it chooses for
17 good reason to do so.

18 Do you understand that?

19 A. Yes, sir.

20 Q. Let me note to you that in addition to waiving your right to
21 appeal under the circumstances that I've noted to you, you also
22 waive your right to later on collaterally attack your sentence.
23 In addition to the right of appeal, once those appellate rights
24 have been exhausted or not utilized at all, as the case may be,
25 an individual still has the potential to attack one's sentence

1 and conviction by a so-called collateral attack which is a kind
2 of habeas proceeding or Section 2255 motion proceeding. The
3 important thing here is that you are also waiving that right,
4 too.

5 And there's only one exception to everything I've told you,
6 and that is, to either appeal or collaterally attack on the
7 basis of ineffective assistance of counsel. That's the only
8 thing left to you.

9 Do you understand?

10 A. Yes, sir.

11 Q. All right. And then going on to paragraph 14, do you also
12 understand that under the terms of that provision, that you
13 forever waive your right to receive or request from any
14 department or agency of the United States any records pertaining
15 to the investigation or prosecution of your case?

16 A. Yes, sir.

17 Q. Now, you specifically waive that right under the Freedom of
18 Information Act and the Privacy Act of 1974, but you are waiving
19 it here on every other ground as well.

20 A. Yes, sir.

21 Q. Let me note to you that then comes paragraph 15 on final
22 disposition, and it refers to various information that the
23 United States may provide to the probation officer and the court
24 and evidence that it may present as well.

25 The court notes in paragraph 16, that if either you or the

1 government violate the terms of the agreement, the other party
2 has the right to void it.

3 And then finally in paragraph 17, the entirety of the
4 agreement wherein it is stated that this is the entire agreement
5 between you and the United States, that there are no other side
6 agreements of any kind whatsoever.

7 Do you understand all that?

8 A. Yes, sir.

9 Q. And do you understand everything in that agreement?

10 A. Yes, sir.

11 Q. I want to go over with you a moment the stipulation of facts
12 that's attached, which is, of course, the agreement of facts
13 between you and the government, and it is six pages in length,
14 and I'm not going into all this with you, but I do want to focus
15 on a few of the paragraphs.

16 First of all, are you thoroughly familiar with the
17 stipulation of facts?

18 A. Yes, sir.

19 Q. When you initialed that at the bottom of each of its
20 pages --

21 A. I did.

22 Q. -- was that to note that you understand everything on that
23 page?

24 A. Yes, sir.

25 Q. In the stipulation, it states that in 2005 while you were

1 employed as a full-time resident at Marshall University's
2 cardiology program, you were recruited to moonlight at a new
3 practice then known as Justice and Wells Medical Complex, LLC,
4 later known as Justice Medical Complex, located between Kermit
5 and Crum, West Virginia.

6 And with respect to that practice, it is noted in paragraph
7 13, that that Medical Complex billed Medicare \$400,488 for
8 services indicating that you -- indicating you as the treating
9 physician from December 3, 2005, through March 31, 2007, and
10 that Medicare paid the Medical Complex \$119,785 on those claims.
11 And then follows the statement: Defendant rarely performed
12 services for the Medical Complex for medical patients there --
13 Medicare patients, I should say, there between what seems to be
14 December 31, 2005, and March 31, 2007.

15 A. I think that's December 3rd, sir.

16 Q. Pardon me?

17 A. I think it's December 3rd.

18 MS. SCHWARTZ: It is --

19 THE COURT: Is it December 3?

20 MS. SCHWARTZ: It is intended, I'm sorry for
21 interrupting, to be December 3.

22 Q. Excuse me. December 3, 2005, and March 31, 2007. Is that a
23 correct understanding?

24 A. Yes, sir.

25 Q. The further provisions are that, in effect, nurse

1 practitioners and physician assistants were the ones who were
2 seeing the patients and who were directing the prescriptions for
3 those patients.

4 A. That's correct, sir.

5 Q. And secondly, that although their authority was limited to a
6 prescription for a period, that is, dosage that would last for a
7 period of 72 hours, without refill, that instead they were
8 routinely writing the prescriptions for 30-day periods.

9 A. That's correct, sir.

10 Q. Now then, I'm not going into all this with you, but are you
11 thoroughly familiar with every one of these provisions that are
12 set forth in the stipulation of facts?

13 A. Yes, sir.

14 Q. And you agree that those are the facts from beginning to
15 end?

16 A. Those are the facts.

17 Q. Now then, let me ask you finally, is that your signature at
18 the foot of the agreement --

19 A. Yes, sir.

20 Q. -- where it appears on page 10?

21 A. Yes, sir.

22 MR. DIPIERO: Judge, are you referring to the plea
23 agreement, page 10?

24 THE COURT: Yes.

25 THE DEFENDANT: Yes, sir, that is my signature.

1 Q. And is that also your signature at the end of the
2 stipulation of facts, page 6?

3 A. Yes, sir.

4 Q. And are those your initials on the first nine -- at the
5 bottom of the first nine pages of the agreement?

6 A. Yes, sir.

7 Q. Is there one missing there on page 8?

8 A. It is missing, sir.

9 Q. You may go ahead and sign that now if you wish or initial
10 it.

11 MR. DIPIERO: That's been done, Your Honor.

12 Q. And are those your initials on each of the pages of the
13 stipulation of facts as well?

14 A. Yes, sir.

15 Q. Again, do you understand everything in that agreement?

16 A. I do, sir.

17 Q. Anything at all about it that you don't understand?

18 A. No, sir.

19 Q. Did you approve of that agreement when it was reached?

20 A. Yes.

21 Q. And when you signed it?

22 A. Yes, sir.

23 Q. And do you approve of it now?

24 A. Yes, sir.

25 THE COURT: Thank you.

1 Mr. DiPiero, would you hand the original of the agreement to
2 the clerk for filing, please.

3 Let me ask that you stand once more, please.

4 BY THE COURT:

5 Q. What then is your plea to count one of the information in
6 this case?

7 A. Guilty.

8 Q. And what is your plea to count two of the information --

9 A. Guilty.

10 Q. -- in this case?

11 Before I accept your pleas of guilty to those two counts, I
12 want to make certain that you understand a number of things in
13 connection with your pleas, the charges against you, and your
14 constitutional rights.

15 First of all, the information in this case is only a formal
16 charge which informs you of the offenses with which you are
17 charged and serves to bring you into court to answer those
18 charges. It is not any evidence whatever of guilt. Do you
19 understand that?

20 A. Yes, sir.

21 Q. Do you also understand that you are entitled to the
22 assistance of a lawyer at every stage of these proceedings,
23 including trial should you wish to go to trial?

24 A. Yes, sir.

25 THE COURT: Mr. DiPiero, I take it you are retained

1 counsel in the case?

2 MR. DIPIERO: Yes, Your Honor.

3 Q. And do you further understand that if you were without funds
4 with which to engage an attorney, then the court would appoint
5 counsel for you, and that attorney would be available to
6 represent you, without any cost whatever to you, at all stages
7 of these proceedings, including trial should you wish to go to
8 trial? Do you understand all that?

9 A. I understand, sir.

10 Q. And the costs of these proceedings would otherwise be
11 entirely at the expense of the United States as well. Do you
12 understand all that?

13 A. Yes, sir.

14 Q. Do you further understand that if you should instead enter a
15 plea of not guilty, that you have the right to a speedy and
16 public trial by jury, you have the right to be confronted with
17 the government's witnesses and to cross-examine them, you have
18 the right to use the process of this court to compel witnesses
19 to come in and testify on your behalf, and you are presumed to
20 be innocent of these charges until proven guilty beyond a
21 reasonable doubt? Do you understand all that?

22 A. Yes, sir.

23 Q. Do you further understand that if you instead pled not
24 guilty and went to trial, at that trial you need not take the
25 witness stand?

1 A. I understand, sir.

2 Q. Do you further understand that if you did go to trial and
3 chose not to testify, that fact would create no inference or
4 presumption of guilt, and the jury would be so instructed,
5 since, as I've already informed you, you are presumed to be
6 innocent of these charges until proven guilty beyond a
7 reasonable doubt?

8 A. I understand.

9 Q. Do you further understand that should you plead not guilty,
10 at the trial it would be necessary that the government come
11 forward with witnesses to prove these charges against you beyond
12 a reasonable doubt?

13 A. I understand, sir.

14 Q. Do you further understand that by entering a plea of guilty
15 to these two counts, that you waive your right to require the
16 government to prove those charges against you beyond a
17 reasonable doubt and you waive your constitutional rights the
18 court is telling you about?

19 A. Yes, sir.

20 Q. In particular, you waive your constitutional right against
21 self-incrimination with respect to the offense to which you've
22 pled guilty as set forth in each counts one and two.

23 A. Yes, sir.

24 Q. Do you further understand that if the court accepts your
25 pleas of guilty, there will not be a further trial of any kind,

1 so that by pleading guilty, you waive your right to trial,
2 including your right to trial by jury?

3 A. Yes, sir.

4 Q. Do you also understand that the court does intend to
5 question you under oath, on the record, and in the presence of
6 your attorney about the offenses to which you've pled guilty;
7 and if you fail to answer those questions truthfully, you could
8 later be prosecuted for perjury or false swearing on account of
9 that failure?

10 A. Yes, sir.

11 Q. Do you further understand that by pleading guilty, the court
12 may impose the same penalty as if you'd stood trial and been
13 convicted of these two offenses?

14 A. Yes, sir.

15 Q. In that connection, the maximum punishment for the two
16 offenses combined is imprisonment for as long as 14 years; a
17 fine of as much as \$500,000, or twice the gross pecuniary gain
18 or twice the gross pecuniary loss occasioned by your conduct,
19 whichever is greater.

20 A. Yes, sir.

21 Q. And in addition to that, you are subject to a term of
22 supervised release of as long as three years; a \$200 special
23 assessment that you've already paid; and the court may under
24 certain circumstances withhold certain federal benefits from you
25 for as long as five years; and in addition to that, you could be

1 required to make restitution under each of these counts; and,
2 more particularly, I note to you that you have agreed, as part
3 of your plea agreement, to the imposition of restitution in the
4 amount of \$119,785, and interest. Do you understand that?

5 A. Yes, sir.

6 Q. And I didn't go over it with you, but I want to look at the
7 plea agreement for one further purpose here just a moment.

8 Do you further understand that under the terms of your plea
9 agreement, you forever waive your right to appeal restitution
10 that the court imposes, so long as it does not exceed that
11 amount that I just noted to you as set forth in the plea
12 agreement as well? Do you understand that?

13 A. Yes, sir.

14 Q. Now then, do you understand what's meant by supervised
15 release?

16 A. Yes, sir.

17 Q. I want to go over that with you because it's a very
18 important part of your sentencing. In addition to any term of
19 imprisonment that the court will impose in this case, the court
20 will also impose a term of supervised release. That term of
21 supervised release will be as long as three years, and you can
22 expect that that's what the court will impose. It will be
23 subject to various terms and conditions, some of which may limit
24 your freedom to some limited extent.

25 The important thing about all that is that if you violate

1 any of those terms and conditions, what that means is that your
2 supervised release can be revoked and you can be sentenced to a
3 term of two years imprisonment and placed on supervised release
4 still again. And if you violated that second term of supervised
5 release, once again you would be subject to a term of
6 imprisonment of as long as two years; and if at that time the
7 court sentenced you to less than another two years, you could be
8 placed on supervised release still again. But for all the
9 violations of all the terms of supervised release, you could not
10 be sentenced to more than a total of four years.

11 Do you understand all that?

12 A. Yes, sir.

13 Q. Now, I've spoken to you about scheduling -- I should say
14 about the sentencing guidelines, which are advisory but a very
15 important part of your sentencing process, and I want to note to
16 you that although you probably have discussed this fully with
17 your counsel by this time, I do want to go over just a few
18 aspects of that with you.

19 In determining what the advisory sentencing guideline range
20 is, the court takes into account a number of factors, and they
21 include such things as your role in the offense to which you've
22 pled guilty or offenses to which you've pled guilty, your
23 criminal history, whether or not you've accepted responsibility
24 for your misconduct, whether you've obstructed justice in any
25 way, whether you are a career criminal, whether you make your

1 livelihood from crime, and quite a number of other factors.

2 And among those other factors is that of relevant conduct.

3 By relevant conduct is meant conduct that can be said to be part
4 of the same scheme or pattern of conduct as that charged in
5 either of the two counts in the information, or that can be said
6 to be part of the same course of conduct as that in either of
7 those two counts. The important thing about that is this. If
8 you've engaged in other activities that fall within the
9 definition of relevant conduct as I've given it to you, then the
10 dollar volume of those activities can be added to the dollar
11 volume of that which was involved in counts one and two; and as
12 the amount goes up, so, too, do the advisory sentencing
13 guidelines tend to suggest a harsher sentence.

14 Do you understand all that?

15 A. Yes, sir.

16 Q. Now, there are quite a number of other factors that make up
17 the sentencing guidelines as well, that is, the advisory
18 sentencing guidelines, and I'm not going into all those with you
19 today, but I will address any questions that you have about any
20 of them if you have any questions. Do you?

21 A. I don't have any questions.

22 Q. Let me note to you that there isn't anyone right now that
23 can tell you exactly where your advisory sentencing guideline
24 range is going to fall -- not your attorney, nor the attorney
25 for the government, nor the court. That is not going to become

1 clear until after the probation department has made its
2 presentence investigation in the case and has filed its report,
3 and the parties have had a chance to go over it and object to it
4 and try to work those objections out; and to the extent that
5 objections remain, then the court will pass upon them at
6 sentencing; and at sentencing, the court may raise matters of
7 its own, including those very same things the parties had
8 already tried to work out by agreement. And so, until we reach
9 that point, it will not become clear exactly where the advisory
10 sentencing guideline range will fall in your case. Do you
11 understand all that?

12 A. Yes, sir.

13 Q. Let me note to you that the court is not bound by your plea
14 agreement, but should the court not accept it, you may withdraw
15 your plea of guilty. Do you understand that?

16 A. Yes, sir.

17 Q. Dr. Tiano, you have the right to plead not guilty; and if
18 there is any doubt whatever in your mind as to whether or not
19 you are guilty of those charges in the information, the court
20 would urge you to plead not guilty. What is your wish?

21 A. I plead guilty, sir.

22 Q. Other than your written plea agreement filed and read here
23 today, have you been made any promises by anyone of leniency or
24 light sentence or probation?

25 A. No, sir.

1 Q. Have you been threatened by anyone in any way, or has anyone
2 used any means of intimidation or coercion or pressure to induce
3 you to enter a plea of guilty against your will?

4 A. No, sir.

5 Q. Are you satisfied with your attorney in this case,
6 Mr. DiPiero?

7 A. Yes, sir.

8 Q. Do you feel he has represented you fully and fairly?

9 A. Yes, sir.

10 Q. Has he spent a good deal of time with you developing this
11 case?

12 A. Yes, sir.

13 Q. Now, back to your written plea agreement filed and read here
14 today. Is that the entire agreement between you and the United
15 States?

16 A. Yes, sir.

17 Q. Are there any side agreements of any kind?

18 A. No, sir.

19 Q. Do you then offer to enter a plea of guilty to each counts
20 one and two of the information, and do you do that voluntarily
21 and of your own free will?

22 A. I do, sir.

23 Q. Let me ask as well if you do that with the full
24 understanding of the consequences of your pleas, including the
25 possible penalty that the court may impose in this case, which

1 consists of the maximum imprisonment terms and fines and the
2 like that I have told you about and that are also set forth in
3 your plea agreement. Do you understand all that?

4 A. Yes, sir.

5 Q. Let me ask whether or not you waive further reading of the
6 information at this time in open court, or do you wish to have
7 it read once more before your formal written plea is taken?

8 A. No, sir, I waive that right.

9 THE COURT: The clerk will take the defendant's pleas
10 to counts one and two of the information in writing.

11 THE CLERK: Would you please listen again as I read.

12 *United States of America versus John Theodore Tiano, M.D.,*
13 *Criminal Number 2:09-00259.*

14 Guilty Plea.

15 In the presence of J. Timothy DiPiero, my counsel, who has
16 fully explained the charges contained in the information against
17 me, and having received a copy of the information from the
18 United States Attorney before being called upon to plead, I
19 hereby plead guilty to the two-count information.

20 (Pause.)

21 THE COURT: The defendant's written plea of guilty to
22 the two-count information, having been signed by him in the
23 presence of the court, is received and filed.

24 BY THE COURT:

25 Q. Dr. Tiano, tell me in your own words what it is that you did

1 as more fully charged in each of these counts. What was your
2 role in those offenses?

3 A. In the first count, I did allow the nurse practitioners and
4 the physician assistants to write underneath me.

5 Q. That is, in your place and stead?

6 A. Using my name, yes, sir.

7 Q. And by that, you mean --

8 A. During the day, I was -- I was at Marshall, and then I would
9 come in the evening.

10 Q. Do I understand correctly that it would have been the nurse
11 practitioner or the physician assistant who saw the patient and
12 who provided the prescription?

13 A. That's correct, sir.

14 Q. A prescription for which would have been beyond the
15 authority of that individual to issue because it was for a
16 longer period than 72 hours?

17 A. Right, sir.

18 Q. And did that occur because the nurse practitioner and the
19 physician assistant, as the case may be, would have had on hand
20 signed prescription forms by you that would be filled out and
21 handed to the patient?

22 A. They were -- they were faxed to the pharmacy, sir.

23 Q. I see. And so --

24 A. They were forms.

25 Q. The form that was faxed to the pharmacy, would it have had

1 your signature on it?

2 A. Yes, sir.

3 Q. And would that faxing have taken place during the day before
4 you got there?

5 A. Before I -- before I saw the chart, yes, sir.

6 Q. So that the faxing was taking place at the instance then of
7 the NP or the PA before you were there.

8 A. Reviewed the chart, yes, sir.

9 Q. And, of course, it is the case that you would not have seen
10 the patient at all anyway.

11 A. No, sir.

12 Q. Let me just say. Is it correct that you would not have seen
13 the patient at all?

14 A. That is correct, sir.

15 Q. Now then, over what period of time did that occur?

16 A. Roughly from December to March of 2007, December 2005.

17 Q. December 3, 2005, to March 2007.

18 A. Yes, sir.

19 Q. And that was during this period of time that some
20 \$119,000 --

21 A. Yes, sir.

22 Q. -- was accumulated? Tell me about that figure. How was --
23 how was that arrived at?

24 A. That's the total figure through that period of time that the
25 federal government paid the clinic for services rendered.

1 Q. Now, did that have anything to do with prescriptions or was
2 it tied to the prescriptions because that's the service that was
3 rendered?

4 A. Just tied to the examination and whatever tests that we
5 would run, laboratory tests.

6 Q. And so, the issuance of the prescription would have just
7 been part of that.

8 A. Yes, sir.

9 Q. But the office did it or whatever --

10 A. It was an office, yes, sir.

11 Q. -- would have been the main --

12 A. Would have been the main charge.

13 Q. -- aspect that brought about the \$119,000 in income
14 received.

15 A. That's correct.

16 Q. Now, do I understand correctly, and we're looking at really
17 perhaps count two, that some \$400,000 in moneys were sought for
18 those services, but only 119,000 of it was approved?

19 A. That's my understanding, sir.

20 Q. Do you have any idea why so much of that which was billed
21 was never approved?

22 A. I -- I don't know. I think it's probably pretty standard.
23 That's probably the percentage back that you would get for
24 those -- that type of charge.

25 Q. And so, in that instance, you are only getting back 30

1 percent of what you are billing for? Is that common?

2 A. Probably, yeah, that's probably pretty standard.

3 Q. And so, all of that occurred from, as you say, December 3,
4 2005, to March of 2007. And let me ask, with that said, what
5 further factual basis for the plea can you give the court at
6 this time.

7 A. For the second count, the actual billing, the fraud, I
8 insisted when we went down there to -- no excuse, but to hire a
9 billing company. The billing company I thought would be more
10 experienced and have to do it, you know, billing everything
11 correctly. I was aware sometime in either late summer or early
12 fall of 2006, that there was some inconsistencies; namely, that
13 I was being -- they were charging underneath me even if I hadn't
14 seen the patient or not signed the billing statement. The nurse
15 practitioners would sign the billing statement. At that time I
16 did make some inquiries to both the billing company and the
17 clinic. However, you know, I didn't go far enough. I left it
18 at that pretty much. I didn't follow up on it, you know. And
19 according to the law, which I have been noted, reckless
20 disregard basically is what -- deliberate indifference is what I
21 am being charged with there. You know, I didn't do enough. You
22 know, I should have been more consistent and more diligent in my
23 duties.

24 Q. And let me go over with you to what aspect of this you are
25 referring now. First of all, I think it's fair enough to say

1 that billing practices didn't have anything to do with your
2 billing for services that you didn't perform. That is, the
3 services that resulted in prescriptions being issued by
4 individuals not qualified to issue them and you charging for
5 those services was known to you to be improper at the time,
6 wasn't it?

7 A. The charging for -- I found out sometime in, like I said,
8 the fall or late summer of 2006, that there were incorrect
9 billing being done, billing as if I had seen the patients,
10 examined the patients. Even though, you know, I didn't sign the
11 billing sheets, there was some problem there and I was aware of
12 it at that time. The problem comes in that I didn't do my duty
13 to make sure it was stopped.

14 Q. I'm not sure that I understand the factual basis that you
15 are giving. I'm going to drop back, first of all, to the
16 stipulation of facts that is set forth in that six-page addition
17 to the plea agreement, and ask you whether or not everything
18 that is set forth in that stipulation of facts is accurate.

19 A. It is, sir.

20 Q. And I'm going to perhaps call upon you again in a moment,
21 but I'm going to ask Ms. Schwartz for a factual basis for the
22 plea, and I'm going to ask you to listen very carefully to what
23 she says, and once she has completed it or it may be that during
24 the course of her statement in increments, I'm going to ask you
25 whether what she has said down to that point is correct.

1 A. Okay.

2 MS. SCHWARTZ: Your Honor, Dr. Tiano was a resident in
3 2005 at Marshall University when he was invited to a recruiting
4 dinner by a Dr. Gregory Wells and an individual by the name of
5 Cameron Justice. There were other residents who were also at
6 this dinner who were being recruited to, quote, moonlight at a
7 clinic that was to be opened between Kermit and Crum, West
8 Virginia. Initially they were told that Dr. Wells would be the
9 physician in charge, and that they would simply be working
10 moonlight hours occasionally when they could, in addition to
11 their regular services as student residents at Marshall
12 University, Dr. Tiano being in the cardiology program.

13 As it turns out, Dr. Wells was someone who had just recently
14 been released from federal prison after serving a lengthy
15 sentence on both state and federal charges that had to do with
16 both drug and fraud charges out of Kentucky. He had agreed with
17 either Cameron Justice or members of Cameron's family to open
18 the Justice Medical Center --

19 THE COURT: Who had agreed? Dr. Wells?

20 MS. SCHWARTZ: Dr. Wells did. And initially it was
21 called the Justice and Wells Medical Center and was incorporated
22 under that name. Dr. Wells endeavors and attempts to obtain his
23 medical license in West Virginia failed, in part because of his
24 lengthy incarceration and inability to pass a competency
25 evaluation that was given by the Board of Medicine. Therefore,

1 he was unable to obtain his medical license, and all these
2 parties had come together to get this clinic established. They
3 had all the equipment that they needed. They had invested a lot
4 of money, time, sweat equity in the clinic, including Cameron's
5 family and Dr. Wells.

6 They realized that they couldn't go forward and needed to
7 have someone else in charge. Dr. Tiano when he was originally
8 recruited and when he agreed to come and work at the clinic was
9 apparently under the impression that it would just be a
10 moonlighting situation. However, by the time the clinic
11 actually opened, Dr. Tiano was it in terms of a medical doctor
12 at the clinic. There were already some employees there who were
13 midlevel providers, like nurse practitioners, physician
14 assistants at the time. But in order to prescribe controlled
15 substances, those individuals would have to meet a number of
16 requirements. They would have to have their own DEA licenses,
17 numbers. They would have to have prescriptive authority. They
18 would have to have collaborative agreements with a physician
19 which were on file and approved by the Board of Nursing for
20 nurse practitioners and the Board of Medicine for physician
21 assistants.

22 In addition, if they did have those things in place and if
23 everything was working the way it should under the law and the
24 state and federal regulations that were applicable, a
25 supervising physician might have been able to supervise the

1 clinic. And Dr. Tiano initially was at the clinic for a while
2 and did see patients. But on or about December 3rd of 2005, he
3 entered into the first collaborative agreement with a
4 physician's -- or with a nurse practitioner, I believe her name
5 was Deborah Hatfield. And as of that time, his requirements at
6 Marshall were such that he would not have the flexibility he'd
7 had for several months prior to that, and he would be required
8 to be spending the majority of his time with his residency
9 program at Marshall.

10 So he essentially agreed with Ms. Hatfield, with the
11 Justices, including Cameron Justice, who was a young man who was
12 essentially the owner, president, guy in charge, for lack of a
13 better term, at Justice Medical, that the nurse practitioners
14 would have complete authority to use his DEA number to issue
15 prescriptions to patients who came in, new patients, existing
16 patients, and that they would basically be in charge.

17 In addition, Dr. Tiano had tried to follow some of the
18 patterns and guidelines that were used by Marshall University
19 when dealing with the practice of medicine that when there was a
20 large number of people being treated for pain. What the
21 practice was basically, Your Honor, was a huge number of people
22 coming for pain medication, and that was apparent from the very
23 beginning. Almost everyone wanted and received the combination
24 of hydrocodone and Xanax which is the -- which are the two
25 controlled substances set forth at issue here today. They may

1 have received other prescriptions as well, noncontrolled in some
2 cases or controlled, other types of ailments were sought as
3 well, but there was a huge number of people getting those
4 medications, and Dr. Tiano realized that he needed some
5 guidelines and this wasn't what he expected at all.

6 One of the things that he did was implement a plan where all
7 the prescriptions that were going to be issued from the Justice
8 Medical Center would be sent to a single pharmacy, and that was
9 to be Sav-Rite pharmacy located in Kermit, West Virginia. The
10 owner of Sav-Rite pharmacy, James P. Wooley, who is also a
11 pharmacist, agreed and knew that that was going to be happening,
12 and also, in conversations with Dr. Tiano and others, knew that
13 Dr. Tiano would be back in Huntington working on his cardiology
14 residency, and it would be the nurse practitioners who were
15 actually -- or the midlevel providers who were actually seeing
16 the patients and issuing the prescriptions.

17 So in addition, Dr. Tiano agreed and signed forms for his
18 Medicare provider number to be used at the Justice Medical
19 Center. In doing so, he agreed that his number would be used
20 appropriately; that nobody else would be able to use it. It
21 wouldn't be billed -- his services wouldn't be billed
22 fraudulently. For example, the clinic would not be allowed to
23 bill for a nurse practitioner or a physician assistant's
24 services when, in fact -- for the doctor's services when, in
25 fact, it was the nurse practitioner or a physician's assistant

1 who had performed those services. There is a reduced rate at
2 which midlevel practitioners can be reimbursed by Medicare if
3 they have all sorts of -- if they have their own Medicare
4 provider number and they are in compliance with other rules and
5 regulations, which was not necessarily the situation here at
6 all. Some of them didn't have those kinds of things. And even
7 if they did, Justice Medical was not billing under their
8 Medicare numbers.

9 Now, Dr. Tiano recognized that by this point Dr. Wells was
10 totally out of the picture, and the person in charge was Cameron
11 Justice, who, as I understand it, is a high school graduate who
12 may have some training and some sort of a certification in a
13 trade, like a manual labor trade. So Dr. Tiano recognized that
14 in order to try to comply with the rules and regulations of
15 billing not only Medicare but other companies or other insurance
16 providers, that a billing company would be the way to go. So he
17 arranged for a billing company to be brought on, and that was a
18 billing company out of Fairmont owned by a gentleman by the name
19 of John Mazza, M-a-z-z-a, which is someone that Dr. Tiano knew.
20 So he made the introduction between Mr. Mazza and Cameron
21 Justice, and basically put the wheels in motion for billing to
22 be done and administered by the billing company.

23 It was brought to Dr. Tiano's attention that the company was
24 billing -- the billing company was billing based on information
25 apparently provided to them by Justice Medical and people

1 controlled by Cameron Justice as if Dr. Tiano was performing the
2 services personally for the patients at Justice Medical Center
3 after December 3rd of 2005, when he, Dr. Tiano, was rarely
4 present at the clinic at all and was not seeing the patients,
5 when he had turned it over to the physician's assistants. This
6 was called to his attention on more than one occasion.

7 Now, during this time period, Dr. Tiano was in severe
8 financial crisis because of past businesses that had failed and
9 his family having to mortgage their -- sell their home, put a
10 mortgage on their farm in order to pay off debts associated with
11 those failed businesses, and also to finance his medical
12 education and that of his brother. So he was under great
13 financial stress. And it would be the United States contention
14 that although he was advised and knew --

15 THE COURT: Before you go on with your contention, I'm
16 going to ask Dr. Tiano. Is everything that has been stated by
17 Ms. Schwartz down to this point accurate?

18 THE DEFENDANT: Yes. Yes, sir, that's correct.

19 THE COURT: Thank you.

20 MS. SCHWARTZ: So Dr. Tiano was advised and knew that,
21 in fact, the clinic was billing and the billing company that he
22 had brought into the company was billing for services as if he
23 were providing services when, in fact, he knew he was not
24 providing services and had not been providing them for quite
25 some time. In fact, Dr. Tiano made some minimal efforts to try

1 and inquire about that, but never did anything to ensure that it
2 was stopped, which is in contravention with the direct signature
3 that he put on his Medicare application when he first associated
4 with Tiano -- or with the Justice Medical Clinic and which is
5 incumbent upon him as a provider of Medicare.

6 THE COURT: The practice to which you are referring to
7 is one that commenced December 3, 2005 --

8 MS. SCHWARTZ: That's right.

9 THE COURT: -- and continued on down to March 2007.

10 MS. SCHWARTZ: That's right.

11 Now, during that time frame, Dr. Tiano was compensated
12 handsomely by Justice Medical Clinic. He received compensation
13 as set forth in the stipulation which was over the time period
14 he was there which was in excess of \$250,000 basically, for most
15 of that time frame, for performing no services whatsoever.
16 After December 3rd, 2005, he was basically not present at the
17 clinic. It would be the United States contention that the
18 evidence would prove that he basically was selling his DEA
19 number and his Medicare provider number for the use of the
20 clinic so that they could operate, and he was providing
21 absolutely no service. However, he was getting this large
22 amount of compensation.

23 It would be the United States evidence and argument that the
24 fact is that that -- all those circumstances taken together and
25 the fact that he knew that the billing was being done improperly

1 and took no steps to ensure that it was done properly, even
2 though he made some inquiries, that that was not enough,
3 especially when he was being paid a percentage of the fees that
4 were to be generated by the clinic during the time frame.

5 And I wanted to correct one thing. I don't think Dr. Tiano
6 has done anything intentionally here to misstate anything to the
7 court. The \$119,000 figure that is the basis of the stipulation
8 is based only on the amount paid for physician's services. It
9 does not include any of the amounts paid for prescription
10 services, the hydrocodone, alprazolam, or anything else that was
11 prescribed under his DEA number or pursuant to the fact that he
12 would have -- it would have been necessary for him to be a
13 physician there for the clinic to even be in operation. That
14 number would be different.

15 And that number was not drawn down from the office of the
16 Inspector General because Dr. Tiano, when he became aware of the
17 United States investigation and his attorney came to us and
18 asked us what is your case about, please explain it to me, when
19 we explained it to him and he was able to talk to Dr. Tiano, it
20 was immediately apparent that they wanted to work out an
21 agreement with the United States, and that was way back last
22 summer. Because of the press of other things related to this
23 case, it was a long time before we got them the agreement they
24 wanted.

25 Had they not agreed, we would have drawn down those numbers

1 and included those in an indictment or some sort of criminal
2 charge, but because of his cooperation, the United States
3 stopped at the \$119,000 figure based on the facts and evidence
4 that I have set forth, primarily the fact that he turned the
5 practice over totally to Cameron Justice who had no education
6 and experience, the nurse practitioners, and a billing company,
7 and then knew that the billing company was billing erroneously
8 and did not make sure that it stopped, but still collected over
9 \$250,000 from the enterprise.

10 THE COURT: Thank you.

11 Dr. Tiano, did you hear the balance of that which
12 Ms. Schwartz -- I believe she is going to add another point here
13 and I'll come back to you.

14 MS. SCHWARTZ: I'm sorry, Your Honor. You inquired
15 about the amount, the \$400,000 figure being billed and the paid
16 amount being 119,000. It is my understanding that it is quite
17 routine and to be expected from Medicare reimbursements. There
18 are three amounts that are retrievable when the United States
19 asks the Department of Health and Human Services what has been
20 billed by a specific provider. The first number is the amount
21 billed. That can be any number. A physician is free to bill
22 any -- any amount for a service. The next number that is
23 relevant is the allowed amount. There is a schedule of allowed
24 amount for services that is prescribed by Medicare. The third
25 number is the paid amount.

1 In prior cases in this district where there was no agreement
2 by the parties or specific evidence about what the loss was to
3 the Medicare program or to a government program or the intended
4 loss, I believe it was the *Miller* case, Your Honor, the court
5 applied -- it was Judge Faber -- the billed amount. Now, in
6 that case, as I understand the facts, there was no evidence of
7 what the actual intent was. Here the parties would agree and
8 stipulate that the intent was to get no more than the amount
9 that would be allowed by Medicare which would be the amount
10 paid. So that's how we arrived at the \$119,000 amount.

11 THE COURT: Thank you.

12 Dr. Tiano, is the balance of that which Ms. Schwartz has
13 stated since I last asked you correct?

14 THE DEFENDANT: Mostly, yes, sir.

15 THE COURT: Thank you.

16 And, Mr. DiPiero, does the defendant have anything further
17 with respect to the factual basis for the plea?

18 MR. DIPIERO: Your Honor, I would simply point out that
19 these things are difficult in terms of intent, and I do want the
20 court -- you know, Ms. Schwartz mentioned what she would argue,
21 that he had basically sold his license. He was traveling in the
22 evenings two or three times a week to review every chart and
23 make comments on every chart. This was not what can sometimes
24 be seen as someone who is out there selling drugs for all kinds
25 of different reasons which this court sees from time to time,

1 trading sex for drugs or selling it out or dispensing drugs.

2 All I'm suggesting is where we had difficulty on this from a
3 factual basis and where we explained to Dr. Tiano was that the
4 law is very tough on this, and that it's -- it indicates that
5 deliberate indifference is tantamount to willfulness, and we
6 believe that's what happened here as opposed to him -- he wasn't
7 in the business of billing. He got someone else involved. The
8 billing sheets, when he would review the charts at night, and
9 Ms. Schwartz pointed out, he would do certain things.

10 Unfortunately, this thing got way out of control, but he was
11 trying. He was -- he would not schedule -- he would not provide
12 any Schedule II drugs. He made people go to a pain clinic. He
13 made them sign pain contracts. He tested them. I mean, he
14 didn't personally, but he was ordering these things at night.

15 The whole system of him reviewing charts at night was a
16 flawed system. It was a terrible system, and it was wrong.
17 And -- but to say that in his mind he was selling this, he was
18 trying to make this thing work is what I would suggest to the
19 court, and when he learned that from time to time, he would make
20 inquiries. You know it's wrong to bill as a -- for me doing the
21 services when it's a nurse practitioner. I think it's 15
22 percent difference. I think nurse practitioners get 85 percent
23 of the bill and a doctor gets 100 percent for the services. And
24 he would get inadequate answers and he did nothing about it, and
25 that's where the deliberate indifference in my opinion comes in

1 with respect to this count, and that he did nothing.

2 And I will say, of course, you know, so that the court
3 understands, when he learned, after he was basically gone from
4 the clinic, he wrote in August of 2007 to the clinic, to the
5 pharmacy, and to the billing company that he was no longer
6 associated with the clinic, he had nothing to do with the clinic
7 and shouldn't be billed, and they continued to bill under his
8 name for several months after that.

9 And so, I just want the court to understand, and I know
10 Ms. Schwartz and I agree 99 percent on the facts here, it's just
11 maybe the way it was -- when she said she would argue, and I
12 would certainly be arguing, if we went to trial, something
13 different, but this was not as black and white on a willfulness
14 kind of standard as the norm, which the case law says it's not,
15 it is different. And so, what I would suggest to the court is
16 billing was not something he was doing on any regular basis, but
17 he was learning about it and he did nothing to correct it.

18 THE COURT: The court discerns from what has been
19 stated, that the defendant knew that these unlawful practices
20 were taking place and permitted them to continue for what would
21 have been a period of at least 15 months. And if it is being
22 suggested that the defendant is saying anything other than the
23 fact that he knew this was taking place and he was responsible
24 for it and was doing nothing about it, but, rather, undertaking
25 to receive emoluments from that course of conduct, if the

1 defendant is acknowledging that, then the court discerns from
2 that a specific intent to defraud.

3 Do I understand anything less than that from what you are
4 saying, Mr. DiPiero?

5 MR. DIPIERO: No, Your Honor.

6 THE COURT: Is that your understanding as well, doctor?

7 THE DEFENDANT: Yes, sir.

8 THE COURT: Do the parties have anything further with
9 respect to the factual basis for the plea?

10 MS. SCHWARTZ: No, Your Honor.

11 BY THE COURT:

12 Q. I'll ask you then, Dr. Tiano. Did you do the acts to which
13 you've pled guilty as more fully set forth in count one?

14 A. Yes, sir.

15 Q. And count two?

16 A. Yes, sir.

17 Q. At the time you did those acts, did you know and understand
18 and intend what you were doing?

19 A. Yes, sir.

20 Q. Are you pleading guilty then because you are, in fact,
21 guilty of each of the two counts of the information?

22 A. Yes, sir.

23 Q. Do you understand all of the proceedings that have taken
24 place here today?

25 A. Yes, sir.

1 Q. Do you wish to go forward with your pleas of guilty to the
2 information?

3 A. Yes, sir.

4 THE COURT: The court finds there is a factual basis
5 for the plea; and in each instance, the plea is entered freely
6 and voluntarily, with the full knowledge of the consequence of
7 the plea, including the possible penalty that the court may in
8 this case impose.

9 The court accepts and approves the plea agreement, and finds
10 that that agreement adequately protects the rights of the
11 defendant and is in the interests of justice.

12 The court accordingly accepts your pleas of guilty, sir, and
13 upon your pleas of guilty, it is adjudged by the court that you
14 are guilty of the charges contained in each of the two counts of
15 the information, and you stand convicted of one violation of
16 Title 21, United States Code, Section 846, and one violation of
17 Title 18, United States Code, Sections 1347 and 2.

18 The court would direct a presentence investigation by the
19 probation department of this court, and will continue your case
20 for sentencing to a date to be noted in a moment.

21 Is this the defendant's first appearance?

22 MS. SCHWARTZ: It is, Your Honor.

23 THE COURT: Is there a pretrial services report?

24 (Pause.)

25 THE COURT: Doctor, there's one more question I want to

1 ask you about the statement that was made by Ms. Schwartz when I
2 last asked you if the last part of what she had said, the last
3 half, so to speak, of what she said was accurate, and your
4 answer was mostly. Are you taking exception only to the
5 description that she gave of the selling of your registration?
6 Is that the only exception?

7 THE DEFENDANT: Yes, sir.

8 THE COURT: That's what you meant by mostly?

9 THE DEFENDANT: Yes, sir.

10 THE COURT: Otherwise it was correct?

11 THE DEFENDANT: Yes, sir.

12 THE COURT: Thank you.

13 Does the government have a recommendation as to bond?

14 MS. SCHWARTZ: Your Honor, the United States would
15 recommend the standard conditions of bond and a \$10,000
16 unsecured bond. Dr. Tiano has been nothing but cooperative with
17 the United States.

18 THE COURT: The defense counsel is familiar with the
19 usual conditions of the bond, and I take it that's what you are
20 requesting.

21 MS. SCHWARTZ: I am, and I do know that Dr. Tiano has
22 brought his passport and would tender that to the United States,
23 and we would ask for restrictions, reasonable restrictions on
24 his travel, Your Honor.

25 THE COURT: Is it that his travel be restricted to the

1 Southern District of West Virginia?

2 MS. SCHWARTZ: Yes. I'm not aware of any other
3 specific need he might have to travel outside of West Virginia,
4 and I would note that he has tendered his passport in a gesture
5 of good faith.

6 MR. DIPIERO: Your Honor, I would ask that he be
7 allowed to travel throughout West Virginia since he lives in the
8 Northern District and he has to come down and see me from time
9 to time.

10 THE COURT: And do I understand the passport is now
11 being surrendered to the clerk?

12 MR. DIPIERO: Yes, Your Honor.

13 THE COURT: The court first notes that it would
14 continue this proceeding for sentencing to April 2, 2010, at
15 10:00 o'clock. Is that a satisfactory date with counsel?

16 MS. SCHWARTZ: It is, Your Honor.

17 MR. DIPIERO: Yes, Your Honor, that will work.

18 THE COURT: Thank you.

19 Dr. Tiano, the court is going to sign an order that will
20 permit you to make bond in the amount of \$10,000 unsecured, with
21 the usual conditions, with it being understood that travel is
22 permitted throughout West Virginia, and I'm going to sign that
23 document. In order for it to become effective, you need to
24 review it and sign it for the purpose of acknowledging your
25 understanding of its provisions. You'll have this before you at

1 counsel table here in a few moments, and you can go over it then
2 and complete it after having studied it to be sure that you
3 understand everything in it, and then sign it.

4 MR. DIPIERO: Your Honor, excuse me. I just looked at
5 the calendar. April 2 is Good Friday and my children are off
6 from college and I believe we are planning a trip, and I was
7 wondering if we might pick another date. That is one little
8 time they get off. And if it's at all possible, I would --

9 THE COURT: When are you tied up? Is it simply Friday?

10 MR. DIPIERO: I think it's going to be Thursday through
11 Easter Monday. I'm free most of March, Your Honor.

12 THE COURT: Let me ask whether it would be agreeable
13 with the parties to set sentencing for May 12th at 1:30.

14 MS. SCHWARTZ: That's fine with the United States, Your
15 Honor, although there may be a desire on the part of the
16 defendant to move quicker.

17 THE COURT: How is that?

18 MS. SCHWARTZ: I'm sorry.

19 THE COURT: Pardon me?

20 MS. SCHWARTZ: There may be a desire on the part of the
21 defendant to move more quickly, if possible.

22 THE COURT: I'll let Mr. DiPiero tell us about that.

23 Mr. DiPiero, before you conclude that conversation with
24 Ms. Schwartz, let me ask you to think in terms of Thursday, May
25 6th.

1 MR. DIPIERO: Your Honor, either of those days are
2 fine. It's in terms of a day. If the court prefers to do it
3 that day, that's fine. Dr. Tiano is at one level wanting to get
4 moving. He would like to almost start his sentence immediately
5 if he is going to get prison. I think there's a chance that
6 I'll be arguing that that is not necessarily appropriate.
7 There's a chance that he may end up testifying down the road.
8 The sentence could be postponed even longer, which everything --
9 all the time continues to hurt his ability to get his license
10 back eventually. Any supervised release has to be completely
11 finished or any probation before the -- before he could ever get
12 a DEA license or before he could ever get his license back.

13 THE COURT: Well, let me interrupt that just a moment
14 and ask you about this and Ms. Schwartz as well. To what extent
15 is this a records case insofar as the probation office is
16 concerned? How much of a problem is that going to be?

17 MS. SCHWARTZ: We talked with the probation officer
18 briefly about that. This is, as the court might imagine, a case
19 involving a huge amount of records. However, the documents that
20 have been provided to counsel that support the stipulation of
21 facts I think are the most relevant documents, and those are the
22 ones that I intend to get together as quickly as possible and
23 provide to Ms. Loftis. Of course, she will have access to look
24 at any of the documents that she may want to review.

25 For example, Your Honor, there is a binder that's nine, ten

1 inches thick that is simply a printout from the West Virginia
2 Board of Pharmacy that shows all the prescriptions that were
3 issued under Dr. Tiano's number for controlled substances while
4 he was associated with the Justice Medical Clinic. That
5 document itself is not something that Ms. Loftis would need to
6 see. She would need to see maybe the summary of that document
7 or the amount of prescriptions.

8 So I think that it's something that I could prioritize and
9 get to Ms. Loftis by the first of the year at the latest so that
10 she could be moving forward, and I think that Mr. Tiano and
11 Ms. Langeland would be willing to help me to make sure that we
12 have all the information that was provided to them in a package
13 so that Ms. Loftis has it, because everybody I think is
14 concerned about trying to get Dr. Tiano processed as quickly as
15 possible.

16 THE COURT: Thank you.

17 Just one moment before I hear further from you, Mr. DiPiero.
18 Mr. DiPiero, add whatever else you had, but consider March
19 23rd.

20 MR. DIPIERO: I'm going to be out of town that week,
21 judge, I'm sorry. The previous week or following week --

22 THE COURT: You know, you are the major problem here.

23 MR. DIPIERO: Judge, I've got a son who is trying to
24 pick a college, and he is struggling.

25 THE COURT: So when are you going to be out of town?

1 MR. DIPIERO: That week. The whole previous week, I'm
2 fine, and the whole next week until -- I can probably do it -- I
3 could probably be here Thursday morning, probably wouldn't leave
4 until Thursday evening, but I would prefer either the 29th,
5 30th. I could do 15th to 19th. I can do the 1st through the
6 5th.

7 THE COURT: March 18th work?

8 MR. DIPIERO: Yes, sir.

9 MS. SCHWARTZ: I think that works for both lawyers,
10 Your Honor.

11 THE COURT: You just think?

12 MS. SCHWARTZ: It does. It works for me.

13 MR. DIPIERO: Sorry to be the problem, judge.

14 THE COURT: All right. March 18th at 1:30.

15 MR. DIPIERO: Thank you.

16 THE COURT: Dr. Tiano, the order that I referred to
17 will be prepared for your review in a few moments, and you can
18 remain in the courtroom, go over it, and once you have executed
19 it, then at that point you will need to be processed by the
20 marshal, and the probation officer may wish a word with you.
21 And then once that's done, you can go to the clerk's office and
22 make bond, and it will have to be sent back to me probably for
23 my approval. I think that's still the procedure today. We're
24 about to change it, but once it comes back and is approved, you
25 will be free at that point to leave.

1 And I would ask the parties whether or not you have anything
2 further at this time.

3 MS. SCHWARTZ: Nothing further, Your Honor.

4 MR. DIPIERO: No, Your Honor.

5 THE COURT: If not, we'll stand continued as indicated.

6 Thank you.

7 MR. DIPIERO: Thank you, judge.

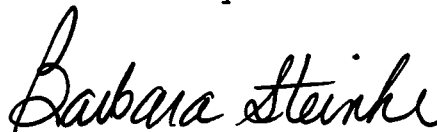
8 (At 3:22 p.m. the hearing was concluded.)

9 --oOo--

10 REPORTER'S CERTIFICATE

11 I, Barbara Steinke, Registered Merit Reporter, do hereby
12 certify that the foregoing proceedings were reduced to writing
13 by me at the time and place therein mentioned, and said
14 proceedings are a true and accurate transcript from my notes. I
further certify that I am neither related to any of the parties
by blood or marriage, nor do I have any interest in the outcome
of the above matter.

15



16 January 12, 2010

s/Barbara Steinke

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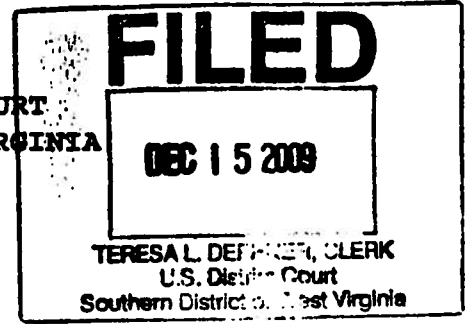
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UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA
AT CHARLESTON



UNITED STATES OF AMERICA

v.

CRIMINAL ACTION NO. 2:09-00259

JOHN THEODORE TIANO, M.D.

GUILTY PLEA

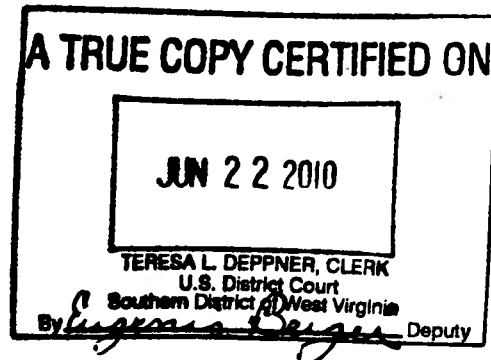
In the presence of J. Timothy DiPiero, my counsel, who has fully explained the charges contained in the information against me and, having received a copy of the information from the United States Attorney before being called upon to plead, I hereby plead GUILTY to the two-count information.

12/15/09
Date

John Theodore Tiano
John Theodore Tiano, M.D.

Witness:

Tim DiPiero
Counsel for Defendant





U.S. Department of Justice

United States Attorney
Southern District of West Virginia

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Charleston, WV 25301
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FILED
DEC 15 2009
TERESA L. DEPPNER, CLERK
U.S. District Court
Southern District of West Virginia

November 17, 2009

J. Timothy DiPiero, Esquire
604 Virginia Street, East
Charleston, West Virginia 25301

Re: United States v. John Theodore Tiano, M.D.

Dear Mr. DiPiero:

This will confirm our conversations with regard to your client, John Theodore Tiano, M.D. (hereinafter "Dr. Tiano"). As a result of these conversations, it is agreed by and between the United States and Dr. Tiano as follows:

1. **CHARGING AGREEMENT.** Dr. Tiano agrees to waive his right pursuant to Rule 7 of the Federal Rules of Criminal Procedure to be charged by indictment and will consent to the filing of a two-count information to be filed in the United States District Court for the Southern District of West Virginia, a copy of which is attached hereto as "Plea Agreement Exhibit A."

2. **RESOLUTION OF CHARGES.** Dr. Tiano will plead guilty to violations of 21 U.S.C. § 846 (conspiracy to use a registration number to distribute controlled substances in violation of 21:843(a)(2)) and 18 U.S.C. §§ 1347 and 2 (aiding and abetting health care fraud) as charged in said information.

3. **MAXIMUM POTENTIAL PENALTY.** The maximum penalty to which Dr. Tiano will be exposed by virtue of this guilty plea is as follows:

COUNT ONE

(a) Imprisonment for a period of 4 years;

(b) A fine of \$250,000, or twice the gross pecuniary gain or twice the gross pecuniary loss resulting from defendant's conduct, whichever is greater;

A TRUE COPY CERTIFIED ON
DEC 22 2010
TERESA L. DEPPNER, CLERK
U.S. District Court

[Signature]
Defendant's

J. Timothy DiPiero, Esquire
November 17, 2009

Page 2

Re: ~~John Theodore Tiano, M.D.~~

- (c) A term of supervised release of 1 year;
- (d) A mandatory special assessment of \$100 pursuant to 18 U.S.C. § 3013;
- (e) Pursuant to 21 U.S.C. § 862(a)(1), the Court may deny certain federal benefits to Dr. Tiano for a period of 5 years; and
- (f) Restitution as may be ordered by the Court pursuant to 18 U.S.C. §§ 3663 and 3664.

COUNT TWO

- (a) Imprisonment for a period of 10 years;
- (b) A fine of \$250,000, or twice the gross pecuniary gain or twice the gross pecuniary loss resulting from defendant's conduct, whichever is greater;
- (c) A term of supervised release of 3 years;
- (d) A mandatory special assessment of \$100 pursuant to 18 U.S.C. § 3013; and
- (e) Restitution as may be ordered by the Court pursuant to 18 U.S.C. §§ 3663A and 3664.

TOTAL MAXIMUM

- (a) Imprisonment for a period of 14 years;
- (b) A fine of \$500,000, or twice the gross pecuniary gain or twice the gross pecuniary loss resulting from defendant's conduct, whichever is greater;
- (c) A term of supervised release of 3 years;

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Re: John Theodore Tiano, M.D.

- (d) A mandatory special assessment of \$200 pursuant to 18 U.S.C. § 3013;
- (e) Pursuant to 21 U.S.C. § 862(a)(1), the Court may deny certain federal benefits to Dr. Tiano for a period of 5 years; and
- (f) Restitution as may be ordered by the Court pursuant to 18 U.S.C. §§ 3663, 3663A and 3664.

4. **LICENSE REVOCATION.** Dr. Tiano agrees:

- (a) to surrender all of his Drug Enforcement Administration (DEA) Certificates of Registration at a time and place to be determined by the United States;
- (b) not to oppose revocation of any registration to dispense controlled substances pursuant to 21 U.S.C. § 824(a) and 21 C.F.R. § 1301.45 on the ground that he has been convicted of a felony relating to a controlled substance and committed such acts as would render his registration under 21 U.S.C. § 823 inconsistent with the public interest as determined under that section; and
- (c) not to apply for re-registration with DEA until on or after the termination of any period of imprisonment and/or supervision which may be imposed by the Court.

5. **SPECIAL ASSESSMENT.** Prior to the entry of a plea pursuant to this plea agreement, Dr. Tiano will tender a check or money order to the Clerk of the United States District Court for \$200, which check or money order shall indicate on its face the name of defendant and the case number. The sum received by the Clerk will be applied toward the special assessment imposed by the Court at sentencing. Dr. Tiano will obtain a receipt of payment from the Clerk and will tender a copy of such receipt to the United States, to be filed with the Court as an attachment to this plea agreement. If Dr. Tiano fails to provide proof of payment of the special assessment prior to or at the plea proceeding, the United


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Re: ~~John Theodore Tiano, M.D.~~

States will have the right to void this plea agreement. In the event this plea agreement becomes void after payment of the special assessment, such sum shall be promptly returned to Dr. Tiano.

6. **RESTITUTION.** Dr. Tiano agrees that he owes restitution in the amount of \$119,785.57 and agrees to pay such restitution, with interest as allowed by law, to the fullest extent financially feasible. In aid of restitution, Dr. Tiano further agrees as follows:

- (a) Dr. Tiano agrees to fully assist the United States in identifying and locating any assets to be applied toward restitution and to give signed, sworn statements and testimony concerning assets upon request of the United States.
- (b) Dr. Tiano will fully complete and execute, under oath, a Financial Statement and a Release of Financial Information on forms supplied by the United States and will return these completed forms to counsel for the United States within seven calendar days from the date of the signing of this plea agreement.
- (c) Dr. Tiano agrees not to dispose of, transfer or otherwise encumber any real or personal property which he currently owns or in which he holds an interest.
- (d) Dr. Tiano agrees to fully cooperate with the United States in the liquidation of assets to be applied towards restitution, to execute any and all documents necessary to transfer title of any assets available to satisfy restitution, to release any and all right, title and interest he may have in and to such property, and waives his right to exemptions under the Federal Debt Collection Procedures Act upon levy against and the sale of any such property.


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Re: ~~John Theodore Tiano, M.D.~~

- (e) Dr. Tiano agrees not to appeal any order of the District Court imposing restitution unless the amount of restitution imposed exceeds the amount set forth in this plea agreement. However, nothing in this provision is intended to preclude the Court from ordering Dr. Tiano to pay a greater or lesser sum of restitution in accordance with law.

7. **PAYMENT OF MONETARY PENALTIES.** Dr. Tiano agrees not to object to the District Court ordering all monetary penalties (including the special assessment, fine, court costs, and any restitution that does not exceed the amount set forth in this plea agreement) to be due and payable in full immediately and subject to immediate enforcement by the United States. So long as the monetary penalties are ordered to be due and payable in full immediately, Dr. Tiano further agrees not to object to the District Court imposing any schedule of payments as merely a minimum schedule of payments and not the only method, nor a limitation on the methods, available to the United States to enforce the judgment.

8. **COOPERATION.** Dr. Tiano will be forthright and truthful with this office and other law enforcement agencies with regard to all inquiries made pursuant to this agreement, and will give signed, sworn statements and grand jury and trial testimony upon request of the United States. In addition, Dr. Tiano agrees to be named as an unindicted co-conspirator and unindicted aider and abettor in appropriate subsequent additional charges, including additional indictments. In complying with this provision, Dr. Tiano may have counsel present except when appearing before a grand jury.

9. **USE IMMUNITY.** Unless this agreement becomes void due to a violation of any of its terms by Dr. Tiano, and except as expressly provided for in paragraph 11, nothing contained in any statement or testimony provided by Dr. Tiano pursuant to this agreement, or any evidence developed therefrom, will be used


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J. Timothy DiPiero, Esquire
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Re: John Theodore Tiano, M.D.

against him, directly or indirectly, in any further criminal prosecutions or in determining the applicable guideline range under the Federal Sentencing Guidelines.

10. **LIMITATIONS ON IMMUNITY.** Nothing contained in this agreement restricts the use of information obtained by the United States from an independent, legitimate source, separate and apart from any information and testimony provided pursuant to this agreement, in determining the applicable guideline range or in prosecuting Dr. Tiano for any violations of federal or state laws. The United States reserves the right to prosecute Dr. Tiano for perjury or false statement if such a situation should occur pursuant to this agreement.

11. **STIPULATION OF FACTS AND WAIVER OF FED. R. EVID. 410.** The United States and Dr. Tiano stipulate and agree that the facts comprising the offenses of conviction and relevant conduct include the facts outlined in the "Stipulation of Facts," a copy of which is attached hereto as "Plea Agreement Exhibit B."

Dr. Tiano agrees that if he withdraws from this agreement, or this agreement is voided as a result of a breach of its terms by Dr. Tiano, and he is subsequently tried on any of the charges in the information, the United States may use and introduce the "Stipulation of Facts" in the United States case-in-chief, in cross-examination of Dr. Tiano or of any of his witnesses, or in rebuttal of any testimony introduced by Dr. Tiano or on his behalf. Dr. Tiano knowingly and voluntarily waives, see United States v. Mezzanatto, 513 U.S. 196 (1995), any right he has pursuant to Fed. R. Evid. 410 that would prohibit such use of the Stipulation of Facts. If the Court does not accept the plea agreement through no fault of the defendant, or the Court declares the agreement void due to a breach of its terms by the United States, the Stipulation of Facts cannot be used by the United States.

The United States and Dr. Tiano understand and acknowledge that the Court is not bound by the Stipulation of Facts and that if some or all of the Stipulation of Facts is not accepted by the


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Re: John Theodore Tiano, M.D.

Court, the parties will not have the right to withdraw from the plea agreement.

12. AGREEMENT ON SENTENCING GUIDELINES. Based on the foregoing Stipulation of Facts, the United States and Dr. Tiano agree that the following provisions of the United States Sentencing Guidelines apply to this case.

I. COUNT ONE: Conspiracy to use a registration number in violation of 21 U.S.C. §§ 846 and 843(a) (2)

Base Offense Level per USSG §2D3.1	6
Aggravating Role per USSG §3B1.1(a)	+ 4 10

II. COUNT TWO: Aiding and abetting health care fraud in violation of 18 U.S.C. §§ 1347 and 2

Base Offense level per USSG §2B1.1(a) (2)	6
Specific Offense Characteristics per USSG §2B1(b) (1) (B) (\$119,785.57)	+ 8
Aggravating Role per USSG §3B1.1(a)	+ 4 18

III. APPLICATION OF USSG 3D1.2 - 1.4 GROUPING ISSUE

Multiple Count Adjustment- USSG 3D1.4(b) ½ unit - yields no increase

COUNT ONE:	Adjusted offense level	10
COUNT TWO:	Adjusted offense level	18

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Re: John Theodore Tiano, M.D.

Total Adjusted Offense Level, before
consideration of acceptance of
responsibility 18

This agreement does not contain each and every fact known to defendant and to the United States concerning defendant's involvement and the involvement of others in the charges set forth in the information.

The United States and Dr. Tiano acknowledge and understand that the Court and the Probation Office are not bound by the parties' calculation of the United States Sentencing Guidelines set forth above and that the parties shall not have the right to withdraw from the plea agreement due to a disagreement with the Court's calculation of the appropriate guideline range.

13. WAIVER OF APPEAL AND COLLATERAL ATTACK. The parties reserve the right to appeal the District Court's determination of the adjusted offense level, prior to consideration of acceptance of responsibility, if the District Court's determination differs from that stated in paragraph 12 above. Nonetheless, Dr. Tiano knowingly and voluntarily waives his right to seek appellate review of any sentence of imprisonment or fine imposed by the District Court, or the manner in which the sentence was determined, on any other ground whatsoever including any ground set forth in 18 U.S.C. § 3742, so long as that sentence of imprisonment or fine is below or within the Sentencing Guideline range corresponding to offense level 18. The United States also waives its right to seek appellate review of any sentence of imprisonment or fine imposed by the District Court, or the manner in which the sentence was determined, on any other ground whatsoever including any ground set forth in 18 U.S.C. § 3742, so long as that sentence of imprisonment or fine is within or above the Sentencing Guideline range corresponding to offense level 15.

Dr. Tiano also knowingly and voluntarily waives the right to challenge his guilty plea and his conviction resulting from this plea agreement, and any sentence imposed for the conviction, in any collateral attack, including but not limited to a motion brought under 28 U.S.C. § 2255.

The waivers noted above shall not apply to a post-conviction collateral attack or direct appeal based on a claim of ineffective assistance of counsel.

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Re: John Theodore Tiano, M.D.

14. **WAIVER OF FOIA AND PRIVACY RIGHT.** Dr. Tiano knowingly and voluntarily waives all rights, whether asserted directly or by a representative, to request or receive from any department or agency of the United States any records pertaining to the investigation or prosecution of this case, including without any limitation any records that may be sought under the Freedom of Information Act (FOIA), 5 U.S.C. § 552, or the Privacy Act of 1974, 5 U.S.C. § 552a, following final disposition.

15. **FINAL DISPOSITION.** The matter of sentencing is within the sole discretion of the Court. The United States has made no representations or promises as to a specific sentence. The United States reserves the right to:

- (a) Inform the Probation Office and the Court of all relevant facts and conduct;
- (b) Present evidence and argument relevant to the factors enumerated in 18 U.S.C. § 3553(a);
- (c) Respond to questions raised by the Court;
- (d) Correct inaccuracies or inadequacies in the presentence report;
- (e) Respond to statements made to the Court by or on behalf of Dr. Tiano;
- (f) Advise the Court concerning the nature and extent of Dr. Tiano's cooperation; and
- (g) Address the Court regarding the issue of Dr. Tiano's acceptance of responsibility.

16. **VOIDING OF AGREEMENT.** If either the United States or Dr. Tiano violates the terms of this agreement, the other party will have the right to void this agreement. If the Court refuses to accept this agreement, it shall be void.


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initials

J. Timothy DiPiero, Esquire
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Re: John Theodore Tiano, M.D.

17. **ENTIRETY OF AGREEMENT.** This written agreement constitutes the entire agreement between the United States and Dr. Tiano in this matter. There are no agreements, understandings or recommendations as to any other pending or future charges against Dr. Tiano in any Court other than the United States District Court for the Southern District of West Virginia.

Acknowledged and agreed to on behalf of the United States:

CHARLES T. MILLER
United States Attorney

By:

Monica K. Schwartz
MONICA K. SCHWARTZ
Assistant United States Attorney

MKS/fgc

I hereby acknowledge by my initials at the bottom of each of the foregoing pages and by my signature on the last page of this 10-page agreement that I have read and carefully discussed every part of it with my attorneys, that I understand the terms of this agreement, and that I voluntarily agree to those terms and conditions set forth in the agreement. I further acknowledge that my attorneys have advised me of my rights, possible defenses, the Sentencing Guideline provisions, and the consequences of entering into this agreement, that no promises or inducements have been made to me other than those in this agreement, and that no one has threatened me or forced me in any way to enter into this agreement. Finally, I am satisfied with the representation of my attorneys in this matter.

John T. Tiano

JOHN THEODORE TIANO, M.D.
Defendant

11/17/09
Date Signed

J. Timothy DiPiero

J. TIMOTHY DIPIERO
Counsel for Defendant

11/18/09
Date Signed

UNITED STATES DISTRICT COURT FOR THE
SOUTHERN DISTRICT OF WEST VIRGINIA
CHARLESTON

UNITED STATES OF AMERICA

v.

CRIMINAL NO.

21 U.S.C. § 846
18 U.S.C. § 1347
18 U.S.C. § 2

JOHN THEODORE TIANO, M.D.

I N F O R M A T I O N

The United States Attorney Charges:

COUNT ONE

(Conspiracy To Misuse Registration Number)

From 2005 and continuing to on or about March 31, 2007, at or near Kermit, Mingo County, West Virginia, and within the Southern District of West Virginia, and elsewhere, defendant JOHN THEODORE TIANO, M.D. and other individuals known to the United States Attorney, knowingly conspired to commit offenses in violation of 21 U.S.C. § 843(a)(2), that is, knowingly and intentionally causing others to use a registration number which was issued to him, in the course of the distribution of, and for the purpose of acquiring and obtaining hydrocodone, a Schedule III controlled substance, and alprazolam, A Schedule IV controlled substance.

In violation of Title 21, United States Code, Section 846.

COUNT TWO

(Health Care Fraud/Aiding And Abetting)

Introduction

At all relevant times:

1. Defendant JOHN THEODORE TIANO, M.D., was a medical doctor licensed in West Virginia and associated with a medical clinic (hereinafter "the clinic"), located between Kermit and Crum, West Virginia.

2. Beginning in or about September 2005, controlled substance prescriptions issued through the clinic were transmitted to and filled at a pharmacy located at or near Kermit, Mingo County, West Virginia.

3. Defendant was the "supervisor" of certain nurse practitioners (N.P.s) and physician' assistants (P.A.s) employed by the clinic.

4. Medicare was a program established and fully funded by the United States to provide health insurance to the elderly, severely disabled, or persons with specific chronic medical conditions. Medicare was administered by the Department of Health and Human Services (HHS) and private companies under contract with HHS.

The Scheme to Defraud

5. From 2005 and continuing to in or about March 31, 2007, at or near Kermit, Mingo County, West Virginia, and within the Southern District of West Virginia, and elsewhere, defendant JOHN THEODORE TIANO, M.D., aided and abetted by others known to the

United States Attorney, did knowingly and willfully execute and attempt to execute a scheme and artifice to defraud a health care benefit program, that is, the Medicare program, which scheme and artifice involved misrepresentation and concealment of material facts, and to obtain, by means of materially false and fraudulent pretenses and representations, money owned by and under the control and custody of the Medicare program, in connection with the payment for medical services and for prescription medication.

Manner and Means of
Execution of the Scheme

6. It was part of the scheme that defendant JOHN THEODORE TIANO, M.D., allowed the clinic and its employees to use his name and Medicare provider number to bill for services as if such services had been personally performed by defendant, a physician, when in fact, they were not.

7. It was further part of the scheme that defendant JOHN THEODORE TIANO, M.D. allowed nurse practitioners and others who were employed by, or associated with, the clinic to use his Drug Enforcement Administration (DEA) registration number to issue controlled substance prescriptions for, and to acquire and obtain hydrocodone, a schedule III controlled substance, and alprazolam, a schedule IV controlled substance.

8. It was further part of the scheme that N.P.s who were employed by the clinic personally met with and provided face-to-face personal examinations and evaluations of patients.

9. It was further part of the scheme that defendant normally did not meet with or perform face-to-face examinations and evaluations of patients at the clinic.

10. It was further part of the scheme that employees of the clinic, would and did complete billing documents falsely indicating that services had been personally provided by defendant to Medicare beneficiaries, thereby facilitating payments by Medicare.

11. As a result of the fraudulent scheme, defendant JOHN THEODORE TIANO, M.D., aided and abetted by others known to the United States Attorney, would and did cause the Medicare program to pay \$119,785.57 for services ostensibly performed by a physician, which were not, in fact, performed by a physician.

In violation of Title 18, United States Code, Sections 1347 and 2.

UNITED STATES OF AMERICA

CHARLES T. MILLER
United States Attorney

By:

MONICA K. SCHWARTZ
Assistant United States Attorney

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA
CHARLESTON

UNITED STATES OF AMERICA

v.

CRIMINAL NO. _____

JOHN THEODORE TIANO, M.D.

STIPULATION OF FACTS

The United States and John Theodore Tiano, M.D. (defendant) stipulate and agree that the facts comprising the offenses of conviction in the information to be filed against him in the Southern District of West Virginia, and the relevant conduct for those offenses, include the following:

1. Defendant has been a duly licensed medical doctor in West Virginia since September 13, 2004, and at all relevant times, had a Drug Enforcement (DEA) registration number authorizing him to issue prescriptions for controlled substances and a unique Medicare provider identification number, allowing him to bill Medicare for services that he provided.
2. In 2005, while defendant was employed as a full-time resident in Marshall University's Cardiology Program, he was recruited to "moonlight" at a new practice then known as the Justice & Wells Medical Complex, LLC and later known as the Justice Medical Complex (JMC), located between Kermit and Crum, West Virginia.
3. From the time he was approached to join JMC, to at least March 26, 2009, defendant continued in the full time Cardiology Program at Marshall University, completing that program in June 2009. Despite his full time employment with Marshall University, defendant worked with others who owned, operated, and/or were associated with, JMC to initiate and develop the business.

"PLEA AGREEMENT EXHIBIT B"

Defendant's
Initials

4. Defendant began his association with JMC in or about May, 2005. In or about April 2007, at the insistence of the Marshall University Cardiology Program, defendant was required to end his association with JMC. Defendant stopped working for JMC in April 2007 and recruited another doctor to take his place. That physician left JMC, after a few months. Dr. Tiano then recruited a second physician to take his place at JMC in September 2007. Compensation provided by JMC to defendant included wages of at least \$76,658.89 plus non-wage payments of at least \$176,343.65, totaling \$253,002.54. Defendant's last paycheck from JMC was issued on or about September 28, 2007.
5. JMC used defendant's DEA registration number to issue prescriptions for controlled substances through August of 2007 and to bill Medicare for defendant's services through October, 2008.
6. While associated with JMC, defendant:
 - a. Recruited at least two other physicians, and a physician's assistant (PA), to associate with JMC, and "supervised" at least three nurse practitioners and at least one physician's assistant; and
 - b. Assisted the owner of JMC with locating a billing and credentialing company.
7. Medicare is a program established and fully funded by the United States to provide health insurance to the elderly, severely disabled, or persons with specific chronic medical conditions. Medicare is administered by the Department of Health and Human Services (HHS) and private companies under contract with HHS.
8. In 2005, in conjunction with his association with JMC, defendant signed a statement certifying to Medicare that he understood that the Medicare identification number issued to him could only be used by him or by a provider or supplier to whom he reassigned his benefits when billing for services rendered by him, and agreeing to abide by the Medicare laws, regulations, and program instructions.



 Defendant's
 Initials

- 9. Defendant also signed a statement certifying to Medicare that he would not submit claims with deliberate ignorance or reckless disregard of their truth or falsity.
- 10. Between 2005 and 2007, defendant knowingly and unlawfully allowed JMC to use his Medicare provider number to bill for services performed by mid-level practitioners. Defendant was alerted that JMC had used his Medicare number to bill improperly but did not take steps to effectively stop the fraudulent billing.
- 11. Defendant's compensation from JMC was linked to the fees generated from billing Medicare and other insurers.
- 12. Defendant knew that it was improper and illegal for JMC to bill Medicare under his Medicare provider number for services performed by others, including mid-level practitioners, as if he personally had performed the medical services.
- 13. JMC billed Medicare \$400,488.25 for services indicating defendant as the treating physician from December 3, 2005 through March 31, 2007. Medicare paid JMC \$119,785.57 on those claims. Defendant rarely performed services for JMC Medicare patients between ~~November 1, 2005~~ ^{December 31, 2005} and March 31, 2007.
- 14. The parties hereby agree and stipulate that the readily provable intended loss to Medicare attributable to defendant is \$119,785.57.
- 15. While associated with JMC, defendant knowingly and unlawfully agreed to allow others, including mid-level practitioners such as NPs and PAs to use his DEA registration number to issue tens of thousands of controlled substance prescriptions.
- 16. Mid-level practitioners such as NPs and PAs are non-physician medical professionals who provide patient care under the supervision of a physician. The scope of a mid-level provider's practice is governed by specific federal and state laws, and by policies promulgated by government and private insurance programs. In general, mid-level practitioners can examine, diagnose and provide certain treatments, including the prescription of certain, limited amounts of controlled substances, e.g.,


[Signature]
 Defendant's
 Initials

a 72 hour supply of hydrocodone, a Schedule III controlled substance, without refills.

17. A physician or mid-level provider who wishes to distribute controlled substance as part of his or her professional practice must do so pursuant to a DEA registration (21 U.S.C. § 822; 21 C.F.R. 1301.11).
18. JMC patients were routinely seen by the mid-level practitioners who caused prescriptions for controlled substances such as hydrocodone and alprazolam to be issued under defendant's name and Drug Enforcement Administration (DEA) registration number, in quantities intended to cover a 30-day supply and exceeding the amounts that mid-level practitioners are authorized to prescribe in their own names.
19. Patients were generally required to make monthly visits to JMC.
20. A valid controlled substance prescription must be issued by a practitioner who is authorized by the jurisdiction in which he is licensed to practice his profession and either registered or exempted from registration by the DEA (21 C.F.R. Section 1306.03(a)(1) and (2)).
21. A valid controlled substance prescription must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice (21 C.F.R. 1306.04(a)).
22. Mid-level practitioners at JMC (NPs and PAs) who had both prescriptive authority and a DEA registration did not prescribe controlled substances using their assigned DEA number as required. These mid-level practitioners used the DEA number of defendant which was not governed by conditions that a mid-level provider must follow. Specifically, PAs and NPs are limited to a seventy-two (72) hour supply, without refills, for all Schedule III controlled substances, whereas a physician with a DEA registration has no such limitation.
23. During defendant's tenure at JMC, NPs & PAs routinely prescribed 30-day supplies of controlled substances under defendant's name and DEA number.


Defendant's
Initials

24. It was improper and illegal for the JMC mid-level practitioners to issue controlled substance prescriptions using his name and DEA number.
25. Defendant knew that the controlled substance prescriptions issued through JMC under his name and DEA number included:
 - (a) hydrocodone, a Schedule III controlled substance which is a favorite of drug seekers and is commonly abused, traded, or sold "on the streets" for a profit; and
 - (b) alprazolam, also known as "Xanax," a Schedule IV anti-anxiety medication which is often requested in combination with hydrocodone by drug seekers for the heightened effect the combination produces and is commonly abused, traded, or sold "on the streets" for a profit.
26. Defendant knew that JMC attracted a large number of individuals who sought controlled substances, especially pain pills/hydrocodone, in conjunction with alprazolam.
27. Beginning in approximately September 2005, all of JMC's controlled substance prescriptions were sent to Sav-Rite Pharmacy in Kermit, Mingo County, West Virginia. At that time, the owner of Sav-Rite, who was also a pharmacist, was made aware that mid-level providers, rather than Dr. Tiano (or another physician), would actually be seeing JMC patients and causing the prescriptions to be issued using Dr. Tiano's DEA registration number.
28. On or about September 9, 2007, the WVBOM received an anonymous complaint alleging that defendant and others had engaged in illegal and unethical conduct in prescribing through JMC and that the clinic was handing out pain pills like candy. The WVBOM commenced an investigation of defendant.
29. On December 1, 2008, as the result of the investigation, defendant and the WVBOM entered into a Consent Order. Pursuant to said Order, defendant was (a) "PUBLICALLY REPRIMANDED;" (b) his license to practice medicine and surgery were placed on "PROBATION" for three years; (c) ordered to take a controlled substance management course;


Defendant's
Initials

(d) ordered to do a book report on "Responsible Opioid Prescribing, A Physician's Guide;" (e) ordered to confine his practice to cardiology during his period of probation; and (f) ordered to cease work at or for JMC.

- 30. The WVBCM concluded that there was "probable cause to substantiate charges" that while at JMC, defendant prescribed, dispensed or administered a prescription drug other than in good faith and/or in a therapeutic manner in accordance with acceptable medical standards, failed to practice medicine acceptably, and engaged in unprofessional, unethical, and dishonorable conduct.
- 31. This Stipulation of Facts does not contain each and every fact known to defendant and to the United States concerning defendant's involvement and the involvement of others in the charges set forth in the information.

John T. Tiano
JOHN THEODORE TIANO, M.D.
Defendant

Date 11/17/09

J. Timothy DiPiero
J. TIMOTHY DIPIERO
Counsel for Defendant

Date 11/18/09

Monica K. Schwartz
MONICA K. SCHWARTZ
Assistant United States Attorney

Date 12-8-09

Defendant's
Initials

IN THE UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA
AT CHARLESTON

-----X
 :
 4 UNITED STATES OF AMERICA, :
 :
 5 v. : CRIMINAL NO. 2:09-00259
 :
 6 JOHN T. TIANO, : MAY 25, 2010
 :
 7 Defendant. :
 -----X

TRANSCRIPT OF PROCEEDINGS
BEFORE THE HONORABLE JOHN T. COPENHAVER, JR.
UNITED STATES DISTRICT JUDGE

APPEARANCES:

FOR THE UNITED STATES: AUSA MONICA K. SCHWARTZ
 U.S. Attorney's Office
 P.O. Box 1713
 Charleston, WV 25336

FOR THE DEFENDANT: J. TIMOTHY DIPIERO
 HEATHER LANGELAND
 604 Virginia Street East
 Charleston, WV 25301

PROBATION OFFICER: RUTH LOFTIS
 KIARA MOORE
 U.S. Probation Office
 300 Virginia Street East
 Charleston, WV 25301

COURT REPORTER: BARBARA STEINKE, RMR
 Post Office Box 75025
 Charleston, WV 25375
 (304) 347-3151

These proceedings were reported with use of a stenographic machine and transcribed with use of computer-aided transcription.

EXHIBIT 4

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P R O C E E D I N G S

1:40 p.m.

THE CLERK: The case before the court is the *United States of America versus John Theodore Tiano, M.D.*, Criminal Number 2:09-00259. Would counsel note their appearance for the record, please.

MS. SWARTZ: On behalf of the United States, Your Honor, Monica Schwartz. With me at counsel table is Maryanne Withrow from the Department of Health and Human Services, Office of the Inspector General.

THE COURT: Thank you.

MR. DIPIERO: Your Honor, on behalf of Dr. Tiano who is present, Tim DiPiero and Heather Langeland.

THE COURT: Thank you.

(The defendant was sworn.)

THE COURT: Mr. DiPiero, have you been over the probation department's presentence report in this case with Dr. Tiano?

MR. DIPIERO: I have, Your Honor.

THE COURT: Have you gone over it with him thoroughly?

MR. DIPIERO: Yes, sir.

THE COURT: Can you tell me whether or not he understands it?

MR. DIPIERO: Absolutely, he does.

THE COURT: Thank you.

Dr. Tiano, have you been over the probation department's

1 presentence report?

2 THE DEFENDANT: Yes, sir.

3 THE COURT: Have you gone over it thoroughly with your
4 attorney, Mr. DiPiero?

5 THE DEFENDANT: Yes, sir.

6 THE COURT: Has he explained to you everything in it
7 that you didn't already understand after you first read it?

8 THE DEFENDANT: Yes.

9 THE COURT: Do you understand everything in that
10 report?

11 THE DEFENDANT: Yes, sir.

12 THE COURT: Anything at all about it that you don't
13 understand?

14 THE DEFENDANT: No, sir.

15 THE COURT: Thank you.

16 You may be seated.

17 Mr. DiPiero, there are two objections set forth in the
18 report by the defendant.

19 Before we get to that, in the sentencing memorandum that you
20 furnished on page 9 are listed a series of items which you
21 contend that are what I would characterize as errors in the
22 presentence report, and if the presentence report is being
23 objected to on the ground of any one or more of those items,
24 then they need to be taken up and specifically dealt with now
25 and the court rule upon them as to whether or not the

1 presentence report is or is not erroneous in each of those
2 respects.

3 MR. DIPIERO: Your Honor, I do not intend to spend a
4 lot of time at all --

5 THE COURT: I know you didn't intend to do that, but
6 either there is an objection or there isn't.

7 MR. DIPIERO: Okay.

8 THE COURT: And if there is an objection, I need to
9 know about it and it needs to be ruled upon now at this time.

10 MR. DIPIERO: Let me ask just a question, Your Honor.
11 Could -- I'm not sure of the practice, but can the
12 clarifications be simply incorporated as an addendum to the
13 presentence? Because I don't really want to spend the time
14 objecting to these things, but if there is no objection to the
15 clarifications by the government, then perhaps they can just be
16 added as an addendum and save a lot of trouble. I don't know if
17 that's a possibility.

18 THE COURT: Well, if you can agree on these with the
19 government that they are correct, then to that extent, they
20 would be treated accordingly. I'm not certain that they would
21 necessarily need to be made a part of an addendum, but I'll
22 leave that to you. Do you want to privately confer?

23 MR. DIPIERO: Please, thank you.

24 (Pause.)

25 MR. DIPIERO: Judge, I think we've worked it out.

1 Thank you for your patience.

2 MS. SCHWARTZ: Your Honor, Mr. DiPiero has asked that I
3 read the proposed changes to the court. Specifically --

4 THE COURT: Now, let me ask you.

5 MS. SCHWARTZ: Yes.

6 THE COURT: Are you reading from the sentencing
7 memorandum or are you reading from the presentence report and
8 the point at which these are to be incorporated?

9 MS. SCHWARTZ: What I would like to do is read from his
10 sentencing memoranda and point exactly to the presentence report
11 to show the changes that the parties would agree to if they are
12 acceptable to the court.

13 THE COURT: Just a moment.

14 Go ahead.

15 MS. SCHWARTZ: Your Honor, the presentencing memorandum
16 on the bottom of page -- or the sentencing memorandum submitted
17 by -- on behalf of the defendant, on the bottom of page 8 and
18 the top of page 9, basically objects to a phrase or language in
19 paragraph 21 of the presentence report regarding the phrase,
20 quote, did nothing. The sentence at issue is the last sentence
21 of paragraph 21 of the presentence report which reads as
22 follows: "Dr. Tiano did nothing to stop the practice.
23 Therefore, tens of thousands of controlled substance
24 prescriptions were illegally prescribed in his name."

25 The parties would agree and suggest to the court that that

1 can be changed and I believe it would satisfy the defendant's
2 objection if the wording was changed to "Dr. Tiano did nothing
3 effective to stop the practice."

4 THE COURT: I understand the simple addition of the
5 word "effective" satisfies the first objection.

6 MR. DIPIERO: Yes, Your Honor.

7 THE COURT: Go ahead.

8 MS. SCHWARTZ: Your Honor, the next objection relates
9 to paragraph 29 of the presentence report. About halfway down,
10 the sentence reads, "The billing was sent to Medicare/Medicaid
11 by JMC personnel."

12 THE COURT: Let me catch up with you.

13 Go ahead.

14 MS. SCHWARTZ: It currently reads, "prior to being
15 reviewed or 'signed off' by Dr. Tiano." Dr. Tiano's objection
16 is basically that he didn't sign off on any billing or review
17 it.

18 Therefore, the United States and the defense suggests that
19 that sentence be changed to read as follows: "The billing was
20 sent to Medicare/Medicaid by JMC personnel. Dr. Tiano did not
21 review or 'sign off' on the billings."

22 I understand that that would satisfy his second objection.

23 THE COURT: All right. Read it again, please.

24 MS. SCHWARTZ: "The billing was sent to Medicare/
25 Medicaid by JMC personnel." New sentence: "Dr. Tiano did not

1 review or sign off on the billing, "thereby striking the words
2 "prior to being reviewed or signed off on by Dr. Tiano."

3 THE COURT: All right.

4 MS. SCHWARTZ: The next objection relates to paragraph
5 34, Your Honor. The defendant in his sentencing memorandum
6 states, he objects in that he never gave permission for anyone
7 to bill under his name unless he personally saw the patient. He
8 agrees that he failed to make sure the practice was stopped once
9 he learned about it. And the sentence that we have come up with
10 to submit as a proposed change to satisfy that objection is
11 about halfway down or maybe two-thirds of the way down. "As a
12 supervisor of certain MLSPs" -- and I'm referring to paragraph
13 34 -- "from December 2005 to March 31, 2007, the defendant did
14 not effectively stop his name and Medicare provider number" --
15 it should be "from being used to bill for services that he did
16 not personally perform or was not on site when provided by an
17 MLSP."

18 THE COURT: All right. Do you want to try that again?

19 MS. SCHWARTZ: "As a supervisor of certain MLSPs, from
20 December 2005 to March 31, 2007, the defendant did not
21 effectively stop his name and Medicare provider number from
22 being used to bill for services that he did not personally
23 perform or was not on site when performed by an MLSP."

24 THE COURT: All right. Read it one more time.

25 MS. SCHWARTZ: "As a supervisor of certain MLSPs, from

1 December 2005 to March 31, 2007, the defendant did not
2 effectively stop his name and Medicare provider number from
3 being used to bill for services that he did not actually
4 perform --

5 THE COURT: That he did not personally perform?

6 MS. SCHWARTZ: "That he did not personally perform --
7 and I think it should say "or which were billed when he was not
8 on site." Would that satisfy the defendant?

9 MR. DIPIERO: Yes.

10 MS. SCHWARTZ: "For which were performed by an MLSP
11 when he was not on site."

12 I'll try one more time, Your Honor. I'm sorry.

13 "As a supervisor of certain MLSPs, from December 2005 to
14 March 31, 2007, the defendant did not effectively stop his name
15 and Medicare provider number from being used to bill for
16 services that he did not personally perform or which were
17 performed by an MLSP when he was not on site."

18 THE COURT: It seems to me that consideration should be
19 given to including the last sentence of the objection where it
20 appears on page 9 of the sentencing memorandum, which is, "He
21 agreed he failed to make sure the practice was stopped once he
22 learned about it."

23 MS. SCHWARTZ: I agree, Your Honor. I think that makes
24 sense. Would the defendant -- I don't think -- I think that
25 would make it more complete, Your Honor.

1 THE COURT: Mr. DiPiero?

2 MR. DIPIERO: That's no problem, Your Honor. That's
3 part of what we stated.

4 THE COURT: All right. That will be added as already
5 been noted as the change by Ms. Schwartz.

6 MS. SCHWARTZ: The next correction, Your Honor, is at
7 the top of page 11 of the presentence report in the second line.
8 It relates to the defendant's objection where he says,
9 "Probation's presentence report notes that defendant, quote,
10 reports sending certified letters. Not only did Dr. Tiano
11 indeed send the letters, but certified mail receipts are
12 attached in Exhibit 4."

13 THE COURT: All right. Which paragraph are you on?

14 MS. SCHWARTZ: It's the -- it's paragraph 34, Your
15 Honor, the second line at the top of page 11.

16 THE COURT: All right. How should it read?

17 MS. SCHWARTZ: It should read, "Although the defendant
18 sent certified letters in August 2007 to the clinic, the billing
19 company, and SRP, which is Sav-Rite Pharmacy, advising that he
20 had not been involved in patient care at the clinic since April
21 2007, his name continued to be associated with JMC."

22 THE COURT: All right. It's just changing "report
23 sending" to "sent."

24 MS. SCHWARTZ: Right.

25 THE COURT: Go ahead.

1 MS. SCHWARTZ: The next change comes on the last line
2 of paragraph 35, "Dr. Tiano's compensation by JMC was, for a
3 period of time, based upon the amount of money received from
4 claims submitted to Medicare and other insurers."

5 THE COURT: What's the period of time?

6 MS. SCHWARTZ: I believe it was the period of time from
7 the beginning of his connection with JMC, Your Honor, up
8 until -- I'm not sure of the exact date, but it was the time --
9 initially the clinic started without any kind of certificate of
10 necessity which would have been required by the Health Care
11 Review Authority because the clinic, as I understand it, is not
12 owned or operated by a physician, but was owned by a
13 nonphysician. When that was discovered, the clinic was shut for
14 a few months, shut down in order to go through that permitting
15 process to essentially receive a certificate of necessity. It's
16 my understanding --

17 THE COURT: Well, would it be fair to say then for a
18 period of time in the year 2005?

19 MS. SCHWARTZ: I think it probably overlapped to 2006,
20 Your Honor.

21 MR. DIPIERO: Part of 2006, Your Honor.

22 THE COURT: Well, how far into 2006?

23 MR. DIPIERO: Actually, money would -- the decision was
24 made somewhere in like November of '05, but the actual money
25 when he got a percentage was from January through May of '06.

1 THE COURT: Are you saying for period of time being
2 from November 2005 to May of 2006?

3 MR. DIPIERO: Yes, Your Honor, but it was shut down,
4 there was no money coming in, as I understand it, from -- he
5 went to a salary in May.

6 THE COURT: Suppose you all confer and work it out, and
7 then tell me what the language is.

8 (Pause.)

9 MS. SCHWARTZ: Your Honor, the United States believes
10 that it was between January and May of '06 that Dr. Tiano's
11 compensation --

12 THE COURT: What I really would like is for you folks
13 to confer and tell me what the language is and see if you can
14 agree.

15 (Pause.)

16 MS. SCHWARTZ: Your Honor, the specific change that the
17 parties would submit for the court's consideration to the last
18 sentence of paragraph 35 is as follows: "Between January and
19 May 2006, Dr. Tiano's compensation by JMC was based upon the
20 amount of money received from claims submitted to Medicare and
21 other insurers."

22 I think we should -- let me ask one more thing.

23 I think it should actually be, and the defense agrees, Your
24 Honor, that his compensation was based upon a percentage of the
25 money received from claims submitted to Medicare and other

1 insurers.

2 THE COURT: Do you want to read that again?

3 MS. SCHWARTZ: "Between January and May 2006,
4 Dr. Tiano's compensation by JMC was based upon a percentage of
5 the money received from claims submitted to Medicare and other
6 insurers."

7 THE COURT: Go ahead.

8 MS. SCHWARTZ: The last change relates to paragraph 47
9 of the presentence report, but the suggested change, Your Honor,
10 actually would be found on page 13 of the presentence report in
11 the first full sentence, which would read as follows:

12 "Dr. Tiano understood his DEA number was being used by NPs to"
13 should be "issue controlled substances, knew that JMC attracted
14 a large number of drug seekers" or -- make that, I'm sorry, let
15 me repeat. "Dr. Tiano understood his DEA number was being used
16 by NPs to issue controlled substances and knew that JMC
17 attracted a large number of drug seekers; however, he did
18 nothing to stop the practice."

19 And that, I believe, would satisfy the defendant's last
20 objection in terms of the objections set forth on pages 8, 9,
21 and 10 of his sentencing memoranda.

22 THE COURT: Mr. DiPiero, do those changes satisfy that
23 which is set forth in the sentencing memorandum at pages 8, 9,
24 and 10?

25 MR. DIPIERO: Yes, Your Honor. I think that clarifies

1 what we were -- we were concerned enough about to put in
2 writing, and I'm satisfied that this is a fair rendition of
3 what -- what occurred.

4 THE COURT: Now then, turning to the addendum, there
5 are two objections, and I understand they relate to the
6 four-level enhancement for leadership role and the two-level
7 enhancement for abuse of trust, and I'll simply ask whether or
8 not you have anything to present beyond that which is set forth
9 in the addendum on those items.

10 MR. DIPIERO: Your Honor, the court might note that we
11 withdrew the one two-point objection in our sentencing
12 memorandum relating to the first count, but we still maintain
13 our two point objection on the second count.

14 THE COURT: Are you speaking of abuse of trust now?

15 MR. DIPIERO: The abuse of trust portion. We have not
16 objected ever with respect to the four-point enhancement. In
17 fact, it was pretty much agreed upon with the government
18 originally. And so, we are not backing out on that at all. But
19 when we met, we discussed this issue --

20 THE COURT: Let me see if I understand this, first of
21 all. There is no objection to leadership role in the offense --

22 MR. DIPIERO: Correct.

23 THE COURT: -- being the four-level enhancement,
24 whether it is as to count one or count two.

25 MR. DIPIERO: Correct.

1 THE COURT: All right. And so, I understand then there
2 is only one objection remaining.

3 MR. DIPIERO: Correct.

4 THE COURT: That has to do with abuse of trust.

5 MR. DIPIERO: Yes.

6 THE COURT: And as I also understand it, the abuse of
7 trust objection is not as to count one, but is to count two.

8 MR. DIPIERO: Correct.

9 THE COURT: And I'll just ask you now. Are there any
10 other objections than that single objection?

11 MR. DIPIERO: No, Your Honor.

12 THE COURT: Please go ahead.

13 MR. DIPIERO: Ms. Langeland would like to just address
14 the legal issue if the court would permit her.

15 THE COURT: All right.

16 MS. LANGELAND: Good afternoon, Your Honor.

17 This two-point enhancement for abuse of position of trust,
18 there has been no showing in this case that Dr. Tiano was in a
19 position of trust. There is case law that addresses abuse of
20 position of trust in conjunction with the leadership role
21 enhancement. All the case law I've been able to locate requires
22 a proactive role on the part of the defendant physician.

23 Here, that's not what happened. Dr. Tiano did not submit
24 the billing. Dr. Tiano did not even sign off on the billing
25 unless he personally saw a patient. In fact, Dr. Tiano brought

1 in a billing company who was actually responsible for submitting
2 the claims to Medicare.

3 I would submit also to the court that under *United States*
4 *versus Mills*, there was a similar factual scenario where a
5 third-party billing company was brought in, and the court found
6 that the relationship between the medical entity and Medicare
7 was too attenuated to constitute an abuse of trust.

8 The only way --

9 THE COURT: Let me ask you this. That's the Eleventh
10 Circuit case. All the other circuits go the other way on the
11 point, don't they?

12 MS. LANGELAND: No, Your Honor, and the only cases --

13 THE COURT: Why do you tell me that?

14 MS. LANGELAND: I'm sorry?

15 THE COURT: Why do you tell me that the other circuits
16 don't go the other way on that? What's the basis for that? Why
17 do you say that?

18 MS. LANGELAND: Because -- because the only cases that
19 have discussed an enhancement for abuse of trust and for a
20 leadership position, they all require a proactive role, and
21 that's not what happened here.

22 THE COURT: Well, I'm asking you this question. There
23 are a number of circuit cases that go the opposite way on abuse
24 of trust with respect to that which the Eleventh Circuit
25 addressed in the case you are relying upon, and I don't see how

1 you can ignore them and just say they don't exist.

2 MS. LANGELAND: No, no, Your Honor, that's not my
3 intention at all. I'm just presenting to the court that the
4 cases that discuss using those two enhancements in conjunction
5 with one another require a proactive role. There are other
6 cases where they have used those two enhancements in conjunction
7 with one another, but my review, they didn't discuss that issue.

8 THE COURT: Go ahead.

9 MS. LANGELAND: Okay. I think it's pretty clear, I
10 think everybody agrees that the special skill enhancement can't
11 be used in conjunction with a leadership. I would submit to the
12 court that in switching use of special skills to abuse of trust
13 would simply be relabeling it, a result that *U.S. versus Technic*
14 *Services* cautioned against. Again, there's nothing in the
15 evidence here to submit that Dr. Tiano was in a position of
16 trust. He didn't submit the billing. He didn't sign off on the
17 billing. He had no proactive role in it.

18 THE COURT: He just let it happen.

19 MS. LANGELAND: Essentially yes, Your Honor. He tried
20 to stop it as evidenced by the e-mails and the letters.

21 THE COURT: Ms. Schwartz?

22 MS. SCHWARTZ: The facts here, Your Honor, are so
23 unique, it's almost hard to imagine that this scenario could
24 come to fruition. So it's really not surprising that there are
25 no cases exactly on point. To say that Dr. Tiano wasn't

1 proactive --

2 THE COURT: Well, there are cases on point.

3 MS. SCHWARTZ: Well, I mean, in terms of the way the
4 billing came about. This whole entity wouldn't have existed in
5 terms of a medical facility if, when he found out he wouldn't be
6 just moonlighting, instead he would be the doctor responsible
7 for this clinic in every way, from all the prescriptions that
8 were being issued, to his Medicaid number being used, for
9 billing and supervision of everything that went on there, I
10 mean, in that sense he was totally proactive. He did not want
11 the billing to be done by someone that Cameron Justice had
12 already selected to do it. Instead, he said, "I want you to use
13 this specific billing company, this person that I at least know,
14 who is from, happens to be, my hometown area, someone I'm
15 familiar with at least to that degree. I want to make sure that
16 that's being done right."

17 Then when he couldn't be physically at the clinic anymore,
18 he entered into the collaborative agreements that he thought
19 apparently would allow this to go on, and for whatever reason
20 led everybody at the clinic to think it was okay to bill that
21 way because it was okay to distribute the drugs that way, which
22 wasn't okay at all. So it's a different scenario only in
23 that -- in that situation.

24 And then you have the specific information where he
25 submitted his own -- his own e-mails or e-mails that are

1 submitted to his own sentencing memorandum where he knew
2 specifically that the billing was being done wrong, and he still
3 didn't stop it. He didn't do anything. He didn't notify
4 Medicare. He didn't stop it. He didn't alert it. None of that
5 was going on.

6 And, in fact, he also was proactive in that he recruited
7 other physicians to come to the clinic and keep everything going
8 the same way, although, you know, assuming that the billing was
9 going to be done by somebody else. It was -- it was a somewhat
10 different scenario there, but I don't think that the court would
11 be wrong necessarily to decide to apply the enhancement in this
12 case because of those facts.

13 THE COURT: Well, my question of the government is
14 whether or not it should be applied.

15 MS. SCHWARTZ: Based on the legal authority here, I
16 think it should be applied, Your Honor, because he signed the
17 Medicaid applications and he was responsible, and he knew that
18 this was an entity and an individual that were particularly
19 unsuited to the task. And then when he became aware that it
20 wasn't being done correctly, he failed to make sure it was
21 corrected with the company that he had brought in.

22 THE COURT: Thank you.

23 MR. DIPIERO: Your Honor, could I just briefly respond?

24 THE COURT: Yes.

25 MR. DIPIERO: Sometimes we're mixing the two between

1 allowing the nurse practitioners to use his DEA number, and we
2 have already agreed not to object to that two-point enhancement.

3 THE COURT: That's not what we're talking about.

4 MR. DIPIERO: Right. We're talking about the billing,
5 but in the argument, it's kind of a mixture of the two.

6 THE COURT: We're talking about count two.

7 MR. DIPIERO: Exactly. And what I would submit, Your
8 Honor, is that I agree the better practice would have been for
9 him to have called Medicare, no question about it, and that's
10 why he is pleading guilty basically is he didn't do something,
11 that he had a reckless disregard and deliberate indifference.
12 But thankfully there is an e-mail that shows that he tried.
13 What we don't have is his repeated admonitions to the clinic
14 itself, to Mr. Justice, get it right, but we do have that it
15 says, again, Dr. Tiano called again his concerns that all the
16 billing is being done under his number as opposed to the other
17 practitioners.

18 And further evidence that he really has no direct
19 relationship with the billing is the fact that he sent certified
20 letters in August to stop billing under his name, and it
21 continued well into 2008 until this thing was shut down.

22 I would simply submit, Your Honor, that factually, the case
23 law does say you've got to look at the facts, and while, again,
24 it would have been better for him to have gone to Medicare
25 directly, he is telling the clinic and he is telling the billing

1 company get it right, and you would think -- and even the memo
2 says, "I want to make sure that we are doing this the correct
3 way that is compliant. Please update me," and it never gets
4 done correctly.

5 THE COURT: And what date is that?

6 MR. DIPIERO: That date is January 11th of 2007. And
7 it says he has called again, so he had been calling before then.
8 And I would submit, Your Honor, that this practice lasted until
9 the spring -- spring of 2008, when he was gone in the spring of
10 2007, and so -- and after he wrote the letter in August of 2007.
11 And I just think factually that this two-point enhancement is
12 unnecessary and doesn't really fit very well under these facts.

13 THE COURT: Ms. Schwartz, anything further?

14 MS. SCHWARTZ: I just want to clarify. Ms. Withrow
15 called to my attention that I misspoke when I referenced
16 Medicaid in the billing area. Primarily it was Medicare.

17 THE COURT: I think that's understood.

18 MS. SCHWARTZ: Thank you, Your Honor.

19 THE COURT: Are there any other objections?

20 MR. DIPIERO: No, Your Honor.

21 THE COURT: The government indicates that substantial
22 assistance has been rendered and has filed a motion, and I'll
23 ask you to elaborate on that motion for substantial assistance,
24 Ms. Schwartz.

25 MS. SCHWARTZ: Your Honor, I would like to call to the

1 court's attention the timeline of events that occurred with
2 regard to this defendant. It's unusual.

3 Once the clinic was searched back in March of 2009, the
4 United States was, I would have to say, very engaged in trying
5 to make sure that it was immediately thereafter shut down,
6 because they opened and started doing the same thing the next
7 day. Dr. Abad was the physician there at that time. So I would
8 have to say our attention was somewhat diverted in dealing with
9 Dr. Abad.

10 However, once we got to meet with counsel for this defendant
11 and explained the situation, show them the evidence and
12 basically laid out our case and went through the background as
13 set forth basically in our search warrant affidavit, it wasn't
14 long thereafter that they were at our door basically making
15 phone calls, repeatedly reminding me that they wanted to work
16 out a plea agreement.

17 It was actually Ms. Langeland that I think came up with the
18 specific statute that applies I think so perfectly here in the
19 misuse of a DEA number, whereas I had initially been thinking it
20 would be maybe obtaining by fraud type conspiracy. That fit
21 much more appropriately. But they had to make affirmative calls
22 to me because of the press of other cases and other things that
23 were going on to try and get the plea agreement worked out.
24 Dr. Abad technically agreed first, but Dr. Tiano was right there
25 asking let's work this out, and I believe it was Ms. Langeland

1 and Mr. DiPiero who came to me together and said let's look at
2 this other part of the statute.

3 And that not only I think helped get us to an appropriate
4 plea agreement that is here before the court today in this case,
5 I think it has helped with at least working out a plea
6 agreement -- I know it has helped for Dr. Abad because we had
7 the same statute that we could work with there that fits I think
8 so appropriately here, and also with Cameron Justice later.

9 Specifically with regard to Cameron Justice, after Dr. Tiano
10 had agreed to plead guilty, he did provide us with certified --
11 with copies of certified letters that were signed by a
12 representative of the Sav-Rite Pharmacy, signed by John Mazza
13 from the billing company, and signed by someone at the Cameron
14 Justice, Justice Medical Center, I believe it was Alex Justice.
15 But those three things I think were very important pieces of
16 evidence.

17 He also met with us, provided interviews and debriefings,
18 and helped us to clarify information about what went on at the
19 clinic.

20 Once we were able to provide the information that we got
21 from him basically in synthesis to the counsel for Cameron
22 Justice and to show him the certified receipts, he basically
23 didn't have a choice but realizing he would have to plead, so
24 that resulted I think directly in Cameron Justice's plea
25 agreement.

1 Normally the United States would be quite hesitant and I do
2 have concerns about making a motion for substantial assistance
3 at this point while there's still other entities or individuals
4 that the United States would like to prosecute in this case.
5 However, I think it may take some time, a significant period of
6 time before the United States is ready to do that.

7 Each one of the prescriptions that were issued in this
8 conspiracy in and of itself could be an investigation. Trying
9 to streamline things and funnel them and direct them into a
10 feasible way to prosecute the case takes time, and I don't think
11 it's fair to Dr. Tiano that the court not know at this point the
12 considerable assistance he has provided. By obtaining the plea
13 agreement of Cameron Justice, I think the United States has a
14 better chance to prosecute others, and it certainly saves us the
15 time and expense of a trial that we would have to go to in
16 prosecuting Cameron Justice. And the United States is
17 reasonably confident that down the road when we need Dr. Tiano
18 to testify in the investigation and the prosecution of others,
19 we believe he will testify and that he will continue to provide
20 assistance, and that we believe he will be truthful and complete
21 as he has been so far.

22 I should also mention that there are parallel civil matters
23 that have been involved in this case regarding Dr. Tiano,
24 Dr. Abad, and Cameron Justice. Those have now I believe all
25 resolved in settlements and agreements. And I think Dr. Tiano's

1 willingness to plead guilty and provide information also
2 assisted the government in that, in reaching the civil
3 settlements with both Dr. Abad and Cameron Justice, and
4 providing information that would be useful in that way.

5 Dr. Tiano readily admitted the relevant facts that were the
6 elements of his plea. However, I would also note, Your Honor,
7 the evidence was pretty overwhelming in this case, although that
8 doesn't mean he couldn't have fought for extended time or caused
9 the United States the time and expense of a sentence -- or of a
10 trial. There are always questions and uncertainties with regard
11 to a trial, but he readily admitted the United States theory and
12 wanted to work out a plea.

13 Not only does the defendant subject himself in this case to
14 the penalties of the court, but he faces extra penalties because
15 of being a physician. But other than that, such as the loss
16 of -- potential loss of his medical license, the loss of his DEA
17 registration, other than that, in terms of analyzing the factors
18 for a substantial assistance motion, we're not aware of any
19 specific injury or danger that he suffered, and we do believe
20 that his assistance has been timely as I've indicated.

21 THE COURT: Well, let's go over it again.

22 MS. SCHWARTZ: Yes, Your Honor.

23 THE COURT: What is it that Dr. Tiano has done that
24 goes beyond acceptance of responsibility?

25 MS. SCHWARTZ: He has provided documentation to the

1 United States in the form of letters that he specifically sent
2 to Sav-Rite Pharmacy, to Cameron Justice, and to the billing
3 company which he has attached to his sentencing memorandum. We
4 didn't have those previously, Your Honor. And those show, I
5 think, unequivocally that he put them on notice as of a certain
6 date as to the fact that he was no longer there. I think that
7 made it impossible for Cameron Justice -- helped add to the
8 evidence to make it impossible for Cameron Justice to continue
9 fighting the case rather than working out a plea agreement.
10 That's one specific thing.

11 So in addition to accepting responsibility, he has provided
12 interviews and debriefings to the United States and
13 documentation.

14 THE COURT: Well, I understand you to say that that
15 which was provided helped the government in its investigation of
16 Cameron Justice.

17 MS. SCHWARTZ: Yes.

18 THE COURT: That's the sum total of it, isn't it?

19 MS. SCHWARTZ: I think it also assisted the government
20 in -- because this was -- the civil settlements were not
21 finalized yet with regard to Abad or Cameron, so in the civil
22 case and the criminal case, I think there was assistance there
23 as well.

24 THE COURT: And do I understand you to say that
25 Dr. Abad had already begun cooperation with the government?

1 MS. SCHWARTZ: He had already withdrawn from the clinic
2 and was trying to negotiate a plea, but we were having problems
3 in plea negotiations. He indicated that he was willing to talk
4 about it, but -- and I don't think that Dr. Tiano was able to
5 really say anything specific as to Dr. Abad that helped with
6 that. I think it was more the process and the specific statute
7 that we were able to -- that we were able to find through
8 that -- through Dr. Tiano's insistence on focus on my case as
9 soon as you can, let's work out a plea agreement, I want to move
10 forward, that helped with that.

11 THE COURT: With respect to count one, why would the
12 government need Dr. Tiano's help in ascertaining that those tens
13 of thousands of doses of controlled substances that had been
14 prescribed by nurse practitioners for thirty-day periods when
15 they only had a three-day limit, why would Dr. Tiano be needed
16 for any aspect of that?

17 MS. SCHWARTZ: I'm not sure that I understand your
18 question. You mean as to Dr. --

19 THE COURT: Well, it's pretty simple. The nurse
20 practitioners were authorized to make prescriptions for a
21 three-day maximum period of time in certain limited instances.

22 MS. SCHWARTZ: Yes, Your Honor.

23 THE COURT: They were doing it routinely.

24 MS. SCHWARTZ: Yes, Your Honor.

25 THE COURT: For thirty-day periods for which they had

1 no authority. And, of course, in the process were using
2 Dr. Tiano's name to do that. Why do you need Dr. Tiano to
3 establish that? As the presentence report says, and as you told
4 us at the outset of this matter, there were tens of thousands of
5 doses of prescriptions that were issued as a result of that
6 activity. Wouldn't it be quite plain that that had happened?

7 MS. SCHWARTZ: I think it's not as simple, Your Honor,
8 as that. Dr. Tiano --

9 THE COURT: Well, just a minute.

10 MS. SCHWARTZ: Yes.

11 THE COURT: Pharmacies are required to keep records.

12 MS. SCHWARTZ: That's right.

13 THE COURT: And one can go to those records and find
14 out who authorized the prescription.

15 MS. SCHWARTZ: Not necessarily, Your Honor.

16 THE COURT: Well, of course you can do that. You may
17 have to get an order from a federal court to do it, but you can
18 do it in your investigative efforts on behalf of the United
19 States Attorney.

20 And let me add something else, Ms. Schwartz.

21 MS. SCHWARTZ: Yes.

22 THE COURT: This is the first time I've ever had
23 occasion to question the United States Attorney about the
24 validity of a motion for substantial assistance. In all these
25 years, this is the first time, and as you can tell, I'm in some

1 doubt about the propriety of it.

2 MS. SCHWARTZ: I understand, Your Honor, and perhaps I
3 can use some of the prescriptions that were e-mailed to the
4 United States Probation Officer Loftis to try and explain the
5 situation earlier today. I don't know if she shared these with
6 you or not. I did also e-mail them to defense counsel.

7 With regard, for example, Your Honor, if I may approach, I'm
8 ready to make this government exhibit A, it's two pages of
9 handwritten prescriptions, Justice Medical Complex, LLC, made
10 out to xxxxxxxxxxxxxxxx, xxxxxxxxxxxxxxxx, and xxxxxxxxxxxxxxxx,
11 purportedly signed by Dr. Tiano.

12 And I would like to make -- I'll show it to defense counsel,
13 he has seen it earlier -- an exhibit, exhibit B, and, Your
14 Honor, I would ask that we redact appropriately before they are
15 filed with the court to protect the patient's name, exhibit B, a
16 form. This is the type of documentary evidence that we had from
17 the pharmacy and from the searches. And we have received and
18 obtained huge volumes of information in the case. But judging
19 from those documents, there is no way to tell who actually
20 authorized --

21 THE COURT: Well, you don't stop at that.

22 MS. SCHWARTZ: No.

23 THE COURT: The next thing you do is to go to the nurse
24 practitioners and ask them, and apparently it wouldn't have been
25 any surprise to them because, as the presentence report, they

1 just said this is the way we always did business, and you would
2 have known instantly that that was the case. I just don't
3 understand why this matter was so obscure to the government.

4 MS. SCHWARTZ: Well, there's the issue of supervision
5 of nurse practitioners, Your Honor, and if a physician is
6 present and supervising nurse practitioners, there are other
7 complicating factors.

8 THE COURT: Ms. Schwartz, aren't you able to ask
9 questions of these people? You do it all the time. Isn't that
10 what you would have done in the natural course of things?

11 MS. SCHWARTZ: We did interview nurse practitioners,
12 Your Honor. There were many interviews of nurse practitioners.
13 They took place the same time the search warrants were executed.

14 THE COURT: And did they not tell you the truth?

15 MS. SCHWARTZ: I think they did tell us -- I know they
16 told us that they thought it was okay to use the DEA number of
17 the doctors that were there.

18 THE COURT: That gives you the answer, doesn't it?

19 MS. SCHWARTZ: I beg your pardon?

20 THE COURT: Doesn't that give you the answer that those
21 were prescriptions that were sent under the name of Dr. Tiano by
22 individuals that had no authority to do it?

23 MS. SCHWARTZ: I think it does, Your Honor, and I don't
24 know why it took Cameron Justice months and months and months to
25 plead guilty, but it wasn't until all the information came

1 together and I was able to tell his attorney what Dr. Tiano
2 would say and I was able to present him with the other evidence,
3 that he decided to plead guilty. That was the scenario of
4 events. I'm not saying we couldn't have made a case without
5 him. I'm not saying we didn't have a strong case without him.
6 But he, I believe, was the catalyst that happened in terms of
7 Cameron Justice.

8 THE COURT: Wouldn't you have been able to make that
9 case anyway?

10 MS. SCHWARTZ: I think we possibly could have, but
11 it --

12 THE COURT: What do you mean possibly? I'm not talking
13 about possibilities. I'm talking about wouldn't you have been
14 able to make that case against Cameron Justice without the
15 assistance of Dr. Tiano?

16 MS. SCHWARTZ: I think it's likely, Your Honor, at some
17 point. Now, hopefully we have the assistance of Dr. Tiano, the
18 assistance of Dr. Abad, and the assistance of Cameron Justice to
19 go after, for example, James Wooley, the owner of Sav-Rite
20 Pharmacy, who filled all the prescriptions, instead of spending
21 more time trying to make a case against Cameron Justice.

22 THE COURT: Thank you. Anything else?

23 MS. SCHWARTZ: That's all, Your Honor.

24 THE COURT: Mr. DiPiero, do you care to express
25 yourself on the substantial assistance aspect?

1 MR. DIPIERO: Your Honor, I find it quite unusual to be
2 in this position. My client, in a very unusual way, pushed me
3 to push the government to let him get the information and get
4 going on the prosecution. I think that is something to be noted
5 and is part of the substantial assistance, as she pointed out.
6 I think it's very important that this court reward that kind of
7 cooperation. I think it's very important.

8 I also think it is important that he had crucial documentary
9 evidence -- Your Honor, you may be right, that the first count
10 may have been simple as to Dr. Tiano, but not necessarily simple
11 as to Cameron Justice, and the billing with respect to Cameron
12 Justice needed -- Cameron Justice's position was we had a
13 billing company. They were doing all the work. It wasn't until
14 Dr. Tiano came forward, not only with testimony or statements
15 that would belie that and say no, but with the documentation to
16 show that they did not have -- that they were on notice, that
17 Cameron Justice was on notice and the billing company was on
18 notice. This is a crucial piece of evidence. And I would
19 submit, judge, that the savings in time and money if we were to
20 fight this thing, if Justice was to fight this thing, this court
21 would be just filled up with days and days and days of trial,
22 and it still might be that with some of these defendants.

23 And so, I have no hesitation in saying that my client has
24 been very important to -- to their prosecution of Cameron
25 Justice and their further ongoing investigations, and I think he

1 very much merits this motion.

2 THE COURT: Anything further, Ms. Schwartz?

3 MS. SCHWARTZ: I should have added, and Ms. Withrow
4 sent a note to me, Your Honor, giving me a note that Dr. Tiano
5 has provided us with important information as to Sav-Rite
6 Pharmacy and James P. Wooley. We're hopeful that that will
7 result in a prosecution and conviction. We don't know when that
8 would happen. Normally I would have waited to do that, but
9 because it's apparently going to take some time to resolve that
10 because of factors that are not within Dr. Tiano's control, I
11 wanted the court to have the discretion to reflect in your
12 sentence the cooperation to date which I do feel is very
13 significant, and for whatever reason Cameron Justice was not
14 willing to plead guilty to at least the second count, as defense
15 counsel points out, which I think was an appropriate and
16 important part of his prosecution. And we are hopeful that
17 Dr. Tiano's cooperation down the road will lead to even more
18 substantial prosecutions.

19 I'm kind of at a loss as to why everybody hasn't come in and
20 said they wanted to plead, but that's their right and it just
21 hasn't happened yet.

22 THE COURT: Thank you. We'll be in recess for ten
23 minutes.

24 (At 2:40 p.m. there was a recess until 3:08 p.m.)

25 THE COURT: Please be seated.

1 Let me ask whether or not the parties have anything further
2 prior to the court's findings on the single issue that remains,
3 having to do with abuse of position of trust, and coming to the
4 bench for sentencing.

5 MS. SCHWARTZ: Nothing from the United States, Your
6 Honor.

7 MR. DIPIERO: The only thing I would add, not on the
8 abuse of trust, but on the motion for substantial assistance.
9 It's a little unusual for me to be saying anything because it's
10 the government's motion. But I think it's important for the
11 court to understand that as defense attorneys, it's a crucial
12 opportunity that we present to our clients, that possibility is
13 out there, and the sooner you can cooperate and the best help
14 you can provide is very significant, because there are so few
15 ways -- it's better now with *Gall* and other cases, but as you
16 know, with the guidelines, there's very few opportunities for
17 someone to help themselves. So I just want the court to
18 understand that this is an important tool that we use when we
19 communicate with our clients, to get in there early, help them
20 all you can in an honest fashion.

21 And so, it's, like I say, very unusual for me to be even
22 discussing it, but I think it's important for the court to
23 understand from our standpoint, it's one of the few ways that we
24 can literally help our clients when they are facing some serious
25 stuff. And so, I just want the court to understand, we discuss

1 it, we talk about it, we encourage it. And so, it was very
2 important in this case that we get in early with the hope of
3 earning it.

4 THE COURT: Thank you.

5 The court finds by a preponderance of the evidence that the
6 defendant abused his position of private trust by allowing
7 extensive and excessive billings at a physician's rate to be
8 made to Medicare with the defendant's identifying number, when
9 the service had been performed not by the defendant, but by
10 nurse practitioners, whose rate, of course, is at a lesser
11 level, and, if qualified, would have their own identifying
12 number for that purpose.

13 The defendant's position with Justice Medical Clinic was, as
14 to Medicare, one of professional discretion. With the use which
15 he allowed to be made of his identifying number, his position
16 can be said to have contributed not only significantly, but
17 critically to the facilitation of the commission of the offense
18 in count two, as well as its concealment. It was a practice
19 that in this instance continued successfully for up to two years
20 before detection.

21 The court accordingly adopts the assessment of two levels as
22 set forth in the presentence report for abuse of trust.

23 With the court's findings and on that point -- and I will
24 ask before leaving it, whether the parties wish findings on any
25 other matter having to do with it.

1 MS. SCHWARTZ: No, Your Honor.

2 MR. DIPIERO: I'm not sure I understand the question,
3 Your Honor.

4 THE COURT: I'm just giving you an opportunity to ask
5 the court to make further findings on some aspect of abuse of
6 trust if there is anything you wish further addressed.

7 MR. DIPIERO: No, Your Honor.

8 THE COURT: Thank you.

9 With that finding, are the parties in agreement that based
10 on the court's finding just made, the total offense level in the
11 case under the advisory United States Sentencing Guidelines is
12 that of 18, with a criminal history category of I, and that that
13 yields an advisory guideline sentencing range of 27 to 33 months
14 imprisonment? Are the parties in agreement with that
15 calculation?

16 MS. SCHWARTZ: The United States is in agreement, Your
17 Honor.

18 MR. DIPIERO: Yes, Your Honor.

19 THE COURT: And are the parties also in agreement that
20 restitution in this case is in the amount of \$119,785.57?

21 MR. DIPIERO: We are, Your Honor.

22 MS. SCHWARTZ: Yes, Your Honor.

23 THE COURT: And do I understand correctly that the \$200
24 special assessment has already been paid?

25 MR. DIPIERO: Yes, Your Honor, it has been.

1 THE COURT: The court understands that there is
2 available to it the ability to vary down by virtue of the
3 substantial assistance motion alone, and, of course, inasmuch as
4 the guidelines are advisory, variance may be requested of the
5 court otherwise as well.

6 And with that, I would ask the parties whether or not you
7 have anything further before coming to the bench for sentencing.

8 MS. SCHWARTZ: Your Honor, I'm wondering if I should
9 move the admission of government's exhibits A and B, and perhaps
10 with the redactions regarding the individuals names.

11 THE COURT: Yes, I think it would be well to do that.

12 MS. SCHWARTZ: May I approach, Your Honor?

13 THE COURT: The individual being the name of the
14 patient?

15 MS. SCHWARTZ: Yes, Your Honor.

16 THE COURT: Let me ask whether or not it would be
17 acceptable to the parties that the court receive the exhibit in
18 the first instance as though it were redacted and simply white
19 over or strip over the name. The name appears in one place on
20 each of the three prescriptions that the court has. Is that
21 satisfactory?

22 MS. SCHWARTZ: That's satisfactory, Your Honor, but
23 just to be complete, exhibit A actually has two pages to it,
24 Your Honor. There are three prescriptions for exhibit A, and
25 then exhibit B just has one sort of a sheet that is filled out

1 regarding a different individual.

2 THE COURT: Well, let me do it again. I've got four
3 prescriptions on three pages, and each one has the name and
4 address of the patient, and I understand it's agreeable with the
5 parties that government's A and B be filed, with the court
6 directed to white out the patient's name and address. Is that
7 agreeable?

8 MR. DIPIERO: Yes, Your Honor, just with the
9 understanding, so the court understands, those ones that reflect
10 Dr. Tiano's signature were not Dr. Tiano's actual signature.

11 THE COURT: Say that again.

12 MR. DIPIERO: I just want the court to understand. It
13 wasn't being submitted for that purpose, but the prescription
14 that reflects some individuals that work at the Justice Clinic
15 or family members of the Justices, the prescription that
16 reflects that Dr. Tiano's name was not signed by Dr. Tiano. He
17 had nothing to do with those prescriptions.

18 THE COURT: What are you asking the court to do?

19 MR. DIPIERO: I just wanted to court to understand
20 that. It wasn't submitted for that purpose. I'm agreeable with
21 the court's whitening out or covering up the name of the patient
22 in each instance. I just want the court to understand that.

23 THE COURT: All right.

24 MR. DIPIERO: Dr. Tiano was not giving prescriptions to
25 people at the clinic.

1 THE COURT: Thank you. A and B are admitted as
2 indicated.

3 Anything further before coming to the bench for sentencing?

4 MS. SCHWARTZ: No, Your Honor.

5 THE COURT: If the parties will come forward, please.

6 Mr. DiPiero, do you see any reason why sentence should not
7 now be imposed in this matter?

8 MR. DIPIERO: No, Your Honor.

9 THE COURT: Do you see any reason why sentence should
10 not be imposed?

11 THE DEFENDANT: No, Your Honor.

12 THE COURT: Let me ask, Mr. DiPiero, if you have
13 anything you wish to say in your client's behalf.

14 MR. DIPIERO: Yes, Your Honor, I do. And I don't want
15 to go over everything. That's why I provided a lengthy
16 sentencing memorandum, but I do have some points that I think
17 are important to make.

18 First and foremost, judge, Dr. Tiano has taken full
19 responsibility for his actions and for his inactions. He
20 appreciates the seriousness of this matter and he admitted the
21 same when he first met with the government. As has been pointed
22 out, to his credit, he asked me to contact the government and
23 expedite working something out. And I can assure you, as a
24 defense attorney, that's a very unusual circumstance.

25 And as a defense attorney, it's not often that you can stand

1 in front of a judge in a criminal case and say that
2 fundamentally you represent a good man, and I believe I do. And
3 I sincerely believe that his family and close friends are as
4 shocked that he is here as my family would be or family members
5 of other people here in this courtroom if they were standing in
6 front here.

7 In a very real sense, this is a human tragedy. I mean, this
8 is a good father, a good husband -- I mean, a good father, good
9 son, and a good brother, and was considered by the other
10 residents and attending physicians to have the qualities to be
11 selected as the chief resident. For a chief resident to be here
12 before you under these circumstances are very, very sad. But he
13 is here, he accepts what he has done, and we've got to go
14 forward.

15 He, as the court knows from the presentence report, was just
16 looking to moonlight. He wasn't trying to run a clinic. He had
17 no -- he had no -- he had no such experience. Once they could
18 not find a doctor, his agreement to get involved with this nurse
19 practitioner system is really what brought him here today. I
20 mean, that's really what gets him here today, and directly led
21 to the first count and indirectly led to the second count.

22 We present and he presents, judge, more importantly, no
23 excuses. His inexperience doesn't excuse him. His lack of
24 knowledge of the law was clearly inexcusable. And even his
25 admonitions to Mr. Justice to bill correctly doesn't excuse.

1 There are some mitigations, and I would submit, judge, that
2 I've been at this a long time now, and in life and when we're
3 dealing with intent, it's not always obviously black or
4 obviously white, or obviously good or obviously bad. I think
5 some criminal intent is more blatant, more cold and calculated
6 than others, and I think here it's clear that the reckless
7 disregard, deliberate indifference, based upon what he
8 considered desperate financial means or situation led to this --
9 led to this.

10 You know, judge, this man has worked hard all his life. He
11 is working right now at 10 dollars an hour since February with
12 respect to he solicits volunteers over the phone for nonprofits,
13 and that's what -- that's his job at this point.

14 But I would submit that there are two crucial pieces of
15 evidence that reflects some mitigation as I talk about this idea
16 of not the kind of intent that we sometimes see. I'm not making
17 excuses, I'm simply pointing out two very important facts that
18 are documented. And there's one and there's other facts that he
19 was telling Cameron Justice. It's only 15 percent, get it
20 right. This is crazy, just get it right. He calls the billing
21 company, and, thank God, there's the e-mail which this court has
22 as an exhibit as part of our sentencing memorandum, that clearly
23 reflects that Dr. Tiano called again and said that we are
24 billing in his name and not in the other practitioners.

25 Admittedly, judge, as I said earlier, he should have called

1 Medicare. That would have taken care of this problem. But you
2 would think -- you would think that that would have done it.

3 You tell the people who are sending the bills -- I mean,
4 that's the important thing. When a medical chart comes for a
5 patient, a nurse practitioner seeing a patient, she fills out
6 what codes for billing, tears it off, it goes to the clinic.
7 When Dr. Tiano looks at it in the evening, he doesn't see the
8 billing sheet. That billing sheet then goes to the billing
9 company up in Clarksburg, and that billing company does what
10 they do with the codes and sends the bill to Medicare. When the
11 payment comes back to the clinic, Dr. Tiano doesn't have
12 anything to do with any of that process.

13 But when he is hearing that this -- that his name is being
14 used and he is telling people to get it right, and he is going
15 both to the clinic and to the billing company, he doesn't do
16 enough, judge, and we admit that. He should have called
17 Medicare, and that's why he has pled guilty to this.

18 But not only did he send -- or not only did he make those
19 calls, which thankfully were documented by the billing company,
20 but he finds out while he is back at Marshall in the summer of
21 '07, that they are still using his name. And so, he writes
22 those certified letters that the court now has, with the return
23 receipt requested, to the pharmacy, to the clinic, and the
24 billing company. You think that would have stopped it, and it
25 did not. For months and months, they continued to bill under

1 his name. And while, again, it would have been preferable for
2 him to have contacted Medicare, you would think -- and this is
3 some evidence that he is not trying to keep this as an ongoing
4 problem. He is trying to correct the problem. And he tried
5 through talks with Cameron Justice and through phone calls to
6 the billing company to stop it.

7 I won't restate, judge, all the factors that *Gall* discusses,
8 that this court when looking at the mitigating factors, nature
9 and circumstances of the offense, and the character of the
10 defendant under 3553(a), but there's some obvious things that
11 this court should consider.

12 No criminal history whatsoever. He is not unstable, wasn't
13 addicted, like this court sees so often in doctor-related
14 situations, where doctors are motivated by this need for drugs.
15 No sexual impropriety that this court often sees in the worst of
16 cases where sex is being traded. He is not violent. He is not
17 a danger to anyone.

18 And he has learned, judge, from his offenses. He cooperated
19 not only early, but he pushed to get himself in front of the
20 government to help get this thing -- get this thing started.
21 And the other situation, not likely to reoffend, he has told me
22 that this experience has changed his life, and he will never be
23 back in front of this court again in my opinion. And, of
24 course, he has earned substantial assistance in my judgment at
25 this point.

1 We could have, judge, we could have waited and moved to
2 continue this thing so that his grand jury appearance and
3 perhaps his testimony in other trials could be pertinent. But,
4 Your Honor, as has been mentioned, for him to get on with his
5 life as a doctor, if he is ever going to be allowed to do that,
6 the sooner he gets over any period of supervised release, the
7 better because he can't start until that's over. And it leaves
8 me, his situation leaves me with kind of an unenviable task of
9 asking not only for a nonimprisonment sentence, Your Honor, but
10 a sentence that doesn't carry a lot of -- a lot of years of
11 supervised release. And I would submit, as I did in the memo,
12 that unlike some cases where the probation department has a, you
13 know, a great deal of work to do in supervising an individual
14 defendant who is being sentenced, in this case it would be very
15 limited. Because he doesn't have drug problems, because he will
16 be working and steady, because he is a good family man, you
17 won't have the kind of problems that you might have in normal
18 circumstances.

19 Plus, Your Honor, the Board of Medicine will require of him
20 a substantial amount before he is going -- a substantial amount
21 of effort on his part. He will have to take a great deal of
22 hours at work. I think it's going to be at least 40 hours of
23 class, continuing medical education. I believe five years of
24 monitoring by another physician. And so -- and if necessary or
25 appropriate, drug screening. So they will be monitoring him

1 much more severely and importantly in the area that this court
2 would be concerned about than a probation officer would be.

3 As the court also knows, I think it's five years from the
4 date of conviction. I don't know if that's the plea agreement
5 date, frankly, or this date today, but five years from the date
6 of conviction, as I understand the law reads, he will not be
7 able to work anywhere where patients are seen by a doctor or a
8 clinic treating anybody with Medicare or Medicaid -- well,
9 Medicare. It's my understanding that even if he doesn't treat a
10 Medicare patient, as long as the facility or the doctor treats
11 them, he can't work there. And so, effectively, he is being
12 punished now not only for the time of supervised release, but an
13 additional five years.

14 And, Your Honor, there's very rare exceptions to that. He
15 is willing to try it. One is work on an Indian reservation. He
16 is willing to try that. Another is going in the military, and
17 we talked to one recruiter who thinks he might have a chance.
18 There's a shortage, that he might be able to get into the
19 military, even with his age, and work with a waiver, even though
20 he will have a felony conviction, but he is willing to do that.

21 And the court -- and, lastly, what I really ask this court
22 to seriously consider is that a sentence of some home
23 confinement. The court can reduce the guidelines, both based on
24 the substantial assistance motion if it grants it, and also on
25 these factors. And I would submit that we are in a time frame

1 now where, as I see, the Justice Department is recognizing
2 alternative sentencing in nonviolent first offenses, and I
3 believe this is an ideal situation for that precise kind of
4 sentence.

5 This court has the ability to fashion a sentence that will
6 uniquely turn what he did wrong and take a negative and turn it
7 into a positive. As this court -- this court granted and with
8 the permission of the government, no objection at least by the
9 government, permitted Dr. Tiano to go to Haiti, and this was an
10 unbelievable experience to him, as the court has read, when he
11 wrote us an account of what had happened. The need there is
12 beyond our description. And as reflected in the letter that was
13 sent to the court by the supervising woman who was down there,
14 Dr. Tiano really adapted well and was great with the patients.
15 He has been there. They know his circumstances with this court.
16 He adjusted extremely well. They would love to have him. He
17 would be living in fairly austere conditions. I would submit
18 food-wise, living conditions wise, would not hold up to a
19 federal prison.

20 And we would ask the court to seriously consider a year of
21 his -- or while he is on supervised release, for a year or a
22 year and a half or whatever it might be, the court would fashion
23 perhaps in the beginning home confinement, if necessary, if the
24 court is concerned about actually some punishment more than
25 supervised release. But as far as supervised release, Your

1 Honor, I can't think of a better way for this man to do some
2 positives from this negative than to send him to Haiti for a
3 year. We can verify it through whatever the probation
4 department wants, weekly e-mail reporting, written reports
5 biweekly, monthly, whatever it might be, his progress. And as
6 the one woman said, literally people will die if we don't get
7 some doctor down to that area. And this is a great opportunity
8 for this court to do something positive for Haiti.

9 We all sit here wondering what we can do. And I would
10 submit, I don't want to overdramatize, but our firm would be
11 willing to help fund whatever funding they might need down there
12 in Haiti to support this program. This is that important, I
13 think, that someone steps up to the plate and does something for
14 those folks. And Dr. Tiano had this unbelievable experience and
15 is willing to do it.

16 So, I respectfully ask this court to seriously consider
17 allowing him to go to Haiti for a year as part of his supervised
18 release, and make that a condition, and with the verifiable
19 progress being made by the head folks there to the probation
20 officer or probation department, and I would personally do all I
21 can to help make that a reality in terms of the reporting that
22 this court would want.

23 Judge, I just think that's the kind of sentence that should
24 be fashioned in this case, not could be, but I think should be,
25 and I respectfully say that because I have great respect for how

1 seriously this court considers and weighs all of the cases that
2 it sees. And I seriously think this is a should. This is
3 really a special, special -- he has a talent, he abused it. Now
4 let's use it for something that none of us -- most of us can't
5 do. And I respectfully say that to this court.

6 THE COURT: Thank you.

7 Let me ask you, and you'll have an opportunity to conclude
8 further if you wish, but you've been over the presentence report
9 and have gone over these additions that have been made here
10 today on the record. Is this report, so far as you know,
11 Mr. DiPiero, with those revisions that stem from the matters
12 that were set forth in the presentence report, in all respects
13 factually correct?

14 MR. DIPIERO: Just one second, Your Honor.

15 I would say yes, Your Honor.

16 THE COURT: And, Dr. Tiano, you will know, is this
17 report in all respects --

18 THE DEFENDANT: Yes.

19 THE COURT: -- factually correct when those changes
20 that we --

21 THE DEFENDANT: Yes.

22 THE COURT: -- reflected on the record today are added
23 to it?

24 THE DEFENDANT: Yes, sir.

25 THE COURT: All right.

1 Let me ask, Ms. Schwartz, if the government has any comment.

2 MS. SCHWARTZ: No, Your Honor, nothing further.

3 THE COURT: And before I turn to Dr. Tiano, have you
4 anything further?

5 MR. DIPIERO: No, Your Honor.

6 THE COURT: Dr. Tiano, have you anything you'd wish to
7 say in your own behalf?

8 THE DEFENDANT: Yes, sir.

9 First, I would like to thank you and Mrs. Schwartz for
10 allowing me to go to Haiti. It was -- it was an experience of a
11 lifetime and it meant a lot to me.

12 I know I've made poor decisions and did not fulfill my
13 responsibilities. For that, I am truly sorry. I've learned a
14 lot from this experience. I will not place myself in this
15 position again. I think I'll spend the rest of my life trying
16 to make up for these failings. I take full responsibility for
17 both the criminal actions and lack of actions, and I can promise
18 you that I will not be in front of you again in this way.

19 THE COURT: Thank you, sir.

20 Mr. DiPiero, the court has received a number of letters that
21 you've made a part of the record. They come from prominent
22 physicians and from nurse practitioners; the brother, James, as
23 well as the defendant's mother, and one or two others. And it
24 just occurred to me that there are a number of individuals in
25 the courtroom today, and I thought that many of those may be

1 some of these same people who have written. I thought you may
2 want to note on the record the presence of at least some of
3 these individuals, and you are at liberty to do that now if you
4 would like to do that.

5 MR. DIPIERO: That would be very nice.

6 Please, those who are here on behalf of Dr. Tiano, could you
7 please stand. And if you could, just start over here, would you
8 simply state your name and your relationship to Dr. Tiano.

9 MR. SCHILLACE: Your Honor, my name is Greg Schillace.
10 I'm from Clarksburg. I'm an attorney and have appeared before
11 this court before.

12 THE COURT: Indeed.

13 MR. SCHILLACE: I've known Mr. Tiano since he was -- I
14 was thinking about that -- since he was fifteen years old, and
15 I'm proud that he is a friend of mine.

16 THE COURT: Thank you.

17 MR. JAMES TIANO: I'm John's brother, James. You read
18 my letter.

19 THE COURT: Thank you.

20 MS. TIANO: I'm his mother, Maryanne Tiano. You've
21 read my letter.

22 THE COURT: Thank you, ma'am.

23 SPECTATOR: I'm John's cousin, David, his first cousin,
24 and my mother is an aunt to him.

25 SPECTATOR: I'm John's Aunt Thelma, and I've known him

1 since the day he was born, and he is a wonderful boy.

2 THE COURT: Thank you.

3 MR. ROBINSON: I'm Boyd Wayne Robinson, a friend of the
4 family.

5 THE COURT: Thank you.

6 MR. DIPIERO: I simply note Bill Tiano, his cousin, was
7 here as well and he had to leave.

8 THE COURT: Thank you.

9 Dr. Tiano, the court notes on the plus side, that you come
10 before the court with no criminal record whatsoever, and you are
11 about 41 years of age now. And so, you've, save for this matter
12 that you are before the court on, have led the life apparently
13 free of any degree of crime at all.

14 The court recognizes the qualities that you possess that
15 aren't really reflected in the presentence report through the
16 several letters that have been received that I noted, and I'm
17 going to make them a part of the record in the case. They tell
18 a lot about you and what people think of you. Save for this
19 experience, you've been a good citizen, and the court recognizes
20 that, and gives you credit as well for the Haitian activities
21 that you recently engaged in. All of that, of course, speaks
22 quite well of you.

23 In evaluating those factors under Section 3553(a), the court
24 notes several things. One is that conduct particularly on the
25 scale of this, which occurred over quite a period of time, is

1 deserving of punishment, one of the purposes being to deter
2 others from engaging in like conduct.

3 The court also recognizes that the public is entitled to
4 protection from future activities of a similar sort or otherwise
5 from you, although I think the need in this respect is slight
6 because I do not believe that you will ever be in further
7 serious difficulty with the law.

8 The court recognizes as well that it will take into account,
9 as I've already indicated, your own background and your own
10 characteristics, as well as the characteristics of the offense.

11 In this case, you permitted substantial mischief to be done
12 in the community at large in the area where these massive amount
13 of drugs were allowed to be distributed. Throughout the
14 presentence report, reference is made to the pill mill at
15 Justice Medical Clinic and the virtual abandon with which drugs
16 were prescribed by those who were employed is there. That was
17 your responsibility while you were in charge to see that that
18 didn't happen. And that, of course, compounded by the billings
19 to Medicare which were excessive by many of those same
20 individuals that were involved in the wanton distribution of
21 drugs.

22 I was surprised to learn in the report a couple of things.
23 One had to do with the number of prescriptions that Sav-Rite
24 Pharmacy received in 2006 during the heart of your stay there or
25 your association there. During that year, there were 3,194,400

1 dosages of hydrocodone. That made that pharmacy rank 22nd in
2 the United States in the sales at that particular pharmacy, and
3 as compared to the average sold per pharmacy that year of
4 97,431. It simply gives one some scope of the magnitude of that
5 which was taking place.

6 The court recognizes that you have shown remorse for this
7 offense, and I take that into account as well.

8 And I also take into account the fact that you have rendered
9 substantial assistance to the United States. In doing so, it
10 doesn't appear that you were endangered in any way by assisting
11 the government. That simply is a factor that the court often
12 finds to be the case, but it's not the case here. And as you
13 doubtless witnessed, the court has indicated some concern about
14 the extent of that substantial assistance. But the court in the
15 final analysis must take the government at its word, and it says
16 that it was of help in not only bringing to justice Cameron
17 Justice, but is of value yet to be determined, and that ultimate
18 value is going to depend on your continuing assistance, no
19 doubt, but the government wanted to give you the advantage of it
20 now and probably recognizing that it's going to be some time
21 before the government has completed its investigation. And so,
22 if you are going to have the benefit of it, you've got to have
23 it close to now.

24 When the court takes into account all those factors, the
25 court concludes that some firm punishment is appropriately meted

1 out in this instance, and the court takes into account as part
2 of that equation its desire to avoid unwarranted disparity
3 between the sentence that you receive and someone elsewhere in
4 the United States receive or has received for similar conduct.

5 I would tell you that were it not for the motion for
6 substantial assistance, I would be inclined to sentence you at
7 or very close to the lower end of the guideline range of 27
8 months. Because of the substantial assistance, the court is
9 going to reduce your sentence that would otherwise be imposed
10 and find that a sentence sufficient, but not greater than that
11 necessary, to meet the goals of sentencing in this instance is a
12 sentence of one year and one day of imprisonment.

13 The court will impose a term of supervised release of three
14 years, and I'm going to make as conditions of that supervised
15 release the terms and conditions that are standard by standing
16 order in this district.

17 The court will also direct that you make payment on the
18 restitution. It's going to be difficult for you to make much of
19 a dent in it as long as your earnings are at the level we now
20 find them. It may be that one of these days, you'll be over all
21 this, it's going to be a long time, even if you are successful
22 in getting your license to practice without limitation returned
23 to you. I think indeed Mr. DiPiero indicated that may be a
24 period of five years. I'm uncertain about that, but I gathered
25 that was the gist of his comments. And so, it's going to be

1 well after you finish the terms of supervised release. In order
2 to impose some realistic figure at this time, the court is going
3 to direct that you make payment while on supervised release
4 initially at the rate of 250 dollars a month, and continue at
5 that rate until such time as your earning capacity is able to
6 begin to flourish, and it will. You are a bright individual,
7 and even if you are engaged in some activity other than
8 practicing medicine, I anticipate you will be able to place
9 yourself in some gainful occupation to the end that something of
10 moment can be earned by you, instead now, where your future has
11 been so uncertain, you've been able to do very little in that
12 regard. And once that happens, then the court will increase the
13 amount of that monthly payment. And so, that will be provided
14 for in the order as well.

15 I'm not going to impose any other requirement of you on
16 supervised release. It was suggested that in lieu of a sentence
17 of imprisonment, as I interpreted what Mr. DiPiero was saying,
18 that you be permitted to serve this sentence in Haiti or perhaps
19 some similar endeavor that would take advantage of your talents.
20 The court will hope that if you are simply having to tread water
21 while waiting for the ability once again to practice medicine,
22 if ever it should come, that then you will be able to engage in
23 that kind of effort, and if you seek request to do that while on
24 supervised release, the court would be pleased to consider it
25 very seriously and I think it would likely work out.

1 The court, in view of the substantial restitution that you
2 have to make and recognizing your financial condition otherwise
3 which is in difficult straits at this time, is not going to
4 impose a fine, or the costs of your incarceration, or the costs
5 of your supervised release. What the court wants you to do is
6 pay the restitution, and that, of course, is something you are
7 going to have to do sooner or later anyway simply because of the
8 party to whom it's owing. And so, it's the court's conclusion
9 that no monetary requirement beyond that restitution should be
10 imposed.

11 With that, I would ask the parties whether or not you have
12 anything further.

13 MS. SCHWARTZ: No, Your Honor.

14 MR. DIPIERO: Your Honor, I would simply ask that the
15 court make a recommendation that he be designated to Morgantown
16 FCI and be able to self-report. Morgantown would be the closest
17 place for him and for his family to be able to visit him.

18 THE COURT: The court will make that recommendation.

19 The sentence imposed is fixed on counts one and two to run
20 concurrently, the same sentence imposed on each count. The
21 court notes that the term of supervised release, of course, is
22 only one year on the one count, but that runs concurrently with
23 the three year term on the other.

24 And, finally, I take it there is nothing further.

25 MS. SCHWARTZ: No, Your Honor.

1 MR. DIPIERO: No, Your Honor.

2 THE COURT: Let me note to you, Dr. Tiano, I don't
3 recall really what provisions were in the plea agreement -- let
4 me take a quick look here a moment -- that is, provisions that
5 have to do with waiver of appeal, and there are some.

6 But I want to note to you that you do have a right to
7 appeal, although it would be qualified to some extent by virtue
8 of waivers in the plea agreement; and in order to do so, you
9 have fourteen days in which to file a notice of that appeal.
10 And if it were the case that you were without funds with which
11 to prosecute that appeal, then should you request, the court
12 would appoint counsel for you at the expense of the United
13 States, and the costs of that appeal would otherwise in that
14 event be at the expense of the United States as well.

15 There being nothing further, I take it that the defendant
16 may wish to report voluntarily --

17 MR. DIPIERO: Yes.

18 THE COURT: -- to the institution designated by the
19 Bureau of Prisons.

20 MR. DIPIERO: Yes, Your Honor.

21 THE COURT: And the defendant may do so, and the court
22 will fix a date for that purpose of --

23 MR. DIPIERO: Your Honor, with the court's permission,
24 the sooner the better in terms of -- I know the marshal has some
25 work to do and it takes some time, but rather than -- he just

1 wants to get going I guess is what I'm saying.

2 THE COURT: Well, what I'll do is to fix it for a date
3 that's going to be about as close as can be done.

4 MR. DIPIERO: That's fine.

5 THE COURT: It doesn't work as rapidly now as it used
6 to in your day. And we'll set it for 2:00 p.m. on Friday, June
7 25th. We'll try to get the order entered quickly so that the
8 Bureau of Prisons can be about fixing the location. And as I
9 understand it, what you wish to do and what you are requesting
10 the court to do is be permitted to report voluntarily on your
11 own --

12 THE DEFENDANT: Yes, sir.

13 THE COURT: -- that you remain on bond for that
14 purpose. And the court will then accordingly direct that you
15 remain on bond to report by 2:00 p.m., as I've indicated, on
16 June 25, 2010, to the institution designated by the Bureau. And
17 I note to you it's up to you to find out where you are to
18 report, for if you didn't learn where to report, whatever that
19 reason might be, you would need to report to the Marshal's
20 Office by 2:00 p.m. here in this building to commence service of
21 your sentence on that same date of June 25th.

22 If there's nothing further, Dr. Tiano, good luck to you.

23 THE DEFENDANT: Thank you.

24 MR. DIPIERO: Thank you, judge.

25 (At 3:53 p.m. the hearing was concluded.)

--oOo--

REPORTER'S CERTIFICATE

I, Barbara Steinke, Registered Merit Reporter, do hereby certify that the foregoing proceedings were reduced to writing by me at the time and place therein mentioned, and said proceedings are a true and accurate transcript from my notes. I further certify that I am neither related to any of the parties by blood or marriage, nor do I have any interest in the outcome of the above matter.


s/Barbara Steinke

June 2, 2010

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UNITED STATES DISTRICT COURT

Southern District of West Virginia, at: CHARLESTON

UNITED STATES OF AMERICA

JUDGMENT IN A CRIMINAL CASE

V.

JOHN THEODORE TIANO, M.D.

Case Number: 2:09-00259

USM Number: 09121-088

J. Timothy DiPiero, Esq. and Heather M. Langeland, Esq.
Defendant's Attorney

THE DEFENDANT:

- pleaded guilty to count(s) one and two of the two-count information.
- pleaded nolo contendere to count(s) which was accepted by the court. _____
- was found guilty on count(s) after a plea of not guilty. _____

The defendant is adjudicated guilty of these offenses:

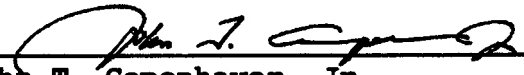
Title & Section	Nature of Offense	Offense Ended	Count	
21 U.S.C. § 846	Conspiracy to Use a DEA Registration	03/31/2007	One	of the information
	Number to Distribute Controlled Substances			
18 U.S.C. §§ 1347, 2	Aiding and Abetting Health Care Fraud	03/31/2007	Two	of the information

The defendant is sentenced as provided in pages 2 through 7 of this judgment. The sentence is imposed pursuant to the Sentencing Reform Act of 1984.

- The defendant has been found not guilty on count(s) _____
- Count(s) _____ is are dismissed on the motion of the United States.

It is ordered that the defendant must notify the United States Attorney for this district within 30 days of any change of name, residence, or mailing address until all fines, restitution, costs, and special assessments imposed by this judgment are fully paid. If ordered to pay restitution, the defendant must notify the court and United States Attorney of material changes in economic circumstances.

May 25, 2010
Date of Imposition of Judgment


John T. Copenhaver, Jr.
United States District Judge

May 26, 2010
Date

EXHIBIT 5

A TRUE COPY CERTIFIED ON

JUN 22 2010

TERESA L. DEPPNER, CLERK
U.S. District Court
Southern District of West Virginia

DEFENDANT: JOHN THEODORE TIANO, M.D.
CASE NUMBER: 2:09-00259

IMPRISONMENT

The defendant is hereby committed to the custody of the United States Bureau of Prisons to be imprisoned for a total term of:

ONE YEAR AND ONE DAY - The twelve month and one day sentence is imposed as to each of Counts One and Two, to run concurrently, for a total imprisonment term of one year and one day.

The court makes the following recommendations to the Bureau of Prisons:
That the defendant be designated to FCI Morgantown.

The defendant is remanded to the custody of the United States Marshal.

The defendant shall surrender to the United States Marshal for this district:

at _____ a.m. p.m. on _____
 as notified by the United States Marshal.

The defendant shall surrender for service of sentence at the institution designated by the Bureau of Prisons:

before 2 p.m. on June 25, 2010
 as notified by the United States Marshal.
 as notified by the Probation or Pretrial Services Office.

RETURN

I have executed this judgment as follows:

Defendant delivered on _____ to _____
a _____ with a certified copy of this judgment.

UNITED STATES MARSHAL

By _____
DEPUTY UNITED STATES MARSHAL

DEFENDANT: JOHN THEODORE TIANO, M.D.

CASE NUMBER: 2:09-00259

SUPERVISED RELEASE

Upon release from imprisonment, the defendant shall be on supervised release for a term of :

THREE (3) YEARS - The three-year term of supervised release is imposed as to Count Two, with a one-year term imposed on Count One to run concurrently, for a total supervised release term of three years.

The defendant must report to the probation office in the district to which the defendant is released within 72 hours of release from the custody of the Bureau of Prisons.

The defendant shall not commit another federal, state or local crime.

The defendant shall not unlawfully possess a controlled substance. The defendant shall refrain from any unlawful use of a controlled substance. The defendant shall submit to one drug test within 15 days of release from imprisonment and at least two periodic drug tests thereafter, as determined by the court.

- The above drug testing condition is suspended, based on the court's determination that the defendant poses a low risk of future substance abuse. (Check, if applicable.)
- The defendant shall not possess a firearm, ammunition, destructive device, or any other dangerous weapon. (Check, if applicable.)
- The defendant shall cooperate in the collection of DNA as directed by the probation officer. (Check, if applicable.)
- The defendant shall register with the state sex offender registration agency in the state where the defendant resides, works, or is a student, as directed by the probation officer. (Check, if applicable.)
- The defendant shall participate in an approved program for domestic violence. (Check, if applicable.)

If this judgment imposes a fine or restitution, it is a condition of supervised release that the defendant pay in accordance with the Schedule of Payments sheet of this judgment.

The defendant must comply with the standard conditions that have been adopted by this court as well as with any additional conditions on the attached page.

STANDARD CONDITIONS OF SUPERVISION

- 1) the defendant shall not leave the judicial district without the permission of the court or probation officer;
- 2) the defendant shall report to the probation officer and shall submit a truthful and complete written report within the first five days of each month;
- 3) the defendant shall answer truthfully all inquiries by the probation officer and follow the instructions of the probation officer;
- 4) the defendant shall support his or her dependents and meet other family responsibilities;
- 5) the defendant shall work regularly at a lawful occupation, unless excused by the probation officer for schooling, training, or other acceptable reasons;
- 6) the defendant shall notify the probation officer at least ten days prior to any change in residence or employment;
- 7) the defendant shall refrain from excessive use of alcohol and shall not purchase, possess, use, distribute, or administer any controlled substance or any paraphernalia related to any controlled substances, except as prescribed by a physician;
- 8) the defendant shall not frequent places where controlled substances are illegally sold, used, distributed, or administered;
- 9) the defendant shall not associate with any persons engaged in criminal activity and shall not associate with any person convicted of a felony, unless granted permission to do so by the probation officer;
- 10) the defendant shall permit a probation officer to visit him or her at any time at home or elsewhere and shall permit confiscation of any contraband observed in plain view of the probation officer;
- 11) the defendant shall notify the probation officer within seventy-two hours of being arrested or questioned by a law enforcement officer;
- 12) the defendant shall not enter into any agreement to act as an informer or a special agent of a law enforcement agency without the permission of the court; and
- 13) as directed by the probation officer, the defendant shall notify third parties of risks that may be occasioned by the defendant's criminal record or personal history or characteristics and shall permit the probation officer to make such notifications and to confirm the defendant's compliance with such notification requirement.

DEFENDANT: JOHN THEODORE TIANO, M.D.
CASE NUMBER: 2:09-00259

ADDITIONAL SUPERVISED RELEASE TERMS

The defendant shall pay the restitution within the time and as directed by the court

SDWV (Rev. 05/06) Judgment in a Criminal Case
 -- Criminal Monetary Penalties

DEFENDANT: JOHN THEODORE TIANO, M.D.

CASE NUMBER: 2:09-00259

CRIMINAL MONETARY PENALTIES

The defendant must pay the total criminal monetary penalties under the schedule of payments below.

	<u>Assessment</u>	<u>Fine</u>	<u>Restitution</u>
TOTALS	\$ 200.00	\$	\$ 119,785.57

Comment: The court notes that the special assessment was previously paid.

The determination of restitution is deferred until _____.

The defendant must make restitution (including community restitution) to the following payees in the amount listed below.

If the defendant makes a partial payment, each payee shall receive an approximately proportioned payment, unless specified otherwise in the priority order or percentage payment column below. However, pursuant to 18 U.S.C. § 3664(i), all nonfederal victims must be paid before the United States is paid.

<u>Name and Address of Payee</u>	<u>Total Loss</u>	<u>Restitution Ordered</u>	<u>Priority or Percentage</u>
Medicare Veronica Moore, Accountant CMS Division of Accounting PO Box 7520 Baltimore, MD 21207-0520	\$119,785.57	\$119,785.57	100%

TOTALS	<u>\$119,785.57</u>	<u>\$119,785.57</u>
---------------	---------------------	---------------------

Restitution amount ordered pursuant to plea _____

The defendant must pay interest on restitution and a fine of more than \$2,500, unless the restitution or fine is paid in full before the fifteenth day after the date of the judgment, pursuant to 18 U.S.C. § 3612(f). All of the payment options on Sheet 6 may be subject to penalties for delinquency and default, pursuant to 18 U.S.C. § 3612(g).

The court determined that the defendant does not have the ability to pay interest and it is ordered that:

the interest requirement is waived for the fine restitution.

the interest requirement for the fine restitution is modified as follows:

* Findings for the total amount of losses are required under Chapters 109A, 110, 110A, and 113A of Title 18 for offenses committed on or after September 13, 1994, but before April 23, 1996.

SDWV (Rev. 05/06) Judgment in a Criminal Case
— Additional Terms for Criminal Monetary Penalties

Judgment—Page 6 of 7

DEFENDANT: JOHN THEODORE TIANO, M.D.

CASE NUMBER: 2:09-00259

ADDITIONAL TERMS FOR CRIMINAL MONETARY PENALTIES

The \$119,785.57 restitution amount shall be paid at the rate of \$250 per month beginning two months after the term of supervised release herein imposed commences. This sum of \$250 may be increased or decreased by the court upon considering the findings and recommendations of, and a revised schedule of payments developed by, the probation officer in keeping with the income of the defendant as such income exceeds or falls below, as the case may be, the reasonably necessary fixed living expenses of the defendant and any dependents after taking into account the reduction of such reasonably necessary fixed living expenses by income of the defendant's dependents. In addition, should the defendant acquire assets which may reasonably be applied to the restitution indebtedness, such assets are to be so applied to the restitution indebtedness in addition to the monthly payments hereunder.

DEFENDANT: JOHN THEODORE TIANO, M.D.
CASE NUMBER: 2:09-00259

SCHEDULE OF PAYMENTS

Having assessed the defendant's ability to pay, payment of the total criminal monetary penalties are due as follows:

- A Lump sum payment of \$ _____ due immediately, balance due
 - not later than _____, or
 - in accordance with C, D, E, or F below; or
- B Payment to begin immediately (may be combined with C, D, or F below); or
- C Payment in equal _____ (e.g., weekly, monthly, quarterly) installments of \$ _____ over a period of _____ (e.g., months or years), to commence _____ (e.g., 30 or 60 days) after the date of this judgment; or
- D Payment in equal _____ (e.g., weekly, monthly, quarterly) installments of \$ _____ over a period of _____ (e.g., months or years), to commence _____ (e.g., 30 or 60 days) after release from imprisonment to a term of supervision; or
- E Payment during the term of supervised release will commence within _____ (e.g., 30 or 60 days) after release from imprisonment. The court will set the payment plan based on an assessment of the defendant's ability to pay at that time; or
- F Special instructions regarding the payment of criminal monetary penalties:
The court notes that the special assessment was previously paid.

See restitution payment requirements set forth above.

Unless the court has expressly ordered otherwise, if this judgment imposes imprisonment, payment of criminal monetary penalties is due during imprisonment. All criminal monetary penalties, except those payments made through the Federal Bureau of Prisons' Inmate Financial Responsibility Program, are made to the clerk of the court.

The defendant shall receive credit for all payments previously made toward any criminal monetary penalties imposed.

- Joint and Several
Defendant and Co-Defendant Names and Case Numbers (including defendant number), Total Amount, Joint and Several Amount, and corresponding payee, if appropriate.

- The defendant shall pay the cost of prosecution.
- The defendant shall pay the following court cost(s):
- The defendant shall forfeit the defendant's interest in the following property to the United States:

Payments shall be applied in the following order: (1) assessment, (2) restitution principal, (3) restitution interest, (4) fine principal, (5) fine interest, (6) community restitution, (7) penalties, and (8) costs, including cost of prosecution and court costs.

CERTIFICATE OF SERVICE

I, Deborah Lewis Rodecker, General Counsel for the Board of Medicine, do hereby certify that I have served the foregoing Order of Revocation of License to Practice Medicine and Surgery by depositing copies of the same in the United States mail, postage prepaid, certified, this 13th day of September, 2010, addressed to Dr. Tiano at his address of record and to his counsel of record, as follows:

John Theodore Tiano, M.D.
Route 1, Box 153C
Lost Creek, WV 26385

Timothy J. DiPiero, Esq.
604 Virginia Street, E.
Charleston, WV 25301-2184



Deborah Lewis Rodecker
Bar # 3144
West Virginia Board of Medicine
101 Dee Drive, Suite 103
Charleston, West Virginia 25311
304.558.2921 x 214
Facsimile: 304.558.2084
Deborah.Lewis.Rodecker@wv.gov

BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN RE:

ADIN L. TIMBAYAN, M.D.

CONSENT ORDER

The West Virginia Board of Medicine (“Board”) and Adin L. Timbayan, M.D., (“Dr. Timbayan”) freely and voluntarily enter into the following Order pursuant to West Virginia Code §30-3-1, *et seq.*:

FINDINGS OF FACT

1. Dr. Timbayan currently holds a license to practice medicine and surgery in the State of West Virginia, License No. 11489, issued originally in 1978. Dr. Timbayan’s address of record with the Board is in Montgomery, West Virginia.

2. In January, 2010, the Physician Assistant Committee of the Board discussed with Dr. Timbayan the fact that Deborah Brown, the physician assistant he had been supervising from January, 2009, until December 24, 2009 had been writing prescriptions for almost a year without having been granted prescriptive writing privileges by the Board.

3. Dr. Timbayan stated to the Physician Assistant Committee that he had not been aware that the physician assistant had not been granted prescriptive writing privileges by the Board. He further stated that this was an unintentional mistake and that he had no desire to supervise a physician assistant at any time in the future.

4. Continuing to practice medicine without the Board attaching conditions and limitations upon Dr. Timbayan's license to practice medicine and surgery could adversely affect the health and welfare of a patient.

CONCLUSIONS OF LAW

1. The West Virginia Medical Practice Act declares that the practice of medicine is a privilege and that as a matter of public policy, the provisions in the act are necessary to protect the public interest (West Virginia Code §30-3-1).

2. Probable cause exists to file charges against Dr. Timbayan pursuant to the provisions of West Virginia Code §30-3-14(c)(16), delegating professional responsibilities to a person when the physician delegating such responsibilities knows or has reason to know that such person is not qualified by licensure to perform them.

3. The Board has determined that it is appropriate to waive the commencement of proceedings against Dr. Timbayan and to proceed without the filing of charges or a formal Complaint and Notice of Hearing, provided that Dr. Timbayan agrees to comply with all laws and rules of the Board.

CONSENT

Adin L. Timbayan, M.D., by affixing his signature hereon, agrees solely and exclusively for purposes of this agreement and the entry of the Order provided for and stated herein, and proceedings conducted in accordance with this Order to the following:

1. Dr. Timbayan acknowledges that he is fully aware that, without his consent, no permanent legal action may be taken against him except after a hearing held in accordance with West Virginia Code §30-3-14(h) and §29A-5-1, *et seq.*;

2. Dr. Timbayan acknowledges that he has the following rights, among others: the right to a formal hearing before the West Virginia Board of Medicine, the right to reasonable notice of said hearing, the right to be represented by counsel at his own expense, the right to cross-examine witnesses against him, and the right to appeal under Chapter 29A of the West Virginia Code in the event of a final order or decision adverse to him;

3. Dr. Timbayan waives all such rights;

4. Dr. Timbayan consents to the entry of this Order relative to his practice of medicine in the State of West Virginia; and,

5. Dr. Timbayan understands that this Order is considered public information, and that matters contained herein may be reported, as required by law, to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

ORDER

WHEREFORE, on the basis of the foregoing Findings of Fact and Conclusions of Law of the Board, and on the basis of the consent of Dr. Timbayan, the West Virginia Board of Medicine hereby **ORDERS** that:

1. Should he determine in the future that he wishes to supervise a physician assistant again, Dr. Timbayan first agrees to read, and then if he is granted the privilege of such supervision, comply with all laws and rules of the Board pertaining to

physician assistants, West Virginia Code §30-3-16 and 11 CSR 1B, so that he is fully aware of his responsibilities and performs them properly as a supervising physician.


2. Dr. Timbayan is **PUBLICLY REPRIMANDED** for supervising a physician assistant while the physician assistant was writing prescriptions with no authority to do so having been given by the Board.

3. Within five (5) days of entry of this Consent Order, Dr. Timbayan shall provide a copy of this Order to any employer or health care or medical facility where Dr. Timbayan is practicing medicine.


The failure of Dr. Timbayan to comply with the terms of this Consent Order, as determined by the Board, may constitute grounds for additional discipline with regard to his medical license in the State of West Virginia.

Entered this 1st day of February, 2010.

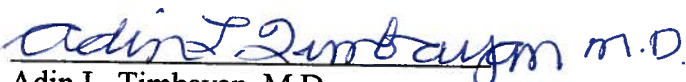
WEST VIRGINIA BOARD OF MEDICINE



John A. Wade, Jr., M.D.
President



Catherine Slemp, M.D., M.P.H.
Secretary



Adin L. Timbayan, M.D.

Date: 1-22-10

STATE OF WV

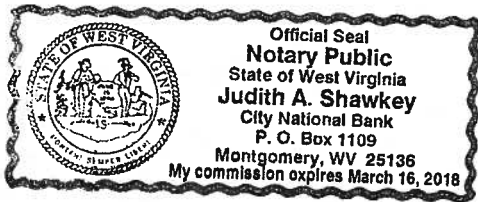
COUNTY OF Wayne, to-wit:

I, Judith Ann Shawkey Notary Public for said county and state do

hereby certify that Adin L. Timbayan, M.D., whose name is signed on the previous page,
has this day acknowledged the same before me.

Given under my hand this 22 day of Jan, 2010.

My Commission expires 3/16/18.



Judith Ann Shawkey
NOTARY PUBLIC

BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN RE: JASON JOHN VALLS, M.D.

CONSENT ORDER

The West Virginia Board of Medicine ("Board") and Jason John Valls, M.D. ("Dr. Valls") freely and voluntarily enter into the following Consent Order pursuant to W. Va. Code § 30-3-14, et seq.

FINDINGS OF FACT

1. Dr. Valls held License Number 21731 in the State of West Virginia, which license expired effective June 30, 2009, and Dr. Valls' address of record with the Board is in Morgantown, West Virginia.

2. In March 2010, Dr. Valls requested reactivation of his expired license to practice medicine and surgery in the State of West Virginia, and in the course of submitting documents in support of such licensure, it became evident that Dr. Valls had provided unsatisfactory information on his license reinstatement application submitted, in that he had not received the end-of-life care including pain management continuing medical education in a timely manner.

3. It became apparent as well that on two (2) prior application renewal forms in 2005 and 2007, Dr. Valls had not provided accurate information.

4. Dr. Valls has been an active, voluntary participant in the West Virginia Medical Professionals Health Program (WVMPHP) since March 2009, which WVMPHP now recommends that he is ready to return to the practice of medicine.

5. Dr. Valls appeared for a discussion of these matters with the Licensure Committee in July 2010, but remains unable to provide satisfactory documentation of a course in end-of-life care including pain management during the requisite time period.

6. Dr. Valls meets the requirements for active licensure under the West Virginia Medical Practice Act, as he acquired continuing education hours in end-of-life care including pain management in May 2010, but for him to receive reactivation of his license without appropriate conditions and limitations upon his active license, under all the circumstances of this case, could adversely affect the health and welfare of patients.

CONCLUSIONS OF LAW

1. Probable cause exists to deny Dr. Valls an active license to practice medicine and surgery in this State due to the provisions of W. Va. Code § 30-3-14(c)(17) and 11 CSR 1A 12.1(a), relating to presenting a false statement in connection with an application for a license.

2. The Board determined under all the circumstances it is appropriate to grant Dr. Valls an active license to practice medicine and surgery in the State of West Virginia, provided he agrees to this action against his license.

3. It is appropriate to waive the commencement of proceedings against Dr. Valls, and to proceed without the filing of formal charges in a Complaint and Notice of Hearing, provided he enters into this Consent Order.

CONSENT

Jason John Valls, M.D., by affixing his signature hereon, agrees solely and exclusively for purposes of this agreement and the entry of the Order provided for and stated herein, and proceedings conducted in accordance with this Order, to the following:

1. Dr. Valls acknowledges that he is fully aware that, without his consent here given, no permanent legal action may be taken against him except after a public hearing held in accordance with W. Va. Code § 30-3-14(h) and § 29A-5-1, et seq.;

2. Dr. Valls further acknowledges that he has the following rights, among others: the right to a formal public hearing before the Board, the right to reasonable notice of said hearing, the right to be represented by counsel at his own expense, the right to cross-examine witnesses against him, and the right to appeal under Chapter 29A of the West Virginia Code in the event of a final order or decision adverse to him;

3. Dr. Valls waives all such rights;

4. Dr. Valls consents to the entry of this Order relative to his practice of medicine in the State of West Virginia; and

5. Dr. Valls understands that this Order is considered public information and that matters contained herein may be reported, as required by law, to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

ORDER

WHEREFORE, on the basis of the foregoing Findings of Fact and Conclusions of Law of the Board, and on the basis of the Consent of Dr. Valls, the West Virginia Board of Medicine hereby **ORDERS** as follows:

1. Dr. Valls is granted **ACTIVE** status for his currently expired license to practice medicine and surgery in the State of West Virginia, License Number 21731, effective upon date of entry of this Consent Order.

2. Dr. Valls shall pay three-hundred dollars (\$300) for providing unsatisfactory and false information to the Board on applications submitted to the Board, as set forth in the Findings of Fact in this Consent Order.

3. On or before August 2, 2010, Dr. Valls shall pay to the Board three-hundred dollars (\$300), two-hundred dollars (\$200) of which is designated a fine for his deficiency of two (2) hours of continuing education in end-of-life care including pain management during the required period, one-hundred dollars (\$100) of which is designated administrative costs, the receipt of which three-hundred dollars (\$300) is acknowledged by the signatures of the President and Secretary hereon.


4. Dr. Valls shall continue to actively and successfully participate in and be compliant with all the requirements of the West Virginia Medical Professionals Health Program (WVMPHP) as long as deemed necessary by the WVMPHP.


5. Within ten (10) days of entry of this Consent Order, Dr. Valls shall provide a copy of this Consent Order to WVMPHP and to any health care facility where he seeks to practice medicine.

The foregoing Consent Order was entered this 31st day of July, 2010.

WEST VIRGINIA BOARD OF MEDICINE


Reverend O. Richard Bowyer
President


Catherine Slomp, M.D., M.P.H.
Secretary



Jason John Valls, M.D.

Date: 7/28/10

STATE OF West Virginia

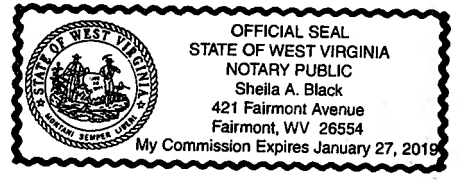
COUNTY OF Marion

I, Sheila Black, a Notary Public for said county and state do hereby certify that Jason John Valls, M.D., whose name is signed on the previous page, has this day acknowledged the same before me.

Given under my hand this 28 day of July, 2010.

My commission expires Jan 27, 2019.

Sheila Black
Notary Public



BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN RE: TORIN PATRICK WALTERS, M.D.

CONSENT ORDER

The West Virginia Board of Medicine ("Board") and Torin Patrick Walters, M.D. ("Dr. Walters"), freely and voluntarily enter into the following Consent Order pursuant to the provisions of W. Va. Code § 30-3-14, *et seq.*:

FINDINGS OF FACT

1. Dr. Walters currently holds a license to practice medicine and surgery in the State of West Virginia, License No. 17722, issued originally in 1994. Dr. Walters' address of record is in Huntington, West Virginia.
2. In January 2010, Dr. Walters was the subject of a random audit by the Board to determine whether he had completed the required minimum number of fifty (50) hours of Continuing Medical Education ("CME") coursework, as described in 11 CSR 6 2.2, including two (2) hours in the subject of end-of-life care and pain management, as described in W. Va. Code § 30-1-7a, during the licensure period from July 1, 2007, to June 30, 2009.
3. In Dr. Walters' licensure renewal application for the period from July 1, 2009, to June 30, 2011, submitted to the Board and dated May 14, 2009, Dr. Walters represented that he had completed the required minimum number of fifty (50) hours of CME coursework, including two (2) hours of CME coursework in the subject of end-of-life care and pain management, during the preceding licensure period from July 1, 2007, to June 30, 2009.

4. The random audit revealed that Dr. Walters failed to complete fourteen and three quarter (14.75) hours of the fifty (50) hours of approved CME coursework during the preceding licensure period from July 1, 2007, to June 30, 2009.

5. In May 2010, the Complaint Committee of the Board initiated a complaint against Dr. Walters based upon his apparent deficiency of fourteen and three quarter (14.75) hours and his certification that he had completed the same during the preceding licensure period from July 1, 2007, to June 30, 2009.

6. On May 25, 2010, Dr. Walters responded to the Complaint noting that he accepted full responsibility for his oversight, believed that he had twenty (20) hours that were within the time frame that were not, and did not willfully provide false information.

CONCLUSIONS OF LAW

1. The Board has a mandate pursuant to the West Virginia Medical Practice Act to protect the public interest. W. Va. Code § 30-3-1.

2. Probable cause may exist to substantiate charges against Dr. Walters pursuant to W. Va. Code § 30-3-14 (c)(17) and 11 CSR 1A 12.1 (e) and (j), relating to unprofessional conduct, and W. Va. Code § 30-3-14 (c)(1) and (17), 11 CSR 1A 12.1 (a), and 11 CSR 6 4.2 and 4.4, relating to the renewal of a license to practice medicine and surgery by making an incorrect statement in connection with a licensure application.

3. The Board has determined that it is appropriate and in the public interest to waive the commencement of proceedings against Dr. Walters and to proceed without the filing of formal charges in a Complaint and Notice of Hearing, provided Dr. Walters complies with the terms and conditions set forth herein.

CONSENT

Torin Patrick Walters, M.D., by affixing his signature hereon, agrees solely and exclusively for purposes of this agreement and the entry of the Order provided for and stated herein, and the proceedings conducted in accordance with this Order, to the following:

1. Dr. Walters acknowledges that he is fully aware that, without his consent here given, no permanent legal action may be taken against him except after a hearing held in accordance with W. Va. Code § 30-3-14 (h) and W. Va. Code § 29A-5-1, *et seq.*;

2. Dr. Walters further acknowledges that he has the following rights, among others: the right to a formal hearing before the West Virginia Board of Medicine, the right to reasonable notice of said hearing, the right to be represented by counsel at his own expense, the right to cross-examine witnesses against him, and the right to appeal under Chapter 29A of the West Virginia Code in the event of a final order or decision adverse to him;

3. Dr. Walters waives all such rights;

4. Dr. Walters consents to the entry of this Order relative to his practice of medicine and surgery in the State of West Virginia; and

5. Dr. Walters understands that this Order is considered public information.

ORDER

WHEREFORE, on the basis of the foregoing Findings of Fact and Conclusions of Law of the Board, and on the basis of the consent of Dr. Walters, the West Virginia Board of Medicine hereby **ORDERS** as follows:

1. Dr. Walters shall complete, and provide certification of his completion to the Board, within sixty (60) days of the entry of this Order, fourteen and three quarter (14.75)

hours of approved CME coursework. The CME credits submitted by Dr. Walters pursuant to this provision shall not be applied or transferred to any subsequent renewal period.


2. Dr. Walters shall also pay a **CIVIL FINE** in the amount of one hundred dollars (\$100.00) per credit hour for his prior deficiency of fourteen and three quarter (14.75) hours of CME for the licensure renewal period from July 1, 2007, to June 30, 2009, together with a one-time **ADMINISTRATIVE FEE** in the amount of one hundred dollars (\$100.00), for a total of **one thousand five hundred seventy five dollars (\$1,575.00)**, which fine and administrative fee shall be received by the Board on or before September 15, 2010.

3. In the event that Dr. Walters fails to comply with the requirements stated in the preceding paragraphs of this Order, his license to practice medicine in the State of West Virginia shall be **SUSPENDED**, effective immediately, without further process or hearing, pending his successful completion of these requirements, as agreed to by him, and as required by this Order.

4. Upon the Board's determination that Dr. Walters is in full compliance with the terms and conditions of this Consent Order, the Complaint against him shall be dismissed immediately.

The foregoing Order was entered this 9th day of August, 2010.

WEST VIRGINIA BOARD OF MEDICINE


Reverend O. Richard Bowyer
President

Catherine C. Slemp
Catherine Slemp, M.D., M.P.H.
Secretary

Torin Patrick Walters
Torin Patrick Walters, M.D.

Date: 07/30/2010

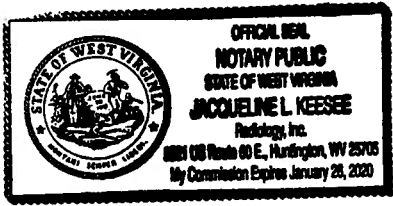
STATE OF WV

COUNTY OF Cabell

I, Jacqueline Keesee, a Notary Public in and for said county and state do hereby certify that Torin Patrick Walters, M.D., whose name is signed above, has this day acknowledged the same before me.

Given under my hand this 30th day of July, 2010.

My commission expires Jun. 26, 2020.



Jacqueline A. Keesee
Notary Public

BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN RE: JEANIE ANNIS WIEST, M.D.

CONSENT ORDER

The West Virginia Board of Medicine ("Board") and Jeanie Annis Wiest, M.D. ("Dr. Wiest"), freely and voluntarily enter into the following Consent Order pursuant to the provisions of W. Va. Code § 30-3-14, *et seq.*:

FINDINGS OF FACT

1. Dr. Wiest currently holds a license to practice medicine and surgery in the State of West Virginia, License No. 09933, issued originally in 1973. Dr. Wiest's address of record is in Buckhannon, West Virginia.
2. In January 2010, Dr. Wiest was the subject of a random audit by the Board to determine whether she had completed the required minimum number of fifty (50) hours of Continuing Medical Education ("CME") coursework, as described in 11 CSR 6 2.2, including two (2) hours in the subject of end-of-life care and pain management, as described in W. Va. Code § 30-1-7a, during the licensure period from July 1, 2007, to June 30, 2009.
3. In Dr. Wiest's licensure renewal application for the period from July 1, 2009, to June 30, 2011, submitted to the Board and dated May 14, 2009, Dr. Wiest represented that she had completed the required minimum number of fifty (50) hours of CME coursework, including two (2) hours of CME coursework in the subject of end-of-life care and pain management, during the preceding licensure period from July 1, 2007, to June 30, 2009.

4. The random audit revealed that Dr. Wiest failed to complete seven and one quarter (7.25) hours of the fifty (50) hours of approved CME coursework during the preceding licensure period from July 1, 2007, to June 30, 2009.

5. In May 2010, the Complaint Committee of the Board initiated a complaint against Dr. Wiest based upon her apparent deficiency of seven and one quarter (7.25) hours and her certification that she had completed the same during the preceding licensure period from July 1, 2007, to June 30, 2009.

6. On May 19, 2010, Dr. Wiest responded to the Complaint noting that she had “mis-counted” her CME hours in error and had not done so with any intentional dishonesty.

CONCLUSIONS OF LAW

1. The Board has a mandate pursuant to the West Virginia Medical Practice Act to protect the public interest. W. Va. Code § 30-3-1.

2. Probable cause may exist to substantiate charges against Dr. Wiest pursuant to W. Va. Code § 30-3-14 (c)(17) and 11 CSR 1A 12.1 (e) and (j), relating to unprofessional conduct, and W. Va. Code § 30-3-14 (c)(1) and (17), 11 CSR 1A 12.1 (a), and 11 CSR 6 4.2 and 4.4, relating to the renewal of a license to practice medicine and surgery by making an incorrect statement in connection with a licensure application.

3. The Board has determined that it is appropriate and in the public interest to waive the commencement of proceedings against Dr. Wiest and to proceed without the filing of formal charges in a Complaint and Notice of Hearing, provided Dr. Wiest complies with the terms and conditions set forth herein.

CONSENT

Jeanie Annis Wiest, M.D., by affixing her signature hereon, agrees solely and exclusively for purposes of this agreement and the entry of the Order provided for and stated herein, and the proceedings conducted in accordance with this Order, to the following:

1. Dr. Wiest acknowledges that she is fully aware that, without her consent here given, no permanent legal action may be taken against her except after a hearing held in accordance with W. Va. Code § 30-3-14 (h) and W. Va. Code § 29A-5-1, *et seq.*;

2. Dr. Wiest further acknowledges that she has the following rights, among others: the right to a formal hearing before the West Virginia Board of Medicine, the right to reasonable notice of said hearing, the right to be represented by counsel at her own expense, the right to cross-examine witnesses against her, and the right to appeal under Chapter 29A of the West Virginia Code in the event of a final order or decision adverse to her;

3. Dr. Wiest waives all such rights;

4. Dr. Wiest consents to the entry of this Order relative to her practice of medicine and surgery in the State of West Virginia; and

5. Dr. Wiest understands that this Order is considered public information.

ORDER

WHEREFORE, on the basis of the foregoing Findings of Fact and Conclusions of Law of the Board, and on the basis of the consent of Dr. Wiest, the West Virginia Board of Medicine hereby **ORDERS** as follows:

1. Dr. Wiest shall complete, and provide certification of her completion to the Board, within sixty (60) days of the entry of this Order, seven and one quarter (7.25) hours of

approved CME coursework. The CME credits submitted by Dr. Wiest pursuant to this provision shall not be applied or transferred to any subsequent renewal period.

2. Dr. Wiest shall also pay a **CIVIL FINE** in the amount of one hundred dollars (\$100.00) per credit hour for her prior deficiency of seven and one quarter (7.25) hours of CME for the licensure renewal period from July 1, 2007, to June 30, 2009, together with a one-time **ADMINISTRATIVE FEE** in the amount of one hundred dollars (\$100.00), for a total of **eight hundred and twenty-five dollars (\$825.00)**, which fine and administrative fee shall be received by the Board on or before September 15, 2010.

3. In the event that Dr. Wiest fails to comply with the requirements stated in the preceding paragraphs of this Order, her license to practice medicine in the State of West Virginia shall be **SUSPENDED**, effective immediately, without further process or hearing, pending her successful completion of these requirements, as agreed to by her, and as required by this Order.

4. Upon the Board's determination that Dr. Wiest is in full compliance with the terms and conditions of this Consent Order, the Complaint against her shall be dismissed immediately.

The foregoing Order was entered this 18th day of August, 2010.

WEST VIRGINIA BOARD OF MEDICINE


Reverend O. Richard Bowyer
President 

Catherine C Slemp
Catherine Slemp, M.D., M.P.H.
Secretary

J. Wiest MD
Jeanie Annis Wiest, M.D.

Date: Aug 11, 2010

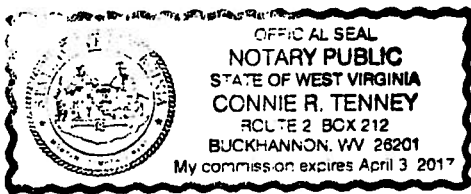
STATE OF WVA

COUNTY OF Upshur

I, Connie R. Tenney, a Notary Public in and for said county and state do hereby certify that Jeanie Annis Wiest, M.D., whose name is signed above, has this day acknowledged the same before me.

Given under my hand this 11th day of August, 2010.

My commission expires April 3, 2017.



Connie R. Tenney
Notary Public

BEFORE THE WEST VIRGINIA BOARD OF MEDICINE

IN RE: DANNY RAY WILLS, M.D.

**ORDER OF REVOCATION OF LICENSE
TO PRACTICE MEDICINE AND SURGERY**

1. Danny Ray Wills, M.D. (“Dr. Wills”) holds a license to practice medicine and surgery in the State of West Virginia, License No. 10582, issued originally in August, 1975, by the West Virginia Board of Medicine. Dr. Wills’ address of record with the Board is in Princeton, West Virginia.
2. On August 27, 2009, Dr. Wills entered a plea of guilty in the United States District Court, Southern District of West Virginia, to one (1) count of acquiring and obtaining possession of a quantity of hydrocodone by misrepresentation, fraud, deception and subterfuge, ending May 5, 2009, 21 U.S.C. § 843(a)(3), in Case Number 1:09-CR-00159-01, United States of America v. Danny Ray Wills.
3. Thomas E. Johnston, Judge of the United States District Court, Southern District of West Virginia, stated at the Plea Hearing that “there is a basis in fact for the tendered plea” and confirmed that in the detailed Stipulation of Facts in the case in the files that were seized pursuant to the administrative warrant in this matter, “was correspondence between GIV, which is a company that provided the hydrocodone pills to Dr. Wills—between that company and Dr. Wills in January of 2009, indicated that GIV had, in fact, questioned Wills about his excessive or atypical hydrocodone orders. In response, Wills assured GIV that he was acquiring the hydrocodone to dispense to patients. He did not advise that he was taking any of the

hydrocodone himself.” Plea Hearing Transcript, pp. 23-24, 26. Incorporated by reference herein is a copy of the Plea Hearing Transcript, Exhibit 1.

4. On December 17, 2009, Irene C. Berger, Judge of the United States District Court, Southern District of West Virginia, stated at the Sentencing Hearing that Dr. Wills, who was also the Sheriff of Mercer County, West Virginia, “ordered drugs, paid for them with funds that were specifically allotted to the sheriff’s budget. There are factual statements contained in the pre-sentence report in addition that drugs were prescribed for at least one other individual, and the drugs were for the defendant’s own personal use.” Sentencing Hearing Tr., p. 11. Incorporated by reference herein is a copy of the Sentencing Hearing Transcript, Exhibit 2.

5. On December 17, 2009, Judge Berger further stated at the Sentencing Hearing that “there are, based on the calculations in the pre-sentence report, approximately 4,500 hydrocodone pills which were actually purchased. And most of those pills, almost 4,300 of them, 4,296 were unaccounted for. Based on the facts of the case, 31 of those could be traced to patients. There were 173, Mr. Wills, in your possession when the search was conducted. And, again, according to the facts contained in the report, there were 4,296 of them which could not be accounted for.” Sentencing Hearing Tr. p. 16, Exhibit 2.

6. On December 17, 2009, Judge Berger imposed Judgment, and on January 5, 2010, Judge Berger entered Judgment in a Criminal Case whereby Dr. Wills was sentenced to six (6) months in prison and supervised release for a period of one (1) year following imprisonment, as well as payment of criminal monetary penalties.

7. Under the provisions of 21 U.S.C. § 843 (d) and 18 U.S.C. §3559(a)(5), a violation of 21 U.S.C. § 843(a)(3) is a felony.

8. Under the provisions of West Virginia Code §30-3-14(d):

The board... shall revoke the license of any physician ... licensed ... within this state who, is found guilty by any court of competent jurisdiction of any felony involving prescribing, selling, administering, dispensing, mixing or otherwise preparing any prescription drug, including any controlled substance under state or federal law, for other than generally accepted therapeutic purposes. Presentation to the board of a certified copy of the guilty verdict or plea rendered in the court is sufficient proof thereof for the purposes of this article.

9. Incorporated by reference herein is a certified copy of the six (6) page Judgment in a Criminal case entered January 5, 2010, by Irene C. Berger, Judge, United States District Court, Southern District of West Virginia, in the case United States of America v. Danny Ray Wills, Case Number 1:09-CR-00159-01, Exhibit 3.


10. Copies of the above-referenced documents Exhibits 1, 2, and 3, all having been presented to the Board of Medicine at a regular meeting of the Board on March 8, 2010, where a quorum of the Board was present and voting, the Board determined that Dr. Wills has been found guilty by a court of competent jurisdiction of a felony involving prescribing, selling, administering, dispensing, mixing or otherwise preparing a prescription drug including a controlled substance (hydrocodone) under state or federal law for other than generally accepted therapeutic purposes.

11. The Board concluded that as a matter of law, the license to practice medicine and surgery of Dr. Wills, License No. 10582, must be REVOKED under the provisions of West Virginia Code § 30-3-14(d), and accordingly, the Board voted in accordance with Board rule 11 CSR 3 7 at said regular meeting to REVOKE the license to practice medicine and surgery of Dr. Wills, effective March 10, 2010. Ms. Hays did not participate in any discussion or voting in this matter.


WHEREFORE, it is ORDERED that the license to practice medicine and surgery of Danny Ray Wills, M.D., License No. 10582, issued by the Board in August, 1975, is REVOKED, effective March 10, 2010.

Entered this 8th day of March, 2010.

WEST VIRGINIA BOARD OF MEDICINE



John A. Wade, Jr., M.D.
President



Catherine Slemp, M.D., M.P.H.
Secretary

**IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA**

BLUEFIELD DIVISION

X
UNITED STATES OF AMERICA,
Plaintiff,

v.

DANNY RAY WILLS, M.D.,
Defendant.

Criminal Action
No.1:09-00159-1

DATE: August 27, 2009

**TRANSCRIPT OF PLEA HEARING
BEFORE THE HONORABLE THOMAS E. JOHNSTON
UNITED STATES DISTRICT JUDGE
IN BECKLEY, WEST VIRGINIA**

APPEARANCES:

For the Government: AUSA MONICA K. SCHWARTZ
U.S. Attorney's Office
P. O. Box 1713
Charleston, WV 25326-1713

For the Defendant: MARK E. WILLS
wills Law Office
1617 N. Walker St.
Princeton, WV 24740

WILLIAM B. FLANIGAN
Sanders, Austin, Flanigan & Flanigan
320 Courthouse Road
Princeton, WV 24740

Probation Officer: THOMAS D. STEVENS, JR.

Court Reporter: Teresa L. Harvey, RMR, RDR, CRR

Proceedings recorded by mechanical stenography;
transcript produced by computer.

EXHIBIT 1

1 Proceedings had before the Honorable Thomas E. Johnston,
2 United States District Judge for the Southern District of West
3 Virginia, in Beckley, West Virginia, on August 27, 2009:

4 **COURTROOM DEPUTY CLERK:** The matter before the
5 Court is the United States v. Danny Ray Willis (*sic*), case
6 No. 1:09-cr-159, scheduled for plea hearing.

7 **THE COURT:** Good afternoon. Would counsel please
8 note their appearances?

9 **MS. SCHWARTZ:** Your Honor, Monica Schwartz on behalf
10 of the United States, and with me I have three agents: Mike
11 Smith of the West Virginia State Police, Dominic Grant of DEA,
12 and Mike Yansick of FBI.

13 **MR. WILLS:** Mark Willis on behalf of Danny Willis.

14 **MR. FLANIGAN:** Your Honor, I'm Bill Flanigan on
15 behalf of Danny Willis.

16 **THE COURT:** Good afternoon. Which of you will be
17 speaking on behalf of the defendant today?

18 **MR. WILLS:** I will, Your Honor.

19 **THE COURT:** All right. Thank you.

20 Will the defendant please stand. And I'll ask the deputy
21 clerk to administer an oath at this time.

22 **COURTROOM DEPUTY CLERK:** Please raise your right
23 hand.

24 (*Defendant placed under oath.*)

25 **THE COURT:** You may be seated. Mr. Willis, do you

1 understand that you are now under oath and you must tell the
2 truth, and if you testify falsely you may face prosecution for
3 perjury or for making a false statement?

4 *THE DEFENDANT:* Yes, Your Honor.

5 *THE COURT:* All right. We might want to get one of
6 those microphones a little bit closer to the defendant so that
7 I can -- so that I'm able to hear him and, more importantly, so
8 that the court reporter is able to hear him.

9 Mr. Wills, throughout the course of this hearing I'm going
10 to be asking you a number of questions, and I want to make sure
11 that you and I are communicating clearly, so if at any time you
12 don't understand the question that I ask, or anything else that
13 occurs in this proceeding, I want you to feel free to speak up
14 and seek clarification. Also, if at any time you need to
15 confer with your attorneys, I'll be pleased to pause the
16 proceedings to allow you to do so.

17 Do you understand all that?

18 *THE DEFENDANT:* Yes, Your Honor.

19 *THE COURT:* All right. Let me begin by asking you,
20 how old are you?

21 *THE DEFENDANT:* I'm 63.

22 *THE COURT:* And can you briefly describe your
23 educational background?

24 *THE DEFENDANT:* I have graduated from Princeton High
25 School, went to Concord College. It was Concord College then.

1 I graduated there with a B.S. in chemistry; went to west
2 Virginia University Medical School and graduated from there
3 with an M.D. degree, and did a residency in family practice at
4 Charleston Area Medical Center.

5 *THE COURT:* Just for the record, can you read and
6 write and understand the English language?

7 *THE DEFENDANT:* Yes, I can, Your Honor.

8 *THE COURT:* And can you briefly describe your work
9 experience?

10 *THE DEFENDANT:* I didn't hear that question clearly.

11 *THE COURT:* Can you briefly describe your work
12 experience?

13 *THE DEFENDANT:* After leaving residency in
14 Charleston, I practiced in a private setting for eight years
15 in Bluefield, west Virginia. At that point, I was recruited
16 by the hospital to work in the emergency room at Bluefield
17 Community Hospital. I worked for them for approximately 20
18 years, for a total of about 28, 29 years of medical practice.

19 At that point, I ran for Sheriff of Mercer County and was
20 elected sheriff, and since January of '05 until June 16 of '09
21 I was Sheriff of Mercer County, when I resigned.

22 *THE COURT:* Have you taken any medicine or drugs, or
23 consumed any alcoholic beverages, within the last 24 hours?

24 *THE DEFENDANT:* Only -- no scheduled substances, just
25 blood pressure medication, medication for heart rhythm, and I

1 suppose arthritis medicine is all.

2 **THE COURT:** Can you tell me the names of the
3 medications you've taken?

4 **THE DEFENDANT:** Atenolol; ropinirole; digoxin, which
5 is presently being withheld; ketoprofen, which I take on a PRN
6 basis for arthritis; diovan HCT for blood pressure; one baby
7 aspirin a day; and warfarin. It's an anticoagulant.

8 I believe that's all of them, sir.

9 **THE COURT:** And you have taken all these medications
10 within the last 24 hours?

11 **THE DEFENDANT:** All that would -- all that I was
12 supposed to take, yes.

13 **THE COURT:** All right. And with regard to the ones
14 you've taken within the last 24 hours, are you suffering from
15 any side effects from any of those medications, as we sit here
16 today, that would in any way impair your ability to fully
17 participate in this hearing?

18 **THE DEFENDANT:** No, Your Honor.

19 **THE COURT:** Have you ever been treated for any mental
20 illness or addiction to drugs of any kind?

21 **THE DEFENDANT:** I voluntarily went for alcohol
22 treatment in 2002.

23 **THE COURT:** All right. Do you know where -- where
24 you are and why you're here today?

25 **THE DEFENDANT:** Can you repeat that, Your Honor?

1 **THE COURT:** Do you know where you are and why you're
2 here today?

3 **THE DEFENDANT:** Yes.

4 **THE COURT:** Do you have any hearing impairment or
5 other disability which would in any way impair your ability to
6 fully participate in this hearing today?

7 **THE DEFENDANT:** I can understand what you're saying,
8 Your Honor.

9 **THE COURT:** Do you have any trouble hearing me?

10 **THE DEFENDANT:** I've been having a little bit of
11 hearing problem the last two or three months, but it's not --
12 it's not significant, I don't think, for this hearing.

13 **THE COURT:** I want to make sure that you can hear
14 everything, so most of the hearing is going to be me asking you
15 questions and you answering, but there are some other people
16 who are going to speak, and if at any time you don't hear
17 something I want you to speak up and we want to make sure that
18 you can hear everything that occurs in this hearing.

19 Do you understand?

20 **THE DEFENDANT:** Yes, Your Honor.

21 **THE COURT:** All right. Mr. wills -- this is going
22 to get confusing. I'm going to refer to the defendant as
23 Dr. wills and the attorney as Mr. wills.

24 Mr. wills, do you have any reason to question the
25 competence of your client?

1 **MR. WILLIS:** No, your Honor, I do not.

2 **THE COURT:** All right. And do you or any other
3 member of your firm or -- I'll address this to Mr. Flanigan:
4 Do either of you represent anyone who might have an interest in
5 the outcome of this matter?

6 **MR. FLANIGAN:** No, Your Honor.

7 **MR. WILLIS:** No, Your Honor.

8 **THE COURT:** All right. Thank you.

9 Ms. Schwartz, do you have the original of the plea
10 agreement?

11 **MS. SCHWARTZ:** Yes, Your Honor, and the
12 certificate -- or the receipt indicating the \$100 special
13 assessment has been paid.

14 **THE COURT:** All right. Would you please tender those
15 both to the Court.

16 All right. I will make the receipt a part of the record
17 for this proceeding.

18 I'm now going to ask Ms. Schwartz to summarize the terms
19 of the plea agreement.

20 And, Dr. Willis, I will ask that you listen carefully as
21 she summarizes the agreement you've reached with the
22 Government.

23 **MS. SCHWARTZ:** The plea agreement is in a letter form
24 dated June 19, 2009, addressed to counsel for Dr. Willis.

25 Paragraph 1 sets forth the charging agreement, that is,

1 the information that has been filed in this case.

2 Paragraph 2 sets forth the resolution of charges whereby
3 the defendant agrees to plead guilty to one charge of acquiring
4 and obtaining possession of a quantity of hydrocodone by
5 misrepresentation, fraud, deception and subterfuge.

6 Paragraph 3 sets forth the maximum potential penalty,
7 including imprisonment for four years; a \$250,000 fine; one
8 year of supervised release; \$100 special assessment, which has
9 been paid; denial of federal benefits; and restitution.

10 Paragraph 4 addresses the special assessment, which, as
11 the Court has indicated, there is a receipt indicating payment.

12 Paragraph 5 relates to payment of monetary penalties.

13 Paragraph 6 sets forth the agreement with regard to
14 cooperation.

15 Paragraph 7, use immunity.

16 Paragraph 8, the limitations on immunity.

17 Paragraph 9 specifically sets forth the fact that there
18 is a Stipulation of Facts, and there is an agreement as to a
19 waiver of the Federal Rule of Evidence 410, pursuant to the
20 plea agreement.

21 Paragraph 10 sets forth the parties' agreement with regard
22 to the waiver of appeal and collateral attack.

23 Paragraph 11 sets forth the agreement with regard to the
24 waiver of FOIA and privacy rights.

25 Paragraph 12 relates to final disposition.

1 Paragraph 13 sets forth the agreement as to the voiding of
2 the agreement.

3 And, finally, paragraph 14 indicates the entirety of the
4 agreement.

5 The letter agreement comprises six pages, Your Honor.
6 On each of the first five pages the defendant has placed his
7 initials, and on the last page the defendant, Mr. Wills,
8 Mr. Flanigan, and I have all signed, and the parties have
9 agreed by their signatures and the initials at the bottom of
10 each page that they have read, understood and agreed to all
11 the terms and conditions set forth in the plea agreement.

12 *THE COURT:* Thank you, Ms. Schwartz.

13 Dr. Wills, is that your signature that appears on the
14 final page of the plea agreement?

15 *THE DEFENDANT:* Yes, Your Honor.

16 *THE COURT:* And are those your initials that appear
17 on the other pages?

18 *THE DEFENDANT:* Yes, Your Honor.

19 *THE COURT:* And do you understand and agree with the
20 terms contained in the plea agreement?

21 *THE DEFENDANT:* Yes, Your Honor.

22 *THE COURT:* All right. I'm going to ask you some
23 specific questions about certain provisions of the plea
24 agreement, beginning with section 9, which begins on page 3,
25 and is entitled "Stipulation of Facts and Waiver of Federal

1 Rule of Evidence 410."

2 Now, this section accomplishes a couple of different
3 things. First of all, it references the Stipulation of Facts,
4 which is attached to the plea agreement as Exhibit B, and I
5 want to talk with you about that first.

6 Is that your signature that appears on the fourth and
7 final page of Exhibit B, the Stipulation of Facts?

8 *THE DEFENDANT:* Yes, Your Honor.

9 *THE COURT:* And have you read the Stipulation of
10 Facts?

11 *THE DEFENDANT:* Yes.

12 *THE COURT:* And do you agree with the facts contained
13 in the stipulation?

14 *THE DEFENDANT:* Yes, Your Honor.

15 *THE COURT:* All right. Just to inform you a little
16 bit about the process from here on out, I will be asking --
17 after the plea today, I will be asking the probation officer to
18 prepare a Presentence Investigation Report. That report will
19 contain detailed recommended factual findings regarding not
20 only this offense, but also your history and background, among
21 other things.

22 Now, you and the Government have entered into an agreement
23 with regard to certain facts in this case, but I want you to
24 understand that neither the probation office, nor this court
25 when I ultimately make factual findings at sentencing, are

1 bound by the Stipulation of Facts. Do you understand that?

2 *THE DEFENDANT:* Your Honor, I've been told that all
3 along.

4 *THE COURT:* All right. And do you further understand
5 that if the findings of fact that I make at sentencing are
6 different from, or inconsistent with, the facts set forth in
7 the stipulation, that you will still be bound by your guilty
8 plea and would have no right to withdraw it?

9 *THE DEFENDANT:* I understand that, Your Honor.

10 *THE COURT:* All right. The other item addressed in
11 section 9 is a waiver of Rule 410 of the Rules of Evidence.
12 Now, that rule, generally speaking, provides that information
13 and documents related to plea negotiations are generally not
14 admissible in the Government's case-in-chief, if there is a
15 subsequent trial. However, under this waiver, you waive that
16 rule; and if there were to be a subsequent trial in this case,
17 the Government would be permitted to present the Stipulation
18 of Facts in its case-in-chief. Do you understand that waiver?

19 *THE DEFENDANT:* Yes, Your Honor.

20 *THE COURT:* Next I want to direct your attention to
21 section 10 of the plea agreement, which is entitled "waiver of
22 Appeal and Collateral Attack," and begins on page 4. Now,
23 this section relates to a couple of different procedures. One
24 is an appeal. An appeal is a procedure by which a party in a
25 criminal case before a district court like this one, often the

1 defendant, goes to the Court of Appeals, after the case at the
2 direct level is over, and argues that certain errors took place
3 before the district court.

4 A collateral attack is a procedure by which a defendant,
5 after a criminal case is over, may file a separate civil
6 action, sometimes referred to as a habeas corpus petition,
7 arguing that certain errors took place before the district
8 court.

9 Now, with that in mind, there are certain waivers
10 contained in section 10, and I want to go over those with you
11 now. In the first paragraph of section 10, do you understand
12 that you waive the right to appeal any sentence of imprisonment
13 or fine if your sentence is within or below the guidelines
14 range before any departures or variances, with one exception;
15 if your attorney objects in this court, you may appeal the
16 calculation of the guideline range. Do you understand that
17 waiver?

18 *THE DEFENDANT:* Yes, Your Honor.

19 *THE COURT:* Second, in the second paragraph, do you
20 also understand that you may not file a later civil proceeding,
21 sometimes referred to as a collateral attack or a habeas corpus
22 petition, challenging your plea, conviction, or sentence?

23 *THE DEFENDANT:* Yes, Your Honor.

24 *THE COURT:* Finally, do you understand that you are,
25 in no event, waiving your right to claim ineffective assistance

1 of counsel, either on appeal or by collateral attack?

2 *THE DEFENDANT:* I didn't understand all of that
3 question.

4 *THE COURT:* All right. Do you understand that you
5 are, in no event, waiving your right to claim ineffective
6 assistance of counsel, either on appeal or by collateral
7 attack?

8 *THE DEFENDANT:* Yes, Your Honor.

9 *THE COURT:* All right. Finally, I want to refer you
10 to section 11, which is entitled "Waiver of FOIA and Privacy
11 Right." Now, this waiver means that you cannot go back after
12 this case is over and seek documents or other information
13 about the case from the Government, even with a Freedom of
14 Information Act request. Do you understand that waiver?

15 *THE DEFENDANT:* Yes, Your Honor.

16 *THE COURT:* And have you reviewed the plea agreement
17 in detail with your attorneys?

18 *THE DEFENDANT:* Yes, Your Honor.

19 *THE COURT:* And do you believe that you've had
20 adequate time to discuss your case fully with your attorneys?

21 *THE DEFENDANT:* Yes, Your Honor.

22 *THE COURT:* Have your attorneys answered any
23 questions that you've had about your case?

24 *THE DEFENDANT:* Yes, Your Honor.

25 *THE COURT:* And, Mr. Wills, during your

1 representation of the defendant has he been cooperative?

2 *MR. WILLS:* Yes, Your Honor, he has.

3 *THE COURT:* Dr. wills, has anything further been
4 agreed to, either orally or in writing, that is not contained
5 in the plea agreement?

6 *THE DEFENDANT:* Not that I'm aware of, Your Honor.

7 *THE COURT:* All right. I'll order that the plea
8 agreement be filed. I will find that the defendant understands
9 and agrees with the terms contained in the plea agreement. I
10 will defer accepting or rejecting the plea agreement until
11 sentencing, after the presentence report has been received and
12 considered by the Court.

13 Now, Dr. wills, have you received, and read, and reviewed
14 with your attorney the information that has been lodged against
15 you?

16 *THE DEFENDANT:* Yes, Your Honor.

17 *THE COURT:* And do you understand the charges
18 contained in the information?

19 *THE DEFENDANT:* Yes, Your Honor.

20 *THE COURT:* would you like me to read the information
21 to you, or will you waive the reading of the information?

22 *THE DEFENDANT:* I'll waive that reading.

23 *THE COURT:* All right. As I understand it, you'll be
24 pleading guilty to a single-count information which charges you
25 with acquiring and obtaining possession of quantities of

1 hydrocodone by misrepresentation, fraud, deception or
2 subterfuge, in violation of 21 U.S.C. § 843(a)(3).

3 Now I want to go over that statute and that charge with
4 you in just a little bit more detail. Section 843(a)(3)
5 provides, in pertinent part, that:

6 "It shall be unlawful for any person
7 knowingly or intentionally to acquire or obtain
8 possession of a controlled substance, in this case
9 hydrocodone, by misrepresentation, fraud, forgery,
10 deception or subterfuge."

11 Now, in order to prove that charge against you, the
12 Government would have to come in here and prove the following
13 elements of that crime beyond a reasonable doubt, and those
14 are:

15 First: That you knowingly and intentionally obtained
16 possession of hydrocodone; and

17 Second: At the time you obtained possession, you knew
18 the substance was a controlled substance; and

19 Third: You obtained possession of hydrocodone by
20 misrepresentation, fraud, forgery, deception or subterfuge.

21 Now I want to share with you some definitions that apply
22 to what I have just told you. Hydrocodone is a Schedule III
23 controlled substance.

24 "To possess" means to exercise control or authority over
25 something.

1 An act is done intentionally if done knowing that the act
2 is one which the law forbids and purposefully intending to
3 violate the law.

4 An act is done knowingly if done voluntarily and
5 intentionally and not because of mistake, or accident, or other
6 innocent reason.

7 Now I want to go over with you the maximum and any minimum
8 sentences you may face as a result of your plea, and that is a
9 maximum term of imprisonment of four years; maximum fine of
10 \$250,000, or twice the gross pecuniary gain or loss resulting
11 from your conduct, whichever is greater; a maximum term of
12 supervised release of one year.

13 As a part of any fine that I may impose, you could be
14 required to pay the costs of incarceration and/or supervision
15 upon release. Currently, the monthly cost of incarceration is
16 \$2,157.88; the monthly cost of supervision is \$185.77; and the
17 monthly cost of community confinement is \$1,990.13.

18 A mandatory special assessment would apply, but I note has
19 already been paid.

20 Restitution could be ordered if it were found to be
21 applicable; and federal benefits could be denied for a period
22 of up to one year.

23 Now I want to talk with you regarding the Federal
24 Sentencing Guidelines. They are advisory, but they will,
25 nevertheless, play an important role in your case from here on

1 out. This Court will consider the factors set forth in
2 18 U.S.C. § 3553(a), including the advisory guideline factors,
3 in determining the appropriate sentence for your case.

4 I now want to ask you some questions that will help me to
5 understand your understanding of the Federal Sentencing
6 Guidelines. Have you discussed with your attorney the various
7 factors which apply in determining what the sentence may be in
8 your case under the advisory guidelines?

9 *THE DEFENDANT:* Yes, Your Honor.

10 *THE COURT:* Do you understand that, on this
11 single-count information, you could not in any event receive a
12 greater sentence than the statutory maximum that I explained to
13 you earlier?

14 *THE DEFENDANT:* Yes, Your Honor.

15 *THE COURT:* Do you understand the Court will not
16 determine the sentence for your case until a later date, when a
17 presentence report has been completed and both you and the
18 Government have had an opportunity to challenge the facts and
19 analysis reported by the probation officer?

20 *THE DEFENDANT:* Yes, Your Honor.

21 *THE COURT:* Do you also understand that under a
22 concept known as relevant conduct this Court, in determining
23 the total offense level for sentencing purposes under the
24 guidelines, may take into account any conduct, circumstances,
25 or injuries relevant to the crime of which you may be

1 convicted?

2 **THE DEFENDANT:** Yes, Your Honor.

3 **THE COURT:** Do you understand that after the Court
4 has determined what advisory guidelines apply to your case,
5 the Court has the authority to vary or depart from the advisory
6 guidelines and impose a sentence that is more severe or less
7 severe than the sentence called for by the guidelines?

8 **THE DEFENDANT:** Yes, Your Honor.

9 **THE COURT:** Do you understand that in determining
10 your sentence the Court is obligated to calculate the
11 applicable sentencing guideline range, and to consider that
12 range, possible departures under the guidelines, and other
13 sentencing factors under 18 U.S.C. § 3553(a)?

14 **THE DEFENDANT:** Yes, Your Honor.

15 **THE COURT:** Do you also understand that, under
16 certain circumstances, you or the Government may have the
17 right to appeal the sentence which is imposed upon you?

18 **THE DEFENDANT:** Will you repeat that, Your Honor?

19 **THE COURT:** Yes. Do you also understand that, under
20 certain circumstances, you or the Government may have the right
21 to appeal the sentence which is imposed upon you?

22 **THE DEFENDANT:** I do now, Your Honor.

23 **THE COURT:** All right. Do you understand that parole
24 has been abolished, and if you're sentenced to prison you will
25 not be released on parole?

1 **THE DEFENDANT:** I understand that, Your Honor.

2 **THE COURT:** Do you understand if the Court accepts
3 your plea of guilty and the sentence ultimately imposed upon
4 you is more severe than you had hoped for or expected, you will
5 still be bound by your guilty plea and would have no right to
6 withdraw it?

7 **THE DEFENDANT:** I know that, Your Honor.

8 **THE COURT:** Do you understand if you plead guilty to
9 this single-count information, which charges you with a felony,
10 you may lose important civil rights, such as the right to vote,
11 the right to serve on a jury, the right to hold public office,
12 and the right to own or possess a firearm?

13 **THE DEFENDANT:** I realize that, Your Honor.

14 **THE COURT:** All right. You have the right to have
15 this matter presented to a federal grand jury, and I want to
16 explain that process to you briefly. A grand jury is composed
17 of at least 16, and not more than 23, persons, and at least 12
18 grand jurors must find that there is probable cause to believe
19 that you committed the crime with which you are charged before
20 you may be indicted.

21 Do you see any benefit of having this case presented to a
22 grand jury?

23 **THE DEFENDANT:** I see no benefit.

24 **THE COURT:** Do you see any prejudice to you of not
25 having the case presented to a grand jury?

1 **THE DEFENDANT:** No prejudice.

2 **THE COURT:** All right. Your counsel have been
3 provided with a waiver of Indictment form, and I want to go
4 over that with you now. It has the style, "United States of
5 America versus Danny Ray Wills," and the criminal action
6 number, and is entitled "Waiver of Indictment," and reads as
7 follows:

8 "I, Danny Ray Wills, am accused of violating
9 21 U.S.C. § 843(a)(3). I've been advised of the
10 nature of the charge, of the proposed information,
11 and of my rights. I hereby waive in open court
12 prosecution by indictment and consent that the
13 proceeding may be by information rather than by
14 indictment."

15 And there is a space for you to sign and date, and a space
16 for your counsel to sign, and a space for me to sign.

17 Do you understand what I've just read to you?

18 **THE DEFENDANT:** Yes, Your Honor.

19 **THE COURT:** Is there anything about it you don't
20 understand, or any questions you have about it?

21 **THE DEFENDANT:** I understand it.

22 **THE COURT:** All right. And are you prepared to
23 execute the waiver of Indictment?

24 **THE DEFENDANT:** I'm prepared to execute it.

25 **THE COURT:** All right. I would ask that you do so at

1 this time, and that your counsel would sign it and tender it to
2 the Court.

3 All right. I would note for the record that the defendant
4 has signed and dated the waiver of Indictment form, and that
5 both of his counsel have signed it. I am now signing it as
6 well, and I will order that it be made a part of the record for
7 this proceeding.

8 Now, Dr. Wills, I'd like to talk with you about your trial
9 and constitutional rights.

10 You have the right to plead not guilty and maintain a
11 not-guilty plea throughout these proceedings, including at
12 trial.

13 You have the right to be represented by counsel.

14 You have the right to a speedy and public trial by a jury
15 composed of twelve citizens of this district and one or more
16 alternates.

17 You have the right to confront and have your attorney
18 cross-examine the witnesses and have your attorney move to
19 suppress any evidence he believes was illegally or
20 unconstitutionally obtained.

21 You have the right not to testify or otherwise incriminate
22 yourself, and your exercise of this right cannot be held
23 against you.

24 You have the right to have the Government come in here and
25 prove its case beyond a reasonable doubt.

1 The jury's verdict would have to be unanimous.

2 You have the right to present evidence on your own behalf,
3 if you wish, and to subpoena witnesses to testify for you.

4 Do you understand all these rights?

5 *THE DEFENDANT:* I understand all these rights, Your
6 Honor.

7 *THE COURT:* Any of them you don't understand or you
8 have questions about?

9 *THE DEFENDANT:* I have no questions.

10 *THE COURT:* Do you understand that these are all
11 rights that you'll be giving up by entering a plea of guilty?

12 *THE DEFENDANT:* I understand.

13 *THE COURT:* Do you understand that once you've
14 entered a plea of guilty there is not going to be any trial,
15 no jury verdict, and no findings of innocence or guilt based on
16 disputed evidence presented to me or to a jury?

17 *THE DEFENDANT:* I understand.

18 *THE COURT:* Do you understand that once you've
19 entered a guilty plea, the right to appeal is restricted to
20 certain issues, among them the jurisdiction of this court,
21 this Rule 11 plea proceeding, the effectiveness of the
22 representation provided by your counsel, the sentencing
23 proceedings, and the sentence itself?

24 *THE DEFENDANT:* I understand.

25 *THE COURT:* Do you believe that you fully understand

1 the consequences of entering a plea of guilty?

2 *THE DEFENDANT:* I fully understand.

3 *THE COURT:* And, Mr. Wills, having reviewed this case
4 and the plea agreement in detail with your client, do you
5 believe that he fully understands his rights and fully
6 understands the consequences of entering a plea of guilty?

7 *MR. WILLS:* Yes, Your Honor, I do.

8 *THE COURT:* All right. I note that there is a very
9 detailed stipulation of Facts in this case. Does either side
10 have any objection to the Court utilizing the stipulation as
11 the factual basis for the plea?

12 *MS. SCHWARTZ:* The United States has no objection to
13 that. We would like to add one -- a couple of small details,
14 Your Honor.

15 *THE COURT:* Certainly.

16 *MR. WILLS:* Your Honor, we have no objection.

17 *THE COURT:* Do you want to do that by way of proffer?

18 *MS. SCHWARTZ:* I'd like to do that by proffer, if
19 it's acceptable to defense counsel.

20 *THE COURT:* Any objection, Mr. Wills?

21 *MR. WILLS:* No objection.

22 *THE COURT:* All right.

23 *MS. SCHWARTZ:* The facts that the United States
24 wishes to add to the stipulation of Facts are as follows:

25 Included in the files that were seized pursuant to the

1 administrative warrant in this matter, correspondence between
2 GIV, which is a company that provided the hydrocodone pills to
3 Dr. Wills -- between that company and Dr. Wills in January of
4 2009, indicated that GIV had, in fact, questioned Wills about
5 his excessive or atypical hydrocodone orders. In response,
6 Wills assured GIV that he was acquiring the hydrocodone to
7 dispense to patients. He did not advise that he was taking
8 any of the hydrocodone himself.

9 I'm sorry if I puzzled you, Your Honor.

10 *THE COURT:* I thought that was in the stipulation.

11 *MS. SCHWARTZ:* Is it? If it is, I missed it.

12 *THE COURT:* I think it's paragraph 14 of the
13 stipulation, is it not?

14 *MS. SCHWARTZ:* I apologize, then, Your Honor.

15 You're absolutely right. You're right. I don't need to
16 add anything, then. I apologize, Your Honor.

17 *THE COURT:* All right. Thank you. All right.

18 Dr. Wills, will you please stand.

19 As to the single -- the charge contained in the
20 single-count information, how do you plead, sir, guilty or not
21 guilty?

22 *THE DEFENDANT:* I plead guilty.

23 *THE COURT:* You may be seated.

24 Counsel has been provided with a written plea of guilty
25 form. I would ask that you go over that with him, if

1 necessary, sign, and date it. I'll ask at least one of your
2 counsel to sign it and tender it to the Court.

3 All right. I would note for the record that the defendant
4 has signed and dated the Written Plea of Guilty form. It's
5 been witnessed by his counsel, and I will order that it be made
6 a part of the record for this proceeding.

7 Dr. wills, is this plea the result of any threat or
8 coercion or harassment of you by anyone?

9 *THE DEFENDANT:* No, Your Honor.

10 *THE COURT:* Is it the result of any promise or
11 inducement, other than those contained in the plea agreement?

12 *THE DEFENDANT:* No, Your Honor.

13 *THE COURT:* Are you pleading guilty to protect
14 anyone?

15 *THE DEFENDANT:* No, Your Honor.

16 *THE COURT:* Are you acting voluntarily and of your
17 own free will in entering this guilty plea?

18 *THE DEFENDANT:* Yes, Your Honor.

19 *THE COURT:* Has anyone promised or predicted the
20 exact sentence which will be imposed in this case?

21 *THE DEFENDANT:* No, Your Honor.

22 *THE COURT:* Do you understand that no one could know
23 at this time the exact sentence which will be imposed?

24 *THE DEFENDANT:* I understand that.

25 *THE COURT:* Have your attorneys adequately

1 represented you in this matter?

2 *THE DEFENDANT:* Very well, sir.

3 *THE COURT:* Have your attorneys left anything undone
4 which you think should have been done?

5 *THE DEFENDANT:* No, Your Honor.

6 *THE COURT:* Have you or your attorneys found any
7 defense to the charge contained in the information?

8 *THE DEFENDANT:* No, Your Honor.

9 *THE COURT:* Are you, in fact, guilty of the crime
10 charged in the information? In other words, did you do it?

11 *THE DEFENDANT:* Yes, Your Honor.

12 *THE COURT:* All right. I will find that the
13 defendant is competent and capable of entering an informed
14 plea, that the plea is freely and voluntarily made, that the
15 defendant understands the nature of the charges, and is aware
16 of the consequences of the plea.

17 I'll find that the defendant understands his rights and
18 understands that he is giving up these rights by entering a
19 plea of guilty.

20 I will find that there is a basis in fact for the tendered
21 plea, and that the elements of the crime charged in the
22 information have been established. I will accept the plea of
23 guilty to the information, but will defer adjudging the
24 defendant guilty until the time of sentencing.

25 I will ask the probation officer to prepare a presentence

1 report.

2 Mr. Wills, it is important -- or, Dr. Wills, it is
3 important that you cooperate fully with the probation officer
4 in the preparation of the presentence report. If you fail to
5 cooperate fully and truthfully, you could be subject to an
6 enhancement of your sentence or forfeiture of certain sentence
7 reductions for which you might otherwise be eligible.

8 It's also important that you not commit any additional
9 crimes between now and sentencing, as there may be additional
10 punishments imposed for committing additional crimes.

11 I want to give counsel now some dates and deadlines with
12 regard to sentencing. I'm going to direct that a draft
13 presentence report be provided to counsel by October 29, 2009.
14 Objections will be due on November 13. Final presentence
15 report will be due to the Court on November 30. Sentencing
16 memoranda from both sides will be due on December 7; and I'll
17 set this matter for sentencing on December 14 at 9:00 a.m., in
18 Beckley.

19 Ms. Schwartz, what's the Government's position with regard
20 to bond?

21 *MS. SCHWARTZ:* Your Honor, the United States notes
22 that, pursuant to a target letter, Dr. Wills responded to our
23 office and voluntarily surrendered his DEA certification to
24 dispense controlled substances. I believe that was back in
25 June of this year. However, at that time we also asked that he

1 give up possession of any firearms, especially his service
2 revolver that he had at that time as sheriff, and he agreed to
3 do that. It was our understanding that he was also giving up
4 possession of all other firearms; however, I see from the
5 Pretrial Services Report that he apparently still has firearms,
6 so other than being somewhat concerned about that fact, the
7 United States has no intention of seeking detention in this
8 case.

9 **THE COURT:** Mr. Wills, would you like to address
10 that?

11 **MR. WILLS:** Yes, Your Honor, I would. Mr. Wills has
12 no firearms in his home. They have all been taken out, so that
13 problem is resolved.

14 And I believe he surrendered his license in May when
15 you-all first spoke with him, not June.

16 **THE COURT:** And has he -- do I recall correctly that
17 he has a passport?

18 **MR. WILLS:** Yes, Your Honor. He has brought it with
19 him today to surrender to the probation department.

20 **THE COURT:** All right. Thank you. Well, I will
21 permit the defendant to be released pending sentencing on a
22 \$10,000 unsecured bond, subject to the conditions set forth in
23 the Pretrial Services Report. And I would ask that he
24 immediately proceed to processing with the bond papers and
25 with the Marshal's Service following this hearing.

1 **MR. WILLIS:** Thank you, Your Honor.

2 **THE COURT:** Is there anything else we need to take up
3 today?

4 **MS. SCHWARTZ:** No, Your Honor.

5 **MR. WILLIS:** No, Your Honor.

6 **THE COURT:** All right. Thank you.

7 **MR. FLANIGAN:** Thank you, Your Honor.

8 **MR. WILLIS:** Thank you.

9 *(Proceeding concluded at 2:40 p.m., August 27, 2009.)*

10

11 **CERTIFICATION:**

12 I, Teresa L. Harvey, Official Court Reporter, certify
13 that the foregoing is a correct transcript from the record
14 of proceedings in the matter of United States of America,
15 Plaintiff v. Danny Ray Willis, M.D., Defendant, Criminal Action
16 No. 1:09-00159-1, as reported on August 27, 2009.

17

18 *Teresa L. Harvey*
19 s/Teresa L. Harvey, RPR, RMR, RDR, CRR

January 14, 2010

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IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF WEST VIRGINIA
AT BECKLEY

TRANSCRIPT OF PROCEEDINGS

-----X
UNITED STATES OF AMERICA, :
vs. : CRIMINAL ACTION
DANNY RAY WILLS, : NO. 1:09-CR-00159
Defendant. : December 17, 2009
-----X

SENTENCING HEARING

BEFORE THE HONORABLE IRENE C. BERGER
UNITED STATES DISTRICT JUDGE

APPEARANCES:

For the United States: MS. MONICA K. SCHWARTZ
Assistant U.S. Attorney
300 Virginia Street, East
Charleston, WV 25301

For the Defendant: MR. MARK E. WILLS
Wills Law Office
1617 North Walker Street
Princeton, WV 24740

MR. WILLIAM B. FLANIGAN
Sanders, Austin, Flanigan &
Flanigan
320 Courthouse Road
Princeton, WV 24740

Court Reporter: Lisa A. Cook, RPR-RMR-CRR-FCRR

Proceedings recorded by mechanical stenography; transcript
produced by computer.

EXHIBIT 2

P R O C E E D I N G S

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THE CLERK: The matter before the Court is the *United States vs. Danny Ray Wills*, Case Number 1:09-CR-159, scheduled for sentencing.

THE COURT: Good afternoon, counsel. Would you note your appearances on the record, please.

MS. SCHWARTZ: Good afternoon, Your Honor. Monica Schwartz on behalf of the United States. And with me at counsel table are Diversion Investigator Dominick Grant from the DEA and Special Agent Mike Yansick from the FBI.

MR. MARK WILLS: Good afternoon, Your Honor. I'm Mark Wills on behalf of Dr. Wills.

MR. FLANIGAN: Your Honor, I'm Bill Flanigan on behalf of Dr. Wills.

THE COURT: All right, counsel, are we prepared to proceed in the case of *United States vs. Danny Ray Wills* for purposes of sentencing here this afternoon?

MS. SCHWARTZ: The United States is prepared, Your Honor.

MR. MARK WILLS: The defense is prepared, Your Honor.

THE COURT: All right.

Mr. Wills, would you and the defendant please stand.

And, Madam Clerk, would you administer the oath for me, please.

1 (Defendant sworn)

2 THE COURT: I'm going to refer to you, sir, as
3 Mr. Danny Wills so that there is no confusion on the record.

4 Mr. Danny Wills, you pled guilty to acquiring and
5 obtaining possession of a quantity of hydrocodone by
6 misrepresentation, fraud, deception, and subterfuge in
7 violation of 21 U.S.C. 843(a)(3) as charged in the
8 single-count information filed against you.

9 Since the time of your plea, the United States
10 Probation Office has prepared a pre-sentence report.

11 Mr. Mark Wills, have you had an opportunity to read
12 that report?

13 MR. MARK WILLS: Yes, Your Honor, I have.

14 THE COURT: And having read the report, is there
15 any reason that you are aware of why we cannot proceed here
16 today?

17 MR. MARK WILLS: No, Your Honor.

18 THE COURT: Mr. Danny Wills, have you had an
19 opportunity to read the report and discuss its contents with
20 your lawyers?

21 THE DEFENDANT: Yes, Your Honor.

22 THE COURT: Do you understand the contents of the
23 report?

24 THE DEFENDANT: Yes, Your Honor.

25 THE COURT: Having reviewed the addendum to the

1 report, it appears that neither the Government or the
2 defendant have any remaining objections to that report. Is
3 that correct, counsel?

4 MR. MARK WILLS: That is correct, Your Honor.

5 MS. SCHWARTZ: That's correct on behalf of the
6 United States, Your Honor.

7 THE COURT: All right. Having reviewed the
8 report, the Court finds sufficient indicia of reliability to
9 support the probable accuracy of the information contained
10 in the pre-sentence report and the addendum to that report.

11 Therefore, the Court adopts the pre-sentence report and
12 the addendum, and directs the probation office to file a
13 copy of the pre-sentence report in the court file under
14 seal.

15 At this time, the Court accepts the plea agreement on
16 the grounds that the defendant's plea adequately reflects
17 the seriousness of the actual offense behavior, and that
18 accepting the agreement will not undermine the statutory
19 purposes of sentencing or the United States Sentencing
20 Guidelines. The Court's judgment and sentence will be
21 consistent with the plea agreement in this case.

22 Pursuant to the defendant's plea of guilty to the
23 single-count information on August 27th, 2009, and in light
24 of the fact that Judge Johnston reserved adjudication of
25 guilt, I adjudge the defendant guilty and he now stands

1 convicted of violating 21 U.S.C. Section 843(a)(3).

2 The defendant stands convicted of acquiring and
3 obtaining possession of a quantity of hydrocodone by
4 misrepresentation, fraud, deception, and subterfuge in
5 violation of 21 U.S.C. Section 843(a)(3). Federal law
6 provides the following maximum penalties for violating this
7 statute:

8 A term of imprisonment of four years; a term of
9 probation of one to five years; a period of supervised
10 release of one year; a fine of \$250,000; restitution; and a
11 special assessment of \$100.

12 In light of the Supreme Court's opinion in *Gall vs.*
13 *United States* and *United States vs. Booker*, the United
14 States Sentencing Guidelines are now advisory and are not
15 binding on the Court.

16 According to the *Gall* decision, however, I'm still
17 required to calculate and consider the applicable guideline
18 range. I must also consider the sentencing factors listed
19 in 18 U.S.C. 3553(a).

20 And I will begin by calculating, for purposes of the
21 record, the advisory guideline range. And then I will call
22 on you lawyers to tell me whether you have any objection to
23 the calculation.

24 The relevant United States Sentencing Guideline is
25 found in Section 2D2.2 which provides for a Base Offense

1 Level, Mr. Wills, of eight. Accordingly, the Base Offense
2 Level is just that, eight.

3 Section 3B1.3 provides for a two-level increase if the
4 defendant abused a position of public or private trust or
5 used a special skill in a manner that significantly
6 facilitated the commission or concealment of the offense.

7 The Court finds that the defendant did abuse a position
8 of public or private trust or use a special skill in a
9 manner that significantly facilitated the commission or
10 concealment of the offense. With that two-level increase,
11 the offense level is 10.

12 I'll now address the issue of acceptance of
13 responsibility.

14 Section 3E1.1(a) provides for a two-level decrease for
15 acceptance of responsibility. The Court finds that the
16 defendant has accepted responsibility for the offense by
17 pleading guilty before trial and by truthfully admitting the
18 conduct comprising the offense. That decreases the offense
19 level to eight.

20 The defendant has no criminal history. According to
21 the sentencing table, zero criminal history points
22 establishes a Criminal History Category of I.

23 Given a Total Offense Level of eight and a Criminal
24 History Category of I, the advisory guideline range is as
25 follows:

1 A term of imprisonment of zero to six months; a term of
2 probation of not less than one or more than five years; a
3 period of supervised release of one year; a fine of \$1,000
4 to \$10,000; restitution; and a special assessment of \$100.

5 Mr. Wills, Mr. Schwartz, is there anything that either
6 of you would like to place on the record regarding these
7 calculations?

8 MR. MARK WILLS: No, Your Honor.

9 THE COURT: Ms. Schwartz, anything that you would
10 like to say concerning my calculations?

11 MS. SCHWARTZ: The United States agrees with the
12 Court's calculations, Your Honor.

13 THE COURT: Then, counsel, I will address and ask
14 that you address any factors under 18 U.S.C. 3553(a) that
15 you want to address prior to my administering sentence with
16 respect to Mr. Wills. I'm happy to do those individually,
17 but it would seem to me that I can address them after I've
18 given both counsel an opportunity to address any 3553 factor
19 that you choose to address.

20 Mr. Wills.

21 MR. MARK WILLS: Your Honor, you have the facts
22 before you in the pre-sentence report. Mr. Wills has
23 accepted responsibility for his crime. He has cooperated
24 with the United States Government from, from day one.

25 When the, when the warrant was served at his office, he

1 cooperated. Ms. Schwartz called and asked for a meeting
2 with Mr. Wills to come to Charleston, which he did, and met
3 with the U.S. Attorney's Office. He cooperated without
4 counsel. He, at their request, gave up his service revolver
5 and his DEA license on that date.

6 He has -- he resigned as sheriff prior to any plea
7 agreement, not wanting to harm the sheriff's department in
8 any way. He, up to this point in his life, has led an
9 exemplary life. He knows he did wrong, and he accepts that.

10 And based upon those factors, Your Honor, we would
11 request that he be placed on probation and, if not, then
12 allow him to be, serve his time in community incarceration
13 and be allowed to seek treatment at the Williamsburg clinic,
14 which is a ninety-day treatment facility, at a cost of
15 \$40,000 to Mr. Wills.

16 In addition, since his plea, he has worked with the
17 State Police in investigations. He has worked with the
18 United States Postal Service, has met with them concerning
19 investigations in other matters.

20 So, again, we request that Mr. Wills be placed on
21 probation.

22 THE COURT: All right.

23 Ms. Schwartz, any position that the Government wants to
24 take with respect to the 3553 factors?

25 MS. SCHWARTZ: I've addressed all the factors,

1 Your Honor, I believe, in the sentencing memorandum. So, I
2 won't go over those. I do want to make two brief
3 clarifications in response to what defendant's counsel just
4 said.

5 The first is that when I requested Sheriff/Dr. Wills,
6 the defendant here, to come to Charleston for a meeting, I
7 did not specifically request that he come without counsel.
8 I want to make that clear.

9 THE COURT: I did not understand that to be
10 Mr. Wills's comment.

11 MS. SCHWARTZ: I didn't think he meant it either,
12 but just for purposes of the record.

13 THE COURT: All right.

14 MS. SCHWARTZ: And, secondly, I would also
15 indicate to the Court that the defendant has, in fact, met
16 with Government officials on two occasions since he entered
17 into his plea, once with the State Police and once with the
18 Postal Inspector Service, because they were curious about
19 what information he might have.

20 However, that information is not the type of
21 information that the United States would be able to use in
22 any significant way in the prosecution of someone else. He
23 was, however, cooperative in meeting with them.

24 THE COURT: All right. Other than those factors,
25 is there anything, counsel, that either of you or the

1 defendant want to state prior to disposition?

2 MR. MARK WILLS: Your Honor, I believe Mr. Wills
3 would like to make a statement to the Court.

4 THE COURT: All right.

5 THE DEFENDANT: Your Honor, I just want to express
6 that I do assume responsibility. I am sorry for my actions.
7 I want to get on with my life. That's really all. I accept
8 total responsibility.

9 THE COURT: All right.

10 THE DEFENDANT: I'm very sorry.

11 THE COURT: I apologize. I did not intend to
12 interrupt you.

13 Mr. Mark Wills, anything that either you or co-counsel
14 want to state prior to sentencing?

15 MR. MARK WILLS: Your Honor, I have nothing
16 further. I believe the Court has all the information before
17 it.

18 THE COURT: All right.

19 Ms. Schwartz, on behalf of the Government?

20 MS. SCHWARTZ: Nothing further on behalf of the
21 United States, Your Honor.

22 THE COURT: All right.

23 As I've indicated, by law I'm required to address the
24 factors of 18 U.S.C. 3553(a) prior to imposing sentence or
25 address them prior to our leaving here today. I'm required

1 to give consideration to the nature and circumstances of the
2 offense. You lawyers have, to some extent, addressed that
3 here today, and you have addressed it in your sentencing
4 memoranda.

5 I will, for purposes of the record, state that the
6 defendant as an elected official of Mercer County, as
7 sheriff, and as what I understand from my review of the
8 pre-sentence report at the time a retired physician,
9 continued, to some extent, to practice medicine in the
10 office of the sheriff of Mercer County after being placed in
11 that position.

12 According to the pre-sentence report, and I think
13 there's no objection to the factual recitation contained in
14 that report, he ordered drugs, paid for them with funds that
15 were specifically allotted to the sheriff's budget.

16 There are factual statements contained in the
17 pre-sentence report in addition that drugs were prescribed
18 for at least one other individual, and the drugs were for
19 the defendant's own personal use.

20 I think there have been statements made here today
21 about his cooperation with law enforcement once this was
22 brought to their attention. I have already indicated on the
23 record that he has been given an acceptance of
24 responsibility decrease in offense level based on his
25 cooperation after the matter was brought to the attention of

1 law enforcement.

2 I also must, under 3553(a), give consideration to the
3 need for the sentence imposed to reflect the seriousness of
4 the offense and to promote respect for the law and provide
5 just punishment.

6 In making a decision in that regard, I will state for
7 purposes of the record I think the offense is a serious
8 offense, Mr. Wills, in that you were in a position of trust.
9 You were a physician. I think that in the conduct that
10 brings us here today, you put the office of the sheriff at
11 risk for liability.

12 Your actions also diminish the public's confidence in
13 the office that you held. And you violated the trust of the
14 office of sheriff, but also violated the oath, in my
15 opinion, that you took as a medical provider or a physician.

16 So, I consider the offense to be one that is very
17 serious and believe that it is necessary to take that into
18 consideration.

19 I also take into consideration in making the
20 determination about just punishment and a punishment or
21 sentence that would promote respect that based on everything
22 else that I have read, you have served the community for a
23 long time in a very respectable manner. There's no prior
24 criminal record. The letters of support speak well of your
25 service in the community.

1 Quite frankly, based on my review, I think it surprised
2 people who knew you when they found that you were in this
3 position. And I take that into consideration as well in
4 trying to determine an appropriate punishment and a sentence
5 that will promote respect for the law.

6 I've also given consideration to those same factors
7 when it comes to deterrence. And in giving consideration to
8 any needed medical care or corrective treatment, educational
9 or vocational training, I think that there is an agreement
10 here, based on what I've been able to see, that there is a
11 need for treatment for you, sir, given what's contained in
12 the pre-sentence report, given the, what I'm going to call a
13 misuse of controlled substances.

14 I also want to ensure that any sentence would avoid any
15 other sentence disparities with defendants in the same
16 position and with similar or the same circumstances. I'm
17 going to, in that regard, give consideration to the
18 Sentencing Guidelines, although I find that there is no
19 presumption of their reasonableness.

20 And I want to ensure, however, that whatever sentence
21 that I give will be one that -- will not be one that
22 promotes any type of sentence disparities among people whom
23 are similarly situated.

24 Having given consideration to all of the 3553 factors,
25 including giving consideration to any policy, relevant

1 policy statements issued by the Sentencing Commission that
2 would affect this particular sentence, my sentence is as
3 follows.

4 It's the judgment of this Court that the defendant be
5 committed to the custody of the Federal Bureau of Prisons
6 for a term of six months. And I further order that he be
7 placed on a period of supervised release for a term of one
8 year.

9 I will order, with respect to the supervised release,
10 Mr. Wills, that within 72 hours that you report in person to
11 the United States Probation Office in the district to which
12 you are released; that while you are on supervised release,
13 you not commit any federal, state, or local crime. You must
14 not possess a firearm or other dangerous device. And you
15 must not unlawfully possess a controlled substance.

16 I also order that you not -- that you must comply with
17 the standard terms and conditions of supervised release as
18 recommended by the United States Sentencing Commission and
19 as adopted by this Court, including the special condition
20 that you participate in a program of treatment for drug and
21 alcohol abuse as directed by your probation officer.

22 Again, giving consideration to this sentence, and
23 confinement of six months, I've given consideration to the
24 fact that you, so far as I could ascertain, up until this
25 point, you were a model citizen, Mr. Wills. But I've also

1 given consideration to the seriousness of it, the impact of
2 it in the community, as well as the fact that there is
3 indicia in this report that even though there's acceptance
4 of responsibility, that I am not totally convinced that you
5 understand the real risk that you have of addiction given
6 your past struggle with alcohol and given this particular
7 situation with drugs.

8 You were in a position of trust. That confidence was
9 placed in you by the voters. And as I've indicated
10 previously, when you violated that, you diminished the
11 office, and certainly diminished the public's confidence in
12 that office.

13 Your actions -- I noticed when I was reading the
14 defendant's sentencing memoranda, the argument was made that
15 your actions were that of a physician and not that of a
16 sheriff. And I want to place on the record and be very
17 clear that I disagree with that statement, counsel. And I
18 disagree with it because he was a sheriff. He was the face
19 of the office. He was the face of law enforcement in Mercer
20 County.

21 At the same time as a physician, he ordered medicines.
22 He used funds from the sheriff's office to pay for those,
23 and used some of those for his own use.

24 I've given consideration to the fact, in determining
25 that this is a just and appropriate sentence, one that will

1 hopefully enhance the respect for the law and will also
2 deter others and will deter Mr. Wills from any future
3 conduct, that there are, based on the calculations in the
4 pre-sentence report, approximately \$4,500 -- 4,500
5 hydrocodone pills which were actually purchased. And most
6 of those pills, 42-, almost 4,300 of them, 4,296 were
7 unaccounted for.

8 Based on the facts of the case, 31 of those could be
9 traced to patients. There were 173, Mr. Wills, in your
10 possession when the search was conducted. And, again,
11 according to the facts contained in the report, there were
12 4,296 of them which could not be accounted for.

13 So, again, I believe that your actions were not only
14 those of a physician, but that of a law enforcement officer,
15 and that you tainted both professions being in a position of
16 public trust.

17 Counsel, are there any motions at this time before I
18 proceed?

19 MR. MARK WILLS: Not from the defense, Your Honor.

20 MS. SCHWARTZ: No, Your Honor.

21 THE COURT: All right. I am going to order a
22 special assessment in this case in the amount of \$100.

23 I will also order that restitution be paid in this
24 case. I am -- the crime in this case is one under 21 U.S.C.
25 843(a)(3) and is not an offense under 18 U.S.C. 3663(a)(C)

1 for which a mandatory restitution applies.

2 Under 18 U.S.C. 3663 the Court may order the defendant
3 to pay restitution to any victim of the offense. And given
4 the facts of this case, counsel and Mr. Wills, I find that
5 this is a crime with an identifiable victim, that being the
6 Mercer County Commission.

7 However, in deciding whether to impose restitution, I
8 am required to consider the amount of the loss sustained by
9 the victim as a result of the offense and the financial
10 resources of the defendant, the financial needs and earning
11 ability of the defendant, and the defendant's dependents and
12 such other factors as the Court deems appropriate.

13 Applying those factors, it's my finding that the amount
14 of loss to the Mercer County Commission occasioned by this
15 offense is \$863.54. And I'm going to order, Mr. Wills, that
16 restitution be made in that amount.

17 I've taken into consideration your earning ability at
18 this time, as well as your financial situation. And I find
19 that you are capable of paying the restitution that was
20 occasioned by the conduct that resulted in the charge in
21 this particular case.

22 MR. MARK WILLS: Your Honor, --

23 THE COURT: Yes, sir.

24 MR. MARK WILLS: -- if I may, --

25 THE COURT: Yes, sir.

1 MR. MARK WILLS: -- Mr. Wills has already paid
2 that, that amount.

3 THE COURT: I recall reviewing that in the
4 pre-sentence report, but I want to make sure that there is
5 an order --

6 MR. MARK WILLS: Yes, ma'am.

7 THE COURT: -- to that effect.

8 MR. MARK WILLS: Yes, ma'am.

9 THE COURT: Mr. Wills, I also want to advise you
10 that you have a right to appeal this Court's sentence. If
11 you want to appeal this sentence, you must file a written
12 notice of appeal with the clerk of this court within 10 days
13 of the clerk's entry of this court's order of sentence and
14 judgment. If you fail to file a written notice of intent to
15 appeal within that 10-day period, your right to appeal
16 expires.

17 Do you understand that, sir?

18 THE DEFENDANT: Yes, Your Honor.

19 THE COURT: If you file a notice and the Court
20 finds that you do not have the money to procure transcripts
21 or other documents necessary to make your appeal or to pay
22 for the services of a lawyer to represent you on your
23 appeal, the costs will be borne by the United States.

24 Do you understand that as well?

25 THE DEFENDANT: Yes, Your Honor.

1 THE COURT: This sentence is a final judgment,
2 Mr. Wills. Pursuant to 18 U.S.C. 3582, I cannot release you
3 from prison or reduce or modify your sentence once the
4 judgment is final unless the director of the Bureau of
5 Prisons makes such a motion or the United States makes a
6 motion pursuant to Rule 35 for substantial assistance. As a
7 consequence, any letters written to me asking to change,
8 reduce, or modify your sentence will be of no consequence.

9 Do you understand that?

10 THE DEFENDANT: Yes, Your Honor.

11 THE COURT: Because you were released, Mr. Wills,
12 on a surety bond pending sentencing, the Bail Reform Act of
13 1984 permits me to allow you to surrender voluntarily if
14 there is clear and convincing evidence that you are not
15 likely to flee and not likely to pose a danger to any other
16 person or to the community if released.

17 Ms. Schwartz, what's the Government's position
18 concerning his voluntary surrender?

19 MS. SCHWARTZ: Your Honor, we would agree with the
20 recommendation of the Court's probation officer that
21 voluntary surrender would be appropriate in this matter.

22 THE COURT: Anything further that the Government
23 wants to offer on that matter?

24 MS. SCHWARTZ: No, Your Honor.

25 THE COURT: All right.

1 Anything further, Mr. Wills, from the defendant on that
2 matter?

3 MR. MARK WILLS: No, Your Honor.

4 THE COURT: All right.

5 MR. MARK WILLS: We do request that, that he be
6 allowed to voluntarily surrender. He poses no risk.

7 THE COURT: I find, given his conduct throughout
8 the proceedings in this matter, that he should be allowed to
9 surrender voluntarily. I find that he has, by his conduct,
10 offered clear and convincing evidence that he's not likely
11 to flee and is not likely to pose a danger to any other
12 person or to the community if released.

13 Accordingly, I order that Mr. Wills be permitted to
14 surrender voluntarily at the institution designated by the
15 Bureau of Prisons as notified by the United States Marshal.

16 The defendant shall remain released upon the previously
17 executed surety bond in the amount of \$10,000 subject to the
18 conditions set forth in the order setting conditions of
19 release previously entered in this case.

20 How much time, counsel, is he -- or are you making a
21 request for him to voluntarily surrender?

22 MR. MARK WILLS: Your Honor, we have, of course,
23 discussed this with Mr. Wills. I mean, he's ready to go
24 whenever the prison is ready. So, --

25 THE COURT: All right. I want to also address the

1 issue of a fine which I'm told that I have neglected to do,
2 counsel.

3 Any comment that you want to make in that regard?

4 MR. MARK WILLS: Your Honor, of course we would
5 request that he not be fined. When he does get out of
6 prison, he does want to seek treatment. He wants to get his
7 life back in order. As I indicated to the Court, the
8 treatment facility in Williamsburg is a cost of \$40,000.
9 So, we'd ask the Court not to impose any additional fine.

10 THE COURT: Any position that the Government wants
11 to take with respect to the fine?

12 MS. SCHWARTZ: No position from the United States,
13 Your Honor.

14 THE COURT: All right. It's my finding, based on
15 my review of the pre-sentence report, and given his current
16 situation, that he does not have the resources to pay a
17 fine. And I am, therefore, going to order that no fine be
18 imposed, counsel.

19 MR. MARK WILLS: Thank you, Your Honor.

20 THE COURT: Anything further before we conclude
21 the hearing here today from either of you?

22 MS. SCHWARTZ: No, Your Honor.

23 MR. MARK WILLS: No, Your Honor.

24 THE COURT: All right.

25 Mr. Wills, I -- there are some in this courtroom who

1 may not agree with this. I consider you to be a relatively
2 young man who still has some life ahead of you. I hope that
3 with some treatment and what's happened here today that
4 you'll be able to put this behind you and get on with life
5 afterwards.

6 I think a period of supervised release, quite frankly,
7 will be of some assistance to you in doing that and in your
8 effort to do it. I don't know of any reason why after you
9 close this chapter you can't get back to who I'm told by the
10 people who wrote on your behalf, the life that you were
11 leading prior to this issue happening. I wish you the best,
12 sir.

13 THE DEFENDANT: Thank you.

14 THE COURT: Anything further?

15 MS. SCHWARTZ: No, Your Honor.

16 MR. MARK WILLS: No, Your Honor.

17 THE COURT: All right. You-all have a good day.

18 Oh, I am sorry. I saw this and I didn't say it to you.

19 I'm sure your counsel has advised you, Mr. Wills, but
20 before I go, I want to remind you of two more things
21 regarding your voluntary surrender.

22 And, that is, first, if you knowingly fail to report as
23 ordered, I can impose an additional sentence upon you up to
24 two years in prison and a \$250,000 fine.

25 Second, if you commit any offense whatsoever before

1 your voluntary surrender date, then in addition to this
2 sentence and in addition to any sentence for that offense, I
3 would be required to impose an additional sentence.

4 If the offense you commit is a felony, I must sentence
5 you to an additional term of imprisonment of up to 10 years.
6 If the offense you commit is a misdemeanor, I must sentence
7 you to an additional term of imprisonment of up to a year.
8 These sentences would run consecutively with each other as
9 opposed to running concurrently.

10 Do you understand that, sir?

11 THE DEFENDANT: Yes, Your Honor.

12 THE COURT: All right. Good luck to you.

13 (Proceedings concluded at 2:40 p.m.)

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I, Lisa A. Cook, Official Reporter of the United States District Court for the Southern District of West Virginia, do hereby certify that the foregoing is a true and correct transcript, to the best of my ability, from the record of proceedings in the above-entitled matter.

s\Lisa A. Cook

January 14, 2010

Reporter

Date

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

UNITED STATES OF AMERICA

Case Number: 1:09-CR-00159-01

V.

USM Number: 08678-088

Defendant's Attorney: Mark E. Wills &
William B. Flanigan

DANNY RAY WILLS

JUDGMENT IN A CRIMINAL CASE

THE DEFENDANT :

- pleaded guilty to Count One of a single-count Information.
- pleaded nolo contendere to count(s) _____ which was accepted by the court.
- was found guilty on count(s) _____ after a plea of not guilty.

The defendant is adjudicated guilty of these offenses:

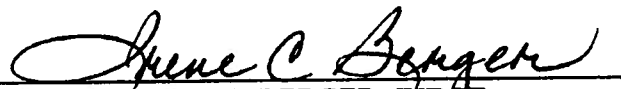
Title & Section	Nature of Offense	Offense Ended	Count
21 U.S.C. § 843(a)(3)	acquiring and obtaining possession of a quantity of hydrocodone by misrepresentation, fraud, deception and subterfuge	May 5, 2009	One

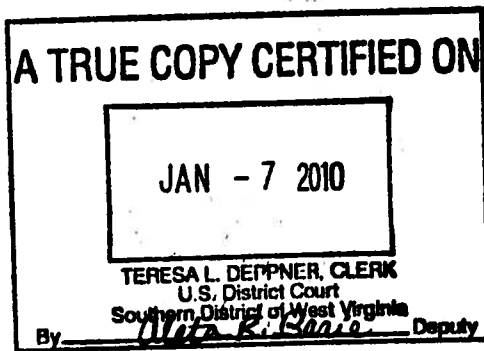
The defendant is sentenced as provided in pages 2 through 6 of this judgment.

- The defendant has been found not guilty on count(s) _____.
- Count(s) _____ is(are) dismissed on the motion of the United States.

It is ORDERED that the defendant must notify the United States Attorney for this district within 30 days of any change of name, residence, or mailing address until all fines, restitution, costs, and special assessments imposed by this judgment are fully paid. If ordered to pay restitution, the defendant must notify the court and the United States Attorney of material changes in economic circumstances.

Date of Imposition of Judgment: December 17, 2009
Date Signed: January 5, 2010


IRENE C. BERGER, JUDGE
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA



IMPRISONMENT

The defendant is hereby committed to the custody of the United States Bureau of Prisons to be imprisoned for a total term of **6 months**.

- The court **RECOMMENDS** the following to the Bureau of Prisons:

- The defendant is remanded to the custody of the United States Marshal.
- The defendant shall surrender to the United States Marshal for this district by 1:00 p.m. on _____.
- The defendant shall surrender to the United States Marshal for this district as notified by the United States Marshal.
- The defendant shall surrender for service of sentence at the institution designated by the Bureau of Prisons by 1:00 p.m. on _____.
- The defendant shall surrender for service of sentence at the institution designated by the Bureau of Prisons as notified by the United States Marshal.
- The defendant shall surrender for service of sentence at the institution designated by the Bureau of Prisons as notified by the Probation or Pretrial Services Office.

RETURN

I have executed this judgment as follows:

Defendant delivered _____ to _____
a _____, with a certified copy of this judgment.

United States Marshal

By _____
Deputy United States Marshal

SUPERVISED RELEASE

Upon release from imprisonment, the defendant shall be on supervised release for a term of **1 year**.

The defendant must report to the probation office in the district to which the defendant is released within 72 hours of release from the custody of the Bureau of Prisons.

The defendant shall not commit another federal, state or local crime.

The defendant shall not unlawfully possess a controlled substance. The defendant shall refrain from any unlawful use of a controlled substance. The defendant shall submit to one drug test within 15 days of release from imprisonment and at least two periodic drug tests thereafter, as determined by the court.

Check if applicable:

- The above drug testing condition is suspended based on the court's determination that the defendant poses a low risk of future substance abuse.
- The defendant shall not possess a firearm, ammunition, destructive device, or any other dangerous weapon.
- The defendant shall cooperate in the collection of DNA as directed by the probation officer.
- The defendant shall register with the state sex offender registration agency in the state where the defendant resides, works, or is a student, as directed by the probation officer.
- The defendant shall participate in an approved program for domestic violence.

If this judgment imposes a fine or restitution, it is a condition of supervised release that the defendant pay in accordance with the Schedule of Payments page of this judgment.

The defendant must comply with the standard conditions that have been adopted by this court as well as with any additional conditions on the attached page.

STANDARD CONDITIONS OF SUPERVISION

- 1) the defendant shall not leave the judicial district without the permission of the court or probation officer;
- 2) the defendant shall report to the probation officer and shall submit a truthful and complete written report within the first five days of each month;
- 3) the defendant shall answer truthfully all inquiries by the probation officer and follow the instructions of the probation officer;
- 4) the defendant shall support his or her dependents and meet other family responsibilities;
- 5) the defendant shall work regularly at a lawful occupation, unless excused by the probation officer for schooling, training, or other acceptance reasons;
- 6) the defendant shall notify the probation officer at least ten days prior to any change in residence or employment;
- 7) the defendant shall refrain from excessive use of alcohol and shall not purchase, possess, use, distribute, or administer any controlled substance or any paraphernalia related to any controlled substances, except as prescribed by a physician;
- 8) the defendant shall not frequent places where controlled substances are illegally sold, used, distributed, or administered;
- 9) the defendant shall not associate with any persons engaged in criminal activity and shall not associate with any person convicted of a felony, unless granted permission to do so by the probation officer;
- 10) the defendant shall permit a probation officer to visit him or her at any time at home or elsewhere and shall permit confiscation of any contraband observed in plain view of the probation officer;
- 11) the defendant shall notify the probation officer within seventy-two hours of being arrested or questioned by a law enforcement officer;
- 12) the defendant shall not enter into any agreement or act as an informer or a special agent of a law enforcement agency without the permission of the court; and
- 13) as directed by the probation officer, the defendant shall notify third parties of risks that may be occasioned by the defendant's criminal record or personal history or characteristics and shall permit the probation officer to make such notifications and to confirm the defendant's compliance with such notification requirement.

ADDITIONAL STANDARD CONDITIONS OF SUPERVISION

While on supervised release, the defendant must not commit another federal, state, or local crime, must not possess a firearm or other dangerous device, and must not unlawfully possess a controlled substance. The defendant must also comply with the standard terms and conditions of supervised release as recommended by the United States Sentencing Commission and as adopted by the United States District Court for the Southern District of West Virginia, including the special condition that the defendant shall participate in a program of testing, counseling, and treatment for drug and alcohol abuse as directed by the probation officer, until such time as the defendant is released from the program by the probation officer.

CRIMINAL MONETARY PENALTIES

The defendant must pay the total criminal monetary penalties as set out on the Schedule of Payments page.

	Assessment	Fine	Restitution
TOTALS:	\$100.00	\$0.00	\$863.54

- The determination of restitution is deferred until _____. An *Amended Judgment in a Criminal Case* will be entered after such determination.
- The defendant must make restitution (including community restitution) to the following payees in the amount listed below.

If the defendant makes a partial payment, each payee shall receive an approximately proportioned payment, unless specified otherwise in the priority order or percentage payment column below. However, pursuant to 18 U.S.C. § 3664(i), all nonfederal victims must be paid before the United States is paid.

Name of Payee	Total Loss*	Restitution Ordered	Priority or Percentage
Mercer County Commission	\$863.54	\$863.54	
TOTALS:	\$863.54	\$863.54	

- Restitution amount ordered pursuant to plea agreement \$_____
- The defendant must pay interest on restitution and a fine of more than \$2,500, unless the restitution or fine is paid in full before the fifteenth day after the date of the judgment, pursuant to 18 U.S.C. §3612(f). All of the payment options on Page 6 may be subject to penalties for delinquency and default, pursuant to 18 U.S.C. § 3612(g).
- The court determined that the defendant does not have the ability to pay interest and it is ordered that the interest requirement is waived for the fine.
- The court determined that the defendant does not have the ability to pay interest and it is ordered that the interest requirement is waived for the restitution.
- The court determined that the defendant does not have the ability to pay interest and it is ordered that the interest requirement for the fine is modified as follows:
- The court determined that the defendant does not have the ability to pay interest and it is ordered that the interest requirement for the restitution is modified as follows:

*Findings for the total amount of losses are required under Chapters 109A, 110, 110A, and 113A of Title 18 for offenses committed on or after September 13, 1994, but before April 23, 1996.

SCHEDULE OF PAYMENTS

Having assessed the defendant's ability to pay, payment of the total criminal monetary penalties are due as follows:

- Lump sum payment of \$ _____ due immediately, balance due no later than _____.
- Lump sum payment of \$ _____ due immediately, balance due as set forth below:
- Special instructions regarding the payment of criminal monetary penalties: Both the \$100.00 special assessment and the \$863.54 restitution have been paid in full.**

Unless the court expressly ordered otherwise, if this judgment imposes imprisonment, payment of criminal monetary penalties is due during imprisonment. All criminal monetary penalties, except those payments made through the Federal Bureau of Prisons' Inmate Financial Responsibility Program, are made to the clerk of the court.

The defendant shall receive credit for all payments previously made toward any criminal monetary penalties imposed.

- Joint and Several**
Defendant and Co-Defendant Names and Case Numbers (including defendant number), Total Amount, Joint and Several Amount, and corresponding payee, if appropriate.
- The defendant shall pay the cost of prosecution.
- The defendant shall pay the following court cost(s):
- The defendant shall forfeit the defendant's interest in the following property to the United States:

Payments shall be applied in the following order: (1) assessment, (2) restitution principal, (3) restitution interest, (4) fine principal, (5) fine interest, (6) community restitution, (7) penalties, and (8) costs, including cost of prosecution and court costs.

CERTIFICATE OF SERVICE

I, **Deborah Lewis Rodecker, General Counsel for the West Virginia Board of Medicine**, do hereby certify that I have served the foregoing **ORDER OF REVOCATION OF LICENSE TO PRACTICE MEDICINE AND SURGERY** by placing a copy in the United States mail, certified, postage prepaid, on **March 8, 2010**, addressed as follows to **Dr. Wills and his counsel of record**:

**Danny Ray Wills, M.D.
330 Oakvale Road
Princeton, WV 24740**

**Mr. Mark E. Wills
Wills Law Office
1617 North Walker Street
Princeton, WV 24740**



**Deborah Lewis Rodecker
West Virginia State Bar # 3144
West Virginia Board of Medicine
101 Dee Drive, Suite 103
Charleston, West Virginia 25311
304.558.2821 ext. 214**