

Danielle Bickers  
State Medical Board  
77 S. High St. 17<sup>th</sup> Fl.  
Columbus, Ohio 43266-0315

December 30, 2001

Dear Danielle,

This letter is to formally request a change in my Step II consent agreement. I would appreciate the Board's consideration to reduce the number of toxicology screens to two per month.

I have discussed this change with my sponsor, my Shepherd Hill aftercare advisor and Barry Farrier from OPEP. All of them support this application. I have now enjoyed two and one half years of documented abstinence and have a wonderful support network. I feel strongly that neither my continued sobriety nor the public's safety would be jeopardized by this change.

Thank you for your consideration.



Timothy S. Kress, MD

STATE MEDICAL BOARD  
OF OHIO  
2002 JAN - 2 A 9 26



OHIO  
PHYSICIANS  
EFFECTIVENESS  
PROGRAM

JAN - 3 2001

OPEP  
445 E. Granville Rd.  
Bldg. C  
Worthington, Ohio 4308  
(614) 841-9690  
Fax (614) 841-9680

**OHIO PHYSICIANS EFFECTIVENESS PROGRAM**

**STATUS REPORT**

**PARTICIPANT:** TIM KRESS, MD

**CONTRACT DATE:** 12-7-99

**PERIOD COVERED:** OCT, NOV, DEC, 2000

**TO:** THE STATE MEDICAL BOARD OF OHIO

**URINE MONITORING:**

**Frequency:** RANDOM/2 PER WEEK  
**Lab or Facility:** BENDINER & SCHLESINGER  
**Positive Results:** NONE

**SUPPORT GROUP**

**ATTENDANCE:** AA/CADUCEUS  
**Frequency:** 3 PER WEEK MINIMUM  
**Participation/Compliance:** Satisfactory X

*Unsatisfactory*

**AFTERCARE:** N/A

**Frequency:** WEEKLY  
**Participation/Compliance:** Satisfactory     

*Unsatisfactory*

**OTHER THERAPY:**

**Individual:** X **Frequency:**  
**Group:** **Frequency:**  
**Other:** **Frequency:**

**PHYSICIAN MONITOR REPORT:**

Satisfactory X

*Unsatisfactory*

**COMMENTS:** Available documentation and recent field contacts Dr Kress is abstinent and in compliance with his OPEP contract. OPEP would support a reduction in tox screening frequency to random weekly. We would also support the reinstatement of his medical license.

Q-3

Date: 1-2-01

Revised 10/19/94 MA/QA Committee

Signature: BARRON FARRIER, CCDC III

STATE MEDICAL BOARD  
OF OHIO

2005 DEC 31 A 8:05

DECLARATION OF COMPLIANCE

I hereby declare that I have continued to comply with all the probationary terms, conditions and limitations imposed upon me by the State Medical Board of Ohio.

I understand and acknowledge that this declaration, if false, may subject me to additional disciplinary action by the State Medical Board of Ohio and may additionally subject me to criminal prosecution under Section 2921.13, Ohio Revised Code.

I HAVE PRESCRIBED NO CONTROLLED SUBSTANCES.

Tina Skun

Signature

12-29-05

Date

OHIO STATE MEDICAL BOARD

JAN 04 2006

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Terrin Skun

Signature

12.29.05

Date

January 5, 2006

Danielle C. Bickers  
Compliance Officer  
State Medical Board of Ohio  
77 South High St., 17<sup>th</sup> Floor  
Columbus, OH 43266

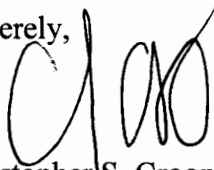
Dear Ms. Bickers:

This letter is to report the progress of Dr. Timothy Kress over the past quarter. A review of Dr. Kress' charts continues to reflect documentation that supports a thorough and competent clinician.

My personal communication with Dr. Kress at Caduceus and 12 Step Meetings suggests that the quality of his recovery continues to be quite good.

If you have any questions concerning Dr. Kress, please feel free to call me at the number below.

Sincerely,



Christopher S. Croom, MD  
Director, PICU  
937-208-4005/2516

OHIO STATE MEDICAL BOARD

JAN 06 2006

January 5, 2006

Danielle C. Bickers  
Compliance Officer  
State Medical Board of Ohio  
77 South High St., 17<sup>th</sup> Floor  
Columbus, OH 43266

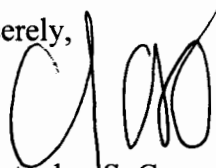
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Christopher S. Croom, MD  
Director, PICU  
937-208-4005/2516

OHIO STATE MEDICAL BOARD

JAN 06 2006

# GRAFF & ASSOCIATES, L.P.A. *Counselors and Attorneys at Law*

604 East Rich Street • Columbus, Ohio 43215 • Telephone (614) 228-5800 • Fax (614) 228- 8811

PRACTICE PLAN FOR TIMOTHY S. KRESS, M.D.  
AND  
REQUEST FOR THE APPROVAL OF A MONITORING AND SUPERVISING PHYSICIAN

Dr. Kress has been offered a position with the Planned Parenthood centers in Butler County, Ohio. Three different Planned Parenthood centers are in Butler, County:

**Hamilton Center**

11 Ludlow Street  
Hamilton, Ohio 45011  
513-856-8332

**Oxford Center**

32 West Walnut Street  
Oxford, Ohio 45056  
513-523-3818

**Middletown Center**

3537 Roosevelt Blvd.  
Middletown, Ohio 45044  
513-424-0344

Dr. Kress will be working a total of 24 hours each week divided between the clinics as follows: Oxford 6 hours, Middletown 6 hours, Hamilton 12 hours.

There are no controlled substances present or used at any of these clinics. Dr. Kress' primary duties will include supervising and assisting nurse practitioners in the delivery of well woman care, birth control care, and prenatal care.

Prenatal care is delivered at the Hamilton site only. All deliveries are by non-Planned Parenthood physicians and nurse midwives. All surgical patients are referred to non-Planned Parenthood physicians.

Supervision of Dr. Kress' performance will be undertaken by, Becky Bridges, Director of Patient Services, Planned Parenthood of Cincinnati and Northern Kentucky. Ms. Bridges is fully aware of Dr. Kress' history of chemical dependency and has been presented with a copy of the Proposed Step 2 Consent Agreement the Board offered to Dr. Kress.

We ask that the Board approve the Ohio Physicians Effectiveness Committee as Dr. Kress' Supervising Physician, and Dr. Christopher Croom as Dr. Kress' monitoring physician – Dr. Croom is an OB/GYN and a Maternal Medicine Specialist in Dayton.

The Medical Board previously had a Consent Agreement with Dr. Croom approximately 5 years ago, which Dr. Croom fulfilled. Dr. Croom is an excellent physician, and has been in recovery for nearly a decade. A copy of Dr. Croom's CV is attached for the Board's consideration.

Danielle Bickers  
State Medical Board  
77 S. High St. 17<sup>th</sup> Fl.  
Columbus, Ohio 43266-0315

STATE MEDICAL BOARD  
February 12, 2002  
2002 FEB 14 P 5:41

Dear Danielle,

This letter is to formally request a change in my Step II consent agreement. I would appreciate the Board's consideration to reduce the number of personal appearances from every 3 months to every 6 months.

Thank you for your consideration.



Timothy S. Kress, MD  
2898 River End Court  
Spring Valley, OH 45370

(937) 248-4983





# State Medical Board of Ohio

77 S. High Street, 17th Floor • Columbus, Ohio 43266-0315 • 614/ 466-3934 • Website: [www.state.oh.us/med/](http://www.state.oh.us/med/)

February 23, 2001

Christopher S. Croom, M.D.  
2377 Passage Key Trail  
Beavercreek, OH 45385

Re: Timothy S. Kress, M.D.

Dear Doctor Croom:

Enclosed is the fully executed Step II Consent Agreement between Dr. Kress and the State Medical Board of Ohio, which became effective on January 10, 2001.

It is our understanding that Dr. Kress has already contacted you and that you have agreed to assume responsibility as his monitoring physician.

Please refer to paragraph 12. of the Consent Agreement, which sets forth your responsibilities as monitoring physician. You are to provide the Board with a report on the doctor's conformance to minimum standards of care based on a monthly review of ten (10) charts. The report is also to include reference to your observation of his adherence to the terms of his Consent Agreement, and your evaluation of his recovery and job performance. The first report will be due April 1, 2001, and at three-month intervals, thereafter.

It is the responsibility of Dr. Kress to ensure that all requirements of this Agreement are met, but please be aware that failure to submit required reports in a timely manner could result in further disciplinary procedures against him. In the event that you can no longer serve as Dr. Kress' monitoring physician, please notify both the State Medical Board and Dr. Kress immediately so that he can make alternative arrangements acceptable to the Board.

If you have any questions, please feel free to contact me at the number listed below.

Sincerely,

Danielle C. Bickers  
Compliance Officer

/dcb

Enclosures

cc: Timothy S. Kress, M.D.  
Douglas E. Graff, Esq.

Direct Dial: (614) 644-9085

FAX: (614) 728-5946

Website: [www.state.oh.us/med/](http://www.state.oh.us/med/)

E-Mail Address: [Danielle.Bickers@med.state.oh.us](mailto:Danielle.Bickers@med.state.oh.us)



# State Medical Board of Ohio

77 S. High Street, 17th Floor • Columbus, Ohio 43266-0315 • 614/ 466-3934 • Website: [www.state.oh.us/med/](http://www.state.oh.us/med/)

February 23, 2001

Timothy S. Kress, M.D.  
4473 Old English Circle  
Bellbrook, OH 45305

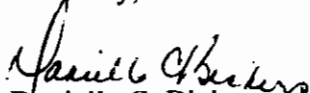
Dear Doctor Kress:

During their meeting on February 14, 2001, the Members of the State Medical Board moved to approve the attached practice plan, which allows you to work with the Planned Parenthood Centers in Butler County.

The Board further moved to approve Christopher S. Croom, M.D., as your monitoring physician, required by paragraph 12 of your Step II Agreement. I have also included a copy of the letter sent to Dr. Croom.

If you have any questions, please feel free to contact me at the number listed below.

Sincerely,

  
Danielle C. Bickers  
Compliance Officer

/dcb

cc: Douglas E. Graff, Esq.

Direct Dial: (614) 644-9085

FAX: (614) 728-5946

Website: [www.state.oh.us/med/](http://www.state.oh.us/med/)

E-Mail Address: [Danielle.Bickers@med.state.oh.us](mailto:Danielle.Bickers@med.state.oh.us)

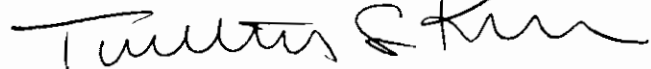
Danielle Bickers  
State Medical Board  
77 S. High St. 17<sup>th</sup> Fl.  
Columbus, Ohio 43266-0315

January 6, 2003

Dear Danielle,

This letter is to request that the days of February 25 and 26 be removed from the random draw to have urine screens performed. I plan to be sitting for the Ohio Bar Exam during those days. (The exam is conducted on February 27<sup>th</sup> as well, however ends early in the day.)

Thank you for your consideration.



Timothy S. Kress, MD  
2898 River End Court  
Spring Valley, Ohio 45370

937-604-0488

**FAX COVER SHEET**

**OHIO STATE MEDICAL BOARD**

**FEB 24 2004**

TO: Danielle Bickers

FROM: Timothy S. Kress, MD

FAX NUMBER: 614-728-5946

TOTAL NUMBER OF PAGES INCLUDING COVER: 2

Danielle Bickers  
State Medical Board  
77 S. High St. 17<sup>th</sup> Fl.  
Columbus, Ohio 43266-0315

February 24, 2004

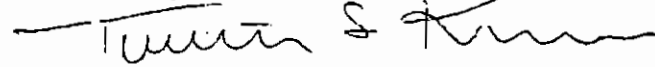
OHIO STATE MEDICAL BOARD

FEB 24 2004

Dear Danielle,

This letter is to inform you of my hope to visit Hilton Head, South Carolina with my wife, children and parents. My family and I would like to depart on Sunday February 29, 2004 and return on Friday March 5, 2004. I would still be able to attend my AA meetings and comply with my twice-monthly urine screens (with the six days above excepted from the randomness).

Thank you for your consideration,



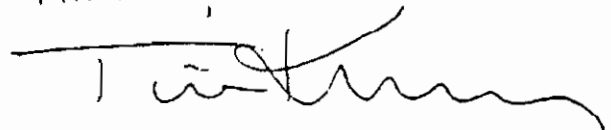
Timothy S. Kress, MD  
2898 River End Court  
Spring Valley, Ohio 45370

937-604-0488

DANIELLE,

I'll try + reach you Wednesday 2.25.04  
concerning the above.

THANKS,



MEETING ATTENDANCE FOR TIM K

2002  
STATE M

DATE	MEETING NAME	MEETING LOCATION	CHAIRPERSON SIGNATURE
6/29/02	Discussion	South Side	Redacted
7-2-02	DISCUSSION	SS	Redacted
7.2.02	BEGINNERS	SSC	
7.3.02	WED EVE LEAD	SSC	
7.5.02	MON. DISC GP	SSC	
7.10.02	WED LEAD	SSC	
Jul 12	sat disc gp	SSC	
<u>DATE</u>	<u>MEETING</u>	<u>LOCATION</u>	<u>CHAIR</u>
7-19-02	FRI DISC	SSC	Redacted
7-20-02	SAT AM DISC	ORCHARD	
	7-20-02		Redacted
	N/S Midnight Mass.		
	(NORTHSIDE)		

DATE	MEETING	LOCATION	CHAIR SIGNATURE
7-23	BEGINNERS'	SSC	Redacted
7/23/02	Caduceus-Dayton	St Francis	Redacted
7-24-02	wed-lead	SSC	
8-2-02	FRIDAY BIG BOOK	SSC	
8/3/02	Self Write	SSC	
8-3-02	MIDNIGHT GP	NORTHSIDE	

<u>DATE</u>	<u>MEETING</u>	<u>LOCATION</u>	<u>CHAIRPERSON</u>
5-7-02	South Side	Wed Lead	Redacted
		8-8-02 THUR	
		SSC	

MEETING ATTENDANCE FOR TIM K.

DATE	MEETING NAME	MEETING LOCATION	CHAIRPERSON SIGNATURE
8/10	MIDNIGHT MASS.	NFC	Redacted
8-13-02	DAYTON (ADULTS)	ST. FRANCIS	Redacted
8-17-02	SAT DISC GP	SSC	Redacted
8-18-02	LOUIS MFG	SSC	Redacted
8-21-02	12	SSC	Redacted
Aug 24	12 midnight	NBF	Redacted
8-27-02	DAYTON (ADULTS)	ST. FRANCIS	Redacted
8/31/02	Shared Beginning	Calwood	Redacted
8-31-02	DSL GP	SSC	Redacted
9/3/02	St. Francis	St. Francis	Redacted
9-4-02	PM DISC GP	SSC	Redacted
9/6/02	WESLEY DISC	SSC	Redacted
9-10-02	DAYTON (ADULTS)	ST. FRANCIS	Redacted
9-12-02	THURSDAY PM CD @	SSC	Redacted
9-14-02	Dayton	Dayton	Redacted
9-19-02	THUR 10AM GP	SSC	Redacted
9-21-02	SAT DISC	SSC	Redacted
9-21-02	SAT. EVE. CAME TO BEL GP.	SSC	Redacted

09-24-02 ST. FRANCIS of Assis / DAYTON CANON

9-27-02 FRI. REL. DISC SSC

9-28-02 SAT AFTERNOON DISC @ SSC

Redacted

Meeting Attendance for Tim K.

Date	Meeting	Location	Chairperson signature
7.1.05	FRI. DISC. GP.	SSC	Redacted
7.2.05	SAT. DISC GP.	SSC	
7.3.05	SUN. LEAD GP	SSC	
7.5.05	DAYTON CAUCUS	ST. FRANCIS	Redacted

7.8.05 FRI DISC GP. SSC

7.12.05 DAYTON CAUCUS ST FRANCIS Redacted

7.16.05	SAT. DISC GP.	SSC	
7.16.05	MID. MASQ	NFC	
7.19.05	DAYTON CAUCUS	ST. FRANCIS	
7.20.05	WED LEAD GP	SSC	
7.23.05	MID. MASQ	NFC	

7.24.05	SUN DISC GP	SSC	
7.24.05	SUN LEAD GP	SSC	
7.25.05	MON DISC GP.	SSC	
8.3.05	WED LEAD GP	SSC	
8.6.05	SAT. DISC GP	SSC	
8.6.05	MID. MASQ.	NFC	

8.9.05 DAYTON CAUCUS ST. FRANCIS

8.12.05 FRI. DISC GP. SSC

8.13.05 MIDNIGHT MASQ. NFC

8.16.05 DAYTON CAUCUS ST. FRANCIS

8.17.05 WED LEAD SSC

8.19.05 FRI. DISC. GP. SSC

8.21.05 SUN. LEAD GP. SSC

8.24.05 WED. LEAD GP. SSC

8.27.05 MIDNIGHT MASQ NFC

8.30.05 DAYTON CAUCUS ST. FRANCIS

8.31.05 WED LEAD GP SSC

9.2.05 FRI. DISC. GP. SSC



Timothy Kress.

9.9.05	St. Petersburg, Florida	St. Pete Beginners CENTRAL OFFICE	Redacted
9.9.05	St. Petersburg, Florida	FRI. NIGHT DISC GP. @ CENTRAL OFFICE	Redacted
9.10.05	St. Petersburg, Florida	BLIND PASS GP.	Redacted
9.13.05	St. Petersburg, Florida	DANTON CADUCEUS ST. FRANCIS	Redacted
9.16.05	St. Petersburg, Florida	FRIDAY DISC GP SSC	Redacted
9.17.05	St. Petersburg, Florida	MIDNIGHT MASQ NFC	Redacted
9.20.05	St. Petersburg, Florida	DANTON CADUCEUS ST. FRANCIS	Redacted
9.23.05	St. Petersburg, Florida	FRIDAY DISC GP. SSC	Redacted
9.24.05	St. Petersburg, Florida	MIDNIGHT MASQ NFC	Redacted
9.27.05	St. Petersburg, Florida	DANTON CADUCEUS ST. FRANCIS	Redacted

OHIO STATE MEDICAL BOARD

OCT 03 2005

Danielle Bickers  
State Medical Board  
77 S. High St. 17<sup>th</sup> Fl.  
Columbus, Ohio 43266-0315

January 6, 2003

Dear Danielle,

This letter is to request that during the week of March 2 through March 8, I be excused from attending my AA meetings and that those days be removed from the random draw to have urine screens performed. My family and I plan to visit Disney World after taking the Bar Exam.

Thank you for your consideration,



Timothy S. Kress, MD  
2898 River End Court  
Spring Valley, Ohio 45370

937-604-0488

February 8, 2002

Dear Danielle,

You may remember that last year my wife earned a trip to Cancun, Mexico through her employer. We had a very successful trip with no threats to my recovery. Again this year my wife has earned a trip to Rome, Italy. If I am able to accompany her, I would be departing from Ohio on Saturday, March 9, 2002 and returning to Ohio on Friday, March 15, 2002. Therefore, I would like to formally request being excused from the state during that time.

I have discussed my plans with my Shepherd Hill aftercare group, aftercare counselor, and my sponsor and they all support my hopes to travel to Rome and feel that it would not be a threat to my recovery. By the time I depart, I will have been in recovery for more than two and one half years. I am currently gathering information concerning AA meetings in Rome and am looking forward to seeing how the Italians practice sobriety. (It was quite an experience visiting AA in Cancun!)

Thank you for your consideration,

A handwritten signature in black ink that reads "Timothy S. Kress". The signature is written in a cursive style with a large, stylized 'T' and 'K'.

Timothy S. Kress

**DECLARATION OF COMPLIANCE**

I hereby declare that I have continued to comply with all the probationary terms, conditions and limitations imposed upon me by the State Medical Board of Ohio.

I understand and acknowledge that this declaration, if false, may subject me to additional disciplinary action by the State Medical Board of Ohio and may additionally subject me to criminal prosecution under Section 2921.13, Ohio Revised Code.

*I have prescribed NO controlled substances.*

*Twenty S. Krumm*

Signature

*3.27.01*

Date

**DECLARATION OF COMPLIANCE**

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I HAVE PRESCRIBED NO CONTROLLED SUBSTANCES  
THIS QUARTER

Tuesday S. Kinn

Signature

3.29.02

Date

Perinatal Partners, LLC

Drs. Sonek, Croom, & Banias

One Wyoming St. • Berry Bldg. • Dayton, Ohio 45409

PH: 937-208-2516 • Toll-Free: 1-800-222-0973 • Fax: 937-208-6124

Pages Including Cover Sheet: *2*

Date: *3/30/01*

To: *Danielle Bickus*

Subject: *Quantity for Dr. Kross*

From: Cynthia J. Ramsey PH: 937- 208 - 4005 Fax: 937 - 208 - 4268 *for DeLeon*

Comments: *Original will be mailed today.*

CONFIDENTIALITY NOTICE

IF YOU ARE NOT THE INTENDED RECIPIENT PLEASE NOTIFY THE SENDER IMMEDIATELY.

This fax transmission contains confidential information that is legally privileged, intended only for the use of the above named individual or facility. Any further disclosure or release may be in violation of both federal and state laws.

**MVH Miami Valley Hospital**

**Diagnostic Ultrasound and  
Antenatal Services**  
One Wyoming Street  
Dayton, Ohio 45409-2793

Telephone: 937-208-2616  
FAX: 937-208-6124

March 30, 2001

Danielle C. Bickers  
Compliance Officer  
State Medical Board of Ohio  
77 S. High St., 17<sup>th</sup> Floor  
Columbus, OH 43266-0315

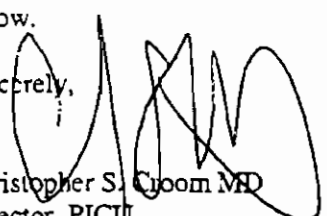
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Sincerely,

  
Christopher S. Cloom MD  
Director, PICU  
937-208-2516

**MVH** Miami Valley Hospital

**Diagnostic Ultrasound and  
Antenatal Services**  
One Wyoming Street  
Dayton, Ohio 45409-2793

Telephone: 937-208-2516  
FAX: 937-208-6124

March 30, 2001

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Compliance Officer  
State Medical Board of Ohio  
77 S. High St., 17<sup>th</sup> Floor  
Columbus, OH 43266-0315

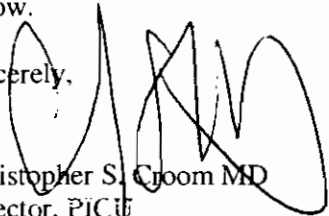
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Sincerely,

  
Christopher S. Croom MD  
Director, PICU  
937-208-2516





**OHIO  
PHYSICIANS  
EFFECTIVENESS  
PROGRAM**

**OHIO PHYSICIANS EFFECTIVENESS PROGRAM**

**OPEP  
445 E. Granville Rd.  
Bldg. C  
Worthington, Ohio 43085  
(614) 841-9690  
Fax (614) 841-9680**

**STATUS REPORT**

*PARTICIPANT: TIM KRESS, MD*

*CONTRACT DATE: 12-7-99*

*PERIOD COVERED: JAN, FEB, MAR 2002*

*TO: THE STATE MEDICAL BOARD OF OHIO*

**URINE MONITORING:**

*Frequency: RANDOM/WEEKLY 2 Per Month effective 3-13-02*

*Lab or Facility: BENDINER & SCHLESINGER*

*Positive Results: NONE Thru 3-22-02*

**SUPPORT GROUP**

*ATTENDANCE: AA/CADUCEUS*

*Frequency: 3 PER WEEK MINIMUM*

*Participation/Compliance: Satisfactory X*

*Unsatisfactory*

**AFTERCARE:**

*Frequency: WEEKLY*

*Participation/Compliance: Satisfactory X*

*Unsatisfactory*

**OTHER THERAPY:**

*Individual:*

*Frequency:*

*Group:*

*Frequency:*

*Other:*

*Frequency:*

**PHYSICIAN MONITOR REPORT:**

*Satisfactory*

*Unsatisfactory*

*COMMENTS: Available data and personal contacts indicate Dr Kress is abstinent and in stable recovery.*

*Date: 4-3-02*

*Revised 10/19/94 MA/OA Committee*

*Signature: BARRON FARRIER, CCDC III*

STATE MEDICAL BOARD  
OF OHIO  
2002 APR -3 P 1:42

To: Danielle Bickers  
Ohio State Medical Board

From: Timothy S. Kress, MD

RE: DEA certificate and Terminal Distributor Licenses

Dear Danielle,

This letter is to inform the Board that I am going to reapply for my DEA certificate which was surrendered pursuant to my Step I consent agreement with the Board. As we discussed at our March 6, 2001 meeting, my only intention now is to have my certificate for identification purposes but will certainly keep you informed of any controlled substance prescriptions I may write in the future on the forms provided by the Board. I realize that at this point the Board has only given approval to write prescriptions for controlled substances and not to have any physical control of controlled substances themselves.

I have also been asked by my employer (Planned Parenthood) to have the terminal distributor licenses for the clinics I supervise changed to my name (from the physician who is retiring next month). At these clinics, we distribute birth control pills and antibiotics for sexually transmitted infections and urinary tract infections. There are no controlled substances at any of the clinics I supervise.

If the Board feels that either my DEA certificate or the terminal distributor license is a problem, I will make other arrangements.

Thank you for your consideration.



Timothy S. Kress, MD

**MVH** Miami Valley Hospital

STATE MEDICAL BOARD  
OF OHIO

2002 APR 22 A 11: 19

**Diagnostic Ultrasound and  
Antenatal Services**  
One Wyoming Street  
Dayton, Ohio 45409-2793

Telephone 937-208-2516  
FAX 937-208-6124

April 18, 2002

Danielle C. Bickers  
Compliance Officer  
State Medical Board of Ohio  
77 S. High St., 17<sup>th</sup> Floor  
Columbus, OH 43266-0315


Dear Ms. Bickers:

This letter is to report the progress of Dr. Timothy Kress over the past quarter. A review of Dr. Kress' charts reflects documentation that supports a thorough and competent clinician.

My personal communication with Dr. Kress at Caduceus and 12-Step meetings suggests that the quality of his recovery continues to be quite good.

If you have any questions concerning Dr. Kress, please feel free to call me at the number listed below.

Sincerely,



Christopher S. Groom MD  
Director, PICU  
937-208-2516

**MVH** Miami Valley Hospital

**Diagnostic Ultrasound and  
Antenatal Services**  
One Wyoming Street  
Dayton, Ohio 45409-7793

Telephone 937-208-2516  
FAX: 937-208-6124

STATE MEDICAL BOARD  
OF OHIO  
APR 18 A 10:46

April 18, 2002

Danielle C. Bickers  
Compliance Officer  
State Medical Board of Ohio  
77 S. High St., 17<sup>th</sup> Floor  
Columbus, OH 43266-0315

Dear Ms. Bickers:

This letter is to report the progress of Dr. Timothy Kress over the past quarter. A review of Dr. Kress' charts reflects documentation that supports a thorough and competent clinician.

My personal communication with Dr. Kress at Caduceus and 12-Step meetings suggests that the quality of his recovery continues to be quite good.

If you have any questions concerning Dr. Kress, please feel free to call me at the number listed below.

Sincerely,



Christopher S. Groom MD  
Director, PICU  
937-208-2516

# ATTENDANCE LOG

NAME & LOCATION

SECRETARY/CHAIRMAN  
SIGNATURE/INITIAL

DISC      SSC  
MS GP     SSC  
*SSC*  
DISC      SSC  
*Chapman*    SSC  
DISC      SSC

Redacted



# Verification of A.A. Attendance

Name: Tina K. [Redacted]

Date	A.A. Group	Signature of Meeting Chair/Secretary
11 July 01	Step Hill CADUCEUS	[Redacted]
7/10/01	SHH Afternoon	[Redacted]
7-15-01	Sun PM DISC-SS	[Redacted]
7-16-01	Monday MORN. DISC @ SSC	[Redacted]
7/17	Step Hill ← A.M. DISC @ SS	[Redacted]
July 18 2001	Wed Men South	[Redacted]
18 July 01	Step Hill CADUCEUS	[Redacted]
7/18/01	SHH Afternoon	[Redacted]
7-22-01	Sun. PM-DISC SSC	[Redacted]
7/23	Men's SSC	[Redacted]
7-24-01	TUE AM DISC SSC	[Redacted]
25 July 01	Step Hill CADUCEUS	[Redacted]
7/25/01	SHH - Afternoon	[Redacted]
7-30-01	MONDAY DISC W/P	[Redacted]
7-31-01	541 Meeting SSC	[Redacted]
8-1-01	10 AM SS	[Redacted]
1 Aug 01	Step Hill CADUCEUS	[Redacted]
8/1/01	afternoon	[Redacted]
8-5-01	Sun DISC SSC	[Redacted]
8-7-01	BEGINNERS SSC	[Redacted]
8-7-01	DAYTON CADUCEUS St Francis of Assisi	[Redacted]
8 Aug 01	Step Hill CADUCEUS	[Redacted]
8/9/01	SHH - Afternoon Sun Disc @ SSC	[Redacted]

MEETING ATTENDANCE FOR TIM

DATE	MEETING NAME	MEETING LOCATION	CHAIRPERSON SIGNATURE
8-14-01	CADUCEUS	St. Francis of Assisi	Redacted
8-15-01	Beyond Discussion	Southside	
15 Aug 01	Shep. Hill CADUCEUS	Shep. Hill	
8/19/01	SHH - Afternoon	SHH	
8-19-01	Sun disc	SSC	
8-19-01	Sun. serenity group	SSC	
8/20/2001	MEM'S gr	South - 7-11 PM	
22 Aug 01	Shep Hill CADUCEUS	Shep Hill	
8/24/01	SHH - Afternoon	SHH	
8-28-01	Tue BEGINNERS	SSC	
08-28-01	CADUCEUS	St. Francis of Assisi	
08-29-01	SS Disc.		
9-2-01	Sun DISC	SSC	

Sept 4

St. Francis Caduceus

9-5-01	Beyond Disc	SSC
9-9-01	NOON DISC	SSC
5 Sept 01	Shep Hill CADUCEUS	
9/9/01	SHH - Afternoon	Afternoon
9-9-01	Sun DISC.	SSC
9-10-01	Mon. Morn DIS @ SSC	
9-12-01	Wed. Discussion	South
12 Sept 01	Shep Hill CADUCEUS	
9/12/01	SHH - Afternoon	Afternoon
9-16-01	SUN EVE LEAD	SSC
9-18-01	Evening	SSC







JUL 06 2001

OPEP  
445 E. Granville Rd.  
Bldg. C  
Worthington, Ohio 430  
(614) 841-9690  
Fax (614) 841-9680

OHIO  
PHYSICIANS  
EFFECTIVENESS  
PROGRAM

OHIO PHYSICIANS EFFECTIVENESS PROGRAM

STATUS REPORT

PARTICIPANT: TIM KRESS, MD

CONTRACT DATE: 12-7-99

PERIOD COVERED: APR, MAY, JUN 2001

TO: THE STATE MEDICAL BOARD OF OHIO (Update)

URINE MONITORING:

Frequency: RANDOM/WEEKLY

Lab or Facility: BENDINER & SCHLESINGER

Positive Results: NONE \* #

SUPPORT GROUP

ATTENDANCE: AA/CADUCEUS

Frequency: 3 PER WEEK MINIMUM

Participation/Compliance: Satisfactory X

Unsatisfactory

AFTERCARE: (Requested)

Frequency: WEEKLY

Participation/Compliance: Satisfactory     

Unsatisfactory

OTHER THERAPY:

Individual:

Frequency:

Group:

Frequency:

Other:

Frequency:

PHYSICIAN MONITOR REPORT:

Satisfactory X

Unsatisfactory

COMMENTS: Available documentation and recent field contacts suggest Dr Kress is abstinent and in compliance with his OPEP contract.

\*Records reveal 2 tox tests week beginning 5-6-01(5-11 & 5-12) and no test week of 5-13-01. OPEP has initiated queries re this situation. Client states tests done weekly is forwarding copy of chain of custody sheets.

# Please note, sample result dated 5-12 was collected 5-17; see attached result and chain of custody.

Date: 7-5-01 7-6-01

Signature: BARRON FARRIER, CCDC III

REPORT DATE  
05/23/01

PATIENT NUMBER  
F2221576  
22-0133

DOCTOR/INSTITUTION  
OHIO PHYSICIANS EFFECT. PROGR.  
445 E. GRANDVILLE RD  
BLDG 'C'  
WORTHINGTON, OH 43085

DATE/TIME DRAWN  
05/12/01  
05:30PM

DATE/TIME RECEIVED  
05/22/01  
02:07PM

PATIENT NO. NAME  
✓ B  
ED 99 0835  
OLSON

*Express (of)*

TEST	ABN	RESULT	UNITS	REF RANGE
***** TOXICOLOGY *****				
FORENSIC WORK-PLACE DRUG TEST		NEGATIVE		
***** SCREENING CUTOFF LEVELS *****				
***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN *****				
METHADONE, EMIT	NEG		NG/ML	300
OPIATES, EMIT	NEG		NG/ML	300
COCAINE, EMIT	NEG		NG/ML	300
BARBS, EMIT	NEG		NG/ML	200
BENZO, EMIT	NEG		NG/ML	300
DARVON, EMIT	NEG		NG/ML	300
PCP, EMIT	NEG		NG/ML	25
AMPHET, EMIT	NEG		NG/ML	1000
THC, EMIT	NEG		NG/ML	100
ALCOHOL, UR FOR	NEG		MG/DL	50
CREATININE URN		132.4	MG/DL	30 - 350
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL				

TEST	ABN	RESULT	UNITS	REF RANGE
<p><i>Please Note</i></p> <p><i>This result logged in 5-12</i></p> <p><i>5-17 see d Haach</i></p> <p><i>chain of custody</i></p>				

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
END OF REPORT

QC 19

*F4/6/01*

GEORGE W. TEBOR, M.D.  
SCOTT A. HIRSCHMAN, M.D.  
DIRECTOR

OHIO STATE MEDICAL BOARD  
JUL 06 2001

**BENDINER & SCHLESINGER, INC.**  
MEDICAL LABORATORY  
212-254-2300 10/03/2000  
Since 1843  
47 Third Avenue (10th St.), NY 10003 (212) 254-2300  
Forensic Toxicology: (212) 353-5111

ACCOUNT INFORMATION  
OPEP DELETTRE OLSON  
109 N. MAIN STREET  
ENGLEWOOD, OH 45022  
937-836-0213

**PROFESSIONAL HEALTH REQUISITION**

Participant ID# E 990832  
Name of Collector Delettre Olson, DO  
(Print)  
Collector's Signature [Signature]

Date of Collection 5-17-01  
Day: M T W Th F Sa Su  
(Circle one)  
Time of Collection 1730 AM  
PM

Please Indicate below Any Medication Participant is taking:

Oxycodone  
msd Ativan

All of the above information must be provided

Participant ID# can be obtained from the Participant's Professional Assistance Program

See below for instructions on completing Forensic Urine Drug Toxicology specimen collection and specimen submission

**Custom Profiles**

3570 HEALTH PRO #

8887 PRIORITY MAIL

**Additional Tests:**

- Antabuse  Nubain  Stadol
- Galgan  Tramadol  Sufentanil
- Fentanyl  Tricyclics
- Other: \_\_\_\_\_

Received By: \_\_\_\_\_

Apply Accession Label Here →

**Instructions for Completing Forensic Urine Drug Toxicology Specimen Collection and Submission:**

**Specimen bottle label:** Complete the label on the specimen bottle as follows  
Acct: ..... Enter 4 digit "F ----" number from "Account Information" box on this form  
Pat: ..... Enter Participant ID#  
Date: ..... Enter date of specimen collection  
Participant Initials: Participant must initial label on line to left of "date"

**Security Seal:** Complete the information on the red security seal as follows  
Date: ..... Enter the date of specimen collection  
Initials: ..... Participant must initial seal

- After Specimen has been provided:**
1. Tighten cap securely and place security seal over top of specimen bottle
  2. Place sealed specimen bottle and absorbent in specimen bag and seal bag.
  3. Put completed authorization form in **OUTER POCKET** of specimen bag
  4. Place sealed and bagged specimen and authorization form in specimen box
  5. Put specimen box in opaque white mailing envelope. Seal envelope and mail. Mailing envelope may be used for up to four specimens.



**OHIO  
PHYSICIANS  
EFFECTIVENESS  
PROGRAM**

July 7 2000

OPEP  
445 E. Granville Rd.  
Bldg. C  
Worthington, Ohio 43085  
(614) 841-9690  
Fax (614) 841-9680

**OHIO PHYSICIANS EFFECTIVENESS PROGRAM**

**STATUS REPORT**

**PARTICIPANT: TIM KRESS, MD**  
**CONTRACT DATE: 12-7-99**  
**PERIOD COVERED: APR, MAY, JUN, 2000**

**TO: THE STATE MEDICAL BOARD OF OHIO**

**URINE MONITORING:**

**Frequency: RANDOM 2 PER WEEK**  
**Lab or Facility: BENDINER & SCHLESINGER, INC.**  
**Positive Results: NONE (THRU 6-24-00)**

**SUPPORT GROUP**

**ATTENDANCE:**

**Frequency: MINIMUM 3 PER WEEK**  
**Participation/Compliance: Satisfactory X Unsatisfactory**

**AFTERCARE: (REQUESTED AND AWAITING)**

**Frequency:**  
**Participation/Compliance: Satisfactory     Unsatisfactory**

**OTHER THERAPY:**

**Individual:     Frequency:**  
**Group:     Frequency:**  
**Other:     Frequency:**

**PHYSICIAN MONITOR REPORT:**

**Satisfactory X Unsatisfactory**

**COMMENTS:** Available data and recent field contacts indicate Dr. Kress is abstinent and in compliance with his OPEP contract. OPEP monitor states he is in "stable recovery with good program".

**Date: 7-7-00**  
*Revised 10/19/94 MA/QA Committee*

**Signature: Barron Farrier, CCDC III**

Danielle Bickers  
State Medical Board  
77 S. High St. 17<sup>th</sup> Fl.  
Columbus, Ohio 43266-0315

June 22, 2001

Dear Danielle,

This letter is to inform you of two changes for my record.

The first is that my permanent home address and phone number have changed. My new address is:

2898 River End Court  
Spring Valley, OH 45370

and my new home phone number is: 937-862-5292 (my cell phone continues to be 937-248-4983).

The second change involves the location of one of my family planning clinics. The new clinic's address is:

Planned Parenthood  
Springdale Center  
290 Northland Blvd.  
Cincinnati, Ohio 45246

This change does not involve a significant change in my hours worked. Our Oxford clinic (next to the campus of Miami University) has a reduction in hours over Miami's summer break. The extra work in Springdale replaces the lost Oxford hours (and some weeks I may see an additional one to four hours of work in Springdale).

Just as with the other clinics I work at, the Springdale clinic has absolutely no controlled substances on site and no surgical procedures which would require the use of controlled substances are performed there.

If the Board has any difficulties or questions please let me know and I will make any adjustments the Board feels are necessary.

Thank you,

  
Timothy S. Kress, MD

**DECLARATION OF COMPLIANCE**

I hereby declare that I have continued to comply with all the probationary terms, conditions and limitations imposed upon me by the State Medical Board of Ohio.

I understand and acknowledge that this declaration, if false, may subject me to additional disciplinary action by the State Medical Board of Ohio and may additionally subject me to criminal prosecution under Section 2921.13, Ohio Revised Code.

Walter Skur

Signature

6 27 2000

Date

Kress

**MVH** Miami Valley Hospital

**Diagnostic Ultrasound and  
Antenatal Services**  
One Wyoming Street  
Dayton, Ohio 45409-2793

Telephone 937-208-2516  
FAX: 937-208-6124

June 27, 2001

Danielle C. Bickers  
Compliance Officer  
State Medical Board of Ohio  
77 S. High St., 17<sup>th</sup> Floor  
Columbus, OH 43266-0315

Dear Ms. Bickers:

This letter is to report the progress of Dr. Timothy Kress over the past quarter. A review of Dr. Kress' charts reflect documentation that support a thorough and competent clinician.

My personal communication with Dr. Kress at Caduceus and 12-Step meetings continue to suggest that the quality of his recovery is quite good.

If you have any questions concerning Dr. Kress, please feel free to call me at the number listed below.

Sincerely,



Christopher S. Croom MD  
Director, PICU  
937-208-2516

**DECLARATION OF COMPLIANCE**

I hereby declare that I have continued to comply with all the probationary terms, conditions and limitations imposed upon me by the State Medical Board of Ohio.

I understand and acknowledge that this declaration, if false, may subject me to additional disciplinary action by the State Medical Board of Ohio and may additionally subject me to criminal prosecution under Section 2921.13, Ohio Revised Code.

I have prescribed no controlled substances.

Timothy S. Kussner

Signature

6-28-01

Date

Kress



**MVH** Miami Valley Hospital

STATE MEDICAL BOARD  
OF OHIO

2002 JUL -5 A 11: 06

**Diagnostic Ultrasound and  
Antenatal Services**  
One Wyoming Street  
Dayton, Ohio 45409-2793

Telephone: 937-208-2516  
FAX: 937-208-6124

July 1, 2002

Danielle C. Bickers  
Compliance Officer  
State Medical Board of Ohio  
77 S. High St., 17<sup>th</sup> Floor  
Columbus, OH 43266-0315

Dear Ms. Bickers:

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Sincerely,



Christopher S. Croom MD  
Director, PICU  
937-208-2516

Perinatal Partners, LLC  
Drs. Sonek, Croom & Neiger

One Wyoming St. • Berry Bldg. • Dayton, Ohio 45409  
PH: 937-208-2516 • Toll-Free: 1-800-222-0973 • Fax: 937-208-6124

STATE MEDICAL BOARD

2002 JUL -2 A 8:59

Pages Including Cover Sheet: 2

Date: 7/2/02

To: Danielle Bickner - Compliance Fx: 614-728-5946

Subject: Dr. Kross

From: Cynthia J. Ramsey Ph: 937- 208 - 4005 Fax: 937 - 208 - 4268

Comments: Original will be mailed

CONFIDENTIALITY NOTICE

IF YOU ARE NOT THE INTENDED RECIPIENT PLEASE NOTIFY THE SENDER IMMEDIATELY.

This fax transmission contains confidential information that is legally privileged, intended only for the use of the above named individual or facility. Any further disclosure or release may be in violation of both federal and state laws.

**MVH** Miami Valley Hospital

**Diagnostic Ultrasound and Antenatal Services**  
One Wyoming Street  
Dayton, Ohio 45409-2793

Telephone 937-208-2516  
FAX 937-208-6124

July 1, 2002

Danielle C. Bickers  
Compliance Officer  
State Medical Board of Ohio  
77 S. High St., 17<sup>th</sup> Floor  
Columbus, OH 43266-0315

Dear Ms. Bickers:

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Sincerely,



Christopher S. Croom MD  
Director, PICU  
937-208-2516

STATE MEDICAL BOARD  
OF OHIO  
2002 JUL - 2 A 8: 59



**OHIO  
PHYSICIANS  
EFFECTIVENESS  
PROGRAM**

OPEP  
445 E. Granville Rd.  
Bldg. C  
Worthington, Ohio 43085  
(614) 841-9690  
Fax (614) 841-9680

**OHIO PHYSICIANS EFFECTIVENESS PROGRAM**

**STATUS REPORT**

*PARTICIPANT: TIM KRESS, MD*

*CONTRACT DATE: 12-7-99*

*PERIOD COVERED: APR, MAY, JUN 2002*

*TO: THE STATE MEDICAL BOARD OF OHIO*

**URINE MONITORING:**

*Frequency: RANDOM/2 PER MONTH  
Lab or Facility: BENDINER & SCHLESINGER  
Positive Results: NONE Thru 6-20-02*

**SUPPORT GROUP**

*ATTENDANCE: AA/CADUCEUS  
Frequency: 3 PER WEEK MINIMUM  
Participation/Compliance: Satisfactory\_\_*

*Unsatisfactory*

**AFTERCARE:** *Completed 6-19-02*

*Frequency: WEEKLY  
Participation/Compliance: Satisfactory\_X*

*Unsatisfactory*

**OTHER THERAPY:**

*Individual: Frequency:  
Group: Frequency:  
Other: Frequency:*

**PHYSICIAN MONITOR REPORT:**

*Satisfactory\_X*

*Unsatisfactory*

*COMMENTS: Available data and recent field contacts indicate Dr Kress is abstinent, in stable recovery, and in compliance with his OPEP contract.*

*Date: 7-2-02*

*Revised 10/13/94 MA/QA Committee*

*Signature: BARRON FARRIER, CCDC III*

STATE MEDICAL BOARD  
OF OHIO  
2002 JUL -2 P 1:51



**OHIO  
PHYSICIANS  
EFFECTIVENESS  
PROGRAM**

**OPEP**  
445 E. Granville Rd.  
Bldg. C  
Worthington, Ohio 43085  
(614) 841-9690  
Fax (614) 841-9680

**OHIO PHYSICIANS EFFECTIVENESS PROGRAM**

**STATUS REPORT**

**PARTICIPANT: TIM KRESS, MD**

**CONTRACT DATE: 12-7-99**

**PERIOD COVERED: JAN, FEB, MAR 2002**

**TO: THE STATE MEDICAL BOARD OF OHIO (Update)**

**URINE MONITORING:**

**Frequency: RANDOM/WEEKLY 2 Per Month effective 3-13-02**

**Lab or Facility: BENDINER & SCHLESINGER**

**Positive Results: NONE Thru 3-22-02**

**SUPPORT GROUP**

**ATTENDANCE: AA/CADUCEUS**

**Frequency: 3 PER WEEK MINIMUM**

**Participation/Compliance: Satisfactory X**

**Unsatisfactory**

**AFTERCARE:**

**Frequency: WEEKLY**

**Participation/Compliance: Satisfactory X**

**Unsatisfactory**

**OTHER THERAPY:**

**Individual:**

**Frequency:**

**Group:**

**Frequency:**

**Other:**

**Frequency:**

**PHYSICIAN MONITOR REPORT: (Requested) Rcvd 4-11-02**

**Satisfactory X**

**Unsatisfactory**

**COMMENTS: Available data and personal contacts indicate Dr Kress is abstinent and in stable recovery.**

**Date: 4-3-02 (4-11-02)**

Revised 10/13/94 MA/OA Committee

**Signature: BARRON FARRIER, CCDC III**

STATE MEDICAL BOARD  
OF OHIO  
2002 JUL -2 P 1:51

**DECLARATION OF COMPLIANCE**

I hereby declare that I have continued to comply with all the probationary terms, conditions and limitations imposed upon me by the State Medical Board of Ohio.

I understand and acknowledge that this declaration, if false, may subject me to additional disciplinary action by the State Medical Board of Ohio and may additionally subject me to criminal prosecution under Section 2921.13, Ohio Revised Code.

I have prescribed no controlled substances this quarter.

Timothy S. Krueger

Signature

6.28.02

Date

Danielle Bickers  
State Medical Board  
77 S. High St. 17<sup>th</sup> Fl.  
Columbus, Ohio 43266-0315

June 19, 2002

Dear Danielle,

This letter is to ask permission from the state to visit my wife's grandmother in LaCrosse, Wisconsin over Fourth of July weekend. My family and I would like to depart on Thursday, July 4, 2002 and return on Sunday, July 7, 2002. I would still be able to attend my AA meetings and comply with my twice monthly urine screens (with the four days above excepted from the randomness).

Thank you for your consideration,

Timothy S. Kress, MD  
2898 River End Court  
Spring Valley, Ohio 45370

937-604-0488

STATE MEDICAL BOARD  
OF OHIO  
2002 JUN 21 P 12: 02



OHIO  
PHYSICIANS  
EFFECTIVENESS  
PROGRAM

JUL 05 2001

OPEP  
445 E. Granville Rd.  
Bldg. C  
Worthington, Ohio 43085  
(614) 841-9690  
Fax (614) 841-9680

OHIO PHYSICIANS EFFECTIVENESS PROGRAM

STATUS REPORT

PARTICIPANT: TIM KRESS, MD

CONTRACT DATE: 12-7-99

PERIOD COVERED: APR, MAY, JUN 2001

TO: THE STATE MEDICAL BOARD OF OHIO

URINE MONITORING:

Frequency: RANDOM/WEEKLY  
Lab or Facility: BENDINER & SCHLESINGER  
Positive Results: NONE \*

SUPPORT GROUP

ATTENDANCE: AA/CADUCEUS  
Frequency: 3 PER WEEK MINIMUM  
Participation/Compliance: Satisfactory X

Unsatisfactory

AFTERCARE: (Requested)

Frequency: WEEKLY  
Participation/Compliance: Satisfactory    

Unsatisfactory

OTHER THERAPY:

Individual: Frequency:  
Group: Frequency:  
Other: Frequency:

PHYSICIAN MONITOR REPORT:

Satisfactory X

Unsatisfactory

COMMENTS: Available documentation and recent field contacts suggest Dr Kress is abstinent and in compliance with his OPEP contract.

\*Records reveal 2 tox tests week beginning 5-6-01(5-11 & 5-12) and no test week of 5-13-01. OPEP has initiated queries re this situation. Client states tests done weekly is forwarding copy of chain of custody sheets.

Date: 7-5-01  
Revised 10/19/94 MA/QA Committee

Signature: BARRON FARRIER, CCDC III



Danielle Bickers  
State Medical Board  
77 S. High St. 17<sup>th</sup> Fl.  
Columbus, Ohio 43266-0315

August 9, 2001

OK  
RWA 8/29/01

Dear Danielle,

This letter is to ask permission from the state to visit my wife's grandmother in LaCrosse, Wisconsin over Labor Day weekend. My family and I would like to depart on Friday, August 31, 2001 and return on Monday, September 3, 2001. I would still be able to attend my AA meetings and comply with my weekly urine screens (with the four days above excepted from the randomness).

Thank you for your consideration,



Timothy S. Kress, MD  
2898 River End Court  
Spring Valley, Ohio 45370

937-248-4983

Danielle Bickers  
State Medical Board  
77 S. High St. 17<sup>th</sup> Fl.  
Columbus, Ohio 43266-0315

August 31, 2002

**OHIO STATE MEDICAL BOARD**  
SEP 13 2002

Dear Danielle,

This letter is to formally request approval to work full time in clinical practice. As you may recall, I asked about that possibility at my July 2002 quarterly conference. During that conference, the representative from the board questioned whether I had a specific hour restriction in my Step II Consent Agreement. When he was informed that I did not, he commented that you just needed a written statement from me concerning full time clinical practice. As I reflect upon that conversation, I am not sure whether or not this will take a formal board vote or just the approval from the supervising member. In any event, I will not pursue full time clinical hours until I hear from you as to any additional steps that I need to take in this matter.

I feel that I am in an excellent position to work full time with our Planned Parenthood patients. I have now enjoyed more than three years of recovery, I have completed law school, I would continue to have no "call" responsibilities, I would continue to do nothing in clinical practice that involves controlled substances, and I have an excellent sponsor and support network who support this request.

Thank you for your consideration,

Timothy S. Kress, MD  
2898 River End Court  
Spring Valley, Ohio 45370

937-604-0488



OPEP  
445 E. Granville Rd.  
Bldg. C  
Worthington, Ohio 43085  
(614) 841-9690  
Fax (614) 841-9680

**OHIO PHYSICIANS EFFECTIVENESS PROGRAM**

**STATUS REPORT**

*PARTICIPANT: TIM KRESS, MD*

*CONTRACT DATE: 12-7-99*

*PERIOD COVERED: JUL, AUG, SEP 2002 \**

*BY THE STATE MEDICAL BOARD OF OHIO*

*ABUSE MONITORING:*

*Frequency: RANDOM/2 PER MONTH  
Location/Facility: BENDINER & SCHLESINGER  
Positive Results: NONE Thru 8-30-02*

*SUPPORT GROUP \**

*ATTENDANCE: AA/CADUCEUS  
Frequency: 3 PER WEEK MINIMUM  
Participation/Compliance: Satisfactory\_\_*

*Unsatisfactory*

*OUTPATIENT CARE: Completed*

*Frequency: WEEKLY  
Participation/Compliance: Satisfactory\_\_*

*Unsatisfactory*

*OTHER THERAPY:*

*Individual: Frequency:  
Group: Frequency:  
Other: Frequency:*

*PHYSICIAN MONITOR REPORT: \**

*Satisfactory\_\_*

*Unsatisfactory*

*COMMENTS: Available data and personal contacts indicate Dr Kress is abstinent.  
According to OPEP records Dr. Kress celebrated 3 years of sobriety 7-25-02.  
OSR generated early due to staff vacation.*

*Date: 9-19-02*

*Signature: BARRON FARRIER, SCDC III*

STATE MEDICAL BOARD  
OF OHIO  
2002 SEP 19 P 4: 04

**DECLARATION OF COMPLIANCE**

I hereby declare that I have continued to comply with all the probationary terms, conditions and limitations imposed upon me by the State Medical Board of Ohio.

I understand and acknowledge that this declaration, if false, may subject me to additional disciplinary action by the State Medical Board of Ohio and may additionally subject me to criminal prosecution under Section 2921.13, Ohio Revised Code.

I have prescribed NO controlled substances.

Timothy S Kuss

Signature

9.28.01

Date

Perinatal Partners, LLC

Drs. Sonek, Croom, & Banias

OHIO STATE MEDICAL BOARD

One Wyoming St. • Berry Bldg. • Dayton, Ohio 45409

SEP 28 2001

PH: 937-208-2516 • Toll-Free: 1-800-222-0973 • Fax: 937-208-6124

Pages Including Cover Sheet: 2

Date: 9/28/01

To: Danielle Bickard

Subject: Dr. Kross

From: Cynthia J. Ramsey Ph: 937- 208 - 4005 Fax: 937 - 208 - 4268

Comments: *from Dr. Croom  
will mail original*

CONFIDENTIALITY NOTICE

IF YOU ARE NOT THE INTENDED RECIPIENT PLEASE NOTIFY THE SENDER IMMEDIATELY.

This fax transmission contains confidential information that is legally privileged, intended only for the use of the above named individual or facility. Any further disclosure or release may be in violation of both federal and state laws.

OHIO STATE MEDICAL BOARD

SEP 28 2001

Diagnostic Ultrasound and  
Antenatal Services  
One Wyoming Street  
Dayton, Ohio 45409-2793

Telephone: 937-208-2516  
FAX: 937-208-6124

**MVH** Miami Valley Hospital

September 28, 2001

Danielle C. Bickers  
Compliance Officer  
State Medical Board of Ohio  
77 S. High St., 17<sup>th</sup> Floor  
Columbus, OH 43266-0315

Dear Ms. Bickers:

This letter is to report the progress of Dr. Timothy Kress over the past quarter. A review of Dr. Kress' charts reflects documentation that supports a thorough and competent clinician.

My personal communication with Dr. Kress at Caduceus and 12-Step meetings suggests that the quality of his recovery continues to be quite good.

If you have any questions concerning Dr. Kress, please feel free to call me at the number listed below.

Sincerely,



Christopher S. Croom MD  
Director, PICU  
937-208-2516

**DECLARATION OF COMPLIANCE**

I hereby declare that I have continued to comply with all the probationary terms, conditions and limitations imposed upon me by the State Medical Board of Ohio.

I understand and acknowledge that this declaration, if false, may subject me to additional disciplinary action by the State Medical Board of Ohio and may additionally subject me to criminal prosecution under Section 2921.13, Ohio Revised Code.

Tuesday Skum

Signature

9.28.00

Date

**DECLARATION OF COMPLIANCE**

I hereby declare that I have continued to comply with all the probationary terms, conditions and limitations imposed upon me by the State Medical Board of Ohio.

I understand and acknowledge that this declaration, if false, may subject me to additional disciplinary action by the State Medical Board of Ohio and may additionally subject me to criminal prosecution under Section 2921.13, Ohio Revised Code.

I have prescribed no controlled substances.

Trinity S. Kussus

Signature

9.28.02

Date



Danielle Bickers  
State Medical Board  
77 S. High St. 17<sup>th</sup> Fl.  
Columbus, Ohio 43266-0315

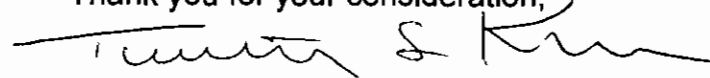
September 29, 2003

Dear Danielle,

This letter is to request that I be allowed to take two trips in the month of October 2003. The first is a family trip to Williamsburg, VA from Thursday, October 9, 2003 until Monday, October 13, 2003. The second trip is for a medical conference in Las Vegas, NV from Saturday, October 18, 2003 until Friday, October 24, 2003.

I will be able to fulfill my Consent Agreement with the state regarding attending AA meetings and toxicology screens (3 meetings per week and 2 screens per month). My only request is that the above days be removed from the random pool regarding toxicology screens.

Thank you for your consideration,



Timothy S. Kress, MD  
2898 River End Court  
Spring Valley, Ohio 45370

937-604-0488



OPEP  
OHIO STATE MEDICAL BOARD 15 E. Granville Rd.  
Bldg. C  
OCT - 4 2001 Worthington, Ohio 43085  
(614) 841-9690  
Fax (614) 841-9680

OHIO  
PHYSICIANS  
EFFECTIVENESS  
PROGRAM

**OHIO PHYSICIANS EFFECTIVENESS PROGRAM**

**STATUS REPORT**

**PARTICIPANT: TIM KRESS, MD**

**CONTRACT DATE: 12-7-99**

**PERIOD COVERED: JUL, AUG, SEP 2001**

*update*

**TO: THE STATE MEDICAL BOARD OF OHIO**

**URINE MONITORING:**

**Frequency: RANDOM/WEEKLY**  
**Lab or Facility: BENDINER & SCHLESINGER**  
**Positive Results: NONE \***

**SUPPORT GROUP**

**ATTENDANCE: AA/CADUCEUS**  
**Frequency: 3 PER WEEK MINIMUM**  
**Participation/Compliance: Satisfactory X**

*Unsatisfactory*

**AFTERCARE:**

**Frequency: WEEKLY**  
**Participation/Compliance: Satisfactory X**

*Unsatisfactory*

**OTHER THERAPY:**

**Individual: Frequency:**  
**Group: Frequency:**  
**Other: Frequency:**

**PHYSICIAN MONITOR REPORT: (Requested)**

**Satisfactory \_\_**

*Unsatisfactory*

**COMMENTS: Available documentation and personal contacts Dr Kress is abstinent and in stable recovery.**

**\*Two samples collected week of 8-19; none week of 8-26; seeking explanation.**

**According to OPEP records Dr. Kress celebrated 2 years of sobriety 7-25-01.**

**Date: 10-1-01**

**Signature: BARRON FARRIER, CCDC III**



OHIO  
PHYSICIANS  
EFFECTIVENESS  
PROGRAM

**OHIO PHYSICIANS EFFECTIVENESS PROGRAM**

OPEP  
445 E. Granville  
Bldg. C  
Worthington, Ohio  
(614) 841-9  
Fax (614) 841-9

**STATUS REPORT**

**PARTICIPANT: TIM KRESS, MD**

**CONTRACT DATE: 12-7-99**

**PERIOD COVERED: JUL, AUG, SEP 2001**

**TO: THE STATE MEDICAL BOARD OF OHIO**

**URINE MONITORING:**

**Frequency: RANDOM/WEEKLY**

**Lab or Facility: BENDINER & SCHLESINGER**

**Positive Results: NONE \***

**SUPPORT GROUP (Requested)**

**ATTENDANCE: AA/CADUCEUS**

**Frequency: 3 PER WEEK MINIMUM**

**Participation/Compliance: Satisfactory\_\_**

**AFTERCARE:**

**Frequency: WEEKLY**

**Participation/Compliance: Satisfactory X**

**OTHER THERAPY:**

**Individual:**

**Frequency:**

**Group:**

**Frequency:**

**Other:**

**Frequency:**

**PHYSICIAN MONITOR REPORT: (Requested)**

**Satisfactory\_\_**

**Unsatisfactory**

**COMMENTS: Available documentation and personal contacts Dr Kress is abstinent and in stable recovery.**

**\* Two samples collected week of 8-19; none week of 8-26; seeking explanation.**

**According to OPEP records Dr. Kress celebrated 2 years of sobriety 7-25-01**

**Date: 10-1-01**

**Signature: BARRON FARRIER, CCDC III**

STATE MEDICAL BOARD  
OF OHIO  
2001 OCT - 1  
4: 22

Unsatisfactory

Unsatisfactory



OHIO  
PHYSICIANS  
EFFECTIVENESS  
PROGRAM

OHIO PHYSICIANS EFFECTIVENESS PROGRAM

STATUS REPORT

OPEP  
445 E. Granville Rd.  
Bldg. C  
Worthington, Ohio 43085  
(614) 841-9690  
Fax (614) 841-9680

PARTICIPANT: *TIM KRESS, MD*  
CONTRACT DATE: *12-7-99*  
PERIOD COVERED: *JUL, AUG, SEP, 2000*

TO: *THE STATE MEDICAL BOARD OF OHIO*

URINE MONITORING:

Frequency: *RANDOM 2 PER WEEK*  
Lab or Facility: *BENDINER & SCHLESINGER, INC.*  
Positive Results: *NONE*

SUPPORT GROUP

ATTENDANCE:

Frequency: *MINIMUM 3 PER WEEK*  
Participation/Compliance: *Satisfactory X* *Unsatisfactory*

AFTERCARE:

Frequency:  
Participation/Compliance: *Satisfactory X* *Unsatisfactory*

OTHER THERAPY:

Individual: \_\_\_\_\_ Frequency:  
Group: \_\_\_\_\_ Frequency:  
Other: \_\_\_\_\_ Frequency:

PHYSICIAN MONITOR REPORT:

*Satisfactory X* *Unsatisfactory*

COMMENTS: *Available data and personal contacts suggest Dr. Kress is abstinent and stabilizing well in recovery. His OPEP monitor describes him as following directions and as being active in groups.*

**According to OPEP records Dr. Kress celebrated 1 year of sobriety 7-25-00.**

Date: 10-9-00  
Revised 10/19/94 MA/QA Committee

  
Signature: *Barron Farrier, CCDC III*



**OHIO  
PHYSICIANS  
EFFECTIVENESS  
PROGRAM**

*RECEIVED  
OPEP  
10-24-01*

OPEP  
445 E. Granville Rd.  
Bldg. C  
Worthington, Ohio 43  
(614) 841-9690  
Fax (614) 841-9680

**OHIO PHYSICIANS EFFECTIVENESS PROGRAM**

**STATUS REPORT**

**PARTICIPANT: TIM KRESS, MD**

**CONTRACT DATE: 12-7-99**

**PERIOD COVERED: JUL, AUG, SEP 2001 (Update)**

**TO: THE STATE MEDICAL BOARD OF OHIO**

**URINE MONITORING:**

**Frequency: RANDOM/WEEKLY**

**Lab or Facility: BENDINER & SCHLESINGER**

**Positive Results: NONE \***

**SUPPORT GROUP**

**ATTENDANCE: AA/CADUCEUS**

**Frequency: 3 PER WEEK MINIMUM**

**Participation/Compliance: Satisfactory X Unsatisfactory**

**AFTERCARE:**

**Frequency: WEEKLY**

**Participation/Compliance: Satisfactory X Unsatisfactory**

**OTHER THERAPY:**

**Individual: Frequency:**

**Group: Frequency:**

**Other: Frequency:**

**PHYSICIAN MONITOR REPORT: (Requested) Rcvd 10-4-01**

**Satisfactory X Unsatisfactory**

**COMMENTS: Available documentation and personal contacts Dr Kress is abstinent and in stable recovery.**

**\*Two samples collected week of 8-19; none week of 8-26; seeking explanation.**

**According to OPEP records Dr. Kress celebrated 2 years of sobriety 7-25-01**

**Date: 10-1-01 (10-24-01)**

**Signature: BARRON FARRIER, CCDC III**

*Revised 10/19/94 MA/QA Committee*

TO: DANIELLE BICKERS  
STATE MEDICAL BOARD

VIA FAX: 1-614-728-5946

FROM: TIMOTHY S. KRESS, M.D.

DATE: DECEMBER 13, 2005

Letter dated December 13, 2005 to follow.  
Thank you.

STATE MEDICAL BOARD  
OF OHIO  
2005 DEC 13 P 1:06

December 13, 2005

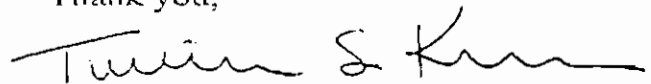
Danielle Bickers  
State Medical Board  
77 S. High St. 17<sup>th</sup> Fl.  
Columbus, Ohio 43266-0315

VIA FAX: 1-614-728-5946

Dear Danielle,

I would like to request that the State Medical Board, at their January 2006 meeting, consider releasing me from my Step II consent agreement that was entered into on January 10, 2001.

Thank you,



Timothy S. Kress, MD  
2898 River End Court  
Spring Valley, Ohio 45370

937-604-0488

**STATE MEDICAL BOARD  
OF OHIO**  
2005 DEC 13 P 1:06

**DECLARATION OF COMPLIANCE**

I hereby declare that I have continued to comply with all the probationary terms, conditions and limitations imposed upon me by the State Medical Board of Ohio.

I understand and acknowledge that this declaration, if false, may subject me to additional disciplinary action by the State Medical Board of Ohio and may additionally subject me to criminal prosecution under Section 2921.13, Ohio Revised Code.

Timothy S. Kim

Signature

12.28.00

Date





OHIO  
PHYSICIANS  
EFFECTIVENESS  
PROGRAM

OPEP  
445 E. Granville Rd.  
Bldg. C  
Worthington, Ohio 43085  
(614) 841-9690  
Fax (614) 841-9680

OHIO PHYSICIANS EFFECTIVENESS PROGRAM

STATUS REPORT

PARTICIPANT: TIM KRESS, MD

CONTRACT DATE: 12-7-99

PERIOD COVERED: JUL, AUG, SEP 2001 (Update)

TO: THE STATE MEDICAL BOARD OF OHIO

URINE MONITORING:

Frequency: RANDOM/WEEKLY  
Lab or Facility: BENDINER & SCHLESINGER  
Positive Results: NONE \* #

SUPPORT GROUP

ATTENDANCE: AA/CADUCEUS  
Frequency: 3 PER WEEK MINIMUM  
Participation/Compliance: Satisfactory X

Unsatisfactory

AFTERCARE:

Frequency: WEEKLY  
Participation/Compliance: Satisfactory X

Unsatisfactory

OTHER THERAPY:

Individual: Frequency:  
Group: Frequency:  
Other: Frequency:

PHYSICIAN MONITOR REPORT: (Requested) Rcvd 10-4-01

Satisfactory X Unsatisfactory

COMMENTS: Available documentation and personal contacts Dr Kress is abstinent and in stable recovery.

\*Two samples collected week of 8-19; none week of 8-26; seeking explanation.

#COC reveals sample collected 8-26 mis-read as 8-20.

According to OPEP records Dr. Kress celebrated 2 years of sobriety 7-25-01.

Date: 10-1-01 (12-28-01)

Signature: BARRON FARRIER, CCDC III

Revised 10/19/94 MA/QA Committee

STATE MEDICAL BOARD  
OF OHIO  
2001 DEC 28 P 3:43

**DECLARATION OF COMPLIANCE**

I hereby declare that I have continued to comply with all the probationary terms, conditions and limitations imposed upon me by the State Medical Board of Ohio.

I understand and acknowledge that this declaration, if false, may subject me to additional disciplinary action by the State Medical Board of Ohio and may additionally subject me to criminal prosecution under Section 2921.13, Ohio Revised Code.

I have prescribed no controlled substances  
this quarter.

Trenton S. Kinn

Signature

12-30-01

Date

STATE MEDICAL BOARD  
OF OHIO  
2002 JAN - 2 A 9 26

Perinatal Partners, LLC

Drs. Sonek, Croom, & Banias

One Wyoming St. • Berry Bldg. • Dayton, Ohio 45409

PH: 937-208-2516 • Toll-Free: 1-800-222-0973 • Fax: 937-208-6124

Pages Including Cover Sheet: 2

Date: 12/31/01

To: Danielle Bickers - Compliance - Ohio State Board

Subject: From Dr. Croom re Dr. Ramsey (Quality Review)

From: Cynthia J. Ramsey Ph: 937- 208 - 4005 Fax: 937 - 208 - 4268

Comments: will mail original

STATE MEDICAL BOARD  
OF OHIO  
2001 DEC 31 P 1:22

CONFIDENTIALITY NOTICE

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**MVH Miami Valley Hospital**

**Diagnostic Ultrasound and  
Antenatal Services**  
One Wyoming Street  
Dayton, Ohio 45409-2793

Telephone: 937-208-2516  
FAX: 937-208-6124

December 31, 2001

Danielle C. Bickers  
Compliance Officer  
State Medical Board of Ohio  
77 S. High St., 17<sup>th</sup> Floor  
Columbus, OH 43266-0315

Dear Ms. Bickers:

This letter is to report the progress of Dr. Timothy Kress over the past quarter. A review of Dr. Kress' charts reflects documentation that supports a thorough and competent clinician.

My personal communication with Dr. Kress at Caduceus and 12-Step meetings suggests that the quality of his recovery continues to be quite good.

If you have any questions concerning Dr. Kress, please feel free to call me at the number listed below.

Sincerely,



Christopher S. Croom MD  
Director, PICU  
937-208-2516

STATE MEDICAL BOARD  
OF OHIO  
2001 DEC 31 P 1:22

MEDICAL LABORATORIES

JUN - 5 2000

QC 12 Thurs

REPORT DATE  
05/30/00

DOCTOR/INSTITUTION  
OHIO PHYSICIANS EFFECT. PROGR.  
445 E. GRANDVILLE RD  
BLDG 'C'  
WORTHINGTON, OH 43085

DATE/TIME DRAWN  
05/11/00  
11:45AM

PATIENT  
NO. NAME  
ED 99 0835  
OLSON

PATIENT NUMBER  
F1895115  
16-1599

DATE/TIME RECEIVED  
05/16/00  
02:09AM

KRESS

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF R.
*****		TOXICOLOGY	*****						
FORENSIC WORK- PLACE DRUG TEST		NEGATIVE	*****						
			*****						
			SCREENING CUTOFF LEVELS						
			*****						
			CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN						
			*****						
			*****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET. EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	108.2		MG/DL	30 - 350					
			SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL						

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
END OF REPORT

QC 12

GEORGE W. TEEBOR, M.  
DIRECTOR

F6/s/00

**MEDICAL LABORATORIES**

**OHIO MEDICAL BOARD**

QC 34 Mon JUN - 5 2000

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)  
 629 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

22  
 NEW YORK, N.Y. 10003  
 (212) 254-2300

310 EAST 65TH STREET (COLLECTO  
 NEW YORK, N.Y. 10021  
 (212) 628-2599

984 NORTH BROADWAY (COLLECTIO  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE  
 05/30/00  
 PATIENT NUMBER  
 F1907366  
 26-0170

DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

DATE/TIME DRAWN  
 05/22/00  
 12:00 N  
 DATE/TIME RECEIVED  
 05/26/00  
 05:49PM

PATIENT  
 NO. NAME *JB*  
 ED 99 0835  
 OLSON  
*KRESS*

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF R
*****		TOXICOLOGY	*****						
FORENSIC WORK- PLACE DRUG TEST		NEGATIVE		***** ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****					
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG	134.2	MG/DL	50					
			MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
 END OF REPORT QC 34

GEORGE W. TEEBOR, M.  
 DIRECTOR  
*F6/5/00*

**MEDICAL LABORATORIES**

QC 23 Thurs

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Dept)

629 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Dept)

NEW YORK, N.Y. 10003  
 (212) 254-2300

310 EAST 65th STREET (COLLECT)  
 NEW YORK, N.Y. 10021  
 (212) 628-2599

894 NORTH BROADWAY (COLLECT)  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (814) 376-2166

REPORT DATE  
 06/13/00

DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

DATE/TIME DRAWN  
 06/08/00  
 06:51PM

PATIENT  
 NO. NAME *VB*  
 ED 99 0835  
 OLSON

PATIENT NUMBER  
 F1924645  
 12-0117

DATE/TIME RECEIVED  
 06/12/00  
 02:12PM

*KRESS*

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF F
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE		***** ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****					
METHADONE, EMIT		NEG	NG/ML	300					
OPIATES, EMIT		NEG	NG/ML	300					
COCAINE, EMIT		NEG	NG/ML	300					
BARBS, EMIT		NEG	NG/ML	200					
BENZO, EMIT		NEG	NG/ML	300					
DARVON, EMIT		NEG	NG/ML	300					
PCP, EMIT		NEG	NG/ML	25					
AMPHET, EMIT		NEG	NG/ML	1000					
THC, EMIT		NEG	NG/ML	100					
ALCOHOL, UR FOR CREATININE URN		NEG 173.9	MG/DL	50 30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

*R*

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
 END OF REPORT QC 23

GEORGE W. TEEBOR, M.  
 DIRECTOR

*E6/15/00*

**MEDICAL LABORATORIES**

QC 9 Mon

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Dept)

NEW YORK, N.Y. 10003  
 (212) 254-2300

629 WEST 186 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Dept)

310 EAST 85th STREET (COLLECT)  
 NEW YORK, N.Y. 10021  
 (212) 628-2589

984 NORTH BROADWAY (COLLECT)  
 SUITE # L4 • YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE 06/13/00	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 06/05/00 12:30PM	PATIENT NO. NAME ED 99 0835 OLSON <i>VB</i>
PATIENT NUMBER F1923020 9-0112		DATE/TIME RECEIVED 06/09/00 08:42AM	<i>KRESS</i>

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF R
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE		***** ***** ***** SCREENING CUTOFF LEVELS ***** ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****					
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	138.1		MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
 END OF REPORT QC 9

GEORGE W. TEEBOR, M  
 DIRECTOR

*F 6/15/00*



**MEDICAL LABORATORIES**

QC 19 Tues

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)

629 WEST 186 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

NEW YORK, N.Y. 10003  
 (212) 264-2300

310 EAST 85th STREET (COLLECTO  
 NEW YORK, N.Y. 10021  
 (212) 628-2589

384 NORTH BROADWAY (COLLECTO  
 SUITE 6 LA - YONKERS, N.Y. 10701  
 (914) 276-2166

REPORT DATE  
**06/16/00**

PATIENT NUMBER  
**F1929504**  
**15-0116**

DOCTOR/INSTITUTION  
**OHIO PHYSICIANS EFFECT. PROGR.**  
**445 E. GRANDVILLE RD**  
**BLDG 'C'**  
**WORTHINGTON, OH 43085**

DATE/TIME DRAWN  
**06/13/00**  
**02:10PM**

DATE/TIME RECEIVED  
**06/15/00**  
**02:47PM**

PAYMENT  
**NO, NAME** ✓ **B**  
**ED 99 0835**  
**OLSON**  
**KRESS**

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF R
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	***** ***** ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	171.9		MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

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 END OF REPORT

QC 19

**GEORGE W. TEEBOR, M.**  
 DIRECTOR

F 6/16/00

**MEDICAL LABORATORIES**

QC 15 Mon

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)  
 629 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

NEW YORK, N.Y. 10003  
 (212) 254-2300

310 EAST 65th STREET  
 NEW YORK, N.Y. 10021  
 (212) 626-2599

984 NORTH BROADWAY  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 375-2166

REPORT DATE  
**06/16/00**

PATIENT NUMBER  
**F1929500**  
**15-0112**

DOCTOR/INSTITUTION  
**OHIO PHYSICIANS EFFECT. PROGR.**  
**445 E. GRANDVILLE RD**  
**BLDG 'C'**  
**WORTHINGTON, OH 43085**

DATE/TIME DRAWN  
**06/12/00**  
**02:00PM**

DATE/TIME RECEIVED  
**06/15/00**  
**02:47PM**

PATIENT NO. NAME **VB**  
**ED 99 0835**  
**OLSON**  
**KRESS**

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF R
*****									
FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE							
*****									
SCREENING CUTOFF LEVELS *****									
CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN *****									
METHADONE, EMIT		NEG	NG/ML	300					
OPIATES, EMIT		NEG	NG/ML	300					
COCAINE, EMIT		NEG	NG/ML	300					
BARBS, EMIT		NEG	NG/ML	200					
BENZO, EMIT		NEG	NG/ML	300					
DARVON, EMIT		NEG	NG/ML	300					
PCP, EMIT		NEG	NG/ML	25					
AMPHET, EMIT		NEG	NG/ML	1000					
THC, EMIT		NEG	NG/ML	100					
ALCOHOL, UR FOR		NEG	MG/DL	50					
CREATININE URN		168.4	MG/DL	30 - 350					
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL									

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 END OF REPORT QC 15

**GEORGE W. TEEBOR, M**  
 DIRECTOR

*F 6/16/00*

REPORT DATE 06/09/00	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085
PATIENT NUMBER F1921630 8-0222	

DATE/TIME DRAWN 06/01/00 01:30PM	PATIENT NO, NAME ✓ B ED 99 0835 OLSON
DATE/TIME RECEIVED 06/08/00 03:33PM	KRESS

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE		***** ***** ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****					
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG 139.4		MG/DL MG/DL	50 30 - 350					
					SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL				

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 END OF REPORT

QC 2

GEORGE W. TEEBOR, M.D.  
 DIRECTOR

F6/13/00

REPORT DATE 06/07/00	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 05/31/00 12:30PM	PATIENT NO. NAME ED 99 0835 OLSON KRESS
PATIENT NUMBER F1918523 6-0057		DATE/TIME RECEIVED 06/06/00 01:44PM	

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	RE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE		***** ***** ***** SCREENING CUTOFF LEVELS ***** ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****					
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	100.7		MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

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QC 27

GEORGE W. TEEBOR  
 DIRECTOR

F6/8/00

**MEDICAL LABORATORIES**

QC 14 Wed

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Dept)

NEW YORK, N.Y. 10003  
 (212) 254-2300

310 EAST 65th STREET (COLLECT)  
 NEW YORK, N.Y. 10021  
 (212) 628-2599

629 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Dept)

984 NORTH BROADWAY (COLLECT)  
 SUITE 8 L4 - YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE  
**06/01/00**

PATIENT NUMBER  
**F1910113**  
**30-1418**

DOCTOR/INSTITUTION  
**OHIO PHYSICIANS EFFECT. PROGR.**  
**445 E. GRANDVILLE RD**  
**BLDG 'C'**  
**WORTHINGTON.OH 43085**

DATE/TIME DRAWN  
**05/24/00**  
**12:30PM**

DATE/TIME RECEIVED  
**05/30/00**  
**10:39PM**

PATIENT  
 NO. NAME **✓ B**  
**ED 99 0835**  
**OLSON**  
**KRESS**

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF R
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	*****	*****					
				SCREENING CUTOFF LEVELS *****					
				CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN *****					
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	80.9		MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

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 END OF REPORT

QC 14

GEORGE W. TEEBOR, M.D.  
 DIRECTOR

*Handwritten signature*

**MEDICAL LABORATORIES**

QC 3 Fri

REPORT DATE 05/23/00	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 05/19/00 02:00PM	PATIENT NO, NAME ED 99 0835 OLSON <i>KRESS</i>	AGE AD
PATIENT NUMBER F1900624 22-0268		DATE/TIME RECEIVED 05/22/00 04:38PM		SEX M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	***** ***** ***** *****						
			SCREENING CUTOFF LEVELS ***** *****						
			CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	104.5		MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

**OHIO MEDICAL BOARD**  
**MAY 24 2000**

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 END OF REPORT

QC 3

GEORGE W. TEEBOR, M.D.  
 DIRECTOR

*F5/24/00*

**MEDICAL LABORATORIES**

QC 16 Tues

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031 (Collection Depot)  
 629 WEST 185 STREET  
 NEW YORK, N.Y. 10033 (Collection Depot)  
 NEW YORK, N.Y. 10002 (212) 254-2300  
 310 EAST 65th STREET  
 NEW YORK, N.Y. 10021 (212) 820-2599  
 884 NORTH BROADWAY  
 SUITE # L4 - YONKERS, N.Y. 10701 (914) 376-2166

REPORT DATE  
**05/02/00**  
 PATIENT NUMBER  
**F1875353**  
**1-0077**

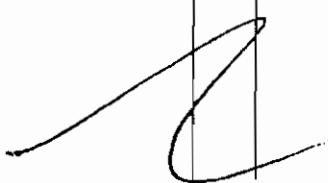
DOCTOR/INSTITUTION  
**OHIO PHYSICIANS EFFECT. PROGR.**  
**445 E. GRANDVILLE RD**  
**BLDG 'C'**  
**WORTHINGTON, OH 43085**

DATE/TIME DRAWN  
**04/25/00**  
**12:00 N**  
 DATE/TIME RECEIVED  
**05/01/00**  
**05:31PM**

PATIENT  
**NO. NAME** *VB*  
**ED 99 0835**  
**OLSON**  
**KRESS**

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE	
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE		***** ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****						
METHADONE, EMIT	NEG		NG/ML	300						
OPIATES, EMIT	NEG		NG/ML	300						
COCAINE, EMIT	NEG		NG/ML	300						
BARBS, EMIT	NEG		NG/ML	200						
BENZO, EMIT	NEG		NG/ML	300						
DARVON, EMIT	NEG		NG/ML	300						
PCP, EMIT	NEG		NG/ML	25						
AMPHET, EMIT	NEG		NG/ML	1000						
THC, EMIT	NEG		NG/ML	100						
ALCOHOL, UR FOR	NEG		MG/DL	50						
CREATININE URN		78.0	MG/DL	30 - 350						
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL						

OHIO STATE  
 MAY - 5 2000



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 END OF REPORT

QC 16

GEORGE W. TEEBOR, M.D.  
 DIRECTOR

F5/5/00

**MEDICAL LABORATORIES**

QC 3 Thurs

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)

NEW YORK, N.Y. 10003  
 (212) 254-2300

310 EAST 65th STREET  
 NEW YORK, N.Y. 10021  
 (212) 628-2599

628 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

984 NORTH BROADWAY  
 SUITE # L4 YONKERS, N.Y. 10701  
 (914) 376-2186

REPORT DATE  
 05/03/00

PATIENT NUMBER  
 F1876881  
 2-0105

DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

DATE/TIME DRAWN  
 04/27/00  
 12:00 N

DATE/TIME RECEIVED  
 05/02/00  
 12:42PM

PATIENT  
 NO. NAME ✓ B  
 ED 99 0835  
 OLSON  
 KRESS

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	***** ***** *****						
				SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****					
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	139.8		MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

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 END OF REPORT QC 3

OHIO STATE MEDICAL BOARD  
 MAY - 8 2000

GEORGE W. TEEBOR,  
 DIRECTOR

F5/s/00



MEDICAL LABORATORIES

QC 5 Tues

OHIO MEDICAL

MAY 23 2000

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Dept)  
 628 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Dept)

05  
 NEW YORK, N.Y. 10003  
 (212) 234-2300  
 310 EAST 85th STREET (COLLECTION D  
 NEW YORK, N.Y. 10021  
 (212) 628-2599  
 984 NORTH BROADWAY (COLLECTION D  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 376-2166

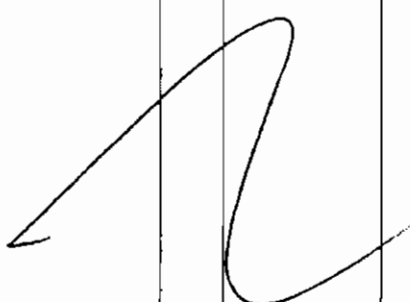
REPORT DATE  
 05/22/00  
 PATIENT NUMBER  
 F1898486  
 19-0110

DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

DATE/TIME DRAWN  
 05/16/00  
 01:30PM  
 DATE/TIME RECEIVED  
 05/19/00  
 09:26PM

PATIENT  
 NO. NAME *VB*  
 ED 99 0835  
 OLSON  
*KRESS*

TEST	ABN	RESULT	UNITS	REF RANGE
*****				
FORENSIC WORK-PLACE DRUG TEST		TOXICOLOGY NEGATIVE		***** ***** ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****
METHADONE, EMIT		NEG	NG/ML	300
OPIATES, EMIT		NEG	NG/ML	300
COCAINE, EMIT		NEG	NG/ML	300
BARBS, EMIT		NEG	NG/ML	200
BENZO, EMIT		NEG	NG/ML	300
DARVON, EMIT		NEG	NG/ML	300
PCP, EMIT		NEG	NG/ML	25
AMPHET, EMIT		NEG	NG/ML	1000
THC, EMIT		NEG	NG/ML	100
ALCOHOL, UR FOR		NEG	MG/DL	50
CREATININE URN		138.4	MG/DL	30 - 350
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL				

TEST	ABN	RESULT	UNITS	REF RAN
				

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
 END OF REPORT

QC 5

GEORGE W. TEEBOR, M.D.  
 DIRECTOR

*F5/23/00*

**MEDICAL LABORATORIES**

QC 14 Thurs

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)

NEW YORK, N.Y. 10003  
 (212) 254-2300

310 EAST 65TH STREET  
 NEW YORK, N.Y. 10021  
 (212) 628-2599

679 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

984 NORTH BROADWAY  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE 05/12/00	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 05/04/00 12:30PM	PATIENT NO. NAME ED 99 0835 OLSON <i>KRESS</i>
PATIENT NUMBER F1885578 9-0102		DATE/TIME RECEIVED 05/09/00 04:12PM	

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	*****	*****					
				SCREENING CUTOFF LEVELS *****					
				CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN *****					
METHADONE, EMIT		NEG	NG/ML	300					
OPIATES, EMIT		NEG	NG/ML	300					
COCAINE, EMIT		NEG	NG/ML	300					
BARBS, EMIT		NEG	NG/ML	200					
BENZO, EMIT		NEG	NG/ML	300					
DARVON, EMIT		NEG	NG/ML	300					
PCP, EMIT		NEG	NG/ML	25					
AMPHET, EMIT		NEG	NG/ML	1000					
THC, EMIT		NEG	NG/ML	100					
ALCOHOL, UR FOR		NEG	MG/DL	50					
CREATININE URN		146.9	MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
 END OF REPORT

QC 14

GEORGE W. TEEBOR,  
 DIRECTOR

*F5/17/00*

**MEDICAL LABORATORIES**

QC 8 Mon

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)  
 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

NEW YORK, N.Y. 10003  
 (212) 254-2300

310 EAST 65TH STREET (COLLECTION DEPO)  
 NEW YORK, N.Y. 10021  
 (212) 628-2599

984 NORTH BROADWAY (COLLECTION DEPO)  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE  
 05/17/00

DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

DATE/TIME DRAWN  
 05/08/00  
 01:30PM

PATIENT  
 NO, NAME *VB*  
 ED 99 0835  
 OLSON  
 KRESS

PATIENT NUMBER  
 F1893435  
 15-1419

DATE/TIME RECEIVED  
 05/15/00  
 08:06PM

AG  
 A

SE  
 M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANG
*****									
FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE		***** ***** ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****					
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN		107.9	MG/DL	30 - 350					
					<i>[Handwritten Signature]</i>				

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 END OF REPORT QC 8

GEORGE W. TEBOR, M.D.  
 DIRECTOR

*F 5/19/00*

MEDICAL LABORATORIES

QC 13 Fri

1727 AMSTERDAM AVENUE  
 (NEW YORK, N.Y. 10031)  
 (Collection Depot)  
 823 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

NEW YORK, N.Y. 10003  
 (212) 234-2300  
 310 EAST 65TH STREET (COLLECTION DEPOT)  
 NEW YORK, N.Y. 10021  
 (212) 628-2599  
 984 NORTH BROADWAY (COLLECTION DEPOT)  
 SUITE # L4 • YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE 05/15/00	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 05/05/00 12:30PM	PATIENT NO, NAME ED 99 0835 OLSON KRESS	AGE A
PATIENT NUMBER F1889011 11-0175		DATE/TIME RECEIVED 05/11/00 02:58PM		SEX M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
*****		TOXICOLOGY	*****						
FORENSIC WORK- PLACE DRUG TEST		NEGATIVE	***** ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****						
METHADONE, EMIT		NEG	NG/ML	300					
OPIATES, EMIT		NEG	NG/ML	300					
COCAINE, EMIT		NEG	NG/ML	300					
BARBS, EMIT		NEG	NG/ML	200					
BENZO, EMIT		NEG	NG/ML	300					
DARVON, EMIT		NEG	NG/ML	300					
PCP, EMIT		NEG	NG/ML	25					
AMPHET, EMIT		NEG	NG/ML	1000					
THC, EMIT		NEG	NG/ML	100					
ALCOHOL, UR FOR CREATININE URN		NEG 125.0	MG/DL MG/DL	50 30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
 END OF REPORT QC 13

GEORGE W. TEBBOR, M.D.  
 DIRECTOR  
 F5/19/00

**MEDICAL LABORATORIES**

QC 15 Tues

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10037  
 (Collection Dept)

629 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Dept)

1111 111th AVENUE (111th STREET),  
 NEW YORK, N.Y. 10003  
 (212) 254-2300

310 EAST 65th STREET (COLLECTION DEPT)  
 NEW YORK, N.Y. 10021  
 (212) 628-2599

384 NORTH BROADWAY (COLLECTION DEPT)  
 SUITE # 14 - YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE 04/26/00	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME CRAWN 04/18/00 06:00PM	PATIENT NO. NAME ✓ ED 99 0835 OLSON KRESS
PATIENT NUMBER F1866696 24-0101		DATE/TIME RECEIVED 04/24/00 05:15PM	

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
*****		TOXICOLOGY	*****		OHIO STATE MEDICAL BOARD APR 26 2000				
FORENSIC WORK- PLACE DRUG TEST		NEGATIVE	*****						
			*****						
			SCREENING CUTOFF LEVELS *****						
			CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN *****						
			*****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG	147.6	MG/DL	50					
			MG/DL	30 - 350					
			SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL						

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 END OF REPORT

QC 15

F4/27/00

MEDICAL LABORATORIES

QC 39 Sun

1727 AMSTERDAM AVENUE  
YORK, N.Y. 10031  
(Collection Dept.)  
649 WEST 185 STREET  
NEW YORK, N.Y. 10033  
(Collection Dept.)

NEW YORK, N.Y. 10003  
(212) 254-2300

310 EAST 65th STREET (COLLECTION DEPT)  
NEW YORK, N.Y. 10021  
(212) 628-2599

884 NORTH BROADWAY (COLLECTION DEPT)  
SUITE # L4 - YONKERS, N.Y. 10701  
(914) 376-2188

REPORT DATE  
04/17/00

PATIENT NUMBER  
F1853202  
12-0226

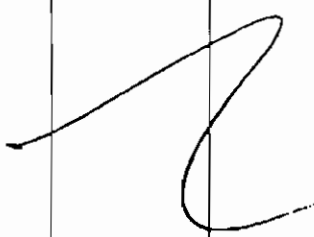
DOCTOR/INSTITUTION  
OHIO PHYSICIANS EFFECT. PROGR.  
445 E. GRANDVILLE RD  
BLDG 'C'  
WORTHINGTON, OH 43085

DATE/TIME DRAWN  
04/02/00  
08:30AM

DATE/TIME RECEIVED  
04/12/00  
06:07AM

PATIENT NO. NAME ✓ B  
ED 99 0835  
OLSON  
KRESS

TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE		***** ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****
METHADONE, EMIT	NEG		NG/ML	300
OPIATES, EMIT	NEG		NG/ML	300
COCAINE, EMIT	NEG		NG/ML	300
BARBS, EMIT	NEG		NG/ML	200
BENZO, EMIT	NEG		NG/ML	300
DARVON, EMIT	NEG		NG/ML	300
PCP, EMIT	NEG		NG/ML	25
AMPHET, EMIT	NEG		NG/ML	1000
THC, EMIT	NEG		NG/ML	100
ALCOHOL, UR FOR CREATININE URN	NEG 68.4		MG/DL MG/DL	50 30 - 350
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL

TEST	ABN	RESULT	UNITS	REF RANG
		OHIO STATE MEDICAL BOARD APR 19 2000		
				

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END OF REPORT QC 39

GEORGE W. TEEBOR, M.D.  
DIRECTOR

5/19/00

**MEDICAL LABORATORIES**

QC 26 Wed

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)  
 629 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

NEW YORK, N.Y. 10003  
 (212) 254-2300  
 310 EAST 65TH STREET (COLL.)  
 NEW YORK, N.Y. 10021  
 (212) 628-2599  
 984 NORTH BROADWAY (COLL.)  
 SUITE # L4 • YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE  
**04/19/00**  
 PATIENT NUMBER  
**F1859844  
 17-1409**

DOCTOR/INSTITUTION  
**OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085**

DATE/TIME DRAWN  
**04/12/00  
 10:30AM**  
 DATE/TIME RECEIVED  
**04/17/00  
 12:03PM**

PATIENT  
**NO. NAME *LB*  
 ED 99 0835  
 OLSON  
*KRESS***

TEST	ABN	RESULT	UNITS	REF RANGE
***** TOXICOLOGY *****				
FORENSIC WORK- PLACE DRUG TEST		NEGATIVE		
***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****				
METHADONE, EMIT	NEG		NG/ML	300
OPIATES, EMIT	NEG		NG/ML	300
COCAINE, EMIT	NEG		NG/ML	300
BARBS, EMIT	NEG		NG/ML	200
BENZO, EMIT	NEG		NG/ML	300
DARVON, EMIT	NEG		NG/ML	300
PCP, EMIT	NEG		NG/ML	25
AMPHET, EMIT	NEG		NG/ML	1000
THC, EMIT	NEG		NG/ML	100
ALCOHOL, UR FOR	NEG		MG/DL	50
CREATININE URN *L	25.2		MG/DL	30 - 350
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL				

TEST	ABN	RESULT	UNITS	REF
NO STATE MEDICAL BOARD APR 19 2000				

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 END OF REPORT QC 26

**GEORGE W. TEEBOR**  
 DIRECTOR

*F4/19/00*

**MEDICAL LABORATORIES**

QC 7 Mon

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)

829 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

NEW YORK, N.Y. 10003  
 (212) 254-2300

310 EAST 65th STREET (COLL.)  
 NEW YORK, N.Y. 10021  
 (212) 828-2599

884 NORTH BROADWAY (COLL.)  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE  
**04/19/00**

PATIENT NUMBER  
**F1858514  
 17-0079**

DOCTOR/INSTITUTION  
**OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON.OH 43085**

DATE/TIME DRAWN  
**04/10/00  
 12:00 N**

DATE/TIME RECEIVED  
**04/17/00  
 01:44AM**

PATIENT  
 NO. NAME **VB**  
**ED 99 0835**  
**OLSON**  
**KRESS**

TEST	ABN	RESULT	UNITS	REF RANGE
***** TOXICOLOGY *****				
FORENSIC WORK- PLACE DRUG TEST		NEGATIVE		
***** SCREENING CUTOFF LEVELS *****				
***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN *****				
METHADONE, EMIT		NEG	NG/ML	300
OPIATES, EMIT		NEG	NG/ML	300
COCAINE, EMIT		NEG	NG/ML	300
BARBS, EMIT		NEG	NG/ML	200
BENZO, EMIT		NEG	NG/ML	300
DARVON, EMIT		NEG	NG/ML	300
PCP, EMIT		NEG	NG/ML	25
AMPHET, EMIT		NEG	NG/ML	1000
THC, EMIT		NEG	NG/ML	100
ALCOHOL, UR FOR		NEG	MG/DL	50
CREATININE URN		141.9	MG/DL	30 - 350
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL				

TEST	ABN	RESULT	UNITS	REF
NO STATE MEDICAL BOARD APR 19 2000				

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
 END OF REPORT

QC 7

GEORGE W. TEEBOR  
 DIRECTOR

F4/19/00



BENDINER & SCHLESINGER INC.

MEDICAL LABORATORIES

QC 12 Thurs

1727 AMSTERDAM AVENUE  
NEW YORK, N.Y. 10031  
(Collection Depot)

310 EAST 65th STREET  
NEW YORK, N.Y. 10021  
(212) 264-2300

629 WEST 185 STREET  
NEW YORK, N.Y. 10033  
(Collection Depot)

310 EAST 65th STREET  
NEW YORK, N.Y. 10021  
(212) 828-2589

984 NORTH BROADWAY  
SUITE # L4 • YONKERS, N.Y. 10710  
(814) 376-2186

REPORT DATE 04/27/00	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085
PATIENT NUMBER F1869956 26-0260	

DATE/TIME DRAWN 04/20/00 05:00PM	PATIENT NO. NAME ED 99 0835 OLSON
DATE/TIME RECEIVED 04/26/00 05:22PM	KRESS

TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	*****	*****
				SCREENING CUTOFF LEVELS *****
				CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN *****
METHADONE, EMIT	NEG		NG/ML	300
OPIATES, EMIT	NEG		NG/ML	300
COCAINE, EMIT	NEG		NG/ML	300
BARBS, EMIT	NEG		NG/ML	200
BENZO, EMIT	NEG		NG/ML	300
DARVON, EMIT	NEG		NG/ML	300
PCP, EMIT	NEG		NG/ML	25
AMPHET, EMIT	NEG		NG/ML	1000
THC, EMIT	NEG		NG/ML	100
ALCOHOL, UR FOR	NEG		MG/DL	50
CREATININE URN	188.0		MG/DL	30 - 350
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL

OHIO STATE MEDICAL BOARD  
MAY - 1 2000

*[Handwritten signature]*

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END OF REPORT

QC 12

GEORGE W. TEEB  
DIRECTOR

F 5/1/00

QC 12 Wed

APR 12 2000

REPORT DATE 04/06/00	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 03/29/00 12:00 N	PATIENT NO. NAME ED 99 0835 OLSON <i>KRESS</i>	AGE AD
PATIENT NUMBER F1843966 5-0115		DATE/TIME RECEIVED 04/05/00 06:48PM		SEX M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** TOXICOLOGY *****									
FORENSIC WORK-PLACE DRUG TEST		NEGATIVE							
***** SCREENING CUTOFF LEVELS *****									
***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN *****									
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG	98.6	MG/DL	50					
			MG/DL	30 - 350					
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL									

*[Handwritten Signature]*

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 END OF REPORT  
 QC 12

GEORGE W. TEEBOR, M.D.  
 DIRECTOR

F4/12/00

MEDICAL LABORATORIES

QC 13 Mon

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)

NEW YORK, N.Y. 10003  
 (212) 254-2300

310 EAST 65th STREET (COLLEC  
 NEW YORK, N.Y. 10021  
 (212) 628-2589

629 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

984 NORTH BROADWAY (COLLEC  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 378-2188

REPORT DATE  
 04/05/00

PATIENT NUMBER  
 F1841141  
 3-0290

DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

DATE/TIME DRAWN  
 03/27/00  
 05:00PM

DATE/TIME RECEIVED  
 04/03/00  
 04:16PM

PAYMENT  
 NO. NAME  
 ED 99 0835  
 OLSON

*VB*  
*KRESS*

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF
*****		TOXICOLOGY		*****					
FORENSIC WORK- PLACE DRUG TEST		NEGATIVE		***** ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****					
METHADONE, EMIT		NEG	NG/ML	300					
OPIATES, EMIT		NEG	NG/ML	300					
COCAINE, EMIT		NEG	NG/ML	300					
BARBS, EMIT		NEG	NG/ML	200					
BENZO, EMIT		NEG	NG/ML	300					
DARVON, EMIT		NEG	NG/ML	300					
PCP, EMIT		NEG	NG/ML	25					
AMPHET, EMIT		NEG	NG/ML	1000					
THC, EMIT		NEG	NG/ML	100					
ALCOHOL, UR FOR		NEG	MG/DL	50					
CREATININE URN		42.4	MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

OHIO STATE MEDICAL BOARD  
 APR - 6 2000

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 END OF REPORT QC 13

GEORGE W. TEEBOR, I  
 DIRECTOR

*F4/6/00*

**MEDICAL LABORATORIES**

QC 1 Fri

1727 ASTORHAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)

NEW YORK, N.Y. 10003  
 (212) 254-2300

310 EAST 65TH STREET (COLLECTION DEPOT)  
 NEW YORK, N.Y. 10021  
 (212) 626-2599

629 WEST 145 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

984 NORTH BROADWAY (COLLECTION DEPOT)  
 SUITE # L4 • YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE  
 04/04/00

DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

DATE/TIME DRAWN  
 03/24/00  
 05:00PM

PATIENT  
 NO. NAME *VB*  
 ED 99 0835  
 OLSON  
*KRESS*

AGE  
 AD  
 SEX  
 M

PATIENT NUMBER  
 F1837965  
 30-0114

DATE/TIME RECEIVED  
 03/30/00  
 02:49PM

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
*****									
FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE		***** ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****					
METHADONE, EMIT		NEG	NG/ML	300					
OPIATES, EMIT		NEG	NG/ML	300					
COCAINE, EMIT		NEG	NG/ML	300					
BARBS, EMIT		NEG	NG/ML	200					
BENZO, EMIT		NEG	NG/ML	300					
DARVON, EMIT		NEG	NG/ML	300					
PCP, EMIT		NEG	NG/ML	25					
AMPHET, EMIT		NEG	NG/ML	1000					
THC, EMIT		NEG	NG/ML	100					
ALCOHOL, UR FOR CREATININE URN		NEG 155.7	MG/DL	50 30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

*[Handwritten Signature]*

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 END OF REPORT QC 1

GEORGE W. TEEBOR, M.D.  
 DIRECTOR  
*F 4/5/00*

**MEDICAL LABORATORIES**

QC 22 Tues

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10021  
 (Collection Depot)

626 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

NEW YORK, N.Y. 10003  
 (212) 254-2300

310 EAST 65th STREET (COLLECTO  
 NEW YORK, N.Y. 10021  
 (212) 626-2599

984 NORTH BROADWAY (COLLECTO  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 376-2186

REPORT DATE  
 03/31/00

PATIENT NUMBER  
 F1835679  
 28-1308

DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

DATE/TIME DRAWN  
 03/21/00  
 05:30PM

DATE/TIME RECEIVED  
 03/28/00  
 12:10PM

PATIENT  
 NO. NAME *VB*  
 ED 99 0835  
 OLSON  
*KRESS*

TEST	ABN	RESULT	UNITS	REF RANGE
***** TOXICOLOGY *****				
FORENSIC WORK- PLACE DRUG TEST		NEGATIVE		
***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****				
METHADONE, EMIT	NEG		NG/ML	300
OPIATES, EMIT	NEG		NG/ML	300
COCAINE, EMIT	NEG		NG/ML	300
BARBS, EMIT	NEG		NG/ML	200
BENZO, EMIT	NEG		NG/ML	300
DARVON, EMIT	NEG		NG/ML	300
PCP, EMIT	NEG		NG/ML	25
AMPHET, EMIT	NEG		NG/ML	1000
THC, EMIT	NEG		NG/ML	100
ALCOHOL, UR FOR	NEG		MG/DL	50
CREATININE URN		147.5	MG/DL	30 - 350
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL				

TEST	ABN	RESULT	UNITS	REF R.
		STATE MEDICAL		
		APR - 4 2000		

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 END OF REPORT QC 22

GEORGE W. TEEBOR, M  
 DIRECTOR

*Fy/4/00*

APR 17 2000

1727 AMSTERDAM AVENUE  
NEW YORK, N.Y. 10031  
(Collection Dept.)  
29 WEST 185 STREET  
NEW YORK, N.Y. 10023  
(Collection Dept.)

NEW YORK, N.Y. 10003  
(212) 264-2300

310 EAST 65th STREET  
NEW YORK, N.Y. 10021  
(212) 428-2699

984 NORTH BROADWAY  
SUITE # L4 - YONKERS, N.Y. 10701  
(914) 976-2166

REPORT DATE  
04/12/00

PATIENT NUMBER  
F1848364  
7-1513

DOCTOR/INSTITUTION  
OHIO PHYSICIANS EFFECT. PROGR.  
445 E. GRANDVILLE RD  
BLDG 'C'  
WORTHINGTON, OH 43085

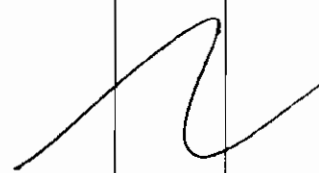
DATE/TIME DRAWN  
03/04/00  
06:00PM

DATE/TIME RECEIVED  
04/07/00  
11:03PM

PATIENT NO. NAME  
ED 99 0835  
OLSON

KRESS

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
*****		TOXICOLOGY	*****						
FORENSIC WORK- PLACE DRUG TEST		NEGATIVE							
				SCREENING CUTOFF LEVELS *****					
				CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN *****					
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG	204.0	MG/DL	50					
			MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					



REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
END OF REPORT

QC 3

GEORGE W. TEEBOR, M.D.  
DIRECTOR

F 4/18/00

REPORT DATE 08/22/00	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 08/15/00 01:30PM	PATIENT NO. NAME ED 99 0835 OLSON  KRESS
PATIENT NUMBER F1994808 21-0317		DATE/TIME RECEIVED 08/21/00 02:44PM	

TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE		***** ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****
METHADONE, EMIT	NEG		NG/ML	300
OPIATES, EMIT	NEG		NG/ML	300
COCAINE, EMIT	NEG		NG/ML	300
BARBS, EMIT	NEG		NG/ML	200
BENZO, EMIT	NEG		NG/ML	300
DARVON, EMIT	NEG		NG/ML	300
PCP, EMIT	NEG		NG/ML	25
AMPHET, EMIT	NEG		NG/ML	1000
THC, EMIT	NEG		NG/ML	100
ALCOHOL, UR FOR	NEG		MG/DL	50
CREATININE URN	80.1		MG/DL	30 - 350
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL

STRONG LABORATORY BOARD  
 2000 AUG 21 P 4: 09



REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
 END OF REPORT

QC 13

F 8/24  
 GEORGE W. TEEBON  
 SCOTT A. HIRSCHMAN, M  
 DIRECTOR

**MEDICAL LABORATORIES**

QC 11 Tues

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)

NEW YORK, N.Y. 10003  
 (212) 254-2300

310 EAST 65TH STREET  
 NEW YORK, N.Y. 10021  
 (212) 628-2599  
 (COLLECTION DEPOT)

629 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

884 NORTH BROADWAY  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 376-2166  
 (COLLECTION DEPOT)

<b>REPORT DATE</b> 08/15/00	<b>DOCTOR/INSTITUTION</b> OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON.OH 43085	<b>DATE/TIME DRAWN</b> 08/08/00 05:30PM	<b>PATIENT NO, NAME</b> ED 99 0835 OLSON <i>LB</i> <b>KRESS</b>	<b>AGE</b> AD
<b>PATIENT NUMBER</b> F1988542 14-0051		<b>DATE/TIME RECEIVED</b> 08/14/00 10:04AM		<b>SEX</b> M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	***** ***** *****						
			SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	97.9		MG/DL	30 - 350					
			SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL						

2001 AUG 15 P 3:16  
 STATE MEDICAL BOARD  
 OF OHIO

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QC 11

**GEORGE W. TEEBOR, M.D.**  
 DIRECTOR

F 8/15/00



**MEDICAL LABORATORIES**

QC 2 Wed

1727 AMSTERDAM AVENUE  
 BROOKLYN, N.Y. 10031  
 (Collection Depot)  
 629 WEST 165 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

NEW YORK, N.Y. 10003  
 (212) 254-2300

310 EAST 65th STREET  
 NEW YORK, N.Y. 10021  
 (212) 628-2599  
 (Collection Depot)

984 NORTH BROADWAY  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 378-2186  
 (Collection Depot)

REPORT DATE  
 08/04/00

PATIENT NUMBER  
 F1978968  
 2-0177

DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

DATE/TIME DRAWN  
 07/26/00

DATE/TIME RECEIVED  
 08/02/00  
 02:25PM

PATIENT NO. NAME  
 ED 99 0835  
 OLSON

LB

KRESS

AGE  
 AC

SEX  
 M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE		***** ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****					
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOMOL. UR FOR CREATININE URN	NEG 53.4		MG/DL	50 30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

STATE MEDICAL BOARD  
 OF OHIO  
 2000 AUG - 8 P 3: 51

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 END OF REPORT

QC 2

GEORGE W. TEEBOR, M.D.  
 DIRECTOR

F 8/8/00

**MEDICAL LABORATORIES**

QC 17 Fri

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)

NEW YORK, N.Y. 10003 (212) 254-2300  
 310 EAST 65th STREET (COLLECTION DEPOT)  
 NEW YORK, N.Y. 10021 (212) 628-2598  
 984 NORTH BROADWAY (COLLECTION DEPOT)  
 SUITE # L4 - YONKERS, N.Y. 10701 (914) 376-2166

REPORT DATE  
 09/18/00

PATIENT NUMBER  
 F2015207  
 14-0735

DOC/OR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

DATE/TIME DRAWN  
 09/08/00  
 12:30PM

DATE/TIME RECEIVED  
 09/14/00  
 05:23PM

PATIENT  
 NO, NAME ✓ B  
 ED 99 0835  
 OLSON  
 KRESS

AGE  
 AD

SEX  
 M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
*****					*****				
FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE							
*****					*****				
SCREENING CUTOFF LEVELS *****									
CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN *****									
*****									
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	70.7		MG/DL	30 - 350					
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL									

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 END OF REPORT QC 17

XXXXXXXXXXXXXXXXXXXX  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR

F9/20/00

**MEDICAL LABORATORIES**

QC 59 Tues

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)

629 WEST 185 STREET  
 NEW YORK, N.Y. 10032  
 (Collection Depot)

NEW YORK, N.Y. 10003  
 (212) 254-2300

310 EAST 65th STREET  
 NEW YORK, N.Y. 10021  
 (212) 628-2589

984 NORTH BROADWAY  
 SUITE # 14 - YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE  
**08/02/00**

PATIENT NUMBER  
**F1976592  
 31-0201**

DOCTOR/INSTITUTION  
**OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085**

DATE/TIME DRAWN  
**07/25/00  
 01:30PM**

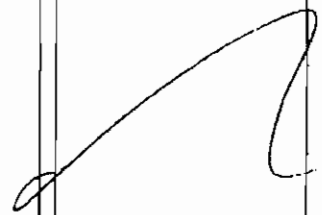
DATE/TIME RECEIVED  
**07/31/00  
 02:16PM**

PATIENT NO. NAME  
**ED 99 0835  
 OLSON**

PATIENT ID  
**KRESS**

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF R
*****									
TOXICOLOGY									
NEGATIVE									
*****									
SCREENING CUTOFF LEVELS									
*****									
CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN									
*****									
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN		116.3	MG/DL	30 - 350					
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL									

2000 AUG - 3 P 2 59  
 STATE MEDICAL BOARD



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QC 59

GEORGE W. TEEBOR, M.D.  
 DIRECTOR

F 8/3/00

**MEDICAL LABORATORIES**

QC 30 Fri

1127 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)  
 629 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

11  
 87 THIRD AVENUE (10 STREET)  
 NEW YORK, N.Y. 10003  
 (212) 254-2300

310 EAST 85th STREET (COLLECTION)  
 NEW YORK, N.Y. 10021  
 (212) 628-2509

384 NORTH BROADWAY (COLLECTION)  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 378-2166

REPORT DATE 08/02/00	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 07/21/00 01:45PM	PATIENT NO, NAME <b>LB</b> ED 99 0835 OLSON
PATIENT NUMBER F1973444 27-0053		DATE/TIME RECEIVED 07/27/00 10:57AM	<b>KRESS</b>

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	***** ***** *****						
		SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****							
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN		155.1	MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

2000 AUG - 2 P 2 59  
 STATE MEDICAL BOARD



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QC 30

GEORGE W. TEEBOR, M.D.  
 DIRECTOR

F8/3/00

**MEDICAL LABORATORIES**

QC 18 Wed

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Dept)

**20**  
 NEW YORK, N.Y. 10013  
 (212) 284-2300

310 EAST 65th STREET (COLLECTION)  
 NEW YORK, N.Y. 10021  
 (212) 628-2599

629 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Dept)

984 NORTH BROADWAY (COLLECTION)  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE  
**07/19/00**

PATIENT NUMBER  
**F1963005  
 18-0113**

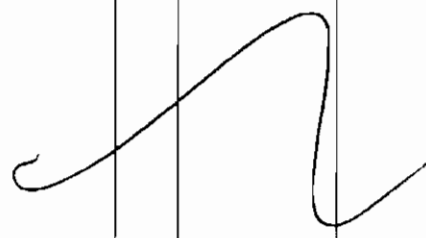
DOCTOR/INSTITUTION  
**OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085**

DATE/TIME DRAWN  
**07/12/00  
 12:30PM**

DATE/TIME RECEIVED  
**07/18/00  
 01:02PM**

PATIENT  
**NO. NAME  
 ED 99 0835  
 OLSON  
 KRESS**

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF R
*****		TOXICOLOGY	*****						
FORENSIC WORK- PLACE DRUG TEST		NEGATIVE							
			*****						
			*****						
			SCREENING CUTOFF LEVELS						
			*****						
			CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN						
			*****						
			*****						
METHADONE, EMIT		NEG	NG/ML	300					
OPIATES, EMIT		NEG	NG/ML	300					
COCAINE, EMIT		NEG	NG/ML	300					
BARBS, EMIT		NEG	NG/ML	200					
BENZO, EMIT		NEG	NG/ML	300					
DARVON, EMIT		NEG	NG/ML	300					
PCP, EMIT		NEG	NG/ML	25					
AMPHET, EMIT		NEG	NG/ML	1000					
THC, EMIT		NEG	NG/ML	100					
ALCOHOL, UR FOR		NEG	MG/DL	50					
CREATININE URN		68.8	MG/DL	30 - 350					
			SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL						



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**GEORGE W. TEEBOR, M.D.**  
 DIRECTOR

07/25/00  
JUL 25 2000

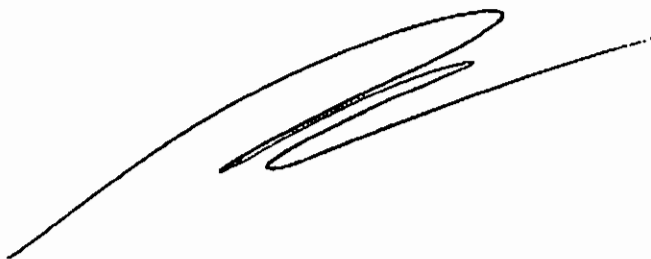
7-25-00

To: Danielle Bickers

Fm: B. Farrier

Re: Tim Kress

Please be advised that contrary to info on status report dated 3-29-00; OPEP initiated random 2/week tox testing on Dr. Kress 2-1-00.

A handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke extending to the right.

1727 AMSTERDAM AVENUE  
NEW YORK, N.Y. 10031  
(Collection Dept)

628 WEST 185 STREET  
NEW YORK, N.Y. 10033  
(Collection Dept)

VB

QC 8 Mon

REPORT DATE 07/25/00 DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR.  
445 E. GRANDVILLE RD  
BLDG 'C'  
WORTHINGTON, OH 43085

DATE/TIME DRAWN 07/17/00 01:30PM PATIENT NO. NAME ED 99 0835  
DATE/TIME RECEIVED 07/20/00 01:33PM OLSON

fress

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RA
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	***** ***** *****						
			SCREENING CUTOFF LEVELS *****						
			CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****						
METHADONE, EMIT		NEG	NG/ML	300					
OPIATES, EMIT		NEG	NG/ML	300					
COCAINE, EMIT		NEG	NG/ML	300					
BARBS, EMIT		NEG	NG/ML	200					
BENZO, EMIT		NEG	NG/ML	300					
DARVON, EMIT		NEG	NG/ML	300					
PCP, EMIT		NEG	NG/ML	25					
AMPHET, EMIT		NEG	NG/ML	1000					
THC, EMIT		NEG	NG/ML	100					
ALCOHOL, UR FOR		NEG	MG/DL	50					
CREATININE URN		169.8	MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

STATE MEDICAL BOARD  
OF OHIO  
2000 JUL 32 A 10:46



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END OF REPORT QC 8

F8/1/00

**MEDICAL LABORATORIES**

QC 9 Fri

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)

629 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

NEW YORK, N.Y. 10003  
 (212) 254-2300

310 EAST 65TH STREET (COLLECTION)  
 NEW YORK, N.Y. 10021  
 (212) 828-2899

984 NORTH BROADWAY (COLLECTION)  
 SUITE 4 LA - YORKERS, N.Y. 10701  
 (814) 376-2166

REPORT DATE 07/20/00	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 07/14/00 01:30PM	PATIENT NO. NAME ED 99 0835 OLSON  KRESS
PATIENT NUMBER F1965464 19-1072		DATE/TIME RECEIVED 07/19/00 11:34PM	

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RA
*****									
FORENSIC WORK-PLACE DRUG TEST		TOXICOLOGY NEGATIVE		***** ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****					
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	59.0		MG/DL	30 - 350					
					STATE MEDICAL BOARD OF OHIO 2000 JUL 32 A 10:46				

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 END OF REPORT QC 9

GEORGE W. TEEBOR, M.D.  
 DIRECTOR  
 FS/1/00



1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)  
 829 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

NEW YORK, N.Y. 10003  
 (212) 254-2300

310 EAST 65th STREET  
 NEW YORK, N.Y. 10021  
 (212) 628-2599

884 NORTH BROADWAY  
 SUITE # 1A - YONKERS, N.Y. 10701  
 (914) 376-2186

REPORT DATE 08/09/00	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 08/03/00 06:00PM	PATIENT NO. NAME ✓ B ED 99 0835 OLSON KRESS
PATIENT NUMBER F1983773 8-0182		DATE/TIME RECEIVED 08/08/00 02:15PM	

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF R
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	*****	*****					
			SCREENING CUTOFF LEVELS *****						
			CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN *****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG	58.2	MG/DL	50					
			MG/DL	30 - 350					
			SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL						

STATE MEDICAL BOARD  
 OFFICE  
 2001 AUG 10 P 4:19

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 END OF REPORT

QC 4

GEORGE W. TEEBOR, M  
 DIRECTOR

F8/10/00

**MEDICAL LABORATORIES**

QC 4 Fri

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)

NEW YORK, N.Y. 10003  
 (212) 254-2300

310 EAST 65th STREET  
 NEW YORK, N.Y. 10021  
 (212) 628-2699

304 NORTH BROADWAY  
 SUITE # LA • YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE  
 08/16/00

PATIENT NUMBER  
 F1989790  
 15-0099

DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

DATE/TIME DRAWN  
 08/11/00  
 01:30PM

DATE/TIME RECEIVED  
 08/15/00  
 11:17AM

PATIENT  
 NO. NAME ✓ B  
 ED 99 0835  
 OLSON

KRESS

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF
*****		TOXICOLOGY	*****						
FORENSIC WORK- PLACE DRUG TEST		NEGATIVE							
*****			*****						
*****			*****						
*****			*****						
*****			*****						
*****			*****						
*****			*****						
*****			*****						
*****			*****						
METHADONE, EMIT		NEG	NG/ML	300					
OPIATES, EMIT		NEG	NG/ML	300					
COCAINE, EMIT		NEG	NG/ML	300					
BARBS, EMIT		NEG	NG/ML	200					
BENZO, EMIT		NEG	NG/ML	300					
DARVON, EMIT		NEG	NG/ML	300					
PCP, EMIT		NEG	NG/ML	25					
AMPHET, EMIT		NEG	NG/ML	1000					
THC, EMIT		NEG	NG/ML	100					
ALCOHOL, UR FOR		NEG	MG/DL	50					
CREATININE URN		114.1	MG/DL	30 - 350					
					SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL				

2000 AUG 11 AM 50  
 STATE MEDICAL BOARD

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 END OF REPORT QC 4

GEORGE W. TEEBOR,  
 DIRECTOR

F8/17/00


**MEDICAL LABORATORIES**

QC 6 Tues

17 WEST 105 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Dept U)

NEW YORK, N.Y. 10003  
 (212) 254-2300  
 310 EAST 65th STREET (COLLECTION DEPT)  
 NEW YORK, N.Y. 10021  
 (212) 626-2599  
 984 NORTH BROADWAY (COLLECTION DEPT)  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE 08/08/00	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 08/01/00 01:30PM	PATIENT NO, NAME ED 99 0835 OLSON <b>KRESS</b>	AGE AD
PATIENT NUMBER F1981325 4-0134		DATE/TIME RECEIVED 08/04/00 11:18AM		SEX M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** TOXICOLOGY NEGATIVE ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****					STATE MEDICAL BOARD 2000 AUG - 9 P 4: 28 				
FORENSIC WORK- PLACE DRUG TEST									
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG 87.7		MG/DL	50 30 - 350					
					SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL				

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 END OF REPORT QC 6

GEORGE W. TEEBOR, M.D.  
 DIRECTOR  
 F 8/9/00



**OHIO  
PHYSICIANS  
EFFECTIVENESS  
PROGRAM**

**STATE MEDICAL BOARD  
JUL 24 2000**

**FAX FAX FAX**

**BOARD OF TRUSTEES**

**DANIELLE BICKERS**

**OFFICERS:**

**TO: 614-728-5946**

**PRESIDENT  
MEDICAL DIRECTOR  
Robert C. Erwin, Jr., D.O.  
Medical Director  
Med Center One  
Sweetsboro, Ohio**

**DATE: 7-24**

**VICE-PRESIDENT  
David D. Goldberg, D.O.  
Senior Vice President  
Medical Affairs  
Grandview Medical Center  
Dayton, Ohio**

**FROM: [Signature]**

**SECRETARY/TREASURER  
Melvin Creeley, FACHE  
President & CEO  
East Liverpool City Hospital  
East Liverpool, Ohio**

**# OF PAGES INCLUDING COVER PAGE**

**2**

**DIRECTORS:**

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Chairman of the Board  
Harding Hospital  
Worthington, Ohio**

**Molly A. Katz, M.D.  
Academy of Medicine of Cincinnati  
Cincinnati, Ohio**

**CONFIDENTIAL INFORMATION**

**Martin Macklin, M.D., Ph.D.  
Vice President for Medical Affairs  
UHHS Geauga Regional Hospital  
Chardon, Ohio**

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**Robert K. Rupp, J.D.  
Partner  
Baker & Hostetler  
Counselors at Law  
Columbus, Ohio**

**Stanley G. Saizera, M.D., FASAM  
Vice President  
System Medical Affairs  
Mount Carmel Health System  
Columbus, Ohio**

**Thank you for your attention to this matter and for respecting this privacy of this communication.**

**Timothy O. Wicchers, J.D.  
President/C.O.O.  
OHIC Insurance Company  
Columbus, Ohio**

**Ransome R. Williams, M.D.  
Family Practitioner, Ret.  
Columbus, Ohio**

STATE MEDICAL BOARD  
JUL 24 2000

7-24-00

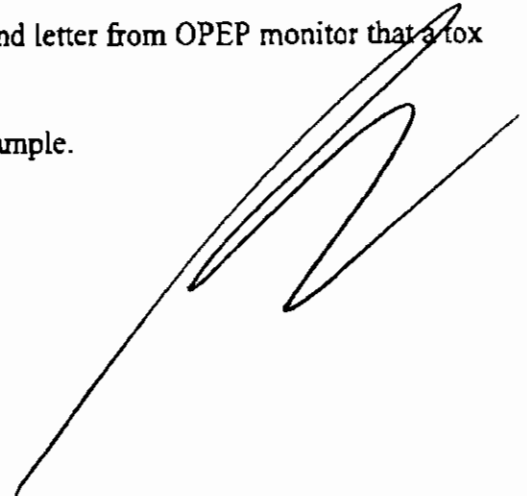
To: Danielle Bickers

Fm: B. Farrier

Re: Tim Kress

We have copy of chain of custody sheet and letter from OPEP monitor that a tox sample was collected and mailed 4-4-00.

We have been unable to track results of sample.

A large, stylized handwritten signature in black ink, consisting of several overlapping loops and a long horizontal stroke extending to the left.

**MEDICAL LABOR. DRIES**

QC 8 Fri

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)  
 629 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

NEW YORK, N.Y. 10005  
 (212) 254-2100

310 EAST 65TH STREET (COLLECTION DEPT)  
 NEW YORK, N.Y. 10021  
 (212) 828-2599

984 NORTH BROADWAY (COLLECTION DEPT)  
 SUITE # LA - YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE  
 07/13/00

PATIENT NUMBER  
 F1956945  
 12-0053

DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

DATE/TIME DRAWN  
 07/07/00  
 06:30PM

DATE/TIME RECEIVED  
 07/12/00  
 10:38AM

PATIENT NO. NAME  
 ED 99 0835  
 OLSON

*VB*

*KRESS*

AG  
 AI

SE  
 M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	***** ***** *****						
			SCREENING CUTOFF LEVELS *****						
			CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	100.6		MG/DL	30 - 350					
			SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL						

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
 END OF REPORT

QC 8

GEORGE W. TEEBOR, M.D.  
 DIRECTOR

*F 7/17/00*

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 829 WEST 185 STREET  
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 (Collection Depot)

NEW YORK, N.Y. 10003  
 (212) 254-2300  
 310 EAST 65TH STREET (COLLECTION DEPT)  
 NEW YORK, N.Y. 10021  
 (212) 628-2599  
 844 NORTH BROADWAY (COLLECTION DEPT)  
 SUITE # 1A - YONKERS, N.Y. 10701  
 (914) 376-2166

<b>REPORT DATE</b> 07/12/00	<b>DOCTOR/INSTITUTION</b> OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	<b>DATE/TIME DRAWN</b> 07/05/00 12:30PM	<b>PATIENT NO., NAME</b> ✓ B ED 99 0835 OLSON	<b>AC</b> A
<b>PATIENT NUMBER</b> F1954612 10-0720		<b>DATE/TIME RECEIVED</b> 07/10/00 04:59PM	<b>KRESS</b>	<b>SE</b> M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANG
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	*****						
			*****						
			*****						
			SCREENING CUTOFF LEVELS						
			*****						
			CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN						
			*****						
			*****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FDR	NEG		MG/DL	50					
CREATININE URN		158.8	MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

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QC 15

**GEORGE W. TEEBOR, M.D.**  
 DIRECTOR

F 7/17/00

MEDICAL LABORATORIES

**STATE MEDICAL BOARD**  
 QC 13 Tues JUL - 7 2000

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NEW YORK, N.Y. 10003  
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 NEW YORK, N.Y. 10021  
 (212) 828-2599

984 NORTH BROADWAY (COLLECTION DEPT)  
 SUITE # L4 • YONKERS, N.Y. 10701  
 (914) 378-2188

REPORT DATE 07/05/00	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 06/27/00 01:30PM	PATIENT NO, NAME ED 99 0835 OLSON <i>KRESS</i>
PATIENT NUMBER F1948204 3-0156		DATE/TIME RECEIVED 07/03/00 02:24PM	

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RAN
*****		TOXICOLOGY	*****						
FORENSIC WORK-PLACE DRUG TEST		NEGATIVE	*****						
			SCREENING CUTOFF LEVELS						
			*****						
			CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN						
			*****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG	56.9	MG/DL	50					
			MG/DL	30 - 350					
			SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL						

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 END OF REPORT QC 13

GEORGE W. TEEBOR, M.D.  
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*F 7/7/00*



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 (212) 254-2300

310 EAST 85th STREET (COLLECTION DE  
 NEW YORK, N.Y. 10021  
 (212) 628-2589

344 NORTH BROADWAY (COLLECTION DE  
 SUITE # 14 - YONKERS, N.Y. 10701  
 (914) 376-2188

**MEDICAL LABORATORIES**

**STATE MEDICAL BOARD**

QC 4 Thurs **JUL - 7 2000**

REPORT DATE <b>07/06/00</b>	DOCTOR/INSTITUTION <b>OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085</b>	DATE/TIME DRAWN <b>06/29/00 01:45PM</b>	PATIENT <b>NO. NAME ✓ B ED 99 0835 OLSON KRESS</b>
PATIENT NUMBER <b>F1949726 5-0178</b>		DATE/TIME RECEIVED <b>07/05/00 02:43PM</b>	

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
<p>*****  <b>TOXICOLOGY</b>                  *****  <b>NEGATIVE</b>                  *****                  SCREENING                  CUTOFF LEVELS                  *****                  CHAIN OF                  CUSTODY                  MAINTAINED                  FOR SPECIMEN                  *****                  *****</p>									
FORENSIC WORK- PLACE DRUG TEST									
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	30.5		MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

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QC 4

**GEORGE W. TEEBOR, M.D.**  
 DIRECTOR

*F 7/7/00*

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QC 5 Fri

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628 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Dept)

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 NEW YORK, N.Y. 10021  
 (212) 628-2599

384 NORTH BROADWAY (COLLECT)  
 SUITE # L4 • YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE  
**06/29/00**

PATIENT NUMBER  
**F1942168**  
**27-0120**

DOCTOR/INSTITUTION  
**OHIO PHYSICIANS EFFECT. PROGR.**  
**445 E. GRANDVILLE RD**  
**BLDG 'C'**  
**WORTHINGTON, OH 43085**

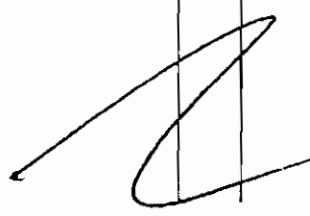
DATE/TIME DRAWN  
**06/23/00**  
**11:00AM**

DATE/TIME RECEIVED  
**06/27/00**  
**02:49PM**

PATIENT  
**NO. NAME** *VB*  
**ED 99 0835**  
**OLSON**  
*KRESS*

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF R
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE		***** ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****					
METHADONE, EMIT		NEG	NG/ML	300					
OPIATES, EMIT		NEG	NG/ML	300					
COCAINE, EMIT		NEG	NG/ML	300					
BARBS, EMIT		NEG	NG/ML	200					
BENZO, EMIT		NEG	NG/ML	300					
DARVON, EMIT		NEG	NG/ML	300					
PCP, EMIT		NEG	NG/ML	25					
AMPHET, EMIT		NEG	NG/ML	1000					
THC, EMIT		NEG	NG/ML	100					
ALCOHOL, UR FOR		NEG	MG/DL	50					
CREATININE URN		167.5	MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

**STATE MEDICAL BOARD**  
**JUL - 5 2000**



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 END OF REPORT QC 5

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*F 7/5/00*

**MEDICAL LABORATORIES**

QC 10 Sat

1777 AMSTERDAM AVENUE  
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629 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

06  
 1110 AVENUE (TO SIMPSON)  
 NEW YORK, N.Y. 10003  
 (212) 254-2300

370 EAST 65TH STREET (COLLECTOR)  
 NEW YORK, N.Y. 10021  
 (212) 826-2599

984 NORTH BROADWAY (COLLECTOR)  
 SUITE # L4 YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE  
**06/29/00**

PATIENT NUMBER  
**F1942217  
 27-0169**

DOCTOR/INSTITUTION  
**OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085**

DATE/TIME DRAWN  
**06/24/00  
 12:00 N**

DATE/TIME RECEIVED  
**06/27/00  
 01:44PM**

PATIENT NO. NAME **VB**  
**ED 99 0835  
 OLSON**

**KRESS**

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF R
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE		***** ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****					
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	123.3		MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

**STATE MEDICAL BOARD  
 JUL - 5 2000**



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**GEORGE W. TEEBOR, M.D.**  
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 F 7/5/00

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QC 9 Tues

1727 AMSTERDAM AVENUE  
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 (212) 254-2300  
 310 EAST 65TH STREET  
 NEW YORK, N.Y. 10021  
 (212) 628-2589  
 984 NORTH BROADWAY  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE 09/13/00	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 09/05/00 05:30PM	PATIENT NO. NAME <i>VB</i> ED 99 0835 OLSON	AGE AI
PATIENT NUMBER F2011139 11-0267		DATE/TIME RECEIVED 09/11/00 02:16PM	<i>KRESS</i>	SEX M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
*****		TOXICOLOGY	*****						
FORENSIC WORK- PLACE DRUG TEST		NEGATIVE	*****						
			*****						
			SCREENING						
			CUTOFF LEVELS						
			*****						
			CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN						
			*****						
			*****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN		109.6	MG/DL	30 - 350					
			SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL						

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 END OF REPORT QC 9

F9/19/00  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR

**MEDICAL LABORATORIES**

QC 3 Thurs

1721 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Dept)  
 629 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Dept)

NEW YORK, N.Y. 10003  
 (212) 254-2300  
 310 EAST 85TH STREET  
 NEW YORK, N.Y. 10021  
 (212) 628-2599  
 384 NORTH BROADWAY  
 SUITE 8 L4 - YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE 09/11/00	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON.OH 43085	DATE/TIME DRAWN 08/31/00 01:30PM	PATIENT NO. NAME ✓B ED 99 0835 OLSON KRESS
PATIENT NUMBER F2008866 7-0214		DATE/TIME RECEIVED 09/07/00 01:33PM	

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** TOXICOLOGY *****									
FORENSIC WORK- PLACE DRUG TEST		NEGATIVE							
***** SCREENING CUTOFF LEVELS *****									
***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN *****									
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN		138.0	MG/DL	30 - 350					
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL									

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GEORGE W. TERPOT, M.D.  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR  
 F9/14/00

**MEDICAL LABORATORIES**

QC 23 Fri

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 229 WEST 185 STREET  
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 (Collection Depot)

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 NEW YORK, N.Y. 10021  
 (212) 628-2599

944 NORTH BROADWAY (COLLECTION DE  
 SUITE # L4 • YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE  
 08/28/00  
 PATIENT NUMBER  
 F1999335  
 25-0044

DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

DATE/TIME DRAWN  
 08/18/00  
 01:45PM  
 DATE/TIME RECEIVED  
 08/25/00  
 10:36AM

PATIENT  
 NO, NAME **VB**  
 ED 99 0835  
 OLSON  
**KRESS**

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** TOXICOLOGY NEGATIVE *****									
FORENSIC WORK- PLACE DRUG TEST									
SCREENING CUTOFF LEVELS *****									
CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN *****									
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN		160.6	MG/DL	30 - 350					
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL									

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GEORGE W. TEEBOR, M.D.  
 \*\*\*\*\*  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR  
 F 8/30/00

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 (Collection Depot)

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 NEW YORK, N.Y. 10021  
 (212) 628-3599  
 (Collection Depot)

894 NORTH BROADWAY  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 378-2166  
 (Collection Depot)

REPORT DATE <b>08/30/00</b>
PATIENT NUMBER <b>F2001028 28-0537</b>

DOCTOR/INSTITUTION <b>OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085</b>
---

DATE/TIME DRAWN <b>08/23/00 01:00PM</b>
DATE/TIME RECEIVED <b>08/28/00 08:08PM</b>

PATIENT NO. NAME <b>ED 99 0835 OLSON</b>
<b>KRESS</b>

AGE <b>AC</b>
SEX <b>M</b>

TEST	ABN	RESULT	UNITS	REF RANGE
*****				
FORENSIC WORK-PLACE DRUG TEST		TOXICOLOGY NEGATIVE		*****
*****				
SCREENING CUTOFF LEVELS				
*****				
CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN				
*****				
METHADONE, EMIT		NEG	NG/ML	300
OPIATES, EMIT		NEG	NG/ML	300
COCAINE, EMIT		NEG	NG/ML	300
BARBS, EMIT		NEG	NG/ML	200
BENZO, EMIT		NEG	NG/ML	300
DARVON, EMIT		NEG	NG/ML	300
PCP, EMIT		NEG	NG/ML	25
AMPHET, EMIT		NEG	NG/ML	1000
THC, EMIT		NEG	NG/ML	100
ALCOHOL, UR FOR		NEG	MG/DL	50
CREATININE URN		131.4	MG/DL	30 - 350
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL				

TEST	ABN	RESULT	UNITS	REF RANGE
2003 AUG 31 11:18 8 11 18 AM '00 8 11 18 AM '00				

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
 END OF REPORT

QC 13

F 8/31/00

XXXXXXXXXXXXXXXXXXXX  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR

**MEDICAL LABORATORIES**

QC 22 Thurs

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10033  
 (Collection Depot)  
 629 WEST 145 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

015,  
 NEW YORK, N.Y. 10003  
 (212) 254-2300  
 310 EAST 85th STREET (COLLECTION DE  
 NEW YORK, N.Y. 10021  
 (212) 628-2589  
 884 NORTH BROADWAY (COLLECTION DE  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 378-2168

REPORT DATE  
 10/03/00  
 PATIENT NUMBER  
 F2024730  
 26-0298

DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

DATE/TIME DRAWN  
 09/21/00  
 01:30PM  
 DATE/TIME RECEIVED  
 09/26/00  
 02:49PM

PATIENT  
 NO. NAME *LB*  
 ED 99 0835  
 OLSON  
*Fress*

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
*****									
FORENSIC WORK-PLACE DRUG TEST		TOXICOLOGY NEGATIVE		***** ***** ***** ***** ***** ***** ***** ***** ***** *****					
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	93.8		MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
 END OF REPORT

QC 22

*F10/5/00*

GEORGE W. TEBBORS, M.D.  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR



QC 16 Fri

REPORT DATE  
10/03/00  
PATIENT NUMBER  
F2024547  
26-0115

DOCTOR/INSTITUTION  
OHIO PHYSICIANS EFFECT. PROGR.  
445 E. GRANDVILLE RD  
BLDG 'C'  
WORTHINGTON, OH 43085

DATE/TIME DRAWN  
09/22/00  
05:30PM  
DATE/TIME RECEIVED  
09/26/00  
11:00AM

PATIENT  
NO, NAME ✓ B  
ED 99 0835  
OLSON  
Kress

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	***** ***** *****						
			SCREENING CUTOFF LEVELS *****						
			CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	92.4		MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
END OF REPORT QC 16

*EP*

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
SCOTT A. HIRSCHMAN, M.D.  
DIRECTOR

*F 16/5/00*

**MEDICAL LABORATORIES**

QC 59 Tues

AMSTERDAM AVENUE NEW YORK, N.Y. 10001 (Collection Depot)  
 NEW YORK, N.Y. 10003 (212) 264-2300  
 310 EAST 85th STREET NEW YORK, N.Y. 10021 (Collection DE) (212) 628-2599  
 629 WEST 185 STREET NEW YORK, N.Y. 10033 (Collection Depot)  
 864 NORTH BROADWAY NEW YORK, N.Y. 10701 (Collection DE) SUITE 4 L4 - YONKERS, N.Y. 10781 (914) 376-2168

REPORT DATE  
 10/03/00  
 PATIENT NUMBER  
 F2030324  
 2-0212

DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

DATE/TIME DRAWN  
 09/26/00  
 05:30PM  
 DATE/TIME RECEIVED  
 10/02/00  
 02:41PM

PATIENT  
 NO. NAME ✓ B  
 ED 99 0835  
 OLSON  
 Kress

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RAN
***** TOXICOLOGY *****									
FORENSIC WORK-PLACE DRUG TEST		NEGATIVE			***** SCREENING CUTOFF LEVELS *****				
					***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN *****				
METHADONE, EMIT		NEG	NG/ML	300					
OPIATES, EMIT		NEG	NG/ML	300					
COCAINE, EMIT		NEG	NG/ML	300					
BARBS, EMIT		NEG	NG/ML	200					
BENZO, EMIT		NEG	NG/ML	300					
DARVON, EMIT		NEG	NG/ML	300					
PCP, EMIT		NEG	NG/ML	25					
AMPHET, EMIT		NEG	NG/ML	1000					
THC, EMIT		NEG	NG/ML	100					
ALCOHOL, UR FOR		NEG	MG/DL	50					
CREATININE URN	*L	28.0	MG/DL	30 - 350					
					SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL				

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
 END OF REPORT QC 59

GEORGE W. ZEEB, M.D.  
 \*\*\*\*\*  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR  
 F10/5/00

MEDICAL LABORATORIES

QC 21 Mon

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)  
 629 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

08  
 NEW YORK, N.Y. 10003  
 (212) 254-2300  
 310 EAST 65th STREET (COLLECTIC  
 NEW YORK, N.Y. 10021  
 (212) 828-2699  
 984 NORTH BROADWAY (COLLECTIC  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE 10/10/00	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 10/02/00 01:30PM	PATIENT NO. NAME <i>VB</i> ED 99 0835 OLSON <i>KRESS</i>
PATIENT NUMBER F2035053 6-0141		DATE/TIME RECEIVED 10/06/00 01:12PM	

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF R
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE		***** ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****			STATE MEDICAL BOARD OCT 12 2000		
METHADONE, EMIT		NEG	NG/ML	300					
OPIATES, EMIT		NEG	NG/ML	300					
COCAINE, EMIT		NEG	NG/ML	300					
BARBS, EMIT		NEG	NG/ML	200					
BENZO, EMIT		NEG	NG/ML	300					
DARVON, EMIT		NEG	NG/ML	300					
PCP, EMIT		NEG	NG/ML	25					
AMPHET, EMIT		NEG	NG/ML	1000					
THC, EMIT		NEG	NG/ML	100					
ALCOHOL, UR FOR		NEG	MG/DL	50					
CREATININE URN		110.6	MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
 END OF REPORT QC 21

*F 10/12/00*  
 GEORGE W. JEFFORD, M.D.  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR

**MEDICAL LABORATORIES**

QC 7 Fri

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Dept)  
 829 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Dept)

31  
 NEW YORK, N.Y. 10003  
 (212) 254-2300

310 EAST 85th STREET (COLLECTIVE)  
 NEW YORK, N.Y. 10021  
 (212) 628-2599

984 NORTH BROADWAY (COLLECTIVE)  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (814) 376-2166

REPORT DATE  
 10/04/00

PATIENT NUMBER  
 F2031481  
 3-0169

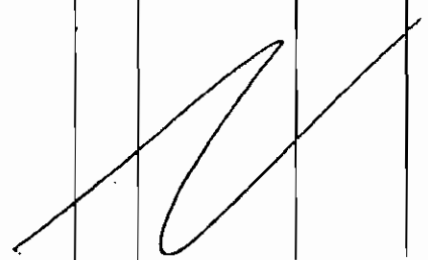
DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

DATE/TIME DRAWN  
 09/29/00  
 08:00PM

DATE/TIME RECEIVED  
 10/03/00  
 01:04PM

PATIENT NO. NAME ✓  
 ED 99 0835  
 OLSON  
 KRESS

TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE		***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****
METHADONE, EMIT	NEG		NG/ML	300
OPIATES, EMIT	NEG		NG/ML	300
COCAINE, EMIT	NEG		NG/ML	300
BARBS, EMIT	NEG		NG/ML	200
BENZO, EMIT	NEG		NG/ML	300
DARVON, EMIT	NEG		NG/ML	300
PCP, EMIT	NEG		NG/ML	25
AMPHET, EMIT	NEG		NG/ML	1000
THC, EMIT	NEG		NG/ML	100
ALCOHOL, UR FOR	NEG		MG/DL	50
CREATININE URN	67.1		MG/DL	30 - 350
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL

TEST	ABN	RESULT	UNITS	REF R
STATE MEDICAL BOARD OCT 12 2000				
				

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
 END OF REPORT

QC 7

GEORGE W. TEBBON, M.D.  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR

F10/12/02

**MEDICAL LABORATORIES**

QC 26 Tues

1227 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)  
 629 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

NEW YORK, N.Y. 10003  
 (212) 254-2300

310 EAST 85th STREET (COLLECTION DE  
 NEW YORK, N.Y. 10021  
 (212) 628-2599

884 NORTH BROADWAY (COLLECTION DE  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE  
 09/21/00

PATIENT NUMBER  
 F2019510  
 19-1138

DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

DATE/TIME DRAWN  
 09/19/00  
 02:15PM

DATE/TIME RECEIVED  
 09/19/00  
 10:55PM

PATIENT NO. NAME  
 ED 99 0835  
 OLSON

*LB*

**KRESS**

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RAN
*****									
FORENSIC WORK-PLACE DRUG TEST		TOXICOLOGY NEGATIVE							
				SCREENING CUTOFF LEVELS					
				CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN					
				*****					
METHADONE, EMIT		NEG	NG/ML	300					
OPIATES, EMIT		NEG	NG/ML	300					
COCAINE, EMIT		NEG	NG/ML	300					
BARBS, EMIT		NEG	NG/ML	200					
BENZO, EMIT		NEG	NG/ML	300					
DARVON, EMIT		NEG	NG/ML	300					
PCP, EMIT		NEG	NG/ML	25					
AMPHET, EMIT		NEG	NG/ML	1000					
THC, EMIT		NEG	NG/ML	100					
ALCOHOL, UR FOR		NEG	MG/DL	50					
CREATININE URN		165.2	MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
 END OF REPORT QC 26

*F9/25/00*

GEORGE W. TEEBOR, M.D.  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR

**MEDICAL LABORATORIES**

QC 9 Tues

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Dept)  
 22 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Dept)

05  
 NEW YORK, N.Y. 10003  
 (212) 254-2300  
 310 EAST 55TH STREET (COLLECTION DE  
 NEW YORK, N.Y. 10021  
 (212) 626-2599  
 884 NORTH BROADWAY (COLLECTION DE  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (814) 376-2166

REPORT DATE  
 09/21/00  
 PATIENT NUMBER  
 F2018001  
 18-0889

DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

DATE/TIME DRAWN  
 09/12/00  
 06:00PM  
 DATE/TIME RECEIVED  
 09/18/00  
 09:13PM

PATIENT  
 NO. NAME ✓B  
 ED 99 0835  
 OLSON  
 KRESS

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
*****		TOXICOLOGY	*****						
FORENSIC WORK- PLACE DRUG TEST		NEGATIVE	*****						
			*****						
			SCREENING CUTOFF LEVELS						
			*****						
			CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN						
			*****						
			*****						
METHADONE, EMIT		NEG	NG/ML	300					
OPIATES, EMIT		NEG	NG/ML	300					
COCAINE, EMIT		NEG	NG/ML	300					
BARBS, EMIT		NEG	NG/ML	200					
BENZO, EMIT		NEG	NG/ML	300					
DARVON, EMIT		NEG	NG/ML	300					
PCP, EMIT		NEG	NG/ML	25					
AMPHET, EMIT		NEG	NG/ML	1000					
THC, EMIT		NEG	NG/ML	100					
ALCOHOL, UR FOR CREATININE URN		NEG	MG/DL	50					
		122.2	MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
 END OF REPORT QC 9

*[Handwritten Signature]*

XXXXXXXXXXXXXXXXXXXX  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR

F9/25/00

**MEDICAL LABORATORIES**

QC 7 Tues

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Dept)

628 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Dept)

NEW YORK, N.Y. 10003  
 (212) 254-2300

310 EAST 85TH STREET (COLLECT)  
 NEW YORK, N.Y. 10021  
 (212) 828-2589

984 NORTH BROADWAY (COLLECT)  
 SUITE # L4 • YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE  
**09/08/00**

PATIENT NUMBER  
**F2006554  
 5-0182**

DOCTOR/INSTITUTION  
**OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085**

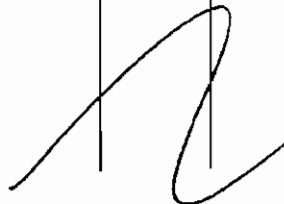
DATE/TIME DRAWN  
**08/29/00  
 06:00PM**

DATE/TIME RECEIVED  
**09/05/00  
 01:21PM**

PATIENT  
**NO, NAME ✓ B  
 ED 99 0835  
 OLSON  
 KRESS**

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF F
*****									
FORENSIC WORK-PLACE DRUG TEST		TOXICOLOGY NEGATIVE							
*****									
SCREENING CUTOFF LEVELS									
*****									
CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN									
*****									
METHADONE, EMIT		NEG	NG/ML	300					
OPIATES, EMIT		NEG	NG/ML	300					
COCAINE, EMIT		NEG	NG/ML	300					
BARBS, EMIT		NEG	NG/ML	200					
BENZO, EMIT		NEG	NG/ML	300					
DARVON, EMIT		NEG	NG/ML	300					
PCP, EMIT		NEG	NG/ML	25					
AMPHET, EMIT		NEG	NG/ML	1000					
THC, EMIT		NEG	NG/ML	100					
ALCOHOL, UR FOR CREATININE URN		NEG 70.5	MG/DL MG/DL	50 30 - 350					
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL									

67  
 11 P 1:51  
 BOARD



REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
 END OF REPORT

QC 7

XXXXXXXXXXXXXXXXXXXX  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR

F 9/11/00

**MEDICAL LABORATORIES**

QC 6 Fri

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)  
 829 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

NEW YORK, N.Y. 10003  
 (212) 254-2300  
 310 EAST 65th STREET  
 NEW YORK, N.Y. 10021  
 (212) 428-2599  
 984 NORTH BROADWAY  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 378-2168

REPORT DATE 09/01/00	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 08/25/00 08:30AM	PATIENT NO., NAME ED 99 0835 OLSON  KRESS	AGE AD
PATIENT NUMBER F2003579 30-0687		DATE/TIME RECEIVED 08/30/00 09:18PM		SEX M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	***** ***** ***** *****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG 104.9		MG/DL MG/DL	50 30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

*EP*

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
 END OF REPORT QC 6

GEORGE W. JEFFORD, M.D.  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR

F9/9/00



**MEDICAL LABORATORIES**

QC 19 Wed

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)

NEW YORK, N.Y. 10003  
 (212) 254-2300

310 EAST 65th STREET (COLLECT)  
 NEW YORK, N.Y. 10021  
 (212) 628-2588

679 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

984 NORTH BROADWAY (COLLECT)  
 SUITE # L4 • YONKERS, N.Y. 10701  
 (914) 378-2168

REPORT DATE  
**10/24/00**

PATIENT NUMBER  
**F2048424**  
**23-0492**

DOCTOR/INSTITUTION  
**OHIO PHYSICIANS EFFECT. PROGR.**  
**445 E. GRANDVILLE RD**  
**BLDG 'C'**  
**WORTHINGTON, OH 43085**

DATE/TIME DRAWN  
**10/18/00**  
**12:30PM**

DATE/TIME RECEIVED  
**10/23/00**  
**07:25PM**

PATIENT  
**NO. NAME** **VB**  
**ED 99 0835**  
**OLSON**  
**KRESS**

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF I
*****									
TOXICOLOGY									
NEGATIVE									
*****									
SCREENING									
CUTOFF LEVELS									
*****									
CHAIN OF									
CUSTODY									
MAINTAINED									
FOR SPECIMEN									
*****									
*****									
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	92.9		MG/DL	30 - 350					
SPECIMEN MAY									
BE ADULTERATED									
IF < 20 MG/DL									

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
 END OF REPORT QC 19

GEORGE W. TEBBES, JR.  
 DIRECTOR  
 SCOTT A. HIRSCHMAN, R.  
 DIRECTOR

F10/27/00

**MEDICAL LABORATORIES**

QC 4 Fri

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)

NEW YORK, N.Y. 10003  
 (212) 254-2300

628 WEST 185 STREET  
 NEW YORK, N.Y. 10013  
 (Collection Depot)

310 EAST 85th STREET (COLLECT)  
 NEW YORK, N.Y. 10021  
 (212) 628-2599

984 NORTH BROADWAY (COLLECT)  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE 10/24/00	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 10/13/00 01:30PM	PATIENT NO, NAME ED 99 0835 OLSON KRESS
PATIENT NUMBER F2046737 20-0065		DATE/TIME RECEIVED 10/20/00 01:49PM	

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF R
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	*****	*****					
			SCREENING CUTOFF LEVELS *****						
			CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN *****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN		121.6	MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

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 END OF REPORT QC 4

GEORGE W. TEEBOR, M.D.  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR

F10/27/00

**MEDICAL LAB. TORIES**

QC 20 Sat

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Dept)

629 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Dept)

NEW YORK, N.Y. 10003  
 (212) 254-2300

310 EAST 65TH STREET (COLLECTION)  
 NEW YORK, N.Y. 10021  
 (212) 826-2599

944 NORTH BROADWAY (COLLECTION)  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE  
 11/30/00

PATIENT NUMBER  
 F2079929  
 29-0138

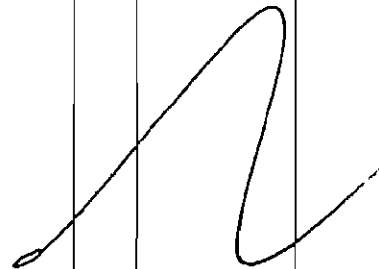
DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

DATE/TIME DRAWN  
 11/25/00  
 04:30PM

DATE/TIME RECEIVED  
 11/29/00  
 01:44PM

PATIENT  
 NO. NAME **VB**  
 ED 99 0835  
 OLSON  
**KRESS**

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RA
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	***** ***** *****						
			SCREENING CUTOFF LEVELS *****						
			CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET. EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	247.0		MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					



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 END OF REPORT QC 20

GEORGE W. JEFFOR, M.F.  
 XXXXXXXXXXXXXXXXXXXXXXX  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR

F-12/4/00

**MEDICAL LABORATORIES**

QC 6 Thurs

1127 AMSTERDAM AVENUE  
 YORK, N.Y. 10031  
 (Collection Dept)  
 629 WEST 185 STREET  
 NEW YORK, N.Y. 10023  
 (Collection Dept)

NEW YORK, N.Y. 10003  
 (212) 254-2300  
 310 EAST 65th STREET  
 NEW YORK, N.Y. 10021  
 (212) 828-2599  
 984 NORTH BROADWAY  
 SUITE # 14 • YONKERS, N.Y. 10781  
 (914) 376-2166

REPORT DATE  
 11/27/00

DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

DATE/TIME DRAWN  
 11/16/00

PATIENT NO. NAME  
 ED 99 0835  
 OLSON  
 KRASS

PATIENT NUMBER  
 F2074328  
 21-0357

DATE/TIME RECEIVED  
 11/21/00  
 09:10PM

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
*****									
FORENSIC WORK-PLACE DRUG TEST		TOXICOLOGY NEGATIVE							
*****									
SCREENING CUTOFF LEVELS									
*****									
CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN									
*****									
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN		66.7	MG/DL	30 - 350					
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL									

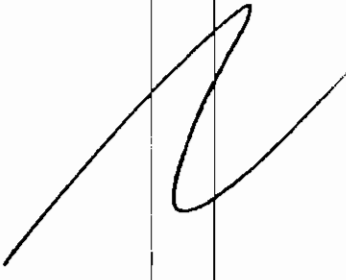
REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
 END OF REPORT QC 6

GEORGE W. TEEBON, M.D.  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR  
 F 11/28/00

MEDICAL LABORATORIES

QC 24 Mon

<b>REPORT DATE</b> 11/27/00	<b>DOCTOR/INSTITUTION</b> OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	<b>DATE/TIME DRAWN</b> 11/20/00 01:00PM	<b>PATIENT NO, NAME</b> ED 99 0835 OLSON KRESS
<b>PATIENT NUMBER</b> F2076722 24-0351		<b>DATE/TIME RECEIVED</b> 11/24/00 11:51PM	

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RAN
*****					*****				
*****					*****				
*****					*****				
FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE			JEFFREY NOV 28 2000 				
*****					*****				
*****					*****				
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	81.7		MG/DL	30 - 350					
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL									

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 \*\*\*\*\*  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR  
 F11/28/00

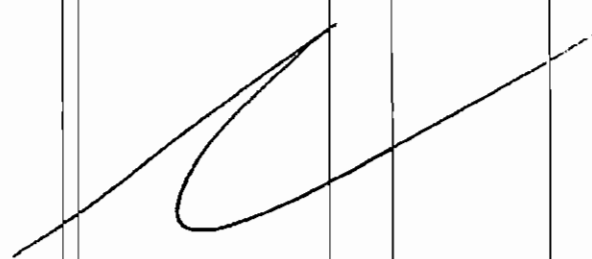
**MEDICAL LABORATORIES**

QC 8 Tues

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Dept)  
 629 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Dept)

03  
 NEW YORK, N.Y. 10003  
 (212) 254-2300  
 310 EAST 65th STREET (COLLECTION)  
 NEW YORK, N.Y. 10021  
 (212) 626-2589  
 904 NORTH BROADWAY (COLLECTION)  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE 11/21/00	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 11/14/00	PATIENT NO. NAME ✓ B ED 99 0835 OLSON KRESS
PATIENT NUMBER F2073082 20-0311		DATE/TIME RECEIVED 11/20/00 06:01PM	

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RAI
*****									
FORENSIC WORK-PLACE DRUG TEST		TOXICOLOGY NEGATIVE		***** ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****					
METHADONE, EMIT		NEG	NG/ML	300					
OPIATES, EMIT		NEG	NG/ML	300					
COCAINE, EMIT		NEG	NG/ML	300					
BARBS, EMIT		NEG	NG/ML	200					
BENZO, EMIT		NEG	NG/ML	300					
DARVON, EMIT		NEG	NG/ML	300					
PCP, EMIT		NEG	NG/ML	25					
AMPHET, EMIT		NEG	NG/ML	1000					
THC, EMIT		NEG	NG/ML	100					
ALCOHOL, UR FOR		NEG	MG/DL	50					
CREATININE URN		109.9	MG/DL	30 - 350					
									

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 END OF REPORT QC 8

GEORGE W. TEEBOR, M.D.  
 \*\*\*\*\*  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR

**MEDICAL LABORATORIES**

QC 34 Wed

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Dept)

310 EAST 65th STREET  
 NEW YORK, N.Y. 10021  
 (212) 628-2300

884 NORTH BROADWAY  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 276-2166

REPORT DATE 12/06/00	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 11/29/00 09:00PM	PATIENT NO. NAME ED 99 0835 OLSON <i>KRESS</i>
PATIENT NUMBER F2084855 5-0204		DATE/TIME RECEIVED 12/05/00 02:38PM	

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** TOXICOLOGY *****									
FORENSIC WORK- PLACE DRUG TEST		NEGATIVE							
***** SCREENING CUTOFF LEVELS *****									
***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN *****									
METHADONE, EMIT		NEG	NG/ML	300					
OPIATES, EMIT		NEG	NG/ML	300					
COCAINE, EMIT		NEG	NG/ML	300					
BARBS, EMIT		NEG	NG/ML	200					
BENZO, EMIT		NEG	NG/ML	300					
DARVON, EMIT		NEG	NG/ML	300					
PCP, EMIT		NEG	NG/ML	25					
AMPHET, EMIT		NEG	NG/ML	1000					
THC, EMIT		NEG	NG/ML	100					
ALCOHOL, UR FOR		NEG	MG/DL	50					
CREATININE URN		163.1	MG/DL	30 - 350					
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL									

**MEDICAL LABORATORIES**

QC 17 Thurs

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Dept)  
 623 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Dept)

NEW YORK, N.Y. 10003  
 (212) 254-2300

310 EAST 65th STREET (COLLECTION DEPT)  
 NEW YORK, N.Y. 10021  
 (212) 628-2599

384 NORTH BROADWAY (COLLECTION DEPT)  
 SUITE # 14 - YONKERS, N.Y. 10781  
 (914) 376-2166

REPORT DATE 12/06/00	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 11/30/00 01:15PM	PATIENT NO. NAME ED 99 0835 OLSON KRESS
PATIENT NUMBER F2084835 5-0184		DATE/TIME RECEIVED 12/05/00 02:37PM	

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	*****	*****					
		SCREENING CUTOFF LEVELS	*****	*****					
		CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN	*****	*****					
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN		141.4	MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

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 END OF REPORT

QC 17

GEORGE W. TESSER, M.D.  
 XXXXXXXXXXXXXXXXXXXXXXX  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR

F12/7/00



MEDICAL LABORATORIES

QC 11 Fri

1727 AMSTERDAM AVENUE  
NEW YORK, N.Y. 10031  
Collection Depot  
629 WEST 185 STREET  
NEW YORK, N.Y. 10033  
Collection Depot

NEW YORK, N.Y. 10003  
(212) 264-2300

310 EAST 65TH STREET  
NEW YORK, N.Y. 10021  
(212) 628-2599  
Collection Depot

984 NORTH BROADWAY  
SUITE # L4 - YONKERS, N.Y. 10701  
(914) 375-2166  
Collection Depot

REPORT DATE  
11/20/00

DOCTOR/INSTITUTION  
OHIO PHYSICIANS EFFECT. PROGR.  
445 E. GRANDVILLE RD  
BLDG 'C'  
WORTHINGTON, OH 43085

DATE/TIME DRAWN  
11/10/00  
06:00PM

PATIENT NO. NAME  
ED 99 0835  
OLSON  
KRESS

PATIENT NUMBER  
F2070185  
16-0114

DATE/TIME RECEIVED  
11/16/00  
12:44PM

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE		***** ***** ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****					
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN		129.6	MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

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END OF REPORT QC 11

SCOTT A. HIRSCHMAN, M.D.  
DIRECTOR  
F 11/27/00

105 5000

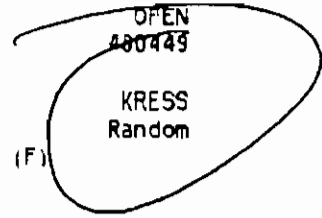
To: FRED KRAFFA, MD  
200 MESSIMER DRIVE  
ATTN: CHRIS LIMDSKOG

From: LABCORP  
1904 ALEXANDER DRIVE  
RTP, NC 27709  
800-833-3984 // 919-572-6300

NEWARK OH 43055

Social Security Nbr Redacted  
Sample ID T KRESS  
LabCorp ID 821385165  
Receive Date 3-NOV-00  
Donor's Phone # ( ) -  
First Name TIMOTHY  
Collection Date 1-NOV-00  
Collection Time 15:00 PM  
Comments

Report Date 3-NOV-00  
Account 480449  
P.O. OPEN  
Submitting Location 480449  
Last Name KRESS  
Reason For Test Random  
Specimen Temperature (F)



Client LICKING MEMORIAL HOSPITAL

Test(s)	Screening Cutoff	xConfirm Cutoff	Confirm Quant	Result	Unit
Urine:					
Amphetamines	1000	500		negative	ng/ml
Barbiturates	300	200		negative	ng/ml
Benzodiazepines	300	300		negative	ng/ml
Cannabinoids	50	15		negative	ng/ml
Cocaine Metab. ^	300	150		negative	ng/ml
Ethanol	50	10		negative	mg/dl
Methadone	300	300		negative	ng/ml
Opiates	300	300		negative	ng/ml
Phencyclidine	25	25		negative	ng/ml
Propoxyphene-	300	300		negative	ng/ml

leg  
File  
Fax  
TO OSNR  
Mc Che

	Acceptable Range	Result	Unit
pH	3.1 - 10.9	5.5	
Specific Gravity	> OR = 1.003	1.023	
Creatinine	> OR = 20	123	mg/dl

xConfirmation analyses are performed using Gas Chromatography/Mass Spectrometry for all drugs except Ethanol. Ethanol analyses are performed using Gas Chromatography.  
^as Benzoylcegonine  
-as Propoxyphene and/or Metabolite

MK  
11/15/00

RECEIVED

NOV 13 2000

OPEP

F 11/15/00

**MEDICAL LABORATORIES**

QC 4 Fri

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)  
 528 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

NEW YORK, N.Y. 10003  
 (212) 254-2300  
 310 EAST 65th STREET (COLLECTION)  
 NEW YORK, N.Y. 10021  
 (212) 628-2599  
 984 NORTH BROADWAY (COLLECTION)  
 SUITE # L4 - YONKERS, N.Y. 10761  
 (914) 376-2166

REPORT DATE  
 11/03/00  
 PATIENT NUMBER  
 F2057839  
 2-0226

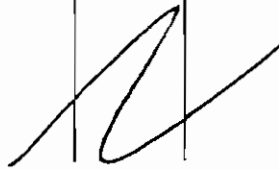
DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

DATE/TIME DRAWN  
 10/20/00  
 12:15PM  
 DATE/TIME RECEIVED  
 11/02/00  
 12:42PM

PATIENT NO. NAME  
 ED 99 0835  
 OLSON  
*KRESS*

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RAI
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE		***** ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****					
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	154.3		MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

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 END OF REPORT QC 4



*F 11/7/00*

GEORGE W. TEEBOR, M.D.  
 \*\*\*\*\*  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR

**MEDICAL LABORATORIES**

QC 4 Fri

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Dept)  
 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Dept)

NEW YORK, N.Y. 10003  
 (212) 254-2300  
 310 EAST 65th STREET (COLLECTION DEPT)  
 NEW YORK, N.Y. 10021  
 (212) 628-2699  
 904 NORTH BROADWAY (COLLECTION DEPT)  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE  
 10/27/00  
 PATIENT NUMBER  
 F2052076  
 26-0426

DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

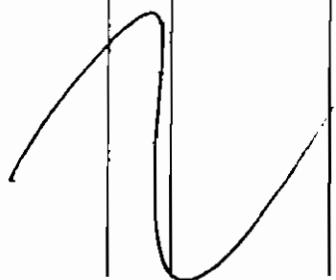
DATE/TIME DRAWN  
 10/20/00  
 06:00PM  
 DATE/TIME RECEIVED  
 10/26/00  
 04:59PM

PATIENT NO. NAME ✓ B  
 ED 99 0835  
 OLSON  
 KRESS

TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE		***** ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****
METHADONE, EMIT	NEG		NG/ML	300
OPIATES, EMIT	NEG		NG/ML	300
COCAINE, EMIT	NEG		NG/ML	300
BARBS, EMIT	NEG		NG/ML	200
BENZO, EMIT	NEG		NG/ML	300
DARVON, EMIT	NEG		NG/ML	300
PCP, EMIT	NEG		NG/ML	25
AMPHET, EMIT	NEG		NG/ML	1000
THC, EMIT	NEG		NG/ML	100
ALCOHOL, UR FOR	NEG		MG/DL	50
CREATININE URN	108.3		MG/DL	30 - 350
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL

TEST	ABN	RESULT	UNITS	REF RANG

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 END OF REPORT QC 4



F 10/30/00

GEORGE W. TESOR, M.D.  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR

**MEDICAL LABORATORIES**

QC 14 Wed

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)  
 629 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

NEW YORK, N.Y. 10003  
 (212) 254-2300

310 EAST 65th STREET (COLLECTION)  
 NEW YORK, N.Y. 10021  
 (212) 628-2599

984 NORTH BROADWAY (COLLECTION)  
 SUITE # L4 • YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE  
 10/31/00

PATIENT NUMBER  
 F2054371  
 30-0058

DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

DATE/TIME DRAWN  
 10/25/00  
 11:45AM

DATE/TIME RECEIVED  
 10/30/00  
 02:42PM

PATIENT  
 NO. NAME *VB*  
 ED 99 0835  
 OLSON  
*KRESS*

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RA
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	***** ***** *****						
				SCREENING CUTOFF LEVELS *****					
				CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****					
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG 87.3		MG/DL MG/DL	50 30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
 END OF REPORT

QC 14

GEORGE W. JEFFERSON, M.D.  
 \*\*\*\*\*  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR

*F 11/1/00*

**MEDICAL LABORATORIES**

QC 25 Fri

727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)  
 629 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

11  
 NEW YORK, N.Y. 10003  
 (212) 254-2300  
 310 EAST 65th STREET (COLLECTION)  
 NEW YORK, N.Y. 10021  
 (212) 628-2588  
 984 NORTH BROADWAY (COLLECTION)  
 SUITE # L4 • YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE 10/16/00	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 10/06/00 06:00PM	PATIENT NO. NAME ✓ ED 99 0835 B OLSON KRESS
PATIENT NUMBER F2040420 13-0168		DATE/TIME RECEIVED 10/13/00 02:18PM	

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RA
*****		TOXICOLOGY	*****						
FORENSIC WORK- PLACE DRUG TEST		NEGATIVE		***** ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****					
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG	134.6	MG/DL	50					
			MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
 END OF REPORT

QC 25



GEORGE W. TEEBOR, M.D.  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR  
 F10/19/00

**MEDICAL LABORATORIES**

QC 16 Thurs

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Dept)  
 629 WEST 185 STREET  
 NEW YORK, N.Y. 10023  
 (Collection Dept)

11  
 NEW YORK, N.Y. 10003  
 (212) 254-2300  
 310 EAST 65TH STREET (COLL)  
 NEW YORK, N.Y. 10021  
 (212) 628-2599  
 984 NORTH BROADWAY (COLL)  
 SUITE # LA - YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE  
 11/01/00  
 PATIENT NUMBER  
 F2055384  
 31-0171

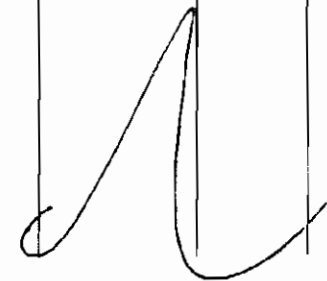
DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON.OH 43085

DATE/TIME DRAWN  
 10/26/00  
 01:00PM  
 DATE/TIME RECEIVED  
 10/31/00  
 02:20PM

PATIENT  
 NO. NAME ✓ 8  
 ED 99 0835  
 OLSON  
 KRESS

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF
*****		TOXICOLOGY	*****						
FORENSIC WORK- PLACE DRUG TEST		NEGATIVE		***** ***** ***** *****					
				SCREENING CUTOFF LEVELS ***** *****					
				CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****					
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	79.9		MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
 END OF REPORT QC 16



GEORGE W. TEEBON  
 \*\*\*\*\*  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR  
 F 11/3/00

**MEDICAL LABORATORIES**

QC 7 Wed

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)

629 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

NEW YORK, N.Y. 10003  
 (212) 264-2300

310 EAST 85th STREET  
 NEW YORK, N.Y. 10021  
 (212) 628-2599

884 NORTH BROADWAY  
 SUITE # L4 - YONKERS, N.Y. 10710  
 (914) 376-2166

REPORT DATE  
 10/20/00

PATIENT NUMBER  
 F2044391  
 18-0299

DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

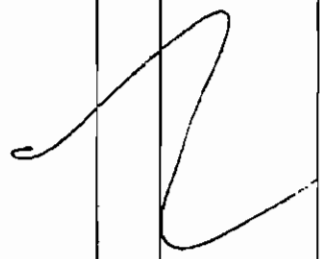
DATE/TIME DRAWN  
 10/11/00  
 01:00PM

DATE/TIME RECEIVED  
 10/18/00  
 12:53PM

PATIENT  
 NO. NAME  
 ED 99 0835  
 OLSON

KRESS

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
*****									
FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE							
*****									
SCREENING CUTOFF LEVELS *****									
CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN *****									
METHADONE, EMIT		NEG	NG/ML	300					
OPIATES, EMIT		NEG	NG/ML	300					
COCAINE, EMIT		NEG	NG/ML	300					
BARBS, EMIT		NEG	NG/ML	200					
BENZO, EMIT		NEG	NG/ML	300					
DARVON, EMIT		NEG	NG/ML	300					
PCP, EMIT		NEG	NG/ML	25					
AMPHET, EMIT		NEG	NG/ML	1000					
THC, EMIT		NEG	NG/ML	100					
ALCOHOL, UR FOR		NEG	MG/DL	50					
CREATININE URN		49.9	MG/DL	30 - 350					
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL									



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 END OF REPORT

QC 7

GEORGE W. TEER  
 SCOTT A. HIRSCHMAN  
 DIRECTOR

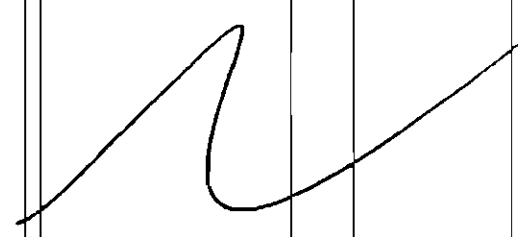
F10/23/00



1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Dept)  
 629 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Dept)

01  
 11100 AVENUE (COLLECTOR)  
 NEW YORK, N.Y. 10003  
 (212) 254-2300  
 370 EAST 65TH STREET (COLLECTOR)  
 NEW YORK, N.Y. 10021  
 (212) 624-2580  
 884 NORTH BROADWAY (COLLECTOR)  
 SUITE # 14 - YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE 11/14/00	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 11/07/00 12:44PM	PATIENT NO, NAME ✓ B ED 99 0835 OLSON  KRESS
PATIENT NUMBER F2066312 13-0120		DATE/TIME RECEIVED 11/13/00 12:29PM	

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** TOXICOLOGY *****									
FORENSIC WORK-PLACE DRUG TEST		NEGATIVE			***** SCREENING CUTOFF LEVELS ***** ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN *****				
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG	84.7	MG/DL	50					
			MG/DL	30 - 350					
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					STATE MEDICAL BOARD NOV 20 2000				

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
 END OF REPORT

QC 12

GEORGE W. TEEBOR, M.D.  
 \*\*\*\*\*  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR

F 11/20/00

**MEDICAL LABORATORIES**

QC 10 Fri

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Dept)

NEW YORK, N.Y. 10003  
 (212) 254-2300

310 EAST 65th STREET (COLLECTION DEPT)  
 NEW YORK, N.Y. 10021  
 (212) 628-2600

984 NORTH BROADWAY (COLLECTION DEPT)  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE 12/26/00	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 12/15/00 01:30PM	PATIENT NO. NAME ED 99 0835 OLSON Kress	AGE AD
PATIENT NUMBER F2100649 22-0098		DATE/TIME RECEIVED 12/22/00 12:14PM		SEX M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	***** ***** *****						
			SCREENING CUTOFF LEVELS *****						
			CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	113.9		MG/DL	30 - 350					
			SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL						

*[Handwritten Signature]*

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
 END OF REPORT

QC 10

F12/27/00

XXXXXXXXXXXXXXXXXXXX  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR

**MEDICAL LABORATORIES**

QC 50 Mon

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10037  
 (Collection Dept)

310 EAST 65th STREET  
 NEW YORK, N.Y. 10021  
 (212) 254-2300

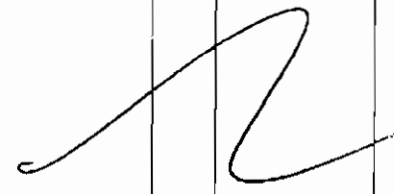
984 NORTH BROADWAY  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (814) 376-2166

REPORT DATE 12/12/00	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 12/04/00 01:30PM	PATIENT NO, NAME ED 99 0835 OLSON
PATIENT NUMBER F2088670 8-0239		DATE/TIME RECEIVED 12/08/00 02:17PM	<i>B</i> <i>Kress (S)</i>

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** TOXICOLOGY NEGATIVE ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****					<b>OHIO STATE MEDICAL BC</b> <b>DEC 18 2000</b>				
FORENSIC WORK- PLACE DRUG TEST									
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG	184.3	MG/DL	50					
			MG/DL	30 - 350					
					SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL				

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
 END OF REPORT

QC 50



GEORGE W. JEFFERS, M.D.  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR

*F12/18/00*

QC 13 Fri

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)  
 629 WEST 186 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

07  
 NEW YORK, N.Y. 10003  
 (212) 254-2300  
 310 EAST 85th STREET  
 NEW YORK, N.Y. 10021  
 (212) 628-2599  
 984 NORTH BROADWAY  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 376-2168

REPORT DATE 12/18/00	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON.OH 43085	DATE/TIME DRAWN 12/08/00 06:00PM	PATIENT NO. NAME ED 99 0835 OLSON <i>KRESS</i>
PATIENT NUMBER F2092250 13-0219		DATE/TIME RECEIVED 12/13/00 02:44PM	

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
*****		TOXICOLOGY	*****						
FORENSIC WORK-PLACE DRUG TEST		NEGATIVE							
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	172.0		MG/DL	30 - 350					

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
 END OF REPORT QC 13

GEORGE W. TEEBOR, M.F.  
 XXXXXXXXXXXXXXXXXXXXXXXX  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR

F12/19/00

**MEDICAL LABORATORIES**

QC 25 Mon

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)

NEW YORK, N.Y. 10003  
 (212) 254-2300

310 EAST 65th STREET (COLLECTION)  
 NEW YORK, N.Y. 10021  
 (212) 628-2599

629 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

884 NORTH BROADWAY (COLLECTION)  
 SUITE # 1A - YONKERS, N.Y. 10701  
 (914) 376-2168

REPORT DATE  
 12/18/00

PATIENT NUMBER  
 F2093483  
 14-0132

DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

DATE/TIME DRAWN  
 12/11/00  
 12:00 N

DATE/TIME RECEIVED  
 12/14/00  
 05:06PM

PATIENT  
 NO, NAME **LB**  
 ED 99 0835  
 OLSON  
**KRESS**

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RA
*****		TOXICOLOGY	*****						
FORENSIC WORK- PLACE DRUG TEST		NEGATIVE	*****						
			*****						
			SCREENING CUTOFF LEVELS						
			*****						
			CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN						
			*****						
			*****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
OARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	87.3		MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
 END OF REPORT QC 25

GEORGE W. TEEBOR, M.D.  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR  
 F12/19/00

**MEDICAL LABORATORIES**

QC 29 Wed

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Dept)

629 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Dept)

NEW YORK, N.Y. 10003  
 (212) 254-2300

310 EAST 65th STREET (COLLECTION C)  
 NEW YORK, N.Y. 10021  
 (212) 626-2599

984 NORTH BROADWAY (COLLECTION D)  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE  
 01/19/01

PATIENT NUMBER  
 F2117941  
 17-0210

DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

DATE/TIME DRAWN  
 01/10/01

DATE/TIME RECEIVED  
 01/17/01  
 02:34PM

PATIENT  
 NO. NAME ✓ B  
 ED 99 0835  
 OLSON  
 KRESS

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
*****					*****				
FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE							
*****					*****				
SCREENING CUTOFF LEVELS					*****				
*****					*****				
CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN					*****				
*****					*****				
METHADONE, EMIT		NEG	NG/ML	300					
OPIATES, EMIT		NEG	NG/ML	300					
COCAINE, EMIT		NEG	NG/ML	300					
BARBS, EMIT		NEG	NG/ML	200					
BENZO, EMIT		NEG	NG/ML	300					
DARVON, EMIT		NEG	NG/ML	300					
PCP, EMIT		NEG	NG/ML	25					
AMPHET, EMIT		NEG	NG/ML	1000					
THC, EMIT		NEG	NG/ML	100					
ALCOHOL, UR FOR		NEG	MG/DL	50					
CREATININE URN		56.3	MG/DL	30 - 350					
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL									

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
 END OF REPORT QC 29

GEORGE W. TEEBOR, M.D.  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR

F 1/23/01

**MEDICAL LABORATORIES**

QC 9 Fri

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Dept)

NEW YORK, N.Y. 10003  
 (212) 254-2300

629 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Dept)

310 EAST 85th STREET  
 NEW YORK, N.Y. 10021  
 (212) 828-2599

884 NORTH BROADWAY  
 SUITE # L4 • YONKERS, N.Y. 10701  
 (914) 378-2188

REPORT DATE 01/22/01	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 01/12/01 01:30PM	PATIENT NO. NAME ED 99 0835 OLSON KRESS
PATIENT NUMBER F2120177 19-0046		DATE/TIME RECEIVED 01/19/01 10:41AM	VB

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE		***** ***** ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****					
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG	146.0	MG/DL	50					
			MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

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 END OF REPORT QC 9



GEORGE W. TEEBOR, M.D.  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR

F 1/23/01

MEDICAL LABORATORIES

QC 14 Mon

1777 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Dept)  
 629 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Dept)

NEW YORK, N.Y. 10003  
 (212) 254-2303

310 EAST 85TH STREET  
 NEW YORK, N.Y. 10021  
 (212) 626-2599

584 NORTH BROADWAY  
 SUITE # L4 • YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE 01/22/01	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 01/15/01 01:30PM	PATIENT NO. NAME ED 99 0835 OLSON KRESS
PATIENT NUMBER F2120318 19-0187		DATE/TIME RECEIVED 01/19/01 02:11PM	

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RA
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	***** ***** ***** ***** ***** ***** *****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG 63.9		MG/DL MG/DL	50 30 - 350					

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 END OF REPORT  
 QC 14

GEORGE W. JEEBOB, M.D.  
 XXXXXXXXXXXXXXXXXXXX  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR

F1/23/01



**MEDICAL LABORATORIES**

QC 3 Fri

1727 AMSTERDAM AVENUE  
 YORK, N.Y. 10031  
 (Collection Dept)

NEW YORK, N.Y. 10003  
 (212) 254-2300

310 EAST 65th STREET (COLLECTION DEPT)  
 NEW YORK, N.Y. 10021  
 (212) 628-2599

629 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Dept)

984 NORTH BROADWAY (COLLECTION DEPT)  
 SUITE # L4 • YONKERS, N.Y. 10701  
 (914) 376-2188

REPORT DATE  
 01/11/01

DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

DATE/TIME DRAWN  
 01/05/01  
 05:55PM

PATIENT NO, NAME **VB**  
 ED 99 0835  
 OLSON  
**KRESS**

PATIENT NUMBER  
 F2113044  
 10-0113

DATE/TIME RECEIVED  
 01/10/01  
 09:59AM

AGE  
 AD

SEX  
 M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
*****		TOXICOLOGY	*****						
FORENSIC WORK- PLACE DRUG TEST		NEGATIVE							
			*****						
			*****						
			SCREENING CUTOFF LEVELS						
			*****						
			CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN						
			*****						
			*****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN		126.1	MG/DL	30 - 350					
			SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL						

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 END OF REPORT QC 3



GEORGE W. TEEBOP, M.D.  
 \*\*\*\*\*  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR

F 1/12/01

**MEDICAL LABORATORIES**

QC 9 Thurs

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10037  
 (Collection Dept)  
 629 WEST 185 STREET  
 NEW YORK, N.Y. 10037  
 (Collection Dept)

NEW YORK, N.Y. 10003  
 (212) 254-2300  
 310 EAST 65th STREET  
 NEW YORK, N.Y. 10021  
 (212) 628-2599  
 944 NORTH BROADWAY  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 376-2186

REPORT DATE 02/02/01	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 01/25/01 06:35PM	PATIENT NO. NAME ED 99 0835 OLSON KRESS
PATIENT NUMBER F2132507 1-0736		DATE/TIME RECEIVED 02/01/01 06:32PM	VB

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RAN
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	*****	*****					
			*****	*****					
			SCREENING CUTOFF LEVELS	*****					
			CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN	*****					
			*****	*****					
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG	103.7	MG/DL	50					
			MG/DL	30 - 350					
			SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL						

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 END OF REPORT QC 9

XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR

F2/8/01

**MEDICAL LABORATORIES**

QC 7 Tues

127 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)  
 829 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

NEW YORK, N.Y. 10003  
 (212) 264-2300  
 310 EAST 85th STREET (COLLECTION D.  
 NEW YORK, N.Y. 10021  
 (212) 428-2559  
 864 NORTH BROADWAY (COLLECTION D.  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE  
 02/06/01

DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON.OH 43085

DATE/TIME DRAWN  
 01/30/01

PATIENT  
 NO. NAME  
 ED 99 0835  
 OLSON

✓ B

PATIENT NUMBER  
 F2134775  
 5-0604

DATE/TIME RECEIVED  
 02/05/01  
 01:41PM

KRESS

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
*****		TOXICOLOGY	*****						
FORENSIC WORK- PLACE DRUG TEST		NEGATIVE	***** ***** *****						
			SCREENING CUTOFF LEVELS *****						
			CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG	133.7	MG/DL	50					
			MG/DL	30 - 350					
			SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL						

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GEORGE W. TEEBOR, M.D.  
 \*\*\*\*\*  
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 DIRECTOR  
 F2/7/01

**MEDICAL LABORATORIES**

QC 34 Thurs

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Dept)  
 879 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Dept)

NEW YORK, N.Y. 10003  
 (212) 254-2300

310 EAST 65TH STREET (COLLECTION DEPT)  
 NEW YORK, N.Y. 10021  
 (212) 828-2588

984 NORTH BROADWAY (COLLECTION DEPT)  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 376-2168

REPORT DATE  
 01/02/01

PATIENT NUMBER  
 F2104042  
 28-0351

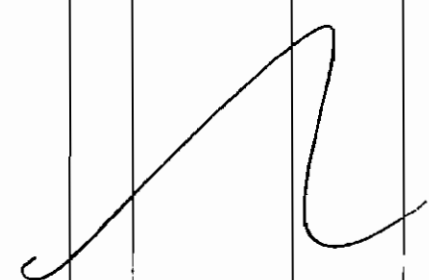
DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

DATE/TIME DRAWN  
 12/21/00  
 12:30PM

DATE/TIME RECEIVED  
 12/28/00  
 05:47PM

PATIENT NO. NAME ✓ B  
 ED 99 0835  
 OLSON  
 KRESS

TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE		***** ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****
METHADONE, EMIT	NEG		NG/ML	300
OPIATES, EMIT	NEG		NG/ML	300
COCAINE, EMIT	NEG		NG/ML	300
BARBS, EMIT	NEG		NG/ML	200
BENZO, EMIT	NEG		NG/ML	300
DARVON, EMIT	NEG		NG/ML	300
PCP, EMIT	NEG		NG/ML	25
AMPHET, EMIT	NEG		NG/ML	1000
THC, EMIT	NEG		NG/ML	100
ALCOHOL, UR FOR	NEG		MG/DL	50
CREATININE URN	53.5		MG/DL	30 - 350

TEST	ABN	RESULT	UNITS	REF RANGE
<b>OHIO MEDICAL BOARD</b> JAN - 9 2001 				

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
 END OF REPORT QC 34

GEORGE W. TEEBOR, M.D.  
 XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR

F1/9/01

**MEDICAL LABORATORIES**

QC 44 Fri

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Dept)  
 829 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Dept)

NEW YORK, N.Y. 10003  
 (212) 254-2300

310 EAST 65th STREET (COLLECTION DE  
 NEW YORK, N.Y. 10021  
 (212) 626-2599

864 NORTH BROADWAY (COLLECTION DE  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE 01/02/01	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 12/22/00 11:30AM	PATIENT NO, NAME <i>VB</i> ED 99 0835 OLSON <i>KRESS</i>
PATIENT NUMBER F2105012 29-0121		DATE/TIME RECEIVED 12/29/00 12:51PM	

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RAN
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	***** ***** ***** *****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG	100.9	MG/DL	50					
			MG/DL	30 - 350					
			SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL						

OHIO MEDICAL BOARD  
 JAN - 9 2001



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QC 44

\*\*\*\*\*  
 GEORGE W. TEEBOR, M.D.  
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 DIRECTOR

F1/9/01

**MEDICAL LABORATORIES**

QC 2 Thurs

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Dept)

NEW YORK, N.Y. 10003  
 (212) 254-2300

310 EAST 85TH STREET (COLLECTION DEPT)  
 NEW YORK, N.Y. 10021  
 (212) 628-2599

529 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Dept)

984 NORTH BROADWAY (COLLECTION DEPT)  
 SUITE # L4 • YONKERS, N.Y. 10701  
 (914) 376-2165

REPORT DATE  
 01/12/01

PATIENT NUMBER  
 F2115392  
 12-0061

DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

DATE/TIME DRAWN  
 01/04/01  
 01:30PM

DATE/TIME RECEIVED  
 01/12/01  
 10:12AM

PATIENT  
 NO. NAME <sup>VB</sup>  
 ED 99 0835  
 OLSON  
 KRESS

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** TOXICOLOGY *****									
FORENSIC WORK- PLACE DRUG TEST		NEGATIVE							
***** SCREENING CUTOFF LEVELS *****									
***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN *****									
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG	145.0	MG/DL	50					
			MG/DL	30 - 350					
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL									



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 DIRECTOR

F/12/01

**MEDICAL LABORATORIES**

QC 33 Fri

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)

NEW YORK, N.Y. 10003  
 (212) 254-2300

629 WEST 195 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

310 EAST 85th STREET (COLLECTION D)  
 NEW YORK, N.Y. 10021  
 (212) 628-2539

984 NORTH BROADWAY (COLLECTION D)  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE 01/09/01	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 12/29/00 12:30PM	PATIENT NO, NAME ED 99 0835 OLSON KRESS
PATIENT NUMBER F2111744 9-0013		DATE/TIME RECEIVED 01/09/01 10:27AM	

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
*****		TOXICOLOGY	*****						
FORENSIC WORK-PLACE DRUG TEST		NEGATIVE	*****						
			SCREENING CUTOFF LEVELS						
			*****						
			CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN						
			*****						
			*****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN		165.0	MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
 END OF REPORT QC 33

GEORGE W. TEEBOR, M.D.  
 XXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXXXXXX  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR

F 1/11/01

**MEDICAL LABORATORIES**

QC 14 Tues

1727 AMST ERDAM AVENUE  
 NEW YORK, N.Y. 10071  
 (Collection Dept.)

NEW YORK, N.Y. 10015  
 (212) 254-2300

310 EAST 65th STREET (COLLECTION)  
 NEW YORK, N.Y. 10021  
 (212) 628-2699

629 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Dept.)

984 NORTH BROADWAY (COLLECTION)  
 SUITE # L4 • YONKERS, N.Y. 10701  
 (814) 376-2166

REPORT DATE 01/09/01	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 12/26/00 05:00PM	PATIENT NO. NAME ED 99 0835 OLSON KRESS
PATIENT NUMBER F2109397 5-0066		DATE/TIME RECEIVED 01/05/01 11:05AM	VB

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE		***** ***** ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****					
METHADONE, EMIT		NEG	NG/ML	300					
OPIATES, EMIT		NEG	NG/ML	300					
COCAINE, EMIT		NEG	NG/ML	300					
BARBS, EMIT		NEG	NG/ML	200					
BENZO, EMIT		NEG	NG/ML	300					
DARVON, EMIT		NEG	NG/ML	300					
PCP, EMIT		NEG	NG/ML	25					
AMPHET, EMIT		NEG	NG/ML	1000					
THC, EMIT		NEG	NG/ML	100					
ALCOHOL, UR FOR		NEG	MG/DL	50					
CREATININE URN		107.9	MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

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 END OF REPORT

QC 14

GEORGE W. TEABOR, M.D.  
 XXXXXXXXXXXXXXXXXXXXXXX  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR

F 1/11/01



**MEDICAL LABORATORIES**

QC 12 Tues

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10021  
 (Collection Depot)  
 629 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

20  
 NEW YORK, N.Y. 10003  
 (212) 254-2300

310 EAST 65TH STREET (COLLEC  
 NEW YORK, N.Y. 10021  
 (212) 628-2699

884 NORTH BROADWAY (COLLEC  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE  
 03/21/01  
 PATIENT NUMBER  
 F2169769  
 19-0674

DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

DATE/TIME DRAWN  
 03/13/01  
 05:30PM  
 DATE/TIME RECEIVED  
 03/19/01  
 05:29PM

PATIENT  
 NO. NAME  
 ED 99 0835  
 OLSON  
 KRESS

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE		***** ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****					
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	103.6		MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
 END OF REPORT QC 12

GEORGE W. TEEBON  
 XXXXXXXXXXXXXXXXXXXX  
 SCOTT A. HIRSCHMAN,  
 DIRECTOR  
 F 3/22/01

**MEDICAL LABORATORIES**

QC 8 Fri

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)

NEW YORK, N.Y. 10003  
 (212) 254-2300

628 WEST 105 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

310 EAST 65TH STREET (COLLEC  
 NEW YORK, N.Y. 10021  
 (212) 628-2599

984 NORTH BROADWAY (COLLEC  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE  
 03/07/01

DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

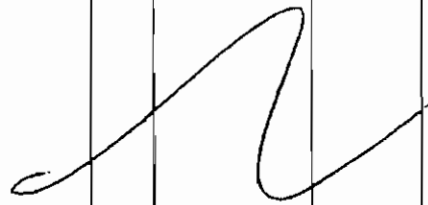
DATE/TIME DRAWN  
 03/02/01  
 05:30PM

PATIENT  
 NO. NAME ✓ B  
 ED 99 0835  
 OLSON  
 KRESS

PATIENT NUMBER  
 F2159151  
 6-0496

DATE/TIME RECEIVED  
 03/06/01  
 03:50PM

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF
*****									
FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE							
*****									
SCREENING CUTOFF LEVELS *****									
CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN *****									
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG 96.8		MG/DL	50					
			MG/DL	30 - 350					
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL									



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 END OF REPORT QC 8

F3/9/01  
 GEORGE W. HIRSCHMAN  
 SCOTT A. HIRSCHMAN,  
 DIRECTOR

**MEDICAL LABORATORIES**

QC 6 Fri

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Dept)

NEW YORK, N.Y. 10003  
 (212) 254-2300  
 310 EAST 86TH STREET (COLLE)  
 NEW YORK, N.Y. 10021  
 (212) 628-2599  
 884 NORTH BROADWAY (COLLE)  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (814) 376-2166

REPORT DATE  
 03/16/01

PATIENT NUMBER  
 F2166758  
 15-0063

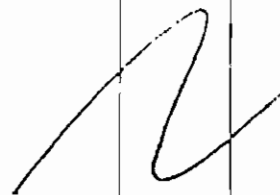
DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

DATE/TIME DRAWN  
 03/09/01  
 08:30AM

DATE/TIME RECEIVED  
 03/15/01  
 01:34PM

PATIENT  
 NO. NAME **UB**  
 ED 99 0835  
 OLSON  
**KRESS**

TEST	ABN	RESULT	UNITS	REF RANGE
*****				
FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE		***** ***** ***** SCREENING CUTOFF LEVELS ***** ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****
METHADONE, EMIT		NEG	NG/ML	300
OPIATES, EMIT		NEG	NG/ML	300
COCAINE, EMIT		NEG	NG/ML	300
BARBS, EMIT		NEG	NG/ML	200
BENZO, EMIT		NEG	NG/ML	300
DARVON, EMIT		NEG	NG/ML	300
PCP, EMIT		NEG	NG/ML	25
AMPHET, EMIT		NEG	NG/ML	1000
THC, EMIT		NEG	NG/ML	100
ALCOHOL, UR FOR		NEG	MG/DL	50
CREATININE URN		68.2	MG/DL	30 - 350
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL

TEST	ABN	RESULT	UNITS	REF
STATE MEDICAL BOARD MAR 21 2001				
STATE MEDICAL BOARD MAR 21 2001				
				

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
 END OF REPORT QC 6

GEORGE W. TEEBOR  
 \*\*\*\*\*  
 SCOTT A. HIRSCHMAN  
 DIRECTOR  
 F3/21/01

**MEDICAL LABORATORIES**

QC 10 Thurs

REPORT DATE  
 02/26/01

PATIENT NUMBER  
 F2149911  
 23-0016

DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

DATE/TIME DRAWN  
 02/15/01  
 01:30PM

DATE/TIME RECEIVED  
 02/23/01  
 09:09AM

PATIENT NO. NAME  
 ED 99 0835  
 OLSON

VB

KRESS

AGE  
 AD

SEX  
 M

TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	***** ***** *****	***** ***** *****
		SCREENING CUTOFF LEVELS	*****	
		CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN	***** *****	
METHADONE, EMIT	NEG		NG/ML	300
OPIATES, EMIT	NEG		NG/ML	300
COCAINE, EMIT	NEG		NG/ML	300
BARBS, EMIT	NEG		NG/ML	200
BENZO, EMIT	NEG		NG/ML	300
DARVON, EMIT	NEG		NG/ML	300
PCP, EMIT	NEG		NG/ML	25
AMPHET, EMIT	NEG		NG/ML	1000
THC, EMIT	NEG		NG/ML	100
ALCOHOL, UR FOR	NEG		MG/DL	50
CREATININE URN	99.9		MG/DL	30 - 350
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL

TEST	ABN	RESULT	UNITS	REF RANGE
		OHIO STATE MAR 15 2001		

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 END OF REPORT

QC 10

XXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXXXXXX

F3/5/01

SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR

**MEDICAL LABORATORIES**

QC 22 Mon

1777 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)  
 629 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

NEW YORK, N.Y. 10003  
 (212) 254-2300

310 EAST 85th STREET (COLLECTION DEPOT)  
 NEW YORK, N.Y. 10021  
 (212) 828-2699

984 NORTH BROADWAY (COLLECTION DEPOT)  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE  
 02/26/01

PATIENT NUMBER  
 F2150254  
 23-0359

DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

DATE/TIME DRAWN  
 02/19/01  
 01:30PM

DATE/TIME RECEIVED  
 02/23/01  
 01:42PM

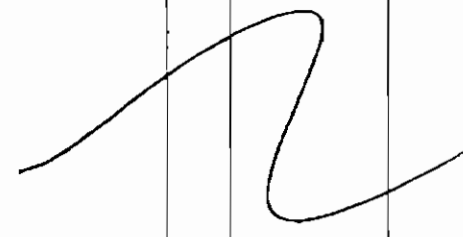
PATIENT  
 NO. NAME **VB**  
 ED 99 0835  
 OLSON  
**KRESS**

AGE  
 AD

SEX  
 M

TEST	ABN	RESULT	UNITS	REF RANGE
*****				
TOXICOLOGY				
FORENSIC WORK-PLACE DRUG TEST		NEGATIVE		
*****				
SCREENING CUTOFF LEVELS				
*****				
CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN				
*****				
METHADONE, EMIT	NEG		NG/ML	300
OPIATES, EMIT	NEG		NG/ML	300
COCAINE, EMIT	NEG		NG/ML	300
BARBS, EMIT	NEG		NG/ML	200
BENZO, EMIT	NEG		NG/ML	300
DARVON, EMIT	NEG		NG/ML	300
PCP, EMIT	NEG		NG/ML	25
AMPHET, EMIT	NEG		NG/ML	1000
THC, EMIT	NEG		NG/ML	100
ALCOHOL, UR FOR CREATININE URN	NEG	203.4	MG/DL	50
			MG/DL	30 - 350
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL				

OHIO STATE MEDICAL BOARD  
 MAR 15 2001



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 END OF REPORT

QC 22

GEORGE W. TEEBOR, M.D.  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR

F3/5/01



MEDICAL LABORATORIES

QC 1 Tues

1727 AMSTERDAM AVENUE  
NEW YORK, N.Y. 10031  
(Collection Depot)  
529 WEST 185 STREET  
NEW YORK, N.Y. 10033  
(Collection Depot)

NEW YORK, N.Y. 10003  
(212) 254-2300  
310 EAST 65th STREET  
NEW YORK, N.Y. 10021  
(212) 828-2599  
884 NORTH BROADWAY  
SUITE # L4 - YONKERS, N.Y. 10701  
(914) 378-2188

REPORT DATE  
04/02/01  
PATIENT NUMBER  
F2176118  
27 0437

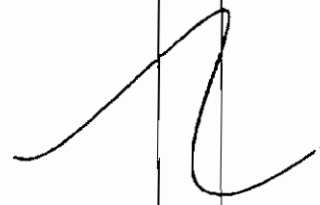
DOCTOR/INSTITUTION  
OHIO PHYSICIANS EFFECT. PROGR.  
445 E. GRANDVILLE RD  
BLDG 'C'  
WORTHINGTON, OH 43085

DATE/TIME DRAWN  
03/20/01  
12:30PM  
DATE/TIME RECEIVED  
03/27/01  
05:28PM

PATIENT NO. NAME  
ED 99 0835  
OLSON  
KRESS

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	***** ***** *****						
				SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****					
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN		130.1	MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

OHIO STATE MEDICAL BOARD  
APR - 3 2001



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END OF REPORT QC 1

GEORGE W. TERRY, M.D.  
SCOTT A. HIRSCHMAN, M.D.  
DIRECTOR

F4/3/01

REPORT DATE 04/06/01	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 03/30/01 05:30PM	PATIENT NO, NAME ✓ B ED 99 0835 OLSON <i>KRESS</i>	AGE AC
PATIENT NUMBER F2183923 5-0202		DATE/TIME RECEIVED 04/05/01 01:40PM		SEX M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
		***** TOXICOLOGY NEGATIVE *****							
		SCREENING CUTOFF LEVELS *****							
		CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN *****							
FORENSIC WORK- PLACE DRUG TEST									
METHADONE, EMIT	NEG	NG/ML	300						
OPIATES, EMIT	NEG	NG/ML	300						
COCAINE, EMIT	NEG	NG/ML	300						
BARBS, EMIT	NEG	NG/ML	200						
BENZO, EMIT	NEG	NG/ML	300						
DARVON, EMIT	NEG	NG/ML	300						
PCP, EMIT	NEG	NG/ML	25						
AMPHET, EMIT	NEG	NG/ML	1000						
THC, EMIT	NEG	NG/ML	100						
ALCOHOL, UR FOR CREATININE URN	NEG 256.9	MG/DL	50 30 - 350						
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

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END OF REPORT

QC 7

GEORGE W. TEEBOR, M.D.  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
*F4/10/01*  
SCOTT A. HIRSCHMAN, M.D.  
DIRECTOR



QC 4 Sat JUN 9 2001

REPORT DATE 06/11/01	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 06/02/01 08:30AM	PATIENT NO. NAME ED 99 0835 OLSON <i>KRESS</i>
PATIENT NUMBER F2234868 7-0226		DATE/TIME RECEIVED 06/07/01 11:48PM	

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF R
***** TOXICOLOGY *****									
FORENSIC WORK-PLACE DRUG TEST		NEGATIVE							
***** SCREENING CUTOFF LEVELS *****									
***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN *****									
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	49.4		MG/DL	30 - 350					
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL									

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END OF REPORT QC 4

GEORGE W. TEEBOR, M.D.  
SCOTT A. HIRSCHMAN, M.D.  
DIRECTOR

F6/12/01

**MEDICAL LABORATORIES**

QC 25 Fri

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)

23  
 NEW YORK, N.Y. 10003  
 (212) 254-2300

628 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

310 EAST 85th STREET (COLLEGE)  
 NEW YORK, N.Y. 10021  
 (212) 628-2599

984 NORTH BROADWAY (COLLEGE)  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 376-2188

REPORT DATE  
 05/16/01

PATIENT NUMBER  
 F2215637  
 15-0014

DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

DATE/TIME DRAWN  
 05/11/01  
 05:30PM

DATE/TIME RECEIVED  
 05/15/01  
 11:15AM

PATIENT NO, NAME  
 ED 99 0835  
 OLSON

*KRESS*

TEST	ABN	RESULT	UNITS	REF RANGE
***** TOXICOLOGY *****				
FORENSIC WORK- PLACE DRUG TEST		NEGATIVE		
***** SCREENING CUTOFF LEVELS *****				
***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN *****				
METHADONE, EMIT	NEG		NG/ML	300
OPIATES, EMIT	NEG		NG/ML	300
COCAINE, EMIT	NEG		NG/ML	300
BARBS, EMIT	NEG		NG/ML	200
BENZO, EMIT	NEG		NG/ML	300
DARVON, EMIT	NEG		NG/ML	300
PCP, EMIT	NEG		NG/ML	25
AMPHET, EMIT	NEG		NG/ML	1000
THC, EMIT	NEG		NG/ML	100
ALCOHOL, UR FOR	NEG		MG/DL	50
CREATININE URN	171.4		MG/DL	30 - 350
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL				

TEST	ABN	RESULT	UNITS	REF
OHIO STATE MEDICAL BOARD MAY 16 2001				
<i>[Handwritten Signature]</i>				

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 END OF REPORT QC 25

GEORGE W. TEEBOR  
 DIRECTOR

*f5/14/01*

**MEDICAL LABORATORIES**

QC 19 Sat

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)

628 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

NEW YORK, N.Y. 10003  
 (212) 254-2300

318 EAST 86th STREET (COLLECT)  
 NEW YORK, N.Y. 10021  
 (212) 628-2598

984 NORTH BROADWAY (COLLECT)  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 378-2188

REPORT DATE 05/23/01	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 05/12/01 05:30PM	PATIENT NO. NAME ✓ B ED 99 0835 OLSON
PATIENT NUMBER F2221576 22-0133		DATE/TIME RECEIVED 05/22/01 02:07PM	EXCESS: (BF)

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF R
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	***** ***** *****						
			SCREENING CUTOFF LEVELS ***** *****						
			CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	132.4		MG/DL	30 - 350					
			SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL						

June 4 2001



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 END OF REPORT

QC 19

GEORGE W. TEEROR, J  
 DIRECTOR  
 SCOTT A. HIRSCHMAN, M.  
 DIRECTOR  
 F4/6/01

MEDICAL LABORATORIES

QC 7 Tues

177 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)  
 679 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

NEW YORK, N.Y. 10009  
 (212) 254-2300  
 310 EAST 65th STREET (COLLECTION DEP)  
 NEW YORK, N.Y. 10021  
 (212) 628-2599  
 984 NORTH BROADWAY (COLLECTION DEP)  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE 05/31/01	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085
PATIENT NUMBER F2226332 29-0089	

DATE/TIME DRAWN 05/22/01	PATIENT NO. NAME ED 99 0835 OLSON KRESS
DATE/TIME RECEIVED 05/29/01 02:57PM	

AI  
A  
SI  
M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
*****		TOXICOLOGY	*****						
FORENSIC WORK-PLACE DRUG TEST		NEGATIVE	*****						
			SCREENING CUTOFF LEVELS						
			CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG	99.2	MG/DL	50					
			MG/DL	30 - 350					
			SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL						

JUN 4 2001

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
 END OF REPORT QC 7

GEORGE W. TEEBOR, M.D.  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR

F4/6/01

**MEDICAL LABORATORIES**

QC 11 Fri

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Dept)  
 629 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Dept)

NEW YORK, N.Y. 10003  
 (212) 284-2300  
 310 EAST 85th STREET (COLLECTIVE)  
 NEW YORK, N.Y. 10021  
 (212) 528-2599  
 804 NORTH BROADWAY (COLLECTIVE)  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 378-2188

REPORT DATE  
 05/09/01

PATIENT NUMBER  
 F2209784  
 B-0100

DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

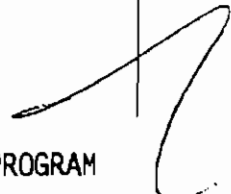
DATE/TIME DRAWN  
 05/04/01  
 06:00PM

DATE/TIME RECEIVED  
 05/08/01  
 03:21PM

PATIENT  
 NO. NAME ✓ B  
 ED 99 0835  
 OLSON  
**KRESS**

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF R
***** TOXICOLOGY ***** FORENSIC WORK-PLACE DRUG TEST NEGATIVE ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****					<b>OHIO STATE MEDICAL BOARD</b> <b>MAY 10 2001</b>				
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN		153.7	MG/DL	30 - 350					
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL									

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
 END OF REPORT QC 11

  
 GEORGE W. TEEBOD, M.D.  
 (XXXXXXXXXXXXXXXXXXXX)  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR

F6/10/01

MEDICAL LABORATORIES

QC 28 Thurs

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)

629 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

NEW YORK, N.Y. 10003  
 (212) 254-2300

310 EAST 85th STREET (COLLECTION D)  
 NEW YORK, N.Y. 10021  
 (212) 626-2599

884 NORTH BROADWAY (COLLECTION D)  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE  
 04/13/01

PATIENT NUMBER  
 F2192128  
 16-0847

DOCTOR/INSTITUTION  
 OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085

DATE/TIME DRAWN  
 04/12/01  
 08:30AM

DATE/TIME RECEIVED  
 04/16/01  
 07:40PM

PATIENT  
 NO, NAME *VB*  
 ED 99 0835  
 OLSON  
*KRESS*

TEST	ABN	RESULT	UNITS	REF RANGE
*****				
TOXICOLOGY				
FORENSIC WORK- PLACE DRUG TEST		NEGATIVE		
*****				
SCREENING CUTOFF LEVELS				
*****				
CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN				
*****				
METHADONE, EMIT		NEG	NG/ML	300
OPIATES, EMIT		NEG	NG/ML	300
COCAINE, EMIT		NEG	NG/ML	300
BARBS, EMIT		NEG	NG/ML	200
BENZO, EMIT		NEG	NG/ML	300
DARVON, EMIT		NEG	NG/ML	300
PCP, EMIT		NEG	NG/ML	25
AMPHET, EMIT		NEG	NG/ML	1000
THC, EMIT		NEG	NG/ML	100
ALCOHOL, UR FOR		NEG	MG/DL	50
CREATININE URN		80.7	MG/DL	30 - 350
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL				

TEST	ABN	RESULT	UNITS	REF RAN
ONDISSTATEMEDICAL BOARD APR 23 2001				
<i>[Handwritten Signature]</i>				

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 END OF REPORT

QC 28

GEORGE W. TEEBOR, M.D.  
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR

*F4/23/01*

**MEDICAL LABORATORIES**

QC 20 Mon

77 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Dept)  
 629 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Dept)

07  
 NEW YORK, N.Y. 10003  
 (212) 264-2300

310 EAST 65th STREET (COLLECTION DE)  
 NEW YORK, N.Y. 10021  
 (212) 628-2599

884 NORTH BROADWAY (COLLECTION DE)  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 376-2166

REPORT DATE 04/27/01	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085
PATIENT NUMBER F2200717 26-0533	

DATE/TIME DRAWN 04/23/01 08:30AM	PATIENT NO., NAME ED 99 0835 OLSON KRESS
DATE/TIME RECEIVED 04/26/01 03:43PM	

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** TOXICOLOGY *****									
FORENSIC WORK-PLACE DRUG TEST		NEGATIVE							
***** SCREENING CUTOFF LEVELS *****									
***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN *****									
METHADONE, EMIT		NEG	NG/ML	300					
OPIATES, EMIT		NEG	NG/ML	300					
COCAINE, EMIT		NEG	NG/ML	300					
BARBS, EMIT		NEG	NG/ML	200					
BENZO, EMIT		NEG	NG/ML	300					
DARVON, EMIT		NEG	NG/ML	300					
PCP, EMIT		NEG	NG/ML	25					
AMPHET, EMIT		NEG	NG/ML	1000					
THC, EMIT		NEG	NG/ML	100					
ALCOHOL, UR FOR CREATININE URN		NEG 85.5	MG/DL	50 30 - 350					
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL									

APR 30 2001

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 END OF REPORT QC 20

GEORGE W. TEEBOR, M.D.  
 \*\*\*\*\*  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR

F4/30/01

27 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Dept)  
 629 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Dept)

NEW YORK, N.Y. 10003  
 (212) 264-2300

310 EAST 86TH STREET (COLLECTION DEPT)  
 NEW YORK, N.Y. 10021  
 (212) 628-2599

984 NORTH BROADWAY (COLLECTION DEPT)  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 378-2188

MEDICAL LABORATORIES

QC 19 Fri

REPORT DATE 04/27/01	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 04/20/01 06:00PM	PATIENT NO. NAME ED 99 0835 OLSON <i>VB</i> <i>KRESS</i>
PATIENT NUMBER F2200716 26-0532		DATE/TIME RECEIVED 04/26/01 03:43PM	

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
*****		TOXICOLOGY	*****						
FORENSIC WORK-PLACE DRUG TEST		NEGATIVE	*****						
			SCREENING CUTOFF LEVELS						
			*****						
			CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN						
			*****						
			*****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG		MG/DL	50					
	33.5		MG/DL	30 - 350					
			SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL						

APR 30 2001

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 END OF REPORT QC 19

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 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR

F4/30/01



**MEDICAL LABORATORIES**

QC 17 Fri

REPORT DATE 04/13/01	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 04/06/01 05:30PM	PATIENT NO. NAME ED 99 0835 OLSON KRESS	AGE AD
PATIENT NUMBER F2189508 12-0387		DATE/TIME RECEIVED 04/12/01 04:47PM		SEX M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** TOXICOLOGY *****					<b>OHIO STATE MEDICAL BOARD</b> <b>APR 16 2001</b>				
***** NEGATIVE *****									
***** SCREENING CUTOFF LEVELS *****									
***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN *****									
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	117.3		MG/DL	30 - 350					
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL									

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 END OF REPORT QC 17

**GEORGE W. TEEBOR, M.D.**  
 DIRECTOR

*Fy/16/01*

**MEDICAL LABORATORIES**

QC 18 Wed

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)

10  
 NEW YORK, N.Y. 10003  
 (212) 254-2300

629 WEST 185 STREET  
 NEW YORK, N.Y. 10039  
 (Collection Depot)

310 EAST 85th STREET (COLLEGE)  
 NEW YORK, N.Y. 10021  
 (212) 628-2599

984 NORTH BROADWAY (COLLEGE)  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 378-2168

<b>REPORT DATE</b> 06/20/01	<b>DOCTOR/INSTITUTION</b> OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	<b>DATE/TIME DRAWN</b> 06/13/01 08:25PM	<b>PATIENT</b> ✓ NO, NAME ED 99 0835 OLSON <b>KRESS</b>
<b>PATIENT NUMBER</b> F2244718 19-0119		<b>DATE/TIME RECEIVED</b> 06/19/01 11:06AM	

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF
*****									
FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE		***** ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****					
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG 201.1		MG/DL MG/DL	50 30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

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 END OF REPORT QC 18

F6/21/01

GEORGE W. TEEBOP  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR

JUN 26 2001

1727 AMSTERDAM AVENUE  
NEW YORK, N.Y. 10031  
(Collection Depot)

207  
1717 AVENUE (10 SIMEI)  
NEW YORK, N.Y. 10003  
(212) 254-2300

829 WEST 185 STREET  
NEW YORK, N.Y. 10033  
(Collection Depot)

310 EAST 65th STREET (COLLE)  
NEW YORK, N.Y. 10021  
(212) 626-2589

984 NORTH BROADWAY (COLLE)  
SUITE 9 L4 - YONKERS, N.Y. 10701  
(914) 376-2166

REPORT DATE  
06/25/01

PATIENT NUMBER  
F2248271  
22-0072

DOCTOR/INSTITUTION  
OHIO PHYSICIANS EFFECT. PROGR.  
445 E. GRANDVILLE RD  
BLDG 'C'  
WORTHINGTON, OH 43085

DATE/TIME DRAWN  
06/07/01  
05:30PM

DATE/TIME RECEIVED  
06/22/01  
01:24PM

PATIENT  
NO. NAME ✓ B  
ED 99 0835  
OLSON  
**KRESS**

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** TOXICOLOGY *****									
FORENSIC WORK- PLACE DRUG TEST		NEGATIVE							
***** SCREENING CUTOFF LEVELS *****									
***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN *****									
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG	196.5	MG/DL	50					
			MG/DL	30 - 350					
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL									

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END OF REPORT QC 11

F6/26/01  
XXXXXXXXXXXXXXXXXXXX  
SCOTT A. HIRSCHMAN, M.D.  
DIRECTOR

**MEDICAL LABORATORIES**

QC 5 Wed

1727 AMSTERDAM AVENUE  
 NEW YORK, N.Y. 10031  
 (Collection Depot)

47 THIRD AVENUE (10 STREET)  
 NEW YORK, N.Y. 10003  
 (212) 254-2300

629 WEST 185 STREET  
 NEW YORK, N.Y. 10033  
 (Collection Depot)

310 EAST 85th STREET (COLLEGE)  
 NEW YORK, N.Y. 10021  
 (212) 828-2599

984 NORTH BROADWAY (COLLEGE)  
 SUITE # L4 - YONKERS, N.Y. 10701  
 (914) 374-2188

REPORT DATE  
**06/26/01**

PATIENT NUMBER  
**F2249451  
 25-0052**

DOCTOR/INSTITUTION  
**OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085**

DATE/TIME DRAWN  
**06/20/01  
 07:00PM**

DATE/TIME RECEIVED  
**06/25/01  
 03:04PM**

PATIENT  
**NO. NAME ✓ B  
 ED 99 0835  
 OLSON**

**KRESS**

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
<p>***** TOXICOLOGY *****</p> <p>FORENSIC WORK-PLACE DRUG TEST</p> <p>NEGATIVE *****</p> <p>SCREENING CUTOFF LEVELS *****</p> <p>CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN *****</p>									
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN		118.7	MG/DL	30 - 350					
<p>SPECIMEN MAY BE ADULTERATED IF &lt; 20 MG/DL</p>									



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 END OF REPORT QC 5

F6/27/01

XXXXXXXXXXXXXXXXXXXX  
 XXXXXXXXXXXXXXXXXXXX  
 SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR



# BENDINER & SCHLESINGER INC.

MEDICAL LABORATORY

QC 9 Fri

1727 AMSTERDAM AVENUE  
NEW YORK, N.Y. 10031  
(Collection Depot)

47 THIRD AVENUE (10 STREET)  
NEW YORK, N.Y. 10003  
(212) 254-2300

310 EAST 65th STREET (COLLECTION DEPOT)  
NEW YORK, N.Y. 10021  
(212) 628-2599

984 NORTH BROADWAY (COLLECTION DEPOT)  
SUITE # L4 - YONKERS, N.Y. 10701  
(914) 376-2166

REPORT DATE  
07/30/01

DOCTOR/INSTITUTION  
OHIO PHYSICIANS EFFECT. PROGR.  
445 E. GRANDVILLE RD  
BLDG 'C'  
WORTHINGTON, OH 43085

DATE/TIME DRAWN  
07/20/01  
05:30PM

PATIENT  
NO. NAME ✓ B  
ED 99 0835  
OLSON  
**KRESS**

AGE  
AD  
SEX  
M

PATIENT NUMBER  
F2275342  
26-0443

DATE/TIME RECEIVED  
07/26/01  
02:02PM

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
*****		TOXICOLOGY	*****						
FORENSIC WORK- PLACE DRUG TEST		NEGATIVE	***** ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG		MG/DL	50					
		171.6	MG/DL	30 - 350					
			SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL						

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END OF REPORT

QC 9

7/28/01

SCOTT A. HIRSCHMAN, M.D.  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
SCOTT A. HIRSCHMAN, M.D.  
DIRECTOR



# BENDINER & SCHLESINGER INC.

MEDICAL LABORATORY

QC 28 Wed

1727 AMSTERDAM AVENUE  
NEW YORK, N.Y. 10031  
(Collection Depot)

47 THIRD AVENUE (10 STREET)  
NEW YORK, N.Y. 10003  
(212) 254-2300

629 WEST 185 STREET  
NEW YORK, N.Y. 10033  
(Collection Depot)

310 EAST 65th STREET (COLLECTION DEPOT)  
NEW YORK, N.Y. 10021  
(212) 628-2599

984 NORTH BROADWAY (COLLECTION DEPOT)  
SUITE # L4 • YONKERS, N.Y. 10701  
(914) 376-2166

REPORT DATE  
07/18/01

DOCTOR/INSTITUTION  
OHIO PHYSICIANS EFFECT. PROGR.  
445 E. GRANDVILLE RD  
BLDG 'C'  
WORTHINGTON, OH 43085

DATE/TIME DRAWN  
07/11/01  
06:45PM

PATIENT  
NO, NAME  
ED 99 0835  
OLSON  
KRESS

AGE  
AD  
SEX  
M

PATIENT NUMBER  
F2265636  
16-0097

DATE/TIME RECEIVED  
07/16/01  
09:05AM

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
*****		TOXICOLOGY	*****						
FORENSIC WORK- PLACE DRUG TEST		NEGATIVE	*****						
			*****						
			SCREENING						
			CUTOFF LEVELS						
			*****						
			CHAIN OF						
			CUSTODY						
			MAINTAINED						
			FOR SPECIMEN						
			*****						
			*****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN		111.0	MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

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END OF REPORT

QC 28

m7/27/01

SCOTT A. HIRSCHMAN, M.D.  
DIRECTOR  
SCOTT A. HIRSCHMAN, M.D.  
DIRECTOR



# BENDINER & SCHLESINGER INC.

MEDICAL LABORATORY SERVICES

QC 10 Tues

1727 AMSTERDAM AVENUE  
NEW YORK, N.Y. 10031  
(Collection Depot)

629 W. 185 STREET  
NEW YORK, N.Y. 10033  
(Collection Depot)

310 HIND AVENUE (10 STREET)  
NEW YORK, N.Y. 10003  
(212) 254-2300

310 EAST 65th STREET (COLLECTION DEPOT)  
NEW YORK, N.Y. 10021  
(212) 628-2599

964 NORTH BROADWAY (COLLECTION DEPOT)  
SUITE # L4 • YONKERS, N.Y. 10701  
(914) 376-2166

REPORT DATE 07/10/01	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 07/03/01 05:00PM	PATIENT NO, NAME ED 99 0835 OLSON <i>B</i>	AGE AD
PATIENT NUMBER F2260670 9-0771		DATE/TIME RECEIVED 07/09/01 08:16PM	<i>KRESS</i>	SEX M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	***** ***** ***** ***** ***** ***** ***** ***** ***** ***** *****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG	221.1	MG/DL	50					
			MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

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END OF REPORT

QC 10

*10/13/01*

SCOTT A. HIRSCHMAN, M.D.  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
SCOTT A. HIRSCHMAN, M.D.  
DIRECTOR

# BENDINER & SCHLESINGER INC.

MEDICAL LABORATORY

QC 5 Fri

1727 AMSTERDAM AVENUE  
NEW YORK, N.Y. 10031  
(Collection Depot)

629 WEST 185 STREET  
NEW YORK, N.Y. 10033  
(Collection Depot)

47 THIRD AVENUE (10 STREET)  
NEW YORK, N.Y. 10003  
(212) 254-2300

310 EAST 65th STREET (COLLECTION DEPOT)  
NEW YORK, N.Y. 10021  
(212) 628-2599

984 NORTH BROADWAY (COLLECTION DEPOT)  
SUITE # L4 • YONKERS, N.Y. 10701  
(914) 376-2166

REPORT DATE  
07/09/01

DOCTOR/INSTITUTION  
OHIO PHYSICIANS EFFECT. PROGR.  
445 E. GRANDVILLE RD  
BLDG 'C'  
WORTHINGTON, OH 43085

PATIENT NUMBER  
F2259097  
6-0278

DATE/TIME DRAWN  
06/29/01  
02:30PM

DATE/TIME RECEIVED  
07/06/01  
02:21PM

PATIENT  
NO. NAME  
ED 99 0835  
OLSON

**KRESS**

AGE  
AD

SEX  
M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** TOXICOLOGY *****									
FORENSIC WORK-PLACE DRUG TEST		NEGATIVE							
***** SCREENING CUTOFF LEVELS *****									
***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN *****									
METHADONE, EMIT		NEG	NG/ML	300					
OPIATES, EMIT		NEG	NG/ML	300					
COCAINE, EMIT		NEG	NG/ML	300					
BARBS, EMIT		NEG	NG/ML	200					
BENZO, EMIT		NEG	NG/ML	300					
DARVON, EMIT		NEG	NG/ML	300					
PCP, EMIT		NEG	NG/ML	25					
AMPHET, EMIT		NEG	NG/ML	1000					
THC, EMIT		NEG	NG/ML	100					
ALCOHOL, UR FOR		NEG	MG/DL	50					
CREATININE URN		97.0	MG/DL	30 - 350					
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL									

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
END OF REPORT

QC 5

m 7/13/01

SCOTT A. HIRSCHMAN, M.D.  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
SCOTT A. HIRSCHMAN, M.D.  
DIRECTOR

# BENDINER & SCHLESINGER INC.

MEDICAL LABORATORY

QC 14 Wed

1727 AMSTERDAM AVENUE  
NEW YORK, N.Y. 10031  
(Collection Depot)

629 WEST 185 STREET  
NEW YORK, N.Y. 10033  
(Collection Depot)

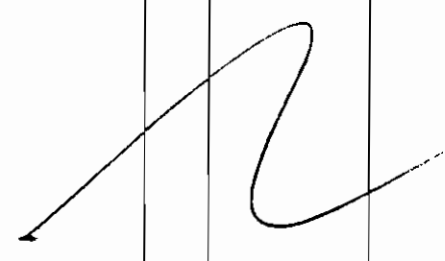
47 THIRD AVENUE (10 STREET)  
NEW YORK, N.Y. 10003  
(212) 254-2300

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984 NORTH BROADWAY (COLLECTION DEPOT)  
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(914) 376-2168

REPORT DATE 08/30/01	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 08/22/01 08:35PM	PATIENT NO. NAME ED 99 0835 OLSON <i>KRESS</i>	AGE AD
PATIENT NUMBER F2303511 29-0107		DATE/TIME RECEIVED 08/29/01 02:19PM		SEX M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	***** ***** ***** *****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	190.9		MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					



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OF REPORT QC 14

*m 5/7/01*  
SCOTT A. HIRSCHMAN, M.D.  
XX  
SCOTT A. HIRSCHMAN, M.D.  
DIRECTOR

# BENDINER & SCHLESINGER INC.

## MEDICAL LABORATORIES

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310 EAST 85th STREET (COLLECTION DEPOT)  
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(212) 628-2599

984 NORTH BROADWAY (COLLECTION DEPOT)  
SUITE # L4 • YONKERS, N.Y. 10701  
(914) 376-2166

QC 19 Mon

REPORT DATE: 09/05/01  
 DOCTOR/INSTITUTION: OHIO PHYSICIANS EFFECT. PROGR.  
 445 E. GRANDVILLE RD  
 BLDG 'C'  
 WORTHINGTON, OH 43085  
 PATIENT NUMBER: F2306007  
 31-0079

DATE/TIME DRAWN: 08/20/01  
 06:00PM  
 DATE/TIME RECEIVED: 08/31/01  
 01:50PM

PATIENT NO. NAME: ED 99 0835  
 OLSON  
 KRESS  
 AGE: AD  
 SEX: M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
*****		TOXICOLOGY	*****						
FORENSIC WORK- PLACE DRUG TEST		NEGATIVE		***** ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****					
METHADONE, EMIT		NEG	NG/ML	300					
OPIATES, EMIT		NEG	NG/ML	300					
COCAINE, EMIT		NEG	NG/ML	300					
BARBS, EMIT		NEG	NG/ML	200					
BENZO, EMIT		NEG	NG/ML	300					
DARVON, EMIT		NEG	NG/ML	300					
PCP, EMIT		NEG	NG/ML	25					
AMPHET, EMIT		NEG	NG/ML	1000					
THC, EMIT		NEG	NG/ML	100					
ALCOHOL, UR FOR		NEG	MG/DL	50					
CREATININE URN		146.7	MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

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 END OF REPORT

QC 19

SCOTT A. HIRSCHMAN, M.D.  
 DIRECTOR  
 m9/7/01



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MEDICAL LABORATORIES

QC 21 Thurs

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984 NORTH BROADWAY (COLLECTION DEPOT)  
SUITE # L4 - YONKERS, N.Y. 10701  
(914) 376-2166

REPORT DATE  
09/27/01

DOCTOR/INSTITUTION  
OHIO PHYSICIANS EFFECT. PROGR.  
445 E. GRANDVILLE RD  
BLDG 'C'  
WORTHINGTON, OH 43085

PATIENT NUMBER  
F2323080  
25-0039

DATE/TIME DRAWN  
09/20/01  
01:30PM

DATE/TIME RECEIVED  
09/25/01  
10:54AM

PATIENT  
NO, NAME  
ED 99 0835  
OLSON  
  
KRESS

AGE  
AD  
  
SEX  
M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
*****					*****				
FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE							
*****					*****				
SCREENING CUTOFF LEVELS *****									
CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN *****									
*****									
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN		40.9	MG/DL	30 - 350					
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL									

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QC 21

9/28/01

SCOTT A. HIRSCHMAN, M.D.  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
DIRECTOR  
DAVID SOHN, M.D.  
DIRECTOR



**BENDINER & SCHLESINGER INC.**

**MEDICAL LABORATORIES**

QC 27 Fri

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(914) 376-2166

REPORT DATE 08/20/01	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 08/10/01 05:30PM	PATIENT NO, NAME ED 99 0835 OLSON KRESS	AGE AD
PATIENT NUMBER F2293694 17-0010		DATE/TIME RECEIVED 08/17/01 10:46AM		SEX M

TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	***** ***** ***** *****	***** ***** ***** *****
METHADONE, EMIT	NEG		NG/ML	300
OPIATES, EMIT	NEG		NG/ML	300
COCAINE, EMIT	NEG		NG/ML	300
BARBS, EMIT	NEG		NG/ML	200
BENZO, EMIT	NEG		NG/ML	300
DARVON, EMIT	NEG		NG/ML	300
PCP, EMIT	NEG		NG/ML	25
AMPHET, EMIT	NEG		NG/ML	1000
THC, EMIT	NEG		NG/ML	100
ALCOHOL, UR FOR	NEG		MG/DL	50
CREATININE URN		150.1	MG/DL	30 - 350
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL

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QC 27

08/24/01

SCOTT A. HIRSCHMAN, M.D.  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
SCOTT A. HIRSCHMAN, M.D.  
DIRECTOR



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SUITE # L4 - YONKERS, N.Y. 10701  
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REPRT DATE 08/16/01	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 08/03/01 06:00PM	PATIENT NO, NAME ED 99 0835 OLSON	AGE AD
PATIENT NUMBER F2286887 9-0163		DATE/TIME RECEIVED 08/09/01 02:02PM	<i>B</i> ✓  <b>KRESS</b>	SEX M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	*****	*****					
			SCREENING CUTOFF LEVELS	*****					
			CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN	*****					
			*****	*****					
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG	124.0	MG/DL	50					
			MG/DL	30 - 350					
			SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL						

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QC 10

*M 8/20/01*

SCOTT A. HIRSCHMAN, M.D.  
XX

SCOTT A. HIRSCHMAN, M.D.  
DIRECTOR



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REPORT DATE 11/05/01	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 10/29/01 01:15PM	PATIENT NO. NAME ED 99 0835 OLSON <i>KRESS</i>	AGE AD
PATIENT NUMBER F2351416 5-0174		DATE/TIME RECEIVED 11/05/01 01:57PM		SEX M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
*****		TOXICOLOGY	*****						
FORENSIC WORK- PLACE DRUG TEST		NEGATIVE	*****						
			*****						
			SCREENING						
			CUTOFF LEVELS						
			*****						
			CHAIN OF						
			CUSTODY						
			MAINTAINED						
			FOR SPECIMEN						
			*****						
			*****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN		131.4	MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

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QC 6

*11/12/01*

SCOTT A. HIRSCHMAN, M.D.  
DIRECTOR  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX  
DAVID SOHN, M.D.  
DIRECTOR



















# BENDINER & SCHLESINGER INC.

## MEDICAL LABORATORIES

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(914) 376-2168

REPORT DATE  
12/27/01

DOCTOR/INSTITUTION  
OHIO PHYSICIANS EFFECT. PROGR.  
445 E. GRANDVILLE RD  
BLDG 'C'  
WORTHINGTON, OH 43085

DATE/TIME DRAWN  
12/17/01  
02:25PM

PATIENT NO, NAME  
ED 99 0835  
OLSON  
*KRESS*

AGE  
AD

PATIENT NUMBER  
F2382045  
21-0362

DATE/TIME RECEIVED  
12/21/01  
12:10PM

SEX  
M

TEST	ABN	RESULT	UNITS	REF RANGE
*****		TOXICOLOGY		*****
FORENSIC WORK- PLACE DRUG TEST		NEGATIVE		***** ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****
METHADONE, EMIT	NEG		NG/ML	300
OPIATES, EMIT	NEG		NG/ML	300
COCAINE, EMIT	NEG		NG/ML	300
BARBS, EMIT	NEG		NG/ML	200
BENZO, EMIT	NEG		NG/ML	300
DARVON, EMIT	NEG		NG/ML	300
PCP, EMIT	NEG		NG/ML	25
AMPHET, EMIT	NEG		NG/ML	1000
THC, EMIT	NEG		NG/ML	100
ALCOHOL, UR FOR	NEG		MG/DL	50
CREATININE URN	93.9		MG/DL	30 - 350
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL

TEST	ABN	RESULT	UNITS	REF RANGE

2001 DEC 31 A 11: 17

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OF OHIO

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QC 11

12/28/01

SCOTT A. HIRSCHMAN, MD, PhD  
\*\*\*\*\*

ROBERT RUSH, PhD DIRECTOR  
DAVID SOHN, MD ASSOCIATE DIRECTOR

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MEDICAL LABORATORIES

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(Collection Depot)

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(212) 254-2300

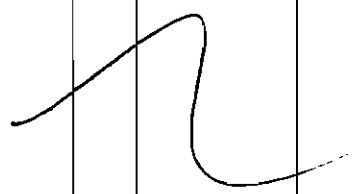
310 EAST 65th STREET (COLLECTION DEPOT)  
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984 NORTH BROADWAY (COLLECTION DEPOT)  
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(914) 376-2166

REPORT DATE 12/27/01	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 12/14/01 01:15PM	PATIENT NO, NAME ✓ B ED 99 0835 OLSON  KRESS	AGE AD
PATIENT NUMBER F2382049 21-0366		DATE/TIME RECEIVED 12/21/01 12:11PM		SEX M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
*****		TOXICOLOGY	*****						
FORENSIC WORK- PLACE DRUG TEST		NEGATIVE	*****						
			*****						
			SCREENING CUTOFF LEVELS						
			*****						
			CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN						
			*****						
			*****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	65.8		MG/DL	30 - 350					
			SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL						

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 2001 DEC 31 A 11:17



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QC 15

12/28/01

SCOTT A. WIRSCHMAN, M.D.  
 ROBERT RUSH, PhD      DAVID SOHN, MD  
 DIRECTOR                      ASSOCIATE DIRECTOR



# BENDINER & SCHLESINGER INC.

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NEW YORK, N.Y. 10021  
(212) 628-2599

984 NORTH BROADWAY (COLLECTION DEPOT)  
SUITE # 14 • YONKERS, N.Y. 10701  
(914) 376-2166

REPORT DATE  
01/11/02

PATIENT NUMBER  
F2391493  
10-0191

DOCTOR/INSTITUTION  
OHIO PHYSICIANS EFFECT. PROGR.  
445 E. GRANDVILLE RD  
BLDG 'C'  
WORTHINGTON, OH 43085

DATE/TIME DRAWN  
01/04/02  
12:20PM

DATE/TIME RECEIVED  
01/10/02  
05:37PM

PATIENT NO. NAME  
ED 99 0835  
OLSON

KRESS

AGE  
AD

SEX  
M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** TOXICOLOGY *****									
FORENSIC WORK-PLACE DRUG TEST		NEGATIVE							
***** SCREENING CUTOFF LEVELS *****									
***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN *****									
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	80.8		MG/DL	30 - 350					
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL									

STATE MEDICAL BOARD  
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2002 JAN 22 A 11: 23



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QC 12

m1/18/02

SCOTT A. HIRSCHMAN, M.D.  
DIRECTOR

ROBERT RUSH, PhD  
DIRECTOR

DAVID SOHN, MD  
ASSOCIATE DIRECTOR

# BENDINER & SCHLESINGER INC.

**MEDICAL LABORATORIES**

QC 10 Tues

1727 AMSTERDAM AVENUE  
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(212) 828-2599

984 NORTH BROADWAY (COLLECTION DEPOT)  
SUITE # L4 • YONKERS, N.Y. 10701  
(914) 376-2166

REPORT DATE  
01/16/02

DOCTOR/INSTITUTION  
OHIO PHYSICIANS EFFECT. PROGR.  
445 E. GRANDVILLE RD  
BLDG 'C'  
WORTHINGTON, OH 43085

DATE/TIME DRAWN  
01/08/02  
06:00PM

PATIENT  
NO, NAME  
ED 99 0835  
OLSON

*VB*

AGE  
AD

PATIENT NUMBER  
F2393066  
14-0024

DATE/TIME RECEIVED  
01/14/02  
10:42AM

*KRESS*

SEX  
M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	*****	*****					
			SCREENING CUTOFF LEVELS *****						
			CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN *****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG	111.4	MG/DL	50					
			MG/DL	30 - 350					
			SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL						

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2002 JAN 22 A 11:19

*[Handwritten Signature]*

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QC 10

*m/1/8/02*

SCOTT A. HIRSCHMAN, M.D.  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
ROBERT RUSH, PhD      DAVID SDHN, MD  
DIRECTOR                      ASSOCIATE DIRECTOR



# BENDINER & SCHLESINGER INC.

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QC 3 Fri

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(914) 376-2166

REPORT DATE 01/04/02	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 12/28/01 12:30PM	PATIENT NO. NAME ED 99 0835 OLSON <i>KRESS</i>	AGE AD
PATIENT NUMBER F2387295 3-0032		DATE/TIME RECEIVED 01/03/02 10:54AM		SEX M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	***** ***** *****	***** ***** *****					
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG 213.8		MG/DL	50 30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

STATE MEDICAL BOARD  
OF OHIO  
2002 JAN 14 P 12:00

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
END OF REPORT QC 3 *m4/1/02*

SCOTT A. HIRSCHMAN, M.D.  
DIRECTOR  
XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
ROBERT RUSH, PhD      DAVID SOHN, MD  
DIRECTOR                      ASSOCIATE DIRECTOR

# BENDINER & SCHLESINGER INC.

MEDICAL LABORATORY

QC 4 Thurs

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(Collection Depot)

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NEW YORK, N.Y. 10003  
(212) 254-2300

310 EAST 65th STREET (COLLECTION DEPOT)  
NEW YORK, N.Y. 10021  
(212) 628-2599

629 WEST 185 STREET  
NEW YORK, N.Y. 10033  
(Collection Depot)

984 NORTH BROADWAY (COLLECTION DEPOT)  
SUITE # L4 - YONKERS, N.Y. 10701  
(914) 376-2168

REPORT DATE  
01/31/02

DOCTOR/INSTITUTION  
OHIO PHYSICIANS EFFECT. PROGR.  
445 E. GRANDVILLE RD  
BLDG 'C'  
WORTHINGTON, OH 43085

DATE/TIME DRAWN  
01/24/02  
01:00PM

PATIENT  
NO, NAME  
ED 99 0835  
OLSON

AGE  
AD

PATIENT NUMBER  
F3403492  
30-0011

DATE/TIME RECEIVED  
01/30/02  
10:51AM

KRESS

SEX  
M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	***** ***** *****	***** ***** *****					
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG	60.9	MG/DL	50					
			MG/DL	30 - 350					
			SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL						

M-2/8/02

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END OF REPORT

QC 4

SCOTT A. HIRSCHMAN, M.D.  
DIRECTOR

# BENDINER & SCHLESINGER INC.

MEDICAL LABORATORIES

QC 1 Fri

1727 AMSTERDAM AVENUE  
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629 WEST 185 STREET  
NEW YORK, N.Y. 10033  
(Collection Dept)

47 THIRD AVENUE (10 STREET)  
NEW YORK, N.Y. 10003  
(212) 254-2300

310 EAST 65th STREET (COLLECT)  
NEW YORK, N.Y. 10021  
(212) 628-2599

984 NORTH BROADWAY (COLLECT)  
SUITE # L4 • YONKERS, N.Y. 10701  
(914) 376-2166

REPORT DATE  
01/07/97

DOCTOR/INSTITUTION  
OHIO PHYSICIANS EFFECT. PROGR.  
445 E. GRANDVILLE RD  
BLDG 'C'  
WORTHINGTON, OH 43085

PATIENT NUMBER  
F2409377  
8-0256

DATE/TIME DRAWN  
02/01/02  
06:00PM

DATE/TIME RECEIVED  
02/08/02  
10:56PM

PATIENT NO, NAME  
ED 99 0835  
OLSON  
*KRESS*

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** TOXICOLOGY *****									
FORENSIC WORK- PLACE DRUG TEST		NEGATIVE			***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****				
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG	121.0	MG/DL	50					
			MG/DL	30 - 350					
					SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL				

STATE BOARD

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QC 1

*m- 2/22/02*

SCOTT A. HIRSCHMAN, M.D.  
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# BENDINER & SCHLESINGER INC.

MEDICAL LABORATORIES

QC 1 Thurs

1727 AMSTERDAM AVENUE  
NEW YORK, N.Y. 10031  
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629 WEST 185 STREET  
NEW YORK, N.Y. 10033  
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47 THIRD AVENUE (10 STREET)  
NEW YORK, N.Y. 10003  
(212) 254-2300

310 EAST 65TH STREET (COLLECTION DEPOT)  
NEW YORK, N.Y. 10021  
(212) 628-2599

984 NORTH BROADWAY (COLLECTION DEPOT)  
SUITE # L4 - YONKERS, N.Y. 10701  
(914) 376-2166

REPORT DATE 01/07/97	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 02/07/02 12:30PM	PATIENT NO, NAME ED 99 0835 OLSON <i>KRESS</i>	AGE AD
PATIENT NUMBER F2412215 13-0094		DATE/TIME RECEIVED 02/13/02 01:55PM		SEX M

TEST	ABN	RESULT	UNITS	REF RANGE
*****				
FORENSIC WORK-PLACE DRUG TEST		TOXICOLOGY NEGATIVE		***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****
METHADONE, EMIT	NEG		NG/ML	300
OPIATES, EMIT	NEG		NG/ML	300
COCAINE, EMIT	NEG		NG/ML	300
BARBS, EMIT	NEG		NG/ML	200
BENZO, EMIT	NEG		NG/ML	300
DARVON, EMIT	NEG		NG/ML	300
PCP, EMIT	NEG		NG/ML	25
AMPHET, EMIT	NEG		NG/ML	1000
THC, EMIT	NEG		NG/ML	100
ALCOHOL, UR FOR	NEG		MG/DL	50
CREATININE URN		247.7	MG/DL	30 - 350
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL				

STATE BOARD

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END OF REPORT

QC 1

*M*  
2/22/02

SCOTT A. HIRSCHMAN, M.D.  
DIRECTOR

# BENDINER & SCHLESINGER INC.

MEDICAL LABORATORY

QC 16 Thurs

1727 AMSTERDAM AVENUE  
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NEW YORK, N.Y. 10033  
(Collection Depot)

47 THIRD AVENUE (10 STREET)  
NEW YORK, N.Y. 10003  
(212) 254-2300

310 EAST 85th STREET (COLLECTION DEPOT)  
NEW YORK, N.Y. 10021  
(212) 528-2599

984 NORTH BROADWAY (COLLECTION DEPOT)  
SUITE # L4 • YONKERS, N.Y. 10701  
(914) 376-2166

REPORT DATE 02/21/02	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 02/14/02 12:30PM	PATIENT NO. NAME ED 99 0835 OLSON <i>KRESS</i>	AGE AD
PATIENT NUMBER F2415352 19-0291		DATE/TIME RECEIVED 02/19/02 10:33PM		SEX M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	***** ***** ***** ***** ***** ***** ***** ***** ***** *****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG 122.0		MG/DL	50					
			MG/DL	30 - 350					
			SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL						

STATE MEDICAL BOARD

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END OF REPORT

QC 16

*m 3/1/02*

SCOTT A. HIRSCHMAN, M.D.  
DIRECTOR

# BENDINER & SCHLESINGER INC.

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QC 2 Wed

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629 WEST 185 STREET  
NEW YORK, N.Y. 10033  
(Collection Depot)

77 THIRD AVENUE (103 STREET)  
NEW YORK, N.Y. 10003  
(212) 254-2300

310 EAST 65TH STREET (COLLECTION DEPOT)  
NEW YORK, N.Y. 10021  
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984 NORTH BROADWAY (COLLECTION DEPOT)  
SUITE # L4 • YONKERS, N.Y. 10701  
(914) 376-2166

REPORT DATE  
02/28/02

DOCTOR/INSTITUTION  
OHIO PHYSICIANS EFFECT. PROGR.  
445 E. GRANDVILLE RD  
BLDG 'C'  
WORTHINGTON, OH 43085

DATE/TIME DRAWN  
02/20/02  
08:30PM

DATE/TIME RECEIVED  
02/27/02  
11:11AM

PATIENT  
NO. NAME  
ED 99 0835  
OLSON

KRESS

AGE  
AD

SEX  
M

PATIENT NUMBER  
F2421284  
27-0043

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** TOXICOLOGY *****									
FORENSIC WORK-PLACE DRUG TEST		NEGATIVE			STATE MEDICAL BOARD				
***** SCREENING CUTOFF LEVELS *****									
***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN *****									
METHADONE, EMIT		NEG	NG/ML	300					
OPIATES, EMIT		NEG	NG/ML	300					
COCAINE, EMIT		NEG	NG/ML	300					
BARBS, EMIT		NEG	NG/ML	200					
BENZO, EMIT		NEG	NG/ML	300					
DARVON, EMIT		NEG	NG/ML	300					
PCP, EMIT		NEG	NG/ML	25					
AMPHET, EMIT		NEG	NG/ML	1000					
THC, EMIT		NEG	NG/ML	100					
ALCOHOL, UR FOR		NEG	MG/DL	50					
CREATININE URN		119.2	MG/DL	30 - 350					
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL									

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END OF REPORT

QC 2

M 3/1/02

SCOTT A. HIRSCHMAN, M.D.  
DIRECTOR



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EFFECTIVENESS  
PROGRAM**

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TO: DANIELLE BICKERS  
614-728-5946

DATE: 3/1/02

FROM: Barry Farrier

# OF PAGES INCLUDING COVER PAGE

2

*Chain of Custody for missing  
test of 10-1-01 for Jim Kress.  
Lab cannot locate the test.*

*Mission Statement: The Ohio Physicians Effectiveness Program (OPEP) is dedicated to working with those in the healthcare professions. OPEP strives to identify opportunities to broaden knowledge of personal health issues and to educate clients about behaviors which will preserve their health and, thereby, the ability to continue to practice ethically and safely in the public's interest. OPEP provides information and assistance in finding treatment resources which will help its clients move toward restored health. OPEP serves its clients through education, treatment referral and the supportive monitoring of their recovery process. For those who have sought OPEP's services as a result of employer, legal, or Ohio State Medical Board involvement, OPEP provides advocacy for clients making the conscientious effort required in their recovery program.*

*For more information regarding the OPEP program and available educational presentations, please call our office or visit our site "opep.org".*

**BENDINER & SCHLESINGER, INC.**  
MEDICAL LABORATORY 10/03/2000  
212-254-2300  
Since 1843  
• 47 Third Avenue (10th St.), NY 10003 (212) 254-2300  
Forensic Toxicology: (212) 353-8111

ACCOUNT INFORMATION  
OPEP DETLEFF BLEON  
103 N. MAIN STREET  
ENGLEWOOD, OH 45322  
937-834-0243

FB50006562

*Kress*

**PROFESSIONAL HEALTH REQUISITION**

Participant ID# FD020835 BD 990835 Date of Collection 10-101  
Name of Collector Detleff Bleon Day  M  W  Th  F  Sa  Su  
(Print) (Circle one)  
Collector's Signature [Signature] Time of Collection 1330  AM  PM

Please indicate below Any Medication Participant is taking:

*Overal*  
*no Aligin*

[Redacted]

Participant ID# can be obtained from the Participant's Professional Assistance Program  
See below for instructions on completing Forensic Urine Drug Toxicology specimen collection and specimen submission

**Custom Profiles**

3570 HEALTH PRO 4

8887 PRIORITY MAIL

**Additional Tests:**

- Antabuse  Nubain  Stadol
- Dalgan  Tramadol  Sufentanil
- Fentanyl  Tricyclics
- Other: \_\_\_\_\_

Received By: \_\_\_\_\_

Apply Accession Label Here →

**Instructions for Completing Forensic Urine Drug Toxicology Specimen Collection and Submission:**

**Specimen bottle label:** Complete the label on the specimen bottle as follows  
Acct: ..... Enter 4 digit "F ---" number from "Account Information" box on this form  
Pat: ..... Enter Participant ID#  
Date: ..... Enter date of specimen collection  
Participant initials: Participant must initial label on line to left of "date"  
**Security Seal:** Complete the information on the red security seal as follows  
Date: ..... Enter the date of specimen collection  
Initials: .... Participant must initial seal

- After Specimen has been provided:**
1. Tighten cap securely and place security seal over top of specimen bottle
  2. Place sealed specimen bottle and absorbent in specimen bag and seal bag.
  3. Put completed authorization form in **top** of specimen bag
  4. Place sealed and bagged specimen and authorization form in specimen box
  5. Put specimen box in opaque white mailing envelope. Seal envelope and mail.  
Mailing envelope may be used for up to four specimens.

STATE OF OHIO BOARD OF PROFESSIONAL ENGINEERS



# BENDINER & SCHLESINGER INC.

MEDICAL LABORATORIES

QC 18 Wed

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47 THIRD AVENUE (10 STREET)  
NEW YORK, N.Y. 10003  
(212) 254-2300

310 EAST 65th STREET (COLLECTION DEPOT)  
NEW YORK, N.Y. 10021  
(212) 628-2599

984 NORTH BROADWAY (COLLECTION DEPOT)  
SUITE # L4 • YONKERS, N.Y. 10701  
(914) 376-2166

REPORT DATE  
03/12/02

PATIENT NUMBER  
F020700393  
11-0393

DOCTOR/INSTITUTION  
OHIO PHYSICIANS EFFECT. PROGR.  
445 E. GRANDVILLE RD  
BLDG 'C'  
WORTHINGTON, OH 43085

DATE/TIME DRAWN  
03/06/02  
06:45PM

DATE/TIME RECEIVED  
03/11/02  
11:41AM

PATIENT NO. NAME  
ED 99 0835  
OLSON

*VB*

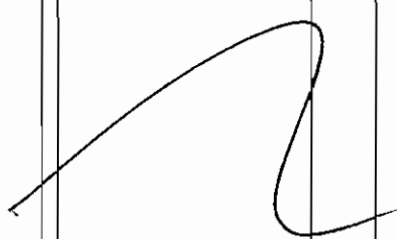
*KRESS*

AGE  
AD

SEX  
M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	*****	*****					
			SCREENING CUTOFF LEVELS *****						
			CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN *****						
			*****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG	56.4	MG/DL	50					
			MG/DL	30 - 350					
			SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL						

STATE MEDICAL BOARD  
OF OHIO  
MAR 19 10 11:21



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QC 18

*m 3/15/02*  
SCOTT A. HIRSCHMAN, M.D.  
DIRECTOR

# BENDINER & SCHLESINGER INC.

MEDICAL LABORATORIES

QC 7 Fri

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NEW YORK, N.Y. 10031  
(Collection Depot)

47 THIRD AVENUE (10 STREET)  
NEW YORK, N.Y. 10003  
(212) 254-2300

310 EAST 65th STREET (COLLECTION DEPOT)  
NEW YORK, N.Y. 10021  
(212) 628-2599

984 NORTH BROADWAY (COLLECTION DEPOT)  
SUITE # L4 - YONKERS, N.Y. 10701  
(914) 376-2166

REPORT DATE 03/06/02	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 03/01/02 12:45PM	PATIENT NO, NAME ED 99 0835 OLSON  KAESS	AGE AD
PATIENT NUMBER F020640060 5-0060		DATE/TIME RECEIVED 03/05/02 02:13PM		SEX M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
*****		TOXICOLOGY		*****					
FORENSIC WORK-PLACE DRUG TEST		NEGATIVE		***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****					
METHADONE, EMIT		NEG	NG/ML	300					
OPIATES, EMIT		NEG	NG/ML	300					
COCAINE, EMIT		NEG	NG/ML	300					
BARBS, EMIT		NEG	NG/ML	200					
BENZO, EMIT		NEG	NG/ML	300					
DARVON, EMIT		NEG	NG/ML	300					
PCP, EMIT		NEG	NG/ML	25					
AMPHET, EMIT		NEG	NG/ML	1000					
THC, EMIT		NEG	NG/ML	100					
ALCOHOL, UR FOR CREATININE URN		NEG 128.9	MG/DL	50 30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

STATE MEDICAL BOARD  
OF OHIO  
2002 MAR 11 P 1:28

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QC 7

SCOTT A. HIRSCHMAN, M.D.  
DIRECTOR

m 3/8/02

# BENDINER & SCHLESINGER INC.

MEDICAL LABORATORY

QC 43 Mon

1727 AMSTERDAM AVENUE  
NEW YORK, N.Y. 10031  
(Collection Depot)

47 THIRD AVENUE (10 STREET)  
NEW YORK, N.Y. 10003  
(212) 254-2300

629 WEST 185 STREET  
NEW YORK, N.Y. 10033  
(Collection Depot)

310 EAST 65th STREET (COLLECTION DEPOT)  
NEW YORK, N.Y. 10021  
(212) 628-2599

984 NORTH BROADWAY (COLLECTION DEPOT)  
SUITE # L4 • YONKERS, N.Y. 10701  
(914) 376-2166

REPORT DATE 04/29/02	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 04/22/02 05:30PM	PATIENT NO., NAME ED 99 0835 OLSON  KRESS	AGE AD
PATIENT NUMBER F021160280 26-0280		DATE/TIME RECEIVED 04/26/02 03:03PM		SEX M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
*****		TOXICOLOGY	*****						
FORENSIC WORK-PLACE DRUG TEST		NEGATIVE	*****						
			*****						
			SCREENING CUTOFF LEVELS						
			*****						
			CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN						
			*****						
			*****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	42.6		MG/DL	30 - 350					
			SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL						

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
END OF REPORT

QC 43

*M 5/3/02*

SCOTT A. HIRSCHMAN, M.D.  
DIRECTOR



# BENDINER & SCHLESINGER INC.

MEDICAL LABORATORIES

QC 15 Tues

1727 AMSTERDAM AVENUE  
NEW YORK, N.Y. 10031  
(Collection Depot)

629 WEST 185 STREET  
NEW YORK, N.Y. 10033  
(Collection Depot)

47 THIRD AVENUE (10 STREET)  
NEW YORK, N.Y. 10003  
(212) 254-2300

310 EAST 65th STREET (COLLECTION DEPOT)  
NEW YORK, N.Y. 10021  
(212) 628-2599

984 NORTH BROADWAY (COLLECTION DEPOT)  
SUITE # L4 • YONKERS, N.Y. 10701  
(914) 376-2166

REPORT DATE  
05/07/02

PATIENT NUMBER  
F021260769  
6-0769

DOCTOR/INSTITUTION  
OHIO PHYSICIANS EFFECT. PROGR.  
445 E. GRANDVILLE RD  
BLDG 'C'  
WORTHINGTON, OH 43085

DATE/TIME DRAWN  
04/30/02  
01:30PM

DATE/TIME RECEIVED  
05/06/02  
08:59PM

PATIENT NO, NAME  
ED 99 0835  
OLSON

*VB*

*KRESS*

AGE  
AD

SEX  
M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** TOXICOLOGY *****									
FORENSIC WORK- PLACE DRUG TEST		NEGATIVE							
***** SCREENING CUTOFF LEVELS *****									
***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN *****									
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG	47.0	MG/DL	50					
			MG/DL	30 - 350					
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL									

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END OF REPORT

QC 15

SCOTT A. HIRSCHMAN, M.D.  
DIRECTOR

*07-5/10/02*

# BENDINER & SCHLESINGER INC.

MEDICAL LABORATORY

QC 6 Fri

1727 AMSTERDAM AVENUE  
NEW YORK, N.Y. 10031  
(Collection Depot)

629 WEST 185 STREET  
NEW YORK, N.Y. 10033  
(Collection Depot)

47 THIRD AVENUE (10 STREET)  
NEW YORK, N.Y. 10003  
(212) 254-2300

310 EAST 85th STREET (COLLECTION DEPOT)  
NEW YORK, N.Y. 10021  
(212) 628-2599

984 NORTH BROADWAY (COLLECTION DEPOT)  
SUITE # L4 - YONKERS, N.Y. 10701  
(914) 378-2166

REPORT DATE  
04/01/02

DOCTOR/INSTITUTION  
OHIO PHYSICIANS EFFECT. PROGR.  
445 E. GRANDVILLE RD  
BLDG 'C'  
WORTHINGTON, OH 43085

DATE/TIME DRAWN  
03/22/02  
06:00PM

PATIENT  
NO, NAME ✓ B  
ED 99 0835  
OLSON

AGE  
AD

PATIENT NUMBER  
F020870010  
28-0010

DATE/TIME RECEIVED  
03/28/02  
10:35AM

KRESS

SEX  
M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	***** ***** *****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	37.8		MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

STATE MEDICAL BOARD  
 APR 11 12:33 PM 2002

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END OF REPORT

QC 6

M 4/5/02

SCOTT A. HIRSCHMAN, M.D.  
DIRECTOR

**BENDINER & SCHLESINGER INC.**

**MEDICAL LABORATORY**

QC 23 Thurs

1727 AMSTERDAM AVENUE  
NEW YORK, N.Y. 10031  
(Collection Depot)  
829 W. 185 STREET  
NEW YORK, N.Y. 10033  
(Collection Depot)

47 THIRD AVENUE (10 STREET)  
NEW YORK, N.Y. 10003  
(212) 254-2300  
310 EAST 65th STREET (COLLECTION DEPOT)  
NEW YORK, N.Y. 10021  
(212) 628-2599  
984 NORTH BROADWAY (COLLECTION DEPOT)  
SUITE # L4 • YONKERS, N.Y. 10701  
(914) 376-2166

<b>REPORT DATE</b> 06/27/02	<b>DOCTOR/INSTITUTION</b> OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	<b>DATE/TIME DRAWN</b> 06/20/02 05:30PM	<b>PATIENT</b> NO, NAME ED 99 0835 OLSON <i>KRESS</i>	<b>AGE</b> AD
<b>PATIENT NUMBER</b> F021770274 26-0274		<b>DATE/TIME RECEIVED</b> 06/26/02 06:17PM		<b>SEX</b> M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
*****		<b>TOXICOLOGY</b>		*****					
<b>FORENSIC WORK-PLACE DRUG TEST</b>		<b>NEGATIVE</b>		***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN *****					
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	200.4		MG/DL	30 - 350					
					SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL				

STATE MEDICAL BOARD  
 2002 JUL -1 P 12:58

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END OF REPORT

QC 23

*6/28/02*  
SCOTT A. HIRSCHMAN, M.D.  
DIRECTOR

# BENDINER & SCHLESINGER INC.

MEDICAL LABORATORIES

QC 23 Fri

1727 AMSTERDAM AVENUE  
NEW YORK, N.Y. 10031  
(Collection Depot)

829 WEST 185 STREET  
NEW YORK, N.Y. 10033  
(Collection Depot)

47 THIRD AVENUE (10 STREET)  
NEW YORK, N.Y. 10003  
(212) 254-2300

310 EAST 65th STREET (COLLECTION DEPOT)  
NEW YORK, N.Y. 10021  
(212) 626-2599

984 NORTH BROADWAY (COLLECTION DEPOT)  
SUITE # L4 • YONKERS, N.Y. 10701  
(914) 376-2166

REPORT DATE  
06/06/02

PATIENT NUMBER  
F021550059  
4-0059

DOCTOR/INSTITUTION  
OHIO PHYSICIANS EFFECT. PROGR.  
445 E. GRANDVILLE RD  
BLDG 'C'  
WORTHINGTON, OH 43085

DATE/TIME DRAWN  
05/31/02  
12:30PM

DATE/TIME RECEIVED  
06/04/02  
10:31AM

PATIENT  
NO, NAME *VB*  
ED 99 0835  
OLSON  
*KRESS*

AGE  
AD

SEX  
M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
*****		TOXICOLOGY	*****						
FORENSIC WORK- PLACE DRUG TEST		NEGATIVE	***** ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	46.5		MG/DL	30 - 350					
					STATE MEDICAL BOARD OF OHIO 2002 JUN 17 P 2:31				

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
END OF REPORT

QC 23

*m6/14/02*

SCOTT A. HIRSCHMAN, M.D.  
DIRECTOR





# BENDINER & SCHLESINGER INC.

MEDICAL LABORATORY

QC 12 Mon

1727 AMSTERDAM AVENUE  
NEW YORK, N.Y. 10031  
(Collection Depot)

47 THIRD AVENUE (10 STREET)  
NEW YORK, N.Y. 10003  
(212) 254-2300

629 WEST 185 STREET  
NEW YORK, N.Y. 10033  
(Collection Depot)

310 EAST 65th STREET (COLLECTION DEPOT)  
NEW YORK, N.Y. 10021  
(212) 628-2599

984 NORTH BROADWAY (COLLECTION DEPOT)  
SUITE # L4 - YONKERS, N.Y. 10701  
(914) 376-2166

REPORT DATE  
08/05/02

DOCTOR/INSTITUTION  
OHIO PHYSICIANS EFFECT. PROGR.  
445 E. GRANDVILLE RD  
BLDG 'C'  
WORTHINGTON, OH 43085

DATE/TIME DRAWN  
07/29/02  
06:00PM

PATIENT  
NO. NAME ✓ B  
ED 99 0835  
OLSON

AGE  
AD

PATIENT NUMBER  
F022140062  
2-0062

DATE/TIME RECEIVED  
08/02/02  
02:13PM

KRESS

SEX  
M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
*****		TOXICOLOGY	*****						
FORENSIC WORK- PLACE DRUG TEST		NEGATIVE	***** *****						
			SCREENING CUTOFF LEVELS *****						
			CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****						
METHADONE, EMIT		NEG	NG/ML	300					
OPIATES, EMIT		NEG	NG/ML	300					
COCAINE, EMIT		NEG	NG/ML	300					
BARBS, EMIT		NEG	NG/ML	200					
BENZO, EMIT		NEG	NG/ML	300					
DARVON, EMIT		NEG	NG/ML	300					
PCP, EMIT		NEG	NG/ML	25					
AMPHET, EMIT		NEG	NG/ML	1000					
THC, EMIT		NEG	NG/ML	100					
ALCOHOL, UR FOR		NEG	MG/DL	50					
CREATININE URN		202.0	MG/DL	30 - 350					
			SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL						

2002 AUG 12 P 1:11  
 STATE POLICE PD/220

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END OF REPORT

QC 12

ms/a/02

SCOTT A. HIRSCHMAN, M.D.  
DIRECTOR

# BENDINER & SCHLESINGER INC.

MEDICAL LABORATORY

QC 27 Thurs

1727 AMSTERDAM AVENUE  
NEW YORK, N.Y. 10031  
(Collection Depot)

47 THIRD AVENUE (10 STREET)  
NEW YORK, N.Y. 10003  
(212) 254-2300

629 WEST 185 STREET  
NEW YORK, N.Y. 10033  
(Collection Depot)

310 EAST 65th STREET (COLLECTION DEPOT)  
NEW YORK, N.Y. 10021  
(212) 628-2599

984 NORTH BROADWAY (COLLECTION DEPOT)  
SUITE # L4 • YONKERS, N.Y. 10701  
(914) 376-2166

REPORT DATE 07/17/02	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECTIVE PROGRAM 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	STATE MEDICAL BOARD 2002 JUL 29 P	DATE/TIME DRAWN 07/11/02 01:30PM	PATIENT NO, NAME ED 99 0835 OLSON <i>KRESS</i>	AGE AD
PATIENT NUMBER F021970254 16-0254			DATE/TIME RECEIVED 07/16/02 02:59PM		SEX M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
*****		TOXICOLOGY	*****						
FORENSIC WORK-PLACE DRUG TEST		NEGATIVE	*****						
			*****						
			SCREENING CUTOFF LEVELS						
			*****						
			CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN						
			*****						
			*****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG	105.6	MG/DL	50					
			MG/DL	30 - 350					
			SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL						

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
END OF REPORT

QC 27

*m 7/26/02*

SCOTT A. HIRSCHMAN, M.D.  
DIRECTOR

# BENDINER & SCHLESINGER INC.

MEDICAL LABORATORIES

QC 51 Fri

1727 AMSTERDAM AVENUE  
NEW YORK, N.Y. 10031  
(Collection Dept)

629 WEST 185 STREET  
NEW YORK, N.Y. 10033  
(Collection Dept)

47 THIRD AVENUE (10 STREET)  
NEW YORK, N.Y. 10003  
(212) 254-2300

310 EAST 65th STREET (COLLECTION DEPT.)  
NEW YORK, N.Y. 10021  
(212) 628-2599

984 NORTH BROADWAY (COLLECTION DEPT.)  
SUITE # L4 - YONKERS, N.Y. 10701  
(914) 376-2166

REPORT DATE 09/23/02	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 09/13/02 12:30PM	PATIENT NO, NAME ED 99 0835 OLSON <i>KRESS</i>	AGE AD
PATIENT NUMBER F022620181 19-0181		DATE/TIME RECEIVED 09/19/02 03:24PM		SEX M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	***** ***** ***** *****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG	88.0	MG/DL	50					
			MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

STATE MEDICAL BOARD  
OF OHIO  
2002 SEP 30 P 1:34

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
END OF REPORT  
QC 51

ROBERT L. RUSH, Ph.D DABCC      DAVID SOHN, M.D.,      BENITA P. PONDA, M.D., F.C.A.P.      WILLIAM J. CLOSSON Ph.D      ROSS S. BASCH, M.D.

LABORATORY DIRECTOR      ASSOCIATE DIRECTOR      ASSOCIATE DIRECTOR      ASSOCIATE DIRECTOR      ASSOCIATE DIRECTOR FLOW CYTOMETRY

*Robert L. Rush*      *David Sohn*      *Benita Ponda*      *William J. Closson*      *Ross S. Basch*

*11/9/27/02*

# BENDINER & SCHLESINGER INC.

MEDICAL LABORATORY

QC 54 Fri

1727 AMSTERDAM AVENUE  
NEW YORK, N.Y. 10031  
(Collection Depot)

47 THIRD AVENUE (10 STREET)  
NEW YORK, N.Y. 10003  
(212) 254-2300

310 EAST 65th STREET (COLLECTION DEPOT)  
NEW YORK, N.Y. 10021  
(212) 626-2599

984 NORTH BROADWAY (COLLECTION DEPOT)  
SUITE # L4 - YONKERS, N.Y. 10701  
(914) 376-2186

REPORT DATE 09/05/02	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 08/30/02 06:00PM	PATIENT NO, NAME ED 99 0835 OLSON <i>VE</i>	AGE AD
PATIENT NUMBER F022470194 4-0194		DATE/TIME RECEIVED 09/04/02 11:23AM	<i>KRESS</i>	SEX M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	***** ***** *****						
			SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR CREATININE URN	NEG 35.9		MG/DL MG/DL	50 30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

STATE MEDICAL BOARD  
OF OHIO  
2002 SEP 16 P 1:54

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END OF REPORT  
QC 54

ROBERT L. RUSH, Ph.D DABCC LABORATORY DIRECTOR  
DAVID SOHN, M.D., ASSOCIATE DIRECTOR  
BENITA P. PONDA, M.D., F.C.A.P. ASSOCIATE DIRECTOR  
WILLIAM J. CLOSSON Ph.D ASSOCIATE DIRECTOR  
ROSS S. BASCH, M.D., ASSOCIATE DIRECTOR FLOW CYTOMETRY

*m 9/13/02*

# BENDINER & SCHLESINGER INC.

MEDICAL LABORATORY

QC 5 Tues

1727 AMSTERDAM AVENUE  
NEW YORK, N.Y. 10031  
(Collection Depot)

629 WEST 185 STREET  
NEW YORK, N.Y. 10033  
(Collection Depot)

47 THIRD AVENUE (10 STREET)  
NEW YORK, N.Y. 10003  
(212) 254-2300

310 EAST 65th STREET (COLLECTION DEPOT)  
NEW YORK, N.Y. 10021  
(212) 628-2599

984 NORTH BROADWAY (COLLECTION DEPOT)  
SUITE # L4 • YONKERS, N.Y. 10701  
(914) 376-2166

REPORT DATE  
09/03/02

DOCTOR/INSTITUTION  
OHIO PHYSICIANS EFFECT. PROGRAM  
445 E. GRANDVILLE RD  
BLDG 'C'  
WORTHINGTON, OH 43085

STATE MEDICAL BOARD

2002 SEP -9 P 1:49

DATE/TIME DRAWN  
08/13/02  
06:00PM

DATE/TIME RECEIVED  
08/30/02  
10:45AM

PATIENT NO., NAME  
ED 99 0835  
OLSON  
KRESS

AGE  
AD  
SEX  
M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
*****									
TOXICOLOGY									
NEGATIVE									
*****									
SCREENING CUTOFF LEVELS									
*****									
CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN									
*****									
*****									
METHADONE, EMIT		NEG	NG/ML	300					
OPIATES, EMIT		NEG	NG/ML	300					
COCAINE, EMIT		NEG	NG/ML	300					
BARBS, EMIT		NEG	NG/ML	200					
BENZO, EMIT		NEG	NG/ML	300					
DARVON, EMIT		NEG	NG/ML	300					
PCP, EMIT		NEG	NG/ML	25					
AMPHET, EMIT		NEG	NG/ML	1000					
THC, EMIT		NEG	NG/ML	100					
ALCOHOL, UR FOR		NEG	MG/DL	50					
CREATININE URN		31.5	MG/DL	30 - 350					
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL									

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
END OF REPORT  
QC 5

m 9/6/02

ROBERT L. RUSH, Ph.D. DABCC LABORATORY DIRECTOR  
DAVID SOHN, M.D., ASSOCIATE DIRECTOR  
BENITA P. PONDA, M.D., F.C.A.P. ASSOCIATE DIRECTOR  
WILLIAM J. CLOSSON Ph.D. ASSOCIATE DIRECTOR  
ROSS S. BASCH, M.D. ASSOCIATE DIRECTOR FLOW CYTOMETRY

*[Handwritten signatures: Robert L. Rush, David Sohn, Benita P. Ponda, William J. Closson, Ross S. Basch]*

# BENDINER & SCHLESINGER INC.

## MEDICAL LABORATORIES

QC 16 Mon

1727 ADAM AVENUE  
NEW YORK, N.Y. 10031  
(Collection Depot)

629 WEST 185 STREET  
NEW YORK, N.Y. 10033  
(Collection Depot)

47 THIRD AVENUE (10 STREET)  
NEW YORK, N.Y. 10003  
(212) 254-2300

310 EAST 65th STREET (COLLECTION DEPOT)  
NEW YORK, N.Y. 10021  
(212) 628-2599

984 NORTH BROADWAY (COLLECTION DEPOT)  
SUITE # L4 • YONKERS, N.Y. 10701  
(914) 376-2166

REPORT DATE 12/20/02	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 12/09/02 05:45PM	PATIENT NO., NAME ED 99 0835 OLSON <i>KRESS</i>	AGE AD
PATIENT NUMBER F023520116 18-0116		DATE/TIME RECEIVED 12/18/02 10:33AM		SEX M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
*****		TOXICOLOGY		*****					
FORENSIC WORK-PLACE DRUG TEST		NEGATIVE		***** ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****					
METHADONE, EMIT		NEG	NG/ML	300					
OPIATES, EMIT		NEG	NG/ML	300					
COCAINE, EMIT		NEG	NG/ML	300					
BARBS, EMIT		NEG	NG/ML	200					
BENZO, EMIT		NEG	NG/ML	300					
DARVON, EMIT		NEG	NG/ML	300					
PCP, EMIT		NEG	NG/ML	25					
AMPHET, EMIT		NEG	NG/ML	1000					
THC, EMIT		NEG	NG/ML	100					
ALCOHOL, UR FOR		NEG	MG/DL	50					
CREATININE URN		60.3	MG/DL	20 - 350					

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
END OF REPORT  
QC 16

ROBERT L. RUSH, Ph.D. DABCC LABORATORY DIRECTOR      DAVID SOHN, M.D., ASSOCIATE DIRECTOR      BENITA P. PONDA, M.D. F.C.A.P. ASSOCIATE DIRECTOR      WILLIAM J. CLOSSON Ph.D. ASSOCIATE DIRECTOR      ROSS S. BASCH, M.D. ASSOCIATE DIRECTOR FLOW CYTOMETRY

*m 12/24/02*

# BENDINER & SCHLESINGER INC.

## MEDICAL LABORATORIES

1727  ROAD AVENUE  
NEW YORK, N.Y. 10031  
(Collection Depot)  
629 WEST 185 STREET  
NEW YORK, N.Y. 10033  
(Collection Depot)


47 THIRD AVENUE (10 STREET)  
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(212) 254-2300

310 EAST 65th STREET (COLLECTION DEPOT)  
NEW YORK, N.Y. 10021  
(212) 628-2599

984 NORTH BROADWAY (COLLECTION DEPOT)  
SUITE # L4 • YONKERS, N.Y. 10701  
(914) 376-2166

QC 93 Wed

REPORT DATE 10/08/02	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 09/25/02 11:00AM	PATIENT NO. NAME ED 99 0835 OLSON  KRESS	AGE AD
PATIENT NUMBER F022760134 3-0134		DATE/TIME RECEIVED 10/03/02 10:21AM		SEX M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	***** ***** ***** ***** ***** ***** ***** ***** ***** *****						
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	44.4		MG/DL	30 - 350					
					STATE MEDICAL BOARD OF OHIO				
					02 OCT 16 PM 1:50				
									

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END OF REPORT

QC 93

*m 10/5/02*

ROBERT L. RUSH, Ph.D DABCC  
LABORATORY DIRECTOR

DAVID SOHN, M.D.  
ASSOCIATE DIRECTOR

BENITA P. PONDA, M.D., F.C.A.P.  
ASSOCIATE DIRECTOR

WILLIAM J. CLOSSON Ph.D  
ASSOCIATE DIRECTOR

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ASSOCIATE DIRECTOR FLOW CYTOMETRY

*Handwritten signatures and notes at the bottom of the page.*



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MEDICAL LABORATORIES

QC 16 Tues

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629 WEST 185 STREET  
NEW YORK, N.Y. 10033  
(Collection Depot)

984 NORTH BROADWAY (COLLECTION DEPOT)  
SUITE # L4 • YONKERS, N.Y. 10701  
(914) 376-2166

REPORT DATE 11/11/02	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 11/05/02 12:30PM	PATIENT NO, NAME ✓ B ED 99 0835 OLSON KRESS	AGE AD
PATIENT NUMBER F023120075 8-0075		DATE/TIME RECEIVED 11/08/02 01:21PM		SEX M

TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE		***** ***** ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****
METHADONE, EMIT		NEG	NG/ML	300
OPIATES, EMIT		NEG	NG/ML	300
COCAINE, EMIT		NEG	NG/ML	300
BARBS, EMIT		NEG	NG/ML	200
BENZO, EMIT		NEG	NG/ML	300
DARVON, EMIT		NEG	NG/ML	300
PCP, EMIT		NEG	NG/ML	25
AMPHET, EMIT		NEG	NG/ML	1000
THC, EMIT		NEG	NG/ML	100
ALCOHOL, UR FOR CREATININE URN		NEG 49.0	MG/DL MG/DL	50 30 - 350
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL

STATE MEDICAL BOARD  
OF OHIO  
2002 NOV 19 P 12:00

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END OF REPORT

QC 16

M 11/15/02

ROBERT L. RUSH, Ph.D DABCC  
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ASSOCIATE DIRECTOR FLOW CYTOMETRY

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(Collection Depot)

47 THIRD AVENUE (10 STREET)  
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(212) 254-2300

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NEW YORK, N.Y. 10021  
(212) 628-2599

984 NORTH BROADWAY (COLLECTION DEPOT)  
SUITE # L4 - YONKERS, N.Y. 10701  
(914) 376-2166

REPORT DATE 10/18/02	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. OF OHIO STATE MEDICAL CENTER 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE TIME DRAWN 10/10/02 12:45PM	PATIENT NO, NAME ED 99 0835 OLSON KRESS	AGE AD
PATIENT NUMBER F022900034 17-0034	2002 NOV 12	DATE TIME RECEIVED 10/17/02 11:01AM		SEX M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	***** ***** *****	***** ***** *****					
METHADONE, EMIT		NEG	NG/ML	300					
OPIATES, EMIT		NEG	NG/ML	300					
COCAINE, EMIT		NEG	NG/ML	300					
BARBS, EMIT		NEG	NG/ML	200					
BENZO, EMIT		NEG	NG/ML	300					
DARVON, EMIT		NEG	NG/ML	300					
PCP, EMIT		NEG	NG/ML	25					
AMPHET, EMIT		NEG	NG/ML	1000					
THC, EMIT		NEG	NG/ML	100					
ALCOHOL, UR FOR		NEG	MG/DL	50					
CREATININE URN	*L	26.7	MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

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(212) 628-2599

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NEW YORK, N.Y. 10033  
(Collection Depot)

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SUITE # L4 • YONKERS, N.Y. 10701  
(914) 376-2166

QC 13 Fri

REPORT DATE 11/21/02	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 11/15/02 12:30PM	PATIENT NO. NAME ED 99 0835 OLSON  <b>KRESS</b>	AGE AD
PATIENT NUMBER F023240048 20-0048		DATE/TIME RECEIVED 11/20/02 09:57AM		SEX M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	***** ***** ***** *****	***** ***** ***** *****					
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	62.0		MG/DL	30 - 350					

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QC 13

ROBERT L. RUSH, Ph.D. DABCC  
LABORATORY DIRECTOR

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ASSOCIATE DIRECTOR

BENITA P. PONDA, M.D. F.C.A.P.  
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ASSOCIATE DIRECTOR

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ASSOCIATE DIRECTOR FLOW CYTOMETRY

*M11/22/02*

*[Handwritten signatures and initials at the bottom of the page]*

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MEDICAL LABORATORIES

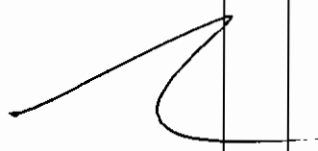
QC 50 Thurs

1727 AMSTERDAM AVENUE  
NEW YORK, N.Y. 10031  
(Non Depot)  
829 WEST 185 STREET  
NEW YORK, N.Y. 10033  
(Collection Depot)

47 THIRD AVENUE (10 STREET)  
NEW YORK, N.Y. 10003  
(212) 254-2300  
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NEW YORK, N.Y. 10021  
(212) 628-2599  
984 NORTH BROADWAY (COLLECTION DEPOT)  
SUITE # L4 • YONKERS, N.Y. 10701  
(914) 376-2166

REPORT DATE 10/25/02	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGRAM 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085 <i>STATE MEDICAL BOARD OF OHIO</i> <i>2002 NOV - 1 P 2</i>	DATE/TIME DRAWN 10/10/02 12:30PM	PATIENT NO, NAME ED 99 0835 OLSON <i>VB</i> <i>KRESS</i>	AGE AD
PATIENT NUMBER F022950064 22-0064		DATE/TIME RECEIVED 10/22/02 02:16PM		SEX M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	***** ***** ***** ***** *****						
METHADONE, EMIT		NEG	NG/ML	300					
OPIATES, EMIT		NEG	NG/ML	300					
COCAINE, EMIT		NEG	NG/ML	300					
BARBS, EMIT		NEG	NG/ML	200					
BENZO, EMIT		NEG	NG/ML	300					
DARVON, EMIT		NEG	NG/ML	300					
PCP, EMIT		NEG	NG/ML	25					
AMPHET, EMIT		NEG	NG/ML	1000					
THC, EMIT		NEG	NG/ML	100					
ALCOHOL, UR FOR CREATININE URN		NEG 70.2	MG/DL MG/DL	50 30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					



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QC 50

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*M 11/1/02*

*Robert L. Rush*      *David Sohn*      *Benita Ponda*      *William J. Closson*      *Ross S. Basch*

**BENDINER & SCHLESINGER, INC.**

MEDICAL LABORATORY 10/03/2000  
212-254-2300  
Since 1843  
• 47 Third Avenue (10th St.), NY 10003 (212) 254-2300  
Forensic Toxicology: (212) 353-5111

ACCOUNT INFORMATION  
OPEP DETLEFF OLSON  
108 N. MAIN STREET  
ENGLEWOOD, OH 45322  
937-836-0243

*Kress*  
*THURS 10-10*

F850008682

**PROFESSIONAL HEALTH REQUISITION**

Participant ID# <u>F 099 0835</u>	Date of Collection <u>10-10</u>
Name of Collector <u>Detleff Olson PO</u> (Print)	Day: M T W <b>Th</b> F Sa Su (Circle one)
Collector's Signature <u>[Signature]</u>	Time of Collection <u>12:00</u> AM PM

Please Indicate below Any Medication Participant is taking:

*Ultram*  
*100 mg po*  
*Allegra*  
*12 mg*

All of the above information must be provided

Participant ID# can be obtained from the Participant's Professional Assistance Program  
See below for instructions on completing Forensic Urine Drug Toxicology specimen collection and specimen submission

<b>Custom Profiles</b> 3570 ___ HEALTH PRO 4  8887 ___ PRIORITY MAIL	<b>Additional Tests:</b> <input type="checkbox"/> Antabuse <input type="checkbox"/> Nubain <input type="checkbox"/> Stadol <input type="checkbox"/> Dalgan <input type="checkbox"/> Tramadol <input type="checkbox"/> Sufentanil <input type="checkbox"/> Fentanyl <input type="checkbox"/> Tricyclics Other: _____
<b>For Lab Use Only</b> Received By: _____	Apply Accession Label Here →

**Instructions for Completing Forensic Urine Drug Toxicology Specimen Collection and Submission:**

**Specimen bottle label:** Complete the label on the specimen bottle as follows  
**Acct:** ..... Enter 4 digit "F ----" number from "Account Information" box on this form  
**Pat:** ..... Enter Participant ID#  
**Date:** ..... Enter date of specimen collection  
**Participant Initials:** Participant must initial label on line to left of "date"

**Security Seal:** Complete the information on the red security seal as follows  
**Date:** ..... Enter the date of specimen collection  
**Initials:** ..... Participant must initial seal

- After Specimen has been provided:**
1. Tighten cap securely and place security seal over top of specimen bottle
  2. Place sealed specimen bottle and absorbent in specimen bag and seal bag.
  3. Put completed authorization form in **OUTER POCKET** of specimen bag
  4. Place sealed and bagged specimen and authorization form in specimen box
  5. Put specimen box in opaque white mailing envelope. Seal envelope and mail.  
Mailing envelope may be used for up to four specimens.

# BENDINER & SCHLESINGER INC.

MEDICAL LABORATORY

QC 6 Thurs

1727 AMSTERDAM AVENUE  
NEW YORK, N.Y. 10031  
(Collection Depot)

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NEW YORK, N.Y. 10003  
(212) 254-2300

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NEW YORK, N.Y. 10033  
(Collection Depot)

310 EAST 65th STREET (COLLECTION DEPOT)  
NEW YORK, N.Y. 10021  
(212) 628-2599

984 NORTH BROADWAY (COLLECTION DEPOT)  
SUITE # L4 - YONKERS, N.Y. 10701  
(914) 376-2166

REPORT DATE 10/18/02	DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085	DATE/TIME DRAWN 10/10/02 12:45PM	PATIENT NO. NAME ED 99 0835 OLSON <i>KRESS</i>	AGE AD
PATIENT NUMBER F022900034 17-0034		DATE/TIME RECEIVED 10/17/02 11:01AM		SEX M

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
***** FORENSIC WORK- PLACE DRUG TEST									
		TOXICOLOGY NEGATIVE		***** ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****					
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	*L	26.7	MG/DL	30 - 350					
				SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL					

*[Handwritten signature]*

*[Handwritten signature]*

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END OF REPORT

QC 6

*11/18/02*

ROBERT L. RUSH, Ph.D DABCC  
LABORATORY DIRECTOR

DAVID SOHN, M.D.,  
ASSOCIATE DIRECTOR

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ASSOCIATE DIRECTOR

WILLIAM J. CLOSSON Ph.D  
ASSOCIATE DIRECTOR

ROSS S. BASCH, M.D.  
ASSOCIATE DIRECTOR FLOW CYTOMETRY

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

*[Handwritten signature]*

**BENDINER & SCHLESINGER, INC.**

MEDICAL LABORATORY 10/03/2000

212-254-2300

Since 1843

• 47 Third Avenue (10th St.), NY 10003 (212) 254-2300  
Forensic Toxicology: (212) 353-5111

**ACCOUNT INFORMATION**

OPEP DIETLEFF OLSON  
108 N. MAIN STREET  
ENGLEWOOD, OH 45322  
937-836-0243

F850008682

*Handwritten:* 10-16

*Handwritten:* Weeks 10-16

**PROFESSIONAL HEALTH REQUISITION**

Participant ID# ED910825

Date of Collection 10-16-04

Name of Collector DIETLEFF OLSON  
(Print)

Day: M T W Th F Sa Su  
(Circle one)

Collector's Signature [Signature]

Time of Collection 12:00 AM PM

Please Indicate below Any Medication Participant is taking:

*Handwritten:*  
Alcohol  
Ting 40  
ms. Anxian tablet

All of the above information must be provided

Participant ID# can be obtained from the Participant's Professional Assistance Program

See below for instructions on completing Forensic Urine Drug Toxicology specimen collection and specimen submission

**Custom Profiles**

1570 HEALTH PRO 4

8837 PRIORITY MAIL

**Additional Tests:**

- Antabuse     Nubain     Stadol
  - Dalgan     Tramadol     Sufentanil
  - Fentanyl     Tricyclics
- Other: \_\_\_\_\_

**For Lab Use Only**

Received By: \_\_\_\_\_

Apply Accession Label Here →

**Instructions for Completing Forensic Urine Drug Toxicology Specimen Collection and Submission:**

**Specimen bottle label:** Complete the label on the specimen bottle as follows

- Acct:** ..... Enter 4 digit "F ----" number from "Account Information" box on this form
- Pat:** ..... Enter Participant ID#
- Date:** ..... Enter date of specimen collection
- Participant Initials:** Participant must initial label on line to left of "date"

**Security Seal:** Complete the information on the red security seal as follows

- Date:** ..... Enter the date of specimen collection
- Initials:** ..... Participant must initial seal

**After Specimen has been provided:**

1. Tighten cap securely and place security seal over top of specimen bottle
2. Place sealed specimen bottle and absorbent in specimen bag and seal bag.
3. Put completed authorization form in **OUTER POCKET** of specimen bag
4. Place sealed and bagged specimen and authorization form in specimen box
5. Put specimen box in opaque white mailing envelope. Seal envelope and mail.  
Mailing envelope may be used for up to four specimens.

# BENDINER & SCHLESINGER INC.

**MEDICAL LABORATORIES**

QC 50 Thurs

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(Collection Depot)

310 EAST 85th STREET (COLLECTION DEPOT)  
NEW YORK, N.Y. 10021  
(212) 626-2598

984 NORTH BROADWAY (COLLECTION DEPOT)  
SUITE # L4 - YONKERS, N.Y. 10701  
(914) 378-2166

REPORT DATE  
**10/25/02**

---

PATIENT NUMBER  
**F022950064**  
**22-0064**

DOCTOR/INSTITUTION  
**OHIO PHYSICIANS EFFECT. PROGR.**  
**445 E. GRANDVILLE RD**  
**BLDG 'C'**  
**WORTHINGTON, OH 43085**

DATE/TIME DRAWN  
**10/10/02**  
**12:30PM**

---

DATE/TIME RECEIVED  
**10/22/02**  
**02:16PM**

PATIENT  
**NO. NAME** *VB*  
**ED 99 0835**  
**OLSON**

---

**KRESS**

AGE  
**AD**

---

SEX  
**M**

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
<p>***** TOXICOLOGY NEGATIVE ***** ***** SCREENING CUTOFF LEVELS ***** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***** *****</p>									
FORENSIC WORK- PLACE DRUG TEST									
METHADONE, EMIT	NEG		NG/ML	300					
OPIATES, EMIT	NEG		NG/ML	300					
COCAINE, EMIT	NEG		NG/ML	300					
BARBS, EMIT	NEG		NG/ML	200					
BENZO, EMIT	NEG		NG/ML	300					
DARVON, EMIT	NEG		NG/ML	300					
PCP, EMIT	NEG		NG/ML	25					
AMPHET, EMIT	NEG		NG/ML	1000					
THC, EMIT	NEG		NG/ML	100					
ALCOHOL, UR FOR	NEG		MG/DL	50					
CREATININE URN	70.2		MG/DL	30 - 350					
SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL									

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM  
END OF REPORT

QC 50

*11/1/02*

ROBERT L. RUSH, Ph.D. DABCC  
LABORATORY DIRECTOR

DAVID SOHN, M.D.  
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BENITA P. PONDA, M.D., F.C.A.P.  
ASSOCIATE DIRECTOR

WILLIAM J. CLOSSON Ph.D.  
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ROSS S. BASCH, M.D.  
ASSOCIATE DIRECTOR FLOW CYTOMETRY

*Robert L. Rush*

*David Sohn*

*Benita Ponda*

*William J. Closson*

*Ross S. Basch*



Family Medicine Care, LLC  
Practicing as

# Northmont Family Medicine

Dettleff E. Olson, D.O.

Robert F. Linn, D.O.

(937) 836-5165 Phone • (937) 836-4910 Fax

January 6, 2003

2003 JAN 10 A 9 51

STATE MEDICAL BOARD  
OF OHIO

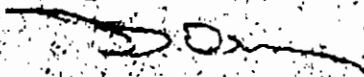
Barry Farnier, CEDE III  
Ohio Physicians Effectiveness Program  
445 East Granville Rd. Bldg C  
Worthington, Ohio

Re: Tim Kress, M.D.

Dear Barry,

I am writing to confirm that a random urine was done during the week of October 15, 2002. A random urine was done on October 10<sup>th</sup> and 16<sup>th</sup>. The date on the 16<sup>th</sup> is difficult to interpret due to poorly legible handwriting. If I can be of any further assistance, please feel free to contact me.

Dettleff E. Olson, DO  
Dell





STATE MEDICAL BOARD  
OF OHIO

2003 MAR 31 P 1:11

**DECLARATION OF COMPLIANCE**

I hereby declare that I have continued to comply with all the probationary terms, conditions and limitations imposed upon me by the State Medical Board of Ohio.

I understand and acknowledge that this declaration, if false, may subject me to additional disciplinary action by the State Medical Board of Ohio and may additionally subject me to criminal prosecution under Section 2921.13, Ohio Revised Code.

i have prescribed no controlled substances.

T. J. Skums

Signature

3.28.03

Date

STATE MEDICAL BOARD  
OF OHIO  
2003 JUN 30 P 12:45

DECLARATION OF COMPLIANCE

I hereby declare that I have continued to comply with all the probationary terms, conditions and limitations imposed upon me by the State Medical Board of Ohio.

I understand and acknowledge that this declaration, if false, may subject me to additional disciplinary action by the State Medical Board of Ohio and may additionally subject me to criminal prosecution under Section 2921.13, Ohio Revised Code.

i have prescribed no controlled substances.

William S. Krum

Signature

6.27.03

Date

**DECLARATION OF COMPLIANCE**

I hereby declare that I have continued to comply with all the probationary terms, conditions and limitations imposed upon me by the State Medical Board of Ohio.

I understand and acknowledge that this declaration, if false, may subject me to additional disciplinary action by the State Medical Board of Ohio and may additionally subject me to criminal prosecution under Section 2921.13, Ohio Revised Code.

I HAVE PRESCRIBED NO CONTROLLED SUBSTANCES

T. J. Skene

Signature

12.31.03

Date

OHIO STATE MEDICAL BOARD

JAN 02 2004

**DECLARATION OF COMPLIANCE**

I hereby declare that I have continued to comply with all the probationary terms, conditions and limitations imposed upon me by the State Medical Board of Ohio.

I understand and acknowledge that this declaration, if false, may subject me to additional disciplinary action by the State Medical Board of Ohio and may additionally subject me to criminal prosecution under Section 2921.13, Ohio Revised Code.

I HAVE PRESCRIBED NO CONTROLLED SUBSTANCES.

Timothy S. Kinn

Signature

9.29.03.

Date

STATE MEDICAL BOARD  
OF OHIO  
2005 JUN -3 P 113

DECLARATION OF COMPLIANCE

I hereby declare that I have continued to comply with all the probationary terms, conditions and limitations imposed upon me by the State Medical Board of Ohio.

I understand and acknowledge that this declaration, if false, may subject me to additional disciplinary action by the State Medical Board of Ohio and may additionally subject me to criminal prosecution under Section 2921.13, Ohio Revised Code.

I HAVE PRESCRIBED NO CONTROLLED SUBSTANCES

Tina S. Kim

Signature

12.31.04

Date

DECLARATION OF COMPLIANCE

I hereby declare that I have continued to comply with all the probationary terms, conditions and limitations imposed upon me by the State Medical Board of Ohio.

I understand and acknowledge that this declaration, if false, may subject me to additional disciplinary action by the State Medical Board of Ohio and may additionally subject me to criminal prosecution under Section 2921.13, Ohio Revised Code.

I HAVE PRESCRIBED NO CONTROLLED SUBSTANCES

Timothy S. Krum

Signature

9.29.04

Date

OHIO STATE MEDICAL BOARD

OCT - 5 2004



**FAX COVER SHEET**

STATE MEDICAL BOARD  
OF OHIO

2004 OCT -1 A 8:54

TO: Danielle Bickers  
State Medical Board of Ohio

FROM: Timothy S. Kress, MD

FAX NUMBER: 614-728-5946

TOTAL NUMBER OF PAGES INCLUDING COVER: 4

Dear Danielle,

Thanks for accepting these by fax today – the originals are on their way via US Mail.

Thank you,

Timothy S. Kress, MD

STATE MEDICAL BOARD  
OF OHIO

2004 OCT -1 A 8:54

DECLARATION OF COMPLIANCE

I hereby declare that I have continued to comply with all the probationary terms, conditions and limitations imposed upon me by the State Medical Board of Ohio.

I understand and acknowledge that this declaration, if false, may subject me to additional disciplinary action by the State Medical Board of Ohio and may additionally subject me to criminal prosecution under Section 2921.13, Ohio Revised Code.

I HAVE PRESCRIBED NO CONTROLLED SUBSTANCES

Timothy Stum

Signature

9.29.04

Date

DECLARATION OF COMPLIANCE

I hereby declare that I have continued to comply with all the probationary terms, conditions and limitations imposed upon me by the State Medical Board of Ohio.

I understand and acknowledge that this declaration, if false, may subject me to additional disciplinary action by the State Medical Board of Ohio and may additionally subject me to criminal prosecution under Section 2921.13, Ohio Revised Code.

I HAVE PRESCRIBED NO CONTROLLED SUBSTANCES.

OHIO STATE MEDICAL BOARD

JUN 28 2004

T. S. Kim

Signature

6.23.04

Date

DECLARATION OF COMPLIANCE

I hereby declare that I have continued to comply with all the probationary terms, conditions and limitations imposed upon me by the State Medical Board of Ohio.

I understand and acknowledge that this declaration, if false, may subject me to additional disciplinary action by the State Medical Board of Ohio and may additionally subject me to criminal prosecution under Section 2921.13, Ohio Revised Code.

I HAVE PRESCRIBED NO CONTROLLED SUBSTANCES.

Tuesday Skum

Signature

3.23.04

Date

OHIO STATE MEDICAL BOARD

MAR 31 2004

STATE MEDICAL BOARD  
OF OHIO

2005 DEC 31 A 8:05

DECLARATION OF COMPLIANCE

I hereby declare that I have continued to comply with all the probationary terms, conditions and limitations imposed upon me by the State Medical Board of Ohio.

I understand and acknowledge that this declaration, if false, may subject me to additional disciplinary action by the State Medical Board of Ohio and may additionally subject me to criminal prosecution under Section 2921.13, Ohio Revised Code.

I HAVE PRESCRIBED NO CONTROLLED SUBSTANCES.

Tina Sku

Signature

12-29-05

Date

DECLARATION OF COMPLIANCE

I hereby declare that I have continued to comply with all the probationary terms, conditions and limitations imposed upon me by the State Medical Board of Ohio.

I understand and acknowledge that this declaration, if false, may subject me to additional disciplinary action by the State Medical Board of Ohio and may additionally subject me to criminal prosecution under Section 2921.13, Ohio Revised Code.

I HAVE PRESCRIBED NO CONTROLLED SUBSTANCES

Tuvin Skun

Signature

9.28.05.

Date

OHIO STATE MEDICAL BOARD

OCT 03 2005

~~\_\_\_\_\_~~

DECLARATION OF COMPLIANCE

I hereby declare that I have continued to comply with all the probationary terms, conditions and limitations imposed upon me by the State Medical Board of Ohio.

I understand and acknowledge that this declaration, if false, may subject me to additional disciplinary action by the State Medical Board of Ohio and may additionally subject me to criminal prosecution under Section 2921.13, Ohio Revised Code.

I HAVE PRESCRIBED NO CONTROLLED SUBSTANCES

Tuvin Skun

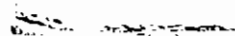
Signature

9.28.05.

Date

OHIO STATE MEDICAL BOARD

OCT 03 2005



DECLARATION OF COMPLIANCE

I hereby declare that I have continued to comply with all the probationary terms, conditions and restrictions imposed upon me by the State Medical Board of Ohio.

I understand and acknowledge that this declaration, if false, may subject me to additional disciplinary action by the State Medical Board of Ohio and may additionally subject me to criminal prosecution under Section 2921.13, Ohio Revised Code.

WE PRESCRIBED NO CONTROLLED SUBSTANCES

Tweeta Skinner

Signature

6-30-05

Date

2005 JUL -1 A 7 42

STATE MEDICAL BOARD OF OHIO



DECLARATION OF COMPLIANCE

I hereby declare that I have continued to comply with all the probationary terms, conditions and limitations imposed upon me by the State Medical Board of Ohio.

I understand and acknowledge that this declaration, if false, may subject me to additional disciplinary action by the State Medical Board of Ohio and may additionally subject me to criminal prosecution under Section 2921.13, Ohio Revised Code.

I HAVE PRESCRIBED NO CONTROLLED SUBSTANCES.

T. S. K.

Signature

3.31.05

Date

OHIO STATE MEDICAL BOARD

APR - 6 2005

January 24, 2000

**PERSONAL AND CONFIDENTIAL**

Timothy Scott Kress, M.D.  
Family Health  
5735 Meeker Road  
Greenville, OH 45331

Dear Doctor Kress:

Enclosed is a copy of the fully executed Step I Consent Agreement between yourself and the State Medical Board, which became effective on January 12, 2000.

A copy of the Board's Discussion Paper on Biological Fluid Testing is enclosed for your information. Also enclosed for your convenience is a sample for your declaration, and an attendance log for your A.A., N.A., or Caduceus reports. These are to be submitted on a quarterly basis. The first report is to be submitted to the Board by April 1, 2000 and at three month intervals, thereafter.

Within 30 days of this Agreement, please forward a curriculum vitae for a supervising physician for the purposes of paragraph G. This must be presented to the Board for approval.

Please note that you are **NOT** exempt from the terms of this Agreement for any period of time, including vacations, without receiving prior approval from the Board.

You are cautioned that strict compliance with these terms is mandatory. Should you have any questions you may contact me at the number listed below.

Sincerely,

Danielle Bickers  
Compliance Officer

Enclosures  
/dcb

cc: Douglas E. Graff, Esq.

**Direct Dial: (614) 644-9085**  
FAX: (614) 728-5946  
Website: [www.state.oh.us/med/](http://www.state.oh.us/med/)  
E-Mail Address: [Danielle.Bickers@med.state.oh.us](mailto:Danielle.Bickers@med.state.oh.us)

January 18, 2001

**PERSONAL AND CONFIDENTIAL**

Timothy S. Kress, M.D.  
4473 Old English Circle  
Bellbrook, OH 45305

Dear Doctor Kress:

Enclosed is a copy of the fully executed Step II Consent Agreement entered into with the State Medical Board, which became effective on January 11, 2001.

Another sample for your Declaration is enclosed for your information. Also enclosed is an Attendance Log for your A.A., N.A., or Caduceus reports. You must use the enclosed Attendance Log to document your attendance at twelve step meetings or other support groups as required by your Agreement. Obtain the signature of the Group Secretary or Chair for each meeting attended. These reports are to be submitted on a quarterly basis. The first report is to be submitted to the Board by April 1, 2001, and at three month intervals, thereafter.

I have also included a form for maintaining a log of controlled substances which is due thirty (30) days prior to your personal appearances.

Within thirty (30) days of this Agreement, please forward a curriculum vitae for a monitoring physician for the purposes of paragraph 12. This must be presented to the Board for approval. If you plan on having OPEP continue in the Supervisory capacity, please send a letter notifying the Board of such.

Please note that you are **NOT** exempt from the terms of this Agreement for any period of time, including vacations, without receiving prior approval from the Board. You are cautioned that strict compliance with these terms is mandatory. Should you have any questions you may contact me at the number listed below.

Sincerely,

Danielle C. Bickers  
Compliance Officer

Enclosures  
/dcb

cc: Douglas E. Graff, Esq.

**Direct Dial: (614) 644-9085**  
FAX: (614) 728-5946  
Website: [www.state.oh.us/med/](http://www.state.oh.us/med/)  
E-Mail Address: [Danielle.Bickers@med.state.oh.us](mailto:Danielle.Bickers@med.state.oh.us)

February 23, 2001

Timothy S. Kress, M.D.  
4473 Old English Circle  
Bellbrook, OH 45305

Dear Doctor Kress:

During their meeting on February 14, 2001, the Members of the State Medical Board moved to approve the attached practice plan, which allows you to work with the Planned Parenthood Centers in Butler County.

The Board further moved to approve Christopher S. Croom, M.D., as your monitoring physician, required by paragraph 12 of your Step II Agreement. I have also included a copy of the letter sent to Dr. Croom.

If you have any questions, please feel free to contact me at the number listed below.

Sincerely,

Danielle C. Bickers  
Compliance Officer

/dcb

cc: Douglas E. Graff, Esq.

February 23, 2001

Christopher S. Croom, M.D.  
2377 Passage Key Trail  
Beavercreek, OH 45385

Re: Timothy S. Kress, M.D.

Dear Doctor Croom:

Enclosed is the fully executed Step II Consent Agreement between Dr. Kress and the State Medical Board of Ohio, which became effective on January 10, 2001.

It is our understanding that Dr. Kress has already contacted you and that you have agreed to assume responsibility as his monitoring physician.

Please refer to paragraph 12. of the Consent Agreement, which sets forth your responsibilities as monitoring physician. You are to provide the Board with a report on the doctor's conformance to minimum standards of care based on a monthly review of ten (10) charts. The report is also to include reference to your observation of his adherence to the terms of his Consent Agreement, and your evaluation of his recovery and job performance. The first report will be due April 1, 2001, and at three-month intervals, thereafter.

It is the responsibility of Dr. Kress to ensure that all requirements of this Agreement are met, but please be aware that failure to submit required reports in a timely manner could result in further disciplinary procedures against him. In the event that you can no longer serve as Dr. Kress' monitoring physician, please notify both the State Medical Board and Dr. Kress immediately so that he can make alternative arrangements acceptable to the Board.

If you have any questions, please feel free to contact me at the number listed below.

Sincerely,

Danielle C. Bickers  
Compliance Officer

/dcb  
Enclosures

cc: Timothy S. Kress, M.D.  
Douglas E. Graff, Esq.

**Direct Dial: (614) 644-9085**  
FAX: (614) 728-5946  
Website: [www.state.oh.us/med/](http://www.state.oh.us/med/)  
E-Mail Address: [Danielle.Bickers@med.state.oh.us](mailto:Danielle.Bickers@med.state.oh.us)

July 18, 2001

Timothy S. Kress, M.D.  
4473 Old English Circle  
Bellbrook, OH 45305

Dear Doctor Kress:

During their meeting on July 11, 2001, the Members of the State Medical Board moved to approve the attached practice plan that allows you to work at Planned Parenthood's Springdale Center clinic.

If you have any questions, please feel free to contact me at the number listed below.

Sincerely,

Danielle Bickers  
Compliance Officer

/dcb

March 18, 2002

Timothy S. Kress, M.D.  
2898 River End Court  
Spring Valley, OH 45370

Dear Doctor Kress:

During their meeting on March 13, 2002, the Members of the State Medical Board moved to approve a reduction in drug screen frequency from one per week to twice per month, and a reduction in appearances from three to six months. Your next appearance will be scheduled in July 2002. Please be advised, however, that all documentation will still need to be submitted to the Board on a quarterly basis.

If you have any questions, please feel free to contact me at the number listed below.

Sincerely,

Danielle Bickers  
Compliance Officer

/dcb

October 15, 2002

Timothy S. Kress, M.D.  
2898 River End Court  
Spring Valley, OH 45370

Dear Doctor Kress:

During their meeting on October 9, 2002, the Members of the State Medical Board moved to approve the attached practice plan, which would allow you to work full-time in clinical practice for Planned Parenthood.

Please be advised that you are required to limit your activities pursuant to the approved plan.

If you have any questions, please feel free to contact me at the number listed below.

Sincerely,

Danielle Bickers  
Compliance Officer

/dcb

**Direct Dial: (614) 644-9085**  
FAX: (614) 728-5946  
Website: [www.state.oh.us/med/](http://www.state.oh.us/med/)  
E-Mail Address: [Danielle.Bickers@med.state.oh.us](mailto:Danielle.Bickers@med.state.oh.us)



March 22, 2006

Timothy S. Kress, M.D.  
2898 River End Court  
Spring Valley, OH 45370

Dear Doctor Kress,

At the meeting on January 11, 2006, the Members of the State Medical Board moved to release you from terms and conditions of probation established by the January 11, 2001 Step II Consent Agreement. The release from probation became effective immediately.

Be advised that pursuant to the terms of division (B)(26) of Section 4731.22, Ohio Revised Code, you are required to submit, at the end of the next two years, progress reports made under penalty of perjury, stating whether you have maintained sobriety. The first such report is due January 1, 2007.

On behalf of the Members of the Board and the staff, I wish you continued success in your future endeavors.

Sincerely,

Danielle Bickers  
Compliance Officer

/dcb



# State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: [www.med.ohio.gov](http://www.med.ohio.gov)

March 22, 2006

Timothy S. Kress, M.D.  
2898 River End Court  
Spring Valley, OH 45370

Dear Doctor Kress,

At the meeting on January 11, 2006, the Members of the State Medical Board moved to release you from terms and conditions of probation established by the January 11, 2001 Step II Consent Agreement. The release from probation became effective immediately.

Be advised that pursuant to the terms of division (B)(26) of Section 4731.22, Ohio Revised Code, you are required to submit, at the end of the next two years, progress reports made under penalty of perjury, stating whether you have maintained sobriety. The first such report is due January 1, 2007.

On behalf of the Members of the Board and the staff, I wish you continued success in your future endeavors.

Sincerely,

A handwritten signature in cursive script that reads "Danielle Bickers".

Danielle Bickers  
Compliance Officer

/dcb

**Direct Dial: (614) 644-9085**  
FAX: (614) 728-5946  
Website: [www.state.oh.us/med/](http://www.state.oh.us/med/)  
E-Mail Address: [Danielle.Bickers@med.state.oh.us](mailto:Danielle.Bickers@med.state.oh.us)



# State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

Richard A. Whitehouse, Esq.  
Executive Director

(614) 466-3934  
med.ohio.gov

September 7, 2012

**VIA Email:**  
[foia1000@live.com](mailto:foia1000@live.com)

Attn. Chris Anderson

Subject: Timothy Kress, M.D.

This letter is in response to your request for public information records of the State Medical Board of Ohio [Medical Board]. The identifiable public records responsive to your request are enclosed, which are the compliance documents.

Please note that in all of the records, your subject's Social Security Number is redacted, pursuant to 5 U.S.C. §552a and *State ex rel. Office of Montgomery Cty Public Defender v. Siroki*, 108 Ohio St. 3d 207 (2006).

Please note from the AA logs, the names of those who signed in attendance at the group's meetings were redacted as not constituting a record as the information does not serve to document the organization, functions, policies, decisions, procedures, operations, or other activities of the Medical Board. *State ex rel. Dispatch Printing Co. v. Johnson*, 106 Ohio St. 3d 160. Please contact me should you wish to discuss these redactions further.

The Medical Board's Public Records Policy can be viewed and printed from the website at [www.med.ohio.gov](http://www.med.ohio.gov). There is no charge for the requested copies being provided to you. This completes your request in its entirety.

Should you have questions concerning this response, please contact me by mail at the address above or by phone at (614) 644-7021.

Sincerely,



Sallie J. Debolt  
General Counsel

**ACKNOWLEDGEMENT OF REVIEW OF  
CONSENT AGREEMENT**

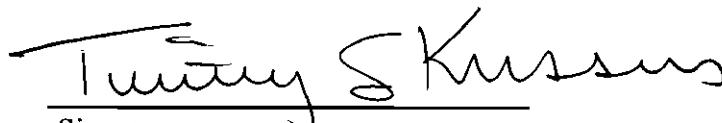
**Timothy Scott Kress, M.D.**

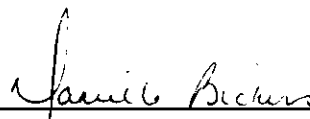
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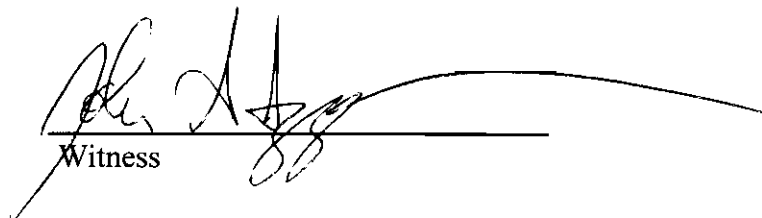
**March 6, 2001**

Date

I hereby acknowledge that I met this date with representatives of The State Medical Board of Ohio, who reviewed with me the terms and conditions contained in my Step II Consent Agreement, which became effective January 11, 2001. The Board representatives explained each term to me individually, and answered any questions I asked.

  
Signature

  
Witness

  
Witness

January 12, 2000

---

TIMOTHY SCOTT KRESS, M.D.

**DR. STEINBERGH MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH DR. KRESS. DR. BHATI SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- abstain
	Dr. Bhati	- aye
	Dr. Talmage	- aye
	Dr. Somani	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Noble	- aye
	Dr. Stienecker	- aye
	Dr. Agresta	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye
	Dr. Egner	- aye

The motion carried.

ROBERT S. REEVES, JR., M.D.

**DR. STEINBERGH MOVED TO RATIFY THE PROPOSED CONSENT AGREEMENT WITH DR. REEVES. DR. SOMANI SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- abstain
	Dr. Bhati	- aye
	Dr. Talmage	- aye
	Dr. Somani	- aye
	Dr. Buchan	- aye
	Mr. Browning	- aye
	Ms. Noble	- aye
	Dr. Stienecker	- aye
	Dr. Agresta	- aye
	Dr. Garg	- abstain
	Dr. Steinbergh	- aye
	Dr. Egner	- aye

March 13, 2002

---

The motion carried.

MARK T. HALLE, M.D.

Dr. Halle's request for approval of a new psychotherapist was presented to the Board for consideration at this time.

**DR. STEINBERGH MOVED TO APPROVE RICHARD E. MAGUE, PH.D. TO SERVE AS DR. HALLE'S PSYCHOTHERAPIST. DR. BUCHAN SECONDED THE MOTION.** A vote was taken:

Vote:	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Ms. Sloan	- aye
	Dr. Stienecker	- aye
	Dr. Agresta	- aye
	Dr. Steinbergh	- aye
	Dr. Somani	- aye

The motion carried.

Mr. Albert returned to the meeting at this time.

TIMOTHY S. KRESS, M.D.

Dr. Kress' request for reductions in his drug screen requirement and his appearance schedule was presented to the Board for consideration at this time.

**DR. STEINBERGH MOVED TO APPROVE DR. KRESS' REQUEST TO REDUCE HIS DRUG SCREEN REQUIREMENT FROM ONCE PER WEEK TO TWICE PER MONTH AND TO REDUCE HIS APPEARANCE SCHEDULE FROM EVERY THREE MONTHS TO EVERY SIX MONTHS. DR. AGRESTA SECONDED THE MOTION.** A vote was taken:

Vote:	Dr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Ms. Sloan	- aye
	Dr. Stienecker	- aye

March 13, 2002

---

Dr. Agresta	- aye
Dr. Steinbergh	- aye
Dr. Somani	- aye

The motion carried.

DAVID C. MINOR, M.D.

Dr. Minor's request for a new psychiatrist was presented to the Board for consideration at this time.

**DR. STEINBERGH MOVED TO APPROVE JOHN P. HENNESSEE, M.D., TO SERVE AS DR. MINOR'S PSYCHIATRIST. DR. BUCHAN SECONDED THE MOTION.** A vote was taken:

Vote:	Dr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Ms. Sloan	- aye
	Dr. Stienecker	- aye
	Dr. Agresta	- aye
	Dr. Steinbergh	- aye
	Dr. Somani	- aye

The motion carried.

MAHMOOD M. ORRA, D.O.

Dr. Orra's requests for approval of ethics courses and community service were presented to the Board for consideration at this time.

**DR. STEINBERGH MOVED TO APPROVE THE FOLLOWING ETHICS COURSE FOR PURPOSES OF FULFILLING PARAGRAPH ILC OF DR. ORRA'S MAY 9, 2001 CONSENT AGREEMENT: *VALUES IN HEALTH CARE: PAST, PRESENT AND FUTURE*. DR. STEINBERGH FURTHER MOVED TO APPROVE DR. ORRA'S REQUEST TO DIVIDE HIS COMMUNITY SERVICE BETWEEN THE FREE CLINIC OF CLEVELAND AND THE SALVATION ARMY HOMELESS SHELTER. DR. BHATI SECONDED THE MOTION.**

Dr. Steinbergh stated that at first the course seemed a little light, but she feels that it is an appropriate program for Dr. Orra. She doesn't believe that the other proposed course is appropriate.

A vote was taken:

**STEP II**  
**CONSENT AGREEMENT**  
**BETWEEN**  
**TIMOTHY SCOTT KRESS, M.D.**  
**AND**  
**THE STATE MEDICAL BOARD OF OHIO**

This CONSENT AGREEMENT is entered into by and between TIMOTHY SCOTT KRESS, M.D., and THE STATE MEDICAL BOARD OF OHIO, a state agency charged with enforcing Chapter 4731., Ohio Revised Code.

TIMOTHY SCOTT KRESS, M.D., enters into this CONSENT AGREEMENT being fully informed of his rights under Chapter 119., Ohio Revised Code, including the right to representation by counsel and the right to a formal adjudicative hearing on the issues considered herein.

**BASIS FOR ACTION**

This CONSENT AGREEMENT is entered into on the basis of the following stipulations, admissions and understandings:

- A. THE STATE MEDICAL BOARD OF OHIO is empowered by Section 4731.22(B), Ohio Revised Code, to limit, revoke, suspend a certificate, refuse to register or reinstate an applicant, or reprimand or place on probation the holder of a certificate who is in violation of Section 4731.22(B)(9), Ohio Revised Code, “[a] plea of guilty to, or a judicial finding of guilt of, or a judicial finding of eligibility for treatment in lieu of conviction for, a felony,” and Section 4731.22(B)(26), Ohio Revised Code, “impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice.”
- B. THE STATE MEDICAL BOARD OF OHIO enters into this CONSENT AGREEMENT in lieu of formal proceedings based upon the violations of Section 4731.22(B)(9) and (26), Ohio Revised Code, as set forth in Paragraphs D, E, and F of the January 2000 Consent Agreement between TIMOTHY SCOTT KRESS, M.D., and THE STATE MEDICAL BOARD OF OHIO, a copy of which is attached hereto and incorporated herein, and based upon the stipulations set forth in Paragraphs D, E, F, and G below. THE STATE MEDICAL BOARD OF OHIO expressly reserves the right to institute formal proceedings based upon any other



violations of Chapter 4731. of the Revised Code, whether occurring before or after the effective date of this Agreement.

- C. TIMOTHY SCOTT KRESS, M.D., is applying for reinstatement of his license to practice medicine and surgery in the State of Ohio, which was suspended pursuant to the terms of the above referenced January 2000 Consent Agreement.
- D. TIMOTHY SCOTT KRESS, M.D., STATES and THE STATE MEDICAL BOARD OF OHIO ACKNOWLEDGES that DOCTOR KRESS has substantially complied with the reinstatement conditions as set forth in his January 2000 Consent Agreement.
- E. Pursuant to paragraph III.B.i. of the January 2000 Consent Agreement, the STATE MEDICAL BOARD OF OHIO received a letter on or about November 19, 1999, from Shepherd Hill Hospital, a Board approved treatment provider, which states that DOCTOR KRESS entered treatment on September 2, 1999, and completed treatment and was discharged on November 19, 1999.
- F. Pursuant to paragraph III.B.ii. of the January 2000 Consent Agreement, on January 5, 2001, Shepherd Hill Hospital informed the STATE MEDICAL BOARD OF OHIO in a phone conversation that DOCTOR KRESS is in compliance with his aftercare contract.
- G. Pursuant to paragraph III.B.iii. of the January 2000 Consent Agreement, DOCTOR KRESS obtained the following evaluations from Board approved treatment providers:
  - 1. On or about November 10, 2000, the STATE MEDICAL BOARD OF OHIO received an assessment report concerning DOCTOR KRESS from Frederick N. Karaffa, M.D., of Shepherd Hill Hospital. Dr. Karaffa stated that he thought "returning to the high stress obstetrical practice would be a high risk" for a recovering physician, and that he concurred with DOCTOR KRESS' plan to explore a position with Planned Parenthood of Cincinnati. Further, Dr. Karaffa opined that DOCTOR KRESS "should not have any difficulty in practicing medicine to current and acceptable standards," noting that in light of Dr. Kress' well-established recovery program he was able to recommend that DOCTOR KRESS reapply for his license.
  - 2. On or about December 13, 2000, the STATE MEDICAL BOARD OF OHIO received an assessment report concerning

DOCTOR KRESS from John Peterangelo, D.O., of Greene Hall Chemical Dependency Services, a Board approved treatment provider. Dr. Peterangelo stated that he found DOCTOR KRESS to be a “sincere individual who is highly motivated to continuing a solid recovery program,” and that he recommends that DOCTOR KRESS be allowed to resume the practice of medicine.

### **AGREED CONDITIONS**

Wherefore, in consideration of the foregoing and mutual promises hereinafter set forth, and in lieu of any formal proceedings at this time, the certificate of TIMOTHY SCOTT KRESS, M.D., to practice medicine and surgery in the State of Ohio shall be reinstated, and TIMOTHY SCOTT KRESS, M.D., knowingly and voluntarily agrees with THE STATE MEDICAL BOARD OF OHIO, (hereinafter BOARD), to the following PROBATIONARY terms, conditions and limitations:

1. DOCTOR KRESS shall obey all federal, state and local laws, and all rules governing the practice of medicine in Ohio, and all terms of probation imposed by the Darke County Court of Common Pleas in Case Number 99-CR-11982.
2. DOCTOR KRESS shall submit quarterly declarations under penalty of BOARD disciplinary action or criminal prosecution, stating whether there has been compliance with all the conditions of this CONSENT AGREEMENT. The first quarterly declaration must be received in the BOARD’s offices on the first day of the third month following the month in which the CONSENT AGREEMENT becomes effective, provided that if the effective date is on or after the 16th day of the month, the first quarterly declaration must be received in the BOARD’s offices on the first day of the fourth month following. Subsequent quarterly declarations must be received in the BOARD’s offices on or before the first day of every third month;
3. DOCTOR KRESS shall appear in person for quarterly interviews before the BOARD or its designated representative, or as otherwise directed by the BOARD.

If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled. (Example: The first quarterly appearance is scheduled for February, but based upon the doctor’s serious personal illness he is permitted to delay appearance until April. The next appearance will still be scheduled for May, three months after the appearance as originally scheduled.) Although the BOARD will

normally give DOCTOR KRESS written notification of scheduled appearances, it is DOCTOR KRESS' responsibility to know when personal appearances will occur. If he does not receive written notification from the BOARD by the end of the month in which the appearance should have occurred, DOCTOR KRESS shall immediately submit to the BOARD a written request to be notified of his next scheduled appearance;

4. In the event that DOCTOR KRESS should leave Ohio for three (3) continuous months, or reside or practice outside the State, DOCTOR KRESS must notify the BOARD in writing of the dates of departure and return. Periods of time spent outside Ohio will not apply to the reduction of this period under the CONSENT AGREEMENT, unless otherwise determined by motion of the BOARD in instances where the BOARD can be assured that probationary monitoring is otherwise being performed;
5. In the event DOCTOR KRESS is found by the Secretary of the BOARD to have failed to comply with any provision of this CONSENT AGREEMENT, and is so notified of that deficiency in writing, such period(s) of noncompliance will not apply to the reduction of the probationary period under the CONSENT AGREEMENT;

## **MONITORING OF REHABILITATION AND TREATMENT**

### **Drug Associated Restrictions**

6. DOCTOR KRESS shall keep a log of all controlled substances prescribed. Such log shall be submitted in the format approved by the BOARD thirty (30) days prior to DOCTOR KRESS' personal appearance before the BOARD or its designated representative, or as otherwise directed by the BOARD;
7. DOCTOR KRESS shall not, without prior BOARD approval, administer, dispense, or possess (except as allowed under Paragraph 8 below) any controlled substances as defined by state or federal law. In the event that the BOARD agrees at a future date to modify this CONSENT AGREEMENT to allow DOCTOR KRESS to administer or dispense controlled substances, DOCTOR KRESS shall keep a log of all controlled substances administered or dispensed. Such log shall be submitted in the format approved by the BOARD thirty (30) days prior to DOCTOR KRESS' personal appearance before the BOARD or its designated representative, or as otherwise directed by the BOARD;

**Sobriety**

8. DOCTOR KRESS shall abstain completely from the personal use or possession of drugs, except those prescribed, dispensed or administered to him by another so authorized by law who has full knowledge of DOCTOR KRESS' history of chemical dependency;
9. DOCTOR KRESS shall abstain completely from the use of alcohol;

**Drug and Alcohol Screens/Supervising Physician**

10. DOCTOR KRESS shall submit to random urine screenings for drugs and alcohol on a weekly basis or as otherwise directed by the BOARD. DOCTOR KRESS shall ensure that all screening reports are forwarded directly to the BOARD on a quarterly basis. The drug testing panel utilized must be acceptable to the Secretary of the BOARD;

Within thirty (30) days of the effective date of this CONSENT AGREEMENT, DOCTOR KRESS shall submit to the BOARD for its prior approval the name of a supervising physician to whom DOCTOR KRESS shall submit the required urine specimens. In approving an individual to serve in this capacity, the BOARD will give preference to a physician who practices in the same locale as DOCTOR KRESS. The supervising physician shall ensure that the urine specimens are obtained on a random basis, that the giving of the specimen is witnessed by a reliable person, and that appropriate control over the specimen is maintained. In addition, the supervising physician shall immediately inform the BOARD of any positive screening results;

DOCTOR KRESS shall ensure that the supervising physician provides quarterly reports to the BOARD, on forms approved or provided by the BOARD, verifying whether all urine screens have been conducted in compliance with this CONSENT AGREEMENT, whether all urine screenings have been negative, and whether the supervising physician remains willing and able to continue in his or her responsibilities;

In the event that the designated supervising physician becomes unable or unwilling to so serve, DOCTOR KRESS must immediately notify the BOARD in writing, and make arrangements acceptable to the BOARD for another supervising physician as soon as practicable. DOCTOR KRESS shall further ensure that the previously designated supervising physician also notifies the BOARD directly of the inability to continue to serve and the reasons therefore;

All screening reports and supervising physician reports required under this paragraph must be received in the BOARD's offices no later than the due date for DOCTOR KRESS' quarterly declaration. It is DOCTOR KRESS' responsibility to ensure that reports are timely submitted;

11. The BOARD retains the right to require, and DOCTOR KRESS agrees to submit, blood or urine specimens for analysis at DOCTOR KRESS' expense upon the BOARD's request and without prior notice. DOCTOR KRESS' refusal to submit a blood or urine specimen upon request of the BOARD shall result in a minimum of one year of actual license suspension;

### **Monitoring Physician**

12. Within thirty (30) days of the effective date of this CONSENT AGREEMENT, DOCTOR KRESS shall submit for the BOARD's prior approval the name of a monitoring physician, who shall review DOCTOR KRESS' patient charts and shall submit a written report of such review to the BOARD on a quarterly basis. In approving an individual to serve in this capacity, the BOARD will give preference to a physician who practices in the same locale as DOCTOR KRESS and who is engaged in the same or similar practice specialty. Such chart review may be done on a random basis, with the frequency and number of charts reviewed to be determined by the BOARD. It shall be DOCTOR KRESS' responsibility to ensure that the monitoring physician's quarterly reports are submitted to the BOARD on a timely basis;

Further, the monitoring physician shall otherwise monitor DOCTOR KRESS and provide the BOARD with quarterly reports on the doctor's progress and status. DOCTOR KRESS shall ensure that such reports are forwarded to the BOARD on a quarterly basis. In the event that the designated monitoring physician becomes unable or unwilling to serve in this capacity, DOCTOR KRESS must immediately so notify the BOARD in writing, and make arrangements acceptable to the BOARD for another monitoring physician as soon as practicable. DOCTOR KRESS shall further ensure that the previously designated monitoring physician also notifies the BOARD directly of the inability to continue to serve and the reasons therefore;

All monitoring physician reports required under this paragraph must be received in the BOARD's offices no later than the due date for DOCTOR KRESS' quarterly declaration. It is DOCTOR KRESS' responsibility to ensure that reports are timely submitted;

**Rehabilitation Program**

13. Within thirty (30) days of the effective date of this CONSENT AGREEMENT, DOCTOR KRESS shall undertake and maintain participation in an alcohol and drug rehabilitation program, such as A.A., N.A., or Caduceus, no less than three (3) times per week. Substitution of any other specific program must receive prior BOARD approval;

DOCTOR KRESS shall submit with each quarterly declaration required under Paragraph 2 of this CONSENT AGREEMENT acceptable documentary evidence of continuing compliance with this program;

**Aftercare**

14. DOCTOR KRESS shall maintain continued compliance with the terms of the aftercare contract entered into with Shepherd Hill Hospital and the advocacy contract entered with the Ohio Physicians Effectiveness Program in November 1999, provided that where terms of the aftercare contract or advocacy contract conflict with terms of this CONSENT AGREEMENT, the terms of this CONSENT AGREEMENT shall control;

**Releases**

15. DOCTOR KRESS shall provide continuing authorization, through appropriate written consent forms, for disclosure by his treatment provider to the BOARD, to treating and monitoring physicians, and to others involved in the monitoring process, of information necessary for them to fulfill their respective duties and obligations;

**Approval of Employment**

16. DOCTOR KRESS shall obtain the approval of the BOARD for any medical practice or employment related to the health care fields. The BOARD shall consider, among other factors, the adequacy and continuity of supervision and the feasibility of restricted access to controlled substances, which will ensure the protection of the public, prior to approval or disapproval of the proposed employment;

**Required Reporting by Licensee**

17. Within thirty (30) days of the effective date of this CONSENT AGREEMENT, DOCTOR KRESS shall provide a copy of this CONSENT AGREEMENT to all employers or entities with which he is under contract to provide health care services or is receiving training; and

the Chief of Staff at each hospital where he has privileges or appointments. Further, DOCTOR KRESS shall provide a copy of this CONSENT AGREEMENT to all employers or entities with which he contracts to provide health care services, or applies for or receives training, and the Chief of Staff at each hospital where he applies for or obtains privileges or appointments;

18. Within thirty (30) days of the effective date of this CONSENT AGREEMENT, DOCTOR KRESS shall provide a copy of this CONSENT AGREEMENT by certified mail, return receipt requested, to the proper licensing authority of any state or jurisdiction in which he currently holds any professional license. DOCTOR KRESS further agrees to provide a copy of this CONSENT AGREEMENT by certified mail, return receipt requested, at time of application to the proper licensing authority of any state in which he applies for any professional license or reinstatement of any professional license. Further, DOCTOR KRESS shall provide this BOARD with a copy of the return receipt as proof of notification within thirty (30) days of receiving that return receipt;

#### **VIOLATION OF PROBATIONARY TERMS**

19. Any violation of Paragraph 8 or Paragraph 9 of this CONSENT AGREEMENT shall constitute grounds to revoke or permanently revoke DOCTOR KRESS' certificate. DOCTOR KRESS agrees that the minimum discipline for such a violation shall include actual license suspension. This paragraph does not limit the BOARD's authority to suspend, revoke or permanently revoke DOCTOR KRESS' certificate based on other violations of this CONSENT AGREEMENT;
20. DOCTOR KRESS AGREES that if any declaration or report required by this CONSENT AGREEMENT is not received in the BOARD's offices on or before its due date, DOCTOR KRESS shall cease practicing beginning the day next following receipt from the BOARD of notice of non-receipt, either by writing, by telephone, or by personal contact until the declaration or report is received in the BOARD offices. Any practice during this time period shall be considered unlicensed practice in violation of Section 4731.41 of the Revised Code;
21. DOCTOR KRESS AGREES that if, without prior permission from the BOARD, he fails to submit to random screenings for drugs and alcohol at least as frequently as required by Paragraph 10 of this CONSENT AGREEMENT, he shall cease practicing immediately upon receipt from the BOARD of notice of the violation and shall refrain from practicing

for thirty (30) days for the first instance of a single missed screen. Practice during this time period shall be considered unlicensed practice in violation of Section 4731.41 of the Revised Code; and,

22. DOCTOR KRESS AGREES that if he fails to participate in an alcohol and drug rehabilitation program at least as frequently as required by Paragraph 13 of this CONSENT AGREEMENT, he shall cease practicing immediately upon receipt from the BOARD of notice of the violation, and shall refrain from practicing for fifteen (15) days following a first missed meeting. Practice during this time period shall be considered unlicensed practice in violation of Section 4731.41 of the Revised Code.

#### **FAILURE TO COMPLY**

If, in the discretion of the Secretary and Supervising Member of the BOARD, DOCTOR KRESS appears to have violated or breached any term or condition of this CONSENT AGREEMENT, the BOARD reserves the right to institute formal disciplinary proceedings for any and all possible violations or breaches, including, but not limited to, alleged violations of the laws of Ohio occurring before the effective date of this CONSENT AGREEMENT.

If the Secretary and Supervising Member of the BOARD determine that there is clear and convincing evidence that DOCTOR KRESS has violated any term, condition or limitation of this CONSENT AGREEMENT, DOCTOR KRESS agrees that the violation, as alleged, also constitutes clear and convincing evidence that his continued practice presents a danger of immediate and serious harm to the public for purposes of initiating a summary suspension pursuant to Section 4731.22(G), Ohio Revised Code.

#### **DURATION/MODIFICATION OF TERMS**

DOCTOR KRESS shall not request termination of this CONSENT AGREEMENT for a minimum of five (5) years. In addition, DOCTOR KRESS shall not request modification to the probationary terms, limitations and conditions contained herein for at least one (1) year. Otherwise, the above described terms, limitations and conditions may be amended or terminated in writing at any time upon the agreement of both parties.

#### **ACKNOWLEDGMENTS/LIABILITY RELEASE**

DOCTOR KRESS acknowledges that he has had an opportunity to ask questions concerning the terms of this CONSENT AGREEMENT and that all questions asked have been answered in a satisfactory manner.



Any action initiated by the BOARD based on alleged violations of this CONSENT AGREEMENT shall comply with the Administrative Procedure Act, Chapter 119., Ohio Revised Code.

DOCTOR KRESS hereby releases THE STATE MEDICAL BOARD OF OHIO, its members, employees, agents, officers and representatives jointly and severally from any and all liability arising from the within matter.

This CONSENT AGREEMENT shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code. Further, this information may be reported to appropriate organizations, data banks and governmental bodies.

**EFFECTIVE DATE**


It is expressly understood that this CONSENT AGREEMENT is subject to ratification by the BOARD prior to signature by the Secretary and Supervising Member and that it shall become effective upon the last date of signature below.


  
TIMOTHY SCOTT KRESS, M.D.

  
ANAND G. GARG, M.D.  
Secretary

1-8-2001  
DATE

01/10/01  
DATE

  
DOUGLAS E. GRAFF, Esq.  
Attorney for Dr. KRESS

  
RAYMOND J. ALBERT  
Supervising Member

1/11/01  
DATE

1/10/01  
DATE

*Anne B. Strait, Esq.*  
ANNE B. STRAIT, ESQ.  
Assistant Attorney General

1/10/01  
DATE

**STEP I CONSENT AGREEMENT BETWEEN  
TIMOTHY SCOTT KRESS, M.D.  
AND THE STATE MEDICAL BOARD OF OHIO**

THIS CONSENT AGREEMENT is entered into by and between TIMOTHY SCOTT KRESS, M.D., and THE STATE MEDICAL BOARD OF OHIO, a state agency charged with enforcing R.C. Chapter 4731.

TIMOTHY SCOTT KRESS, M.D., enters into this Consent Agreement being fully informed of his rights under R.C. Chapter 119, including the right to representation by counsel and the right to a formal adjudicative hearing on the issues considered herein.

**BASIS FOR ACTION**

This Consent Agreement is entered into on the basis of the following stipulations, admissions and understandings:

- A. THE STATE MEDICAL BOARD OF OHIO is empowered by R.C. 4731.22(B), to limit, revoke, suspend a certificate, refuse to register or reinstate an applicant, or reprimand or place on probation the holder of a certificate for any of the enumerated violations.
- B. THE STATE MEDICAL BOARD OF OHIO enters into this Consent Agreement in lieu of further formal proceedings based upon the violations of R.C. 4731.22(B)(9) and (B)(26), as set forth in the Notice of Immediate Suspension and Opportunity for Hearing dated October 13, 1999, attached hereto as Exhibit A and incorporated herein by this reference, and expressly reserves the right to institute formal proceedings based upon any other violations of R.C. Chapter 4731, whether occurring before or after the effective date of this Consent Agreement.
- C. The license to practice medicine and surgery in the State of Ohio of TIMOTHY SCOTT KRESS, M.D., was suspended pursuant to the provisions of R.C. 3719.121(C), as set forth in the Notice of Immediate Suspension and Opportunity for Hearing dated October 13, 1999, attached as Exhibit A.

TIMOTHY SCOTT KRESS, M.D., STATES that he is licensed to practice medicine and surgery in the following states:

OHIO

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- D. TIMOTHY SCOTT KRESS, M.D., ADMITS the allegations set forth in the Notice of Immediate Suspension and Opportunity for Hearing, attached hereto as Exhibits A. TIMOTHY SCOTT KRESS, M.D., further ADMITS that the acts

underlying his guilty pleas to two felony counts of Theft of Drugs, in violation of R.C. 2913.02(A), and to four felony counts of Illegal Processing of Drug Documents, in violation of R.C. 2925.(B)(1), included his theft of injectable Demerol from the pharmacy at the clinic where he practiced, and his obtaining of false or forged prescriptions for Codiclear DH and Soma. TIMOTHY SCOTT KRESS, M.D., further ADMITS that he staged break-ins at the pharmacy, and diluted the pharmacy's remaining stock of injectable Demerol, in an attempt to cover up his thefts.

- E. TIMOTHY SCOTT KRESS, M.D., further affirmatively STATES that he underwent residential treatment at Shepherd Hill Hospital, Newark, Ohio, a treatment provider approved by the BOARD pursuant to section 4731.25, Ohio Revised Code, between the dates of September 2, 1999 and November 19, 1999 for chemical dependency. TIMOTHY SCOTT KRESS, M.D. further affirmatively STATES that as of the date of this Consent Agreement he is in compliance with all requirements of treatment and aftercare.
- F. TIMOTHY SCOTT KRESS, M.D., further ADMITS that his ability to practice according to acceptable and prevailing standards of care is impaired by his excessive or habitual use of drugs or alcohol, as set forth in Section 4731.22(B)(26), Ohio Revised Code.

#### **AGREED CONDITIONS**

Wherefore, in consideration of the foregoing and mutual promises hereinafter set forth, and in lieu of any further formal proceedings at this time, TIMOTHY SCOTT KRESS, M.D. (hereinafter DOCTOR KRESS), knowingly and voluntarily agrees with THE STATE MEDICAL BOARD OF OHIO (hereinafter BOARD), to the following terms, conditions, and limitations:

#### **STAYED PERMANENT REVOCATION; SUSPENSION OF CERTIFICATE**

- I. The suspension of DOCTOR KRESS's certificate to practice medicine and surgery pursuant to R.C. 3719.121(C), as set forth in the Notice of Immediate Suspension and Opportunity for Hearing dated October 13, 1999, is hereby terminated. Further, the certificate of DOCTOR KRESS to practice medicine and surgery in the State of Ohio shall be PERMANENTLY REVOKED. Such revocation is STAYED, and DOCTOR KRESS's certificate shall be SUSPENDED for an indefinite period of time, but not less than one (1) year from the effective date of this Consent Agreement. During the period of suspension, DOCTOR KRESS shall comply with the following terms, conditions and limitations:

Compliance with laws and terms of criminal probation

- A. DOCTOR KRESS shall obey all federal, state and local laws, all rules governing the practice of medicine and surgery in Ohio, and all terms of probation imposed by the Darke County Court of Common Pleas in Case No. 99-CR-11982.

Sobriety

- B. DOCTOR KRESS shall abstain completely from the personal use or possession of drugs, except those prescribed, dispensed or administered to him by another so authorized by law who has full knowledge of DOCTOR KRESS's history of chemical dependency.
- C. DOCTOR KRESS shall abstain completely from the use of alcohol.

Releases; Quarterly Declarations and Appearances

- D. DOCTOR KRESS shall provide continued authorization, through appropriate written consent forms, for disclosure of evaluative reports, summaries, and records, of whatever nature, by any and all parties that provide treatment or evaluation for DOCTOR KRESS's chemical dependency or related conditions, or for purposes of complying with the Consent Agreement, whether such treatment or evaluation occurred before or after the date of this Consent Agreement. The above-mentioned evaluative reports, summaries, and records are considered medical records for purposes of Section 149.43 of the Ohio Revised Code and are confidential pursuant to statute. DOCTOR KRESS further agrees to provide the BOARD written consent permitting any treatment provider from whom he obtains treatment to notify the BOARD in the event he fails to agree to or comply with any treatment contract or aftercare contract. Failure to provide such consent, or revocation of such consent, shall constitute a violation of this Consent Agreement.
- E. DOCTOR KRESS shall submit quarterly declarations under penalty of BOARD disciplinary action or criminal prosecution stating whether there has been compliance with all the conditions of this Consent Agreement. The first quarterly declaration must be received in the BOARD's offices on the first day of the third month following the month in which this Consent Agreement becomes effective, provided that if the effective date is on or after the 16th day of the month, the first quarterly declaration must

be received in the BOARD'S offices on the first day of the fourth month following. Subsequent quarterly declarations must be received in the BOARD's offices on or before the first day of every third month;

- F. DOCTOR KRESS shall appear in person for quarterly interviews before the BOARD or its designated representative, or as otherwise directed by the BOARD.

If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled. (Example: The first quarterly appearance is scheduled for February, but based upon the doctor's serious personal illness he is permitted to delay appearance until April. The next appearance will still be scheduled for May, three months after the appearance as originally scheduled.) Although the BOARD will normally give DOCTOR KRESS written notification of scheduled appearances, it is DOCTOR KRESS's responsibility to know when personal appearances will occur. If he does not receive written notification from the BOARD by the end of the month in which the appearance should have occurred, DOCTOR KRESS shall immediately submit to the BOARD a written request to be notified of his next scheduled appearance.

Drug and Alcohol Screens; Supervising Physician

- G. DOCTOR KRESS shall submit to random urine screenings for drugs and alcohol on a two (2) times per week basis or as otherwise directed by the BOARD. DOCTOR KRESS shall ensure that all screening reports are forwarded directly to the BOARD on a quarterly basis. The drug testing panel utilized must be acceptable to the Secretary of the Board.

Within thirty (30) days of the effective date of this Consent Agreement, DOCTOR KRESS shall submit to the BOARD for its prior approval the name of a supervising physician to whom DOCTOR KRESS shall submit the required urine specimens. In approving an individual to serve in this capacity, the BOARD will give preference to a physician who practices in the same locale as DOCTOR KRESS. The supervising physician shall ensure that the urine specimens are obtained on a random basis, that the giving of the specimen is witnessed by a reliable person, and that appropriate control over the specimen is maintained. In addition, the supervising physician shall immediately inform the BOARD of any positive screening results.

DOCTOR KRESS shall ensure that the supervising physician provides quarterly reports to the BOARD, on forms approved or provided by the BOARD, verifying whether all urine screens have been conducted in compliance with this Consent Agreement, whether all urine screens have been negative, and whether the supervising physician remains willing and able to continue in his responsibilities.

In the event that the designated supervising physician becomes unable or unwilling to so serve, DOCTOR KRESS must immediately notify the BOARD in writing, and make arrangements acceptable to the BOARD for another supervising physician as soon as practicable. DOCTOR KRESS shall further ensure that the previously designated supervising physician also notifies the BOARD directly of the inability to continue to serve and the reasons therefor;

All screening reports and supervising physician reports required under this paragraph must be received in the BOARD's offices no later than the due date for DOCTOR KRESS's quarterly declaration. It is DOCTOR KRESS's responsibility to ensure that the reports are timely submitted.

- H. DOCTOR KRESS shall provide the BOARD with satisfactory documentation of continuous participation in a drug and alcohol rehabilitation program, such as AA, NA or Caduceus, or another program approved in advance by the BOARD, at least four (4) times per week, or as otherwise directed by the BOARD.

#### **DEA CERTIFICATE**

- II. DOCTOR KRESS shall immediately surrender his United States Drug Enforcement Administration Certificate. DOCTOR KRESS shall not apply for issuance of a DEA Certificate without prior Board approval

#### **CONDITIONS FOR REINSTATEMENT**

- III. The BOARD shall not consider reinstatement of DOCTOR KRESS's certificate to practice medicine and surgery unless and until all of the following conditions are met:
- A. DOCTOR KRESS shall submit an application for reinstatement, accompanied by appropriate fees. Such application shall not be submitted for a minimum period of nine months from the effective date of this Consent Agreement.

- B. DOCTOR KRESS shall demonstrate to the satisfaction of the BOARD that he can resume practice in compliance with acceptable and prevailing standards of care under the provisions of his certificate. Such demonstration shall include, but shall not be limited to, the following:
- i. Certification from a provider approved under Section 4731.25 of the Revised Code that DOCTOR KRESS has successfully completed any required inpatient treatment;
  - ii. Evidence of continuing full compliance with an aftercare contract or consent agreement;
  - iii. Two written reports indicating that DOCTOR KRESS's present ability to practice (that is, as of the time that the application for reinstatement is submitted) has been assessed and that he has been found capable of practicing according to acceptable and prevailing standards of care. The reports shall be made by individuals or providers approved by the BOARD for making such assessments and shall describe the basis for this determination.
- C. DOCTOR KRESS shall enter into a written consent agreement including probationary terms, conditions and limitations as determined by the BOARD or, if the BOARD and DOCTOR KRESS are unable to agree on terms of a written consent agreement, then DOCTOR KRESS further agrees to abide by any terms, conditions and limitations imposed by Board Order after a hearing conducted pursuant to R.C. Chapter 119.
- D. Further, upon reinstatement of DOCTOR KRESS's certificate to practice medicine and surgery in this state, the BOARD shall require continued monitoring which shall include, but not be limited to, compliance with the written consent agreement entered into before reinstatement or with conditions imposed by Board Order after a hearing conducted pursuant to Chapter 119. of the Revised Code and, upon termination of the consent agreement or Board Order, submission to the BOARD for at least two years of annual progress reports made under penalty of BOARD disciplinary action or criminal prosecution stating whether DOCTOR KRESS has maintained sobriety.
- E. In the event that DOCTOR KRESS has not been engaged in the active practice of medicine and surgery for a period in excess of two years prior to application for reinstatement, the BOARD may exercise its discretion under Section 4731.222, Ohio Revised Code, to require additional



evidence of DOCTOR KRESS's fitness to resume practice.

#### **REQUIRED REPORTING BY LICENSEE**

- IV. Within thirty (30) days of the effective date of this Consent Agreement, DOCTOR KRESS shall provide a copy of this Consent Agreement by certified mail, return receipt requested, to the proper licensing authority of any state or jurisdiction in which he currently holds any professional license. DOCTOR KRESS further agrees to provide a copy of this Consent Agreement by certified mail, return receipt requested, at time of application to the proper licensing authority of any state in which he applies for any professional license or reinstatement of any professional license. Further, DOCTOR KRESS shall provide this BOARD with a copy of the return receipt as proof of notification within thirty (30) days of receiving that return receipt.
- V. Within thirty (30) days of the effective date of this Consent Agreement, DOCTOR KRESS shall provide a copy of this Consent Agreement to all employers or entities with which he is under contract to provide health care services or is receiving training; and the Chief of Staff at each hospital where he has privileges or appointments. Further, DOCTOR ( ) shall provide a copy of the Consent Agreement to all employers or entities with which he/she contracts to provide health care services, or applies for or receives training, and the Chief of Staff at each hospital where he/she applies for or obtains privileges or appointments.

#### **DURATION/MODIFICATION OF TERMS**

The above-described terms, conditions and limitations may be amended or terminated in writing at any time upon the agreement of both parties.

#### **FAILURE TO COMPLY**

If, in the discretion of the Secretary and Supervising Member of THE STATE MEDICAL BOARD OF OHIO, DOCTOR KRESS appears to have violated or breached any term or condition of this Consent Agreement, THE STATE MEDICAL BOARD OF OHIO reserves the right to institute formal disciplinary proceedings for any and all possible violations or breaches, including but not limited to, alleged violations of the laws of Ohio occurring before the effective date of this Consent Agreement.

Further, if DOCTOR KRESS violates the terms of the Consent Agreement in any respect, the BOARD, after giving notice and the opportunity to be heard, may set aside the stay order and impose the permanent revocation of DOCTOR KRESS's certificate set forth in paragraph I above.

Any action initiated by the BOARD based on alleged violations of this Consent Agreement shall comply with the Administrative Procedure Act, Chapter 119., Ohio Revised Code.

**ACKNOWLEDGMENTS/LIABILITY RELEASE**

DOCTOR KRESS acknowledges that he has had an opportunity to ask questions concerning the terms of this Consent Agreement and that all questions asked have been answered in a satisfactory manner.

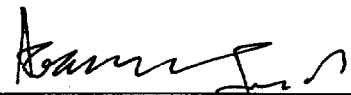
DOCTOR KRESS hereby releases THE STATE MEDICAL BOARD OF OHIO, its members, employees, agents, officers and representatives jointly and severally from any and all liability arising from the within matter.

This Consent Agreement shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code. Further, this information may be reported to appropriate organizations, data banks and governmental bodies.

**EFFECTIVE DATE**


It is expressly understood that this Consent Agreement is subject to ratification by the BOARD prior to signature by the Secretary and Supervising Member and that it shall become effective upon the last date of signature below.

  
TIMOTHY SCOTT KRESS, M.D.

  
ANAND G. GARG, M.D.  
Secretary

1.7.2000  
\_\_\_\_\_  
DATE

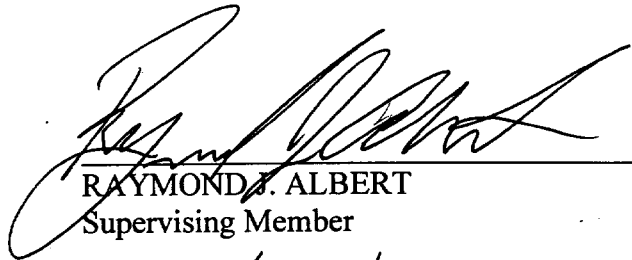
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DOUGLAS E. GRAFF, BSQ.  
Attorney for Dr. Kress


1/7/2000  
DATE



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RAYMOND J. ALBERT  
Supervising Member

1/12/00  
DATE



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ANNE BERRY STRAT  
Assistant Attorney General

1/12/00  
DATE



# State Medical Board of Ohio

77 S. High Street, 17th Floor • Columbus, Ohio 43266-0315 • 614/ 466-3934 • Website: [www.state.oh.us/med/](http://www.state.oh.us/med/)

## NOTICE OF IMMEDIATE SUSPENSION AND OPPORTUNITY FOR HEARING

October 13, 1999

Timothy Scott Kress, M.D.  
5735 Meeker Road  
Greenville, Ohio 45331

Dear Doctor Kress:

In accordance with Sections 2929.24 and/or 3719.12, Ohio Revised Code, the Office of the Prosecuting Attorney of Darke County, Ohio, reported that on or about September 24, 1999, in the Court of Common Pleas of Darke County, Ohio, you pled guilty to two counts of Theft of Drugs, in violation of Section 2913.02(A), Ohio Revised Code, and four counts of Illegal Processing of Drug Documents, in violation of Section 2925.23(B)(1), Ohio Revised Code. The Court of Common Pleas of Darke County, Ohio, found you Eligible for Treatment in Lieu of Conviction pursuant to Section 2951.041, Ohio Revised Code.

Therefore, pursuant to Section 3719.121(C), Ohio Revised Code, you are hereby notified that your license to practice medicine and surgery in the State of Ohio is immediately suspended. Continued practice after this suspension shall be considered practicing medicine without a certificate in violation of Section 4731.41, Ohio Revised Code.

Furthermore, in accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio intends to determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery, or to reprimand or place you on probation for one or more of the following reasons:

- (1) On or about September 24, 1999, in the Court of Common Pleas of Darke County, Ohio, you pled guilty to two felony counts of Theft of Drugs, in violation of Section 2913.02(A), Ohio Revised Code, and four felony counts of Illegal Processing of Drug Documents, in violation of Section 2925.23(B)(1), Ohio Revised Code. The Court of Common Pleas of Darke County, Ohio, found you Eligible for Treatment in Lieu of Conviction pursuant to Section 2951.041, Ohio Revised Code.

*Mailed 10/14/99*

- (2) Moreover, in order to grant your request for Treatment in Lieu of Conviction, the Court was required by statute to find that your “drug dependence or danger of drug dependence was a factor leading to the criminal activity with which (you were) charged, and rehabilitation through treatment would substantially reduce the likelihood of additional criminal activity.”

Your acts, conduct, and/or omissions as alleged in paragraph (1) above, individually and/or collectively, constitute “[a] plea of guilty to, or a judicial finding of guilt of, or a judicial finding of eligibility for treatment in lieu of conviction for, a felony,” as that clause is used in Section 4731.22(B)(9), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraph (2), above, individually and/or collectively, constitute “[i]mpairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice,” as that clause is used in Section 4731.22(B)(26), Ohio Revised Code.

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty (30) days of the time of mailing of this notice.

You are further advised that, if you timely request a hearing, you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

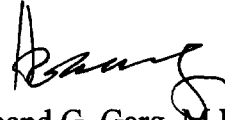
In the event that there is no request for such hearing received within thirty (30) days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery or to reprimand or place you on probation.

Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, effective March 9, 1999, provides that “[w]hen the board refuses to grant a certificate to an applicant, revokes an individual’s certificate to practice, refuses to register an applicant, or refuses to reinstate an individual’s certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a certificate to practice and the board shall not accept an application for reinstatement of the certificate or for issuance of a new certificate.”

Suspension  
TIMOTHY SCOTT KRESS, M.D.  
Page 3

Copies of the applicable sections are enclosed for your information.

Very truly yours,



Anand G. Garg, M.D.  
Secretary

AGG/bjs  
Enclosures

CERTIFIED MAIL # Z 395 591 248  
RETURN RECEIPT REQUESTED

Duplicate Mailing: 6781 U.S. Route 36  
Greenville, Ohio 45331

CERTIFIED MAIL # Z 496 158 478  
RETURN RECEIPT REQUESTED

cc: Paul D. Luersman, Esq.  
CERTIFIED MAIL # Z 395 591 032  
RETURN RECEIPT REQUESTED

is prohibited by state or federal law do not constitute public records. Pursuant to Section 4731.22(F)(5), Ohio Revised Code, all records of complaints and investigations of the Medical Board are confidential and not subject to discovery. Accordingly, there are no public records related to any possible complaints filed against your subject.

The Medical Board makes every reasonable effort to ascertain the exact items of request, and has provided the identifiable responsive records for the items specified. However, your requests for all Medical Board meeting minutes mentioning your subject is overbroad as it does not describe the records sought with clarity. The Ohio Supreme Court has held repeatedly, “[I]t is the responsibility of the person who wishes to inspect and/or copy records to identify with reasonable clarity the records at issue.” *State ex rel. Glasgow v. Jones*, 119 Ohio St. 3d 391, 2008 Ohio 4788, at ¶17 (quoting *State ex rel Morgan v. New Lexington*, 112 Ohio St.3d 33 (additional citations omitted)). The *Glasgow* decision also cites to *State ex rel. Dillery v. Icsman*, 92 Ohio St.3d 312, as precedent for the Court’s holding that a request for all documents is overly broad. In *Dillery*, the request was to a police chief for “any and all records generated . . . containing any reference whatsoever to Kelly Dillery.” Your request is broad enough to require a complete search of all minutes since 1990.

However, relevant excerpts of minutes of the Medical Board concerning formal action against Dr. Kress are attached. The Medical Board’s website also contains minutes of the Medical Board monthly meetings from January 2009 to date. The Medical Board can provide you with CDs of the Medical Board meeting minutes for additional years past. Please contact me to discuss whether any other types of public records might be identified for your subject.

Please note that the Medical Board has recently started collecting information concerning ABMS or AOA board certification. If such information has been collected on your subject, it will be included in the information on the most recent renewal application after 2011.

Please note that the Medical Board has not performed a CME audit review of your subject. Therefore, there are no public records regarding CME completed by your subject. Also, your subject either did not participate in a training program in Ohio or participated in an Ohio training program prior to July 1, 1999, when a training certificate became required. Accordingly, there are no records of a training certificate and associated acknowledgment letter for your subject.

Please note that the Medical Board does not collect and maintain personnel records, grant records, hospital privileges, and general legal proceeding information concerning licensees. Moreover, while the Medical Board receives reports of malpractice payouts from insurance carriers, any such reports that might have been received concerning your subject are confidential pursuant to Section 4731.224(E), Ohio Revised Code. Accordingly, they are not public record under Section 149.43(A)(1)(v), Ohio Revised Code.

Additionally, there have been no identifiable inquiries for such matters as scope of practice clarification, nor any identifiable related public records requests for documents.

The Medical Board’s Public Records Policy can be viewed and printed from the website at [www.med.ohio.gov](http://www.med.ohio.gov). There is no charge for the requested copies being provided electronically by email attachment.

Should you have questions concerning this response, please contact me by mail at the address above or by phone at (614) 644-7021.

Sincerely,



Sallie J. Debolt  
General Counsel



Identification Information		<a href="#">[back]</a>
<b>Name</b>	Dr. TIMOTHY SCOTT KRESS Birth Date: 11/1964 Birth Place: LOUISVILLE, KY Birth Country:	
<b>Practice</b>	2314 Auburn Avenue CINCINNATI, OH 45219 United States of America	
<b>Residence</b>	SPRING VALLEY, OH 45370 County: Greene	
<b>Professional Education</b>	School: 036020-University of Cincinnati College of Medicine Graduated: 06/11/89	

License and Registration Information				
Credential	License Type	Initial Licensure Date	Expiration Date	Status
35.060555	Doctor of Medicine	09/07/1990	10/01/2014	ACTIVE
<b>Specialties</b>				
OBSTETRICS & GYNECOLOGY GYNECOLOGY LEGAL MEDICINE				
<p style="background-color: #00FF00; padding: 5px;">Specialty listings are voluntarily provided by the physician. They are not verified by the State Medical Board and do not confirm that the physician is Board certified by a professional specialty organization. To find out if a physician is certified by a specialty board, you should contact that board. Information and links to specialty boards can be found by clicking this green box.</p>				

Formal Action Information
Formal action exists. The existence of a formal action may invalidate the license prior to the expiration date listed above.

The above is an accurate representation of information currently maintained by the State Medical Board of Ohio as of 5/4/2012. The JCAHO and the NCQA have informed the Board that they consider this on-line license status information as fulfilling the primary source requirement for verification of licensure in compliance with their respective credentialing standards. This information is otherwise provided as a public service and no user may claim detrimental reliance thereon.

The State Medical Board utilizes the Federation Credentials Verification Service (FCVS) as an agent and partner in licensing physicians in Ohio. Physicians initially licensed in Ohio after February 1st, 1997 had their medical education, post-graduate training and examination history primary source verified by FCVS. Therefore, the use of this website for documentation of primary source verification (PSV) of education and training meets current NCQA guidelines for those licensed after February 1, 1997. This statement, affirming that primary source verification of medical education and post-graduate training has been performed as part of the licensure process, should be printed out and retained in your files. Prior to February 1, 1997, the State Medical Board prime source verified the post-graduate training and examination history.



**Formal Action(s)**

**01/12/2006:**PROBATION COMPLETED: Doctor's request for release from the terms of the 1/11/01 Consent Agreement granted by vote of the Board on 1/12/06. Release from probation effective 1/11/06.

**03/13/2002:**PROBATION MODIFIED - DOCTOR S REQUESTS TO REDUCE REQUIRED DRUG SCREENS TO TWICE PER MONTH AND PERSONAL APPEARANCES TO EVERY SIX MONTHS GRANTED BY VOTE OF THE BOARD ON 3/13/02.

**01/10/2001:**CONSENT AGREEMENT - MEDICAL LICENSE REINSTATED SUBJECT TO PROBATIONARY TERMS, CONDITIONS AND LIMITATIONS BASED ON DOCTOR HAVING BEEN DEEMED CAPABLE OF PRACTICING ACCORDING TO ACCEPTABLE AND PREVAILING STANDARDS OF CARE. EFFECTIVE 1/11/01; AGREEMENT TO REMAIN IN EFFECT FOR A MINIMUM OF FIVE YEARS PRIOR TO ANY REQUEST FOR TERMINATION.

**01/12/2000:**CONSENT AGREEMENT - PERMANENT REVOCATION OF MEDICAL LICENSE STAYED, SUBJECT TO SUSPENSION FOR AT LEAST ONE YEAR; INTERIM MONITORING CONDITIONS AND CONDITIONS FOR REINSTATEMENT ESTABLISHED, INCLUDING REQUIREMENT THAT DOCTOR ENTER INTO SUBSEQUENT CONSENT AGREEMENT INCORPORATING PROBATIONARY TERMS, CONDITIONS AND LIMITATIONS TO MONITOR PRACTICE. GUILTY TO TWO FELONY COUNTS OF THEFT OF DRUGS AND FOUR FELONY COUNTS OF ILLEGAL PROCESSING OF DRUG DOCUMENTS, FOR WHICH HE WAS FOUND ELIGIBLE FOR TREATMENT IN LIEU OF CONVICTION.

**10/13/1999:**CITATION - BASED ON DOCTOR S PLEA OF GUILTY TO TWO FELONY COUNTS OF THEFT OF DRUGS AND FOUR FELONY COUNTS OF ILLEGAL PROCESSING OF DRUG DOCUMENTS, FOR WHICH HE WAS FOUND ELIGIBLE FOR TREATMENT IN LIEU OF CONVICTION. OF OPPORTUNITY FOR HEARING MAILED 10/14/99.

**10/13/1999:**PRE-HEARING SUSPENSION - PURSUANT TO SECTION 3719.121(C), O.R.C., MEDICAL LICENSE IMMEDIATELY SUSPENDED BASED ON DOCTOR S PLEA OF GUILTY TO TWO FELONY COUNTS OF THEFT OF DRUGS AND FOUR FELONY COUNTS OF ILLEGAL PROCESSING OF DRUG DOCUMENTS, FOR WHICH HE WAS FOUND ELIGIBLE FOR TREATMENT IN LIEU OF CONVICTION. SUSPENSION EFFECTIVE UPON SERVICE OF NOTICE ON 10/19/99.

[View Documents](#)

APPROVED  
5/11/90

STATE MEDICAL BOARD OF OHIO  
REQUEST FOR APPLICATION FORMS

STATE MEDICAL BOARD

30 MAY 10 PM 3:06

PLEASE TYPE OR PRINT CLEARLY

I hereby submit the following information in order to receive an application for licensure:

NAME: KRESS, Timothy S.  
LAST (Surname) FIRST MIDDLE SUFFIX (JR., III)  
ADDRESS: 40 Creekwood Dr. #12, Wilder Ky 41071 USA  
STREET & NUMBER CITY STATE ZIP COUNTRY  
TELEPHONE: BUSINESS: (513) 569-6249 HOME: (606) 491-8689  
AREA CODE & NUMBER AREA CODE & NUMBER  
BIRTH DATE: 11/10/64 BIRTH PLACE: Louisville KY USA  
MO/DAY/YR CITY STATE COUNTRY

MEDICAL EDUCATION

MEDICAL SCHOOL OF GRADUATION: U. of Cincinnati 231 Bethesda Ave Cincinnati OH USA  
SCHOOL NAME STREET ADDRESS CITY STATE COUNTRY  
9/1/85 6/10/89 M.D. 6/10/89  
FROM: MO/DAY/YR TO: MO/DAY/YR DEGREE RECEIVED DATE RECEIVED: MO/DAY/YR

OTHER MEDICAL SCHOOLS ATTENDED: (IF "NONE" ENTER "NONE")  
NONE  
SCHOOL NAME STREET ADDRESS CITY STATE COUNTRY  
FROM: MO/DAY/YR TO: MO/DAY/YR REASON EDUCATION NOT COMPLETED AT THIS SCHOOL  
SCHOOL NAME STREET ADDRESS CITY STATE COUNTRY  
FROM: MO/DAY/YR TO: MO/DAY/YR REASON EDUCATION NOT COMPLETED AT THIS SCHOOL

E.C.F.M.G. CERTIFICATE: YES NO NUMBER DATE ISSUED 1/1

FIFTH-PATHWAY

FIFTH PATHWAY PROGRAM AT: NONE AFFILIATED WITH: NAME OF MEDICAL SCHOOL  
(IF "NONE", HOSPITAL OR INSTITUTION ENTER "NONE")

ADDRESS: STREET & NUMBER CITY STATE ZIP DATE: 1/1 1/1  
FROM TO

QUALIFYING EXAM TAKEN: DATE: 1/1

POSTGRADUATE TRAINING

LIST ALL POSTGRADUATE TRAINING (INTERNSHIP, RESIDENCY OR CLINICAL FELLOWSHIP), UNDERTAKEN IN THE U.S. OR CANADA. IF ADDITIONAL SPACE IS NEEDED, PLEASE ATTACH AN EXTRA SHEET.

HOSPITAL: Bethesda Hospital 619 Oak St. Cincinnati OH  
NAME STREET ADDRESS CITY STATE  
POSITION: Resident - 1 DEPARTMENT: OB/GYN DATE: 7/89 current  
FROM: MO/YR TO: MO/YR

HOSPITAL: NAME STREET ADDRESS CITY STATE  
POSITION: DEPARTMENT: DATE: 1 1  
FROM: MO/YR TO: MO/YR

HOSPITAL: NAME STREET ADDRESS CITY STATE  
POSITION: DEPARTMENT: DATE: 1 1  
FROM: MO/YR TO: MO/YR

HOSPITAL: NAME STREET ADDRESS CITY STATE



Handwritten notes: 7-18-90, BETH & CDH, 7-20-90

APPLICATION FOR MEDICAL & OSTEOPATHIC LICENSURE

STATE MEDICAL BOARD
77 SOUTH HIGH STREET
17TH FLOOR
COLUMBUS, OHIO 43215

ALL RESPONSES MUST BE TYPED

1. SOCIAL SECURITY NUMBER

Redacted

2. FULL NAME (Use no initials)

Kress Timothy Scott
LAST (Surname) FIRST MIDDLE SUFFIX (Jr., II)

3. NAME (As you prefer it inscribed on your Ohio license)

Kress Timothy S.
LAST (Surname) FIRST MIDDLE SUFFIX (Jr., II)

4. ALTERNATE NAMES (IF "NONE" ENTER "NONE")

NONE
LAST (Surname) FIRST MIDDLE SUFFIX (Jr., II)

5. CURRENT ADDRESS

40 Creekwood Dr. #12
STREET NUMBER & NAME

Wilder Kentucky 41071 USA
CITY STATE ZIP CODE COUNTRY

6. PHYSICAL DESCRIPTION

6' 1" 275 lb. Brown Blue
HEIGHT WEIGHT HAIR COLOR COLOR OF EYES IDENTIFYING MARKS

7. SEX MALE [ x ] FEMALE [ ] FOR STATISTICS ONLY (Optional)

8. CITY IN OHIO WHERE YOU PLAN TO PRACTICE:

Cincinnati OR COUNTY

PLANS OF PRACTICE: OB/GYN (Currently OB/GYN Resident)

9. SPECIALTY BOARDS (USA, Canada and foreign countries)

Table with columns: NAME OF SPECIALTY BOARD, BOARD CERTIFIED YES/NO, YEAR CERTIFIED, COUNTRY. Includes checkboxes for certification status.

FOR OFFICE USE ONLY

34 35

Handwritten notes: 1-7, 55-15-0, 7-12-90, 105.00 per 60

Vertical stamp: STATE MEDICAL BOARD

RESUME

KRESS

List ALL activities in chronological order from the date of medical school graduation to the present time using MONTH and YEAR. For any non-working time you must state on the resume exactly what your activities were, such as "vacation" or "looking for residency program", as well as your permanent address for this period. For any time in which you worked for an "emergency medical group" or did locum tenens you must list all hospitals where you worked. If in private practice, indicate the hospitals where you hold or have held privileges and include complete addresses. Failure to include complete addresses will result in delay in processing your application. DO NOT SUBSTITUTE ANY OTHER RESUME FOR THIS FORM. Be sure to indicate the percentage of working time spent in clinical and administrative duties. If you require more space attach separate sheets.

DATES IN CHRONO- LOGICAL ORDER	ENTER NAME OF HOSPITAL/ UNIVERSITY WHERE TRAINED OR EMPLOYED, OR OTHER WORKING OR NON-WORKING ACTIVITY AND COMPLETE ADDRESSES	POSITION & DEPARTMENT	CLIN. ADMIN. % %					
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CERTIFICATE OF RECOMMENDATION

This form is to be completed by a physician fully licensed in the STATE IN WHICH THE FORM IS NOTARIZED. The recommending physicians must be sufficiently acquainted with the applicant for at least SIX months. Relatives may not serve as recommending physicians. Recommending physicians are strongly urged to include additional comments. This form must be notarized. All questions must be answered. This form is not intended to standardize the recommendation or restrict it in any way. However, its form is designed to insure that certain information is included.

DO NOT COMPLETE UNLESS PHOTOGRAPH OF APPLICANT IS ATTACHED

I, Harold E. Johnstone, M.D., a licensed and practicing physician in the state of Ohio

Name of Recommending Physician

Ohio

affirm that Timothy S. Kress, has been known

Name of Applicant

to me personally and professionally for 4 years and that he/she is of good moral and ethical character. Further, the photograph affixed hereto is a genuine likeness of the applicant. I offer the following support of his/her application for full licensure:

- I rate his/her medical knowledge and technique as: excellent
- His/her command of the English language is: excellent
- I rate his/her ability to work well with peers and medical staff as: excellent
- His/her relationship with patients is: excellent
- Additional comments: well motivated, caring physician

I hereby recommend him/her for full licensure to practice medicine/osteopathic medicine in Ohio.

Harold E. Johnstone  
Signature of Recommending Physician

Harold E. Johnstone, M.D.  
Name of Recommending Physician  
(Please print or type)

629 Oak St., Suite #105 Cinti, O. 45206  
Address of Recommending Physician  
(Include City, State, Zip)

(513) 569-6249  
Telephone Number  
(Include Area Code)

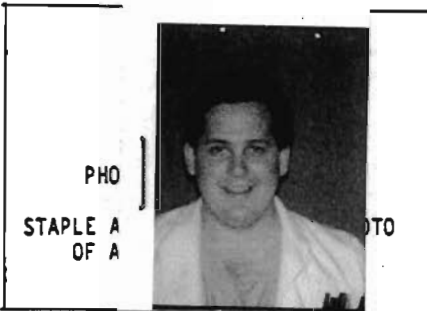
(SEAL)

Harold E. Johnstone  
State of Licensure and License Number  
of Recommending Physician

Subscribed and sworn to this 6<sup>th</sup> day of July, 1990.

Janet H. Cooke  
Notary Public

October 9 1994  
Date Commission Expires  
JANET H. COOKE  
Notary Public, State of Ohio  
My Commission Expires Oct. 9, 1994



Upon completion return to:

STATE MEDICAL BOARD  
77 SOUTH HIGH STREET  
17TH FLOOR  
COLUMBUS, OHIO 43215

Timothy S. Kress  
Signature of Applicant

7-3-90  
Date Photo Taken

CERTIFICATE OF RECOMMENDATION

This form is to be completed by a physician fully licensed in the STATE IN WHICH THE FORM IS NOTARIZED. The recommending physicians must be sufficiently acquainted with the applicant for at least SIX months. Relatives may not serve as recommending physicians. Recommending physicians are strongly urged to include additional comments. This form must be notarized. All questions must be answered. This form is not intended to standardize the recommendation or restrict it in any way. However, its form is designed to insure that certain information is included.

DO NOT COMPLETE UNLESS PHOTOGRAPH OF APPLICANT IS ATTACHED

I, Karl Ziesmann, M.D., a licensed and practicing physician in the state of Ohio affirm that Timothy S. Kress, has been known Timothy S. Kress Name of Applicant

to me personally and professionally for 4 years and that he/she is of good moral and ethical character. Further, the photograph affixed hereto is a genuine likeness of the applicant. I offer the following support of his/her application for full licensure:

I rate his/her medical knowledge and technique as: Good  
His/her command of the English language is: N.A.  
I rate his/her ability to work well with peers and medical staff as: Excellent  
His/her relationship with patients is: Excellent  
Additional comments: \_\_\_\_\_

I hereby recommend him/her for full licensure to practice medicine/osteopathic medicine in Ohio.

Karl Ziesmann, M.D.  
Signature of Recommending Physician

Karl Ziesmann, M.D.  
Name of Recommending Physician  
(Please print or type)

629 Oak St., Suite #301 Cinti, O. 45206  
Address of Recommending Physician  
(Include City, State, Zip)

(513) 569-6249  
Telephone Number  
(Include Area Code)

Ohio 20566  
State of Licensure and License Number  
of Recommending Physician

(SEAL)

Subscribed and sworn to this 9<sup>th</sup> day of July, 1990.

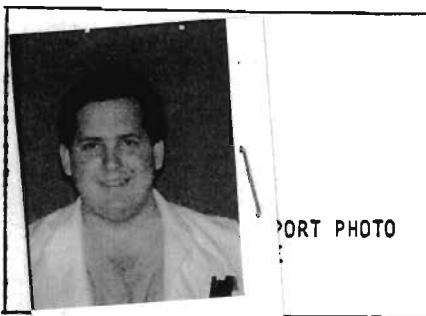
Janet H. Cooke  
Notary Public

October 9, 1994  
Date Commission Expires

JANET H COOKE  
Notary Public - Ohio  
My Commission Expires Oct. 9, 1994

Upon completion return to:

STATE MEDICAL BOARD  
77 SOUTH HIGH STREET  
17TH FLOOR  
COLUMBUS, OHIO 43215



PORT PHOTO

Timothy S. Kress  
Signature of Applicant

7-3-90  
Date Photo Taken



\*\*\*THIS FORM SHALL NOT BE COMPLETED MORE THAN 30 DAYS PRIOR TO COMPLETION OF ATLEAST 12 MONTHS OF TRAINING

AD

FORM 2

CERTIFICATE OF POST-GRADUATE TRAINING

MAIL TO HOSPITAL OR INSTITUTION OF POSTGRADUATE TRAINING IN THE U.S. OR CANADA

Dear Sir:

I am applying for a license to practice medicine in the State of Ohio. The State Medical Board of Ohio requires that my postgraduate training be certified. Please complete the form and return it directly to the State Medical Board of Ohio at the address listed below. Thank you.

This certifies that TIMOTHY S. KRESS has rendered satisfactory and continuous service as a(n)  Intern  resident  clinical fellow in OB/GYN (Department)

at Bethesda Hospital (Name of Hospital) 629 Oak St., Suite #301 Cinti, O. 45206 (Complete Address of Hospital)

from July 1, 1989 beginning (month/day/year) to June 30, 1990 ending (month/day/year). It is

further certified that the above name  was awarded a certificate on 6 30 90 (month/day/year)  was not

and that the training  was  was not accredited by ACGME/AOA.

[Signature]  
Signature of Medical Director or Program Director  
(Original signatures only, name stamps will not be accepted)

(SEAL OF HOSPITAL)

Harold E. Johnstone, M.D.  
Name (Please print or type)

7/3/90  
Date

If the hospital has no seal, please indicate and have form notarized.

Upon completion return to:

STATE MEDICAL BOARD  
77 SOUTH HIGH STREET  
17TH FLOOR  
COLUMBUS, OHIO 43215

**ADDITIONAL INFORMATION**

**IF YOU ANSWER "YES" TO ANY OF THE FOLLOWING QUESTIONS, YOU ARE REQUIRED TO FURNISH COMPLETE DETAILS, INCLUDING DATE, PLACE, REASON AND DISPOSITION OF THE MATTER. ALL AFFIRMATIVE ANSWERS MUST BE THOROUGHLY EXPLAINED ON A SEPARATE SHEET OF PAPER.**

- |   | YES | NO  |
|---|-----|-----|
| 1. Have you ever been denied staff membership at any hospital, nursing home, clinic, health maintenance organization, or similar institution?   | [ ] | [x] |
| 2. Have you ever been warned, censured, disciplined, had admissions monitored, had privileges limited, had privileges suspended or terminated, been put on probation, or been requested to withdraw from any hospital, nursing home, clinic, health maintenance organization, or other similar institution in which you have trained, been a staff member, or held privileges for other than reasons of failure to maintain records on a timely basis or failure to attend staff or section meetings? | [ ] | [x] |
| 3. Have you ever resigned, withdrawn, or terminated, or have you ever been requested to resign, withdraw, or otherwise terminate your position with a medical partnership, professional association, corporation, health maintenance organization, or other medical practice organization, either private or public?  | [ ] | [x] |
| 4. Have you ever been warned by, censured by, disciplined by, been put on probation by, been requested to withdraw from, dismissed from, been refused renewal of a contract by, or expelled from a medical school, clinical clerkship, externship, preceptorship, or postdoctoral training program?   | [ ] | [x] |
| 5. Have you ever transferred from one postdoctoral training program to another?   | [ ] | [x] |
| 6. Have you ever, for any reason, lost Specialty Board Certification in the U.S. or elsewhere?  | [ ] | [x] |
| 7. Has any board, bureau, department, agency, or other body limited, restricted, suspended, or revoked any professional license, certificate, or registration granted to you, or imposed a fine or reprimand against you?   | [ ] | [x] |
| 8. Have you ever voluntarily surrendered any professional license, certificate, or registration issued to you by a board, bureau, department, agency, or other body?  | [ ] | [x] |
| 9. Have you ever been requested to appear before any board, bureau, department, agency, or other body concerning allegations against you?   | [ ] | [x] |
| 10. Have you ever entered into an agreement of any kind with respect to a professional license, whether oral or written, in lieu of formal disciplinary action, with any board, bureau, department, agency or other body?   | [ ] | [x] |
| 11. Have you ever been notified of any charges or complaints filed against you with any board, bureau, department, agency, or other body with respect to a professional license?  | [ ] | [x] |
| 12. Are you now or have you ever been addicted to or excessively used alcohol, narcotics, barbiturates, or other drugs affecting the central nervous system, or any drugs which may cause physical or psychological dependence?   | [ ] | [x] |

90 JUN 11 AM 11-06  
STAFF REPORT

13. Have you ever been a patient (voluntary or otherwise) in any institution for the treatment of emotional or mental illness, drug addiction or abuse, or alcohol problem? [ ] [x]
14. Have you ever been treated but not hospitalized, for emotional or mental illness, drug addiction or abuse, or alcohol problem? [ ] [x]
15. Have you ever been denied or surrendered a state or federal controlled substance registration, had it revoked or restricted in any way, or been warned, reprimanded, been requested to appear before or fined by the responsible agency? [ ] [x]
16. Have you ever been convicted or been found guilty of a violation of federal law, state law, or municipal ordinance other than a minor traffic violation? [ ] [x]
17. Have you ever forfeited collateral, bail or bond for breach or violation of any law, police regulation, or ordinance other than for minor traffic violation, been summoned into court as a defendant, or had any lawsuit (other than malpractice suit) filed against you? [ ] [x]
18. Have you been a defendant in a legal action involving professional liability (malpractice), or had a professional liability claim paid on your behalf or paid such a claim yourself? [ ] [x]
19. Have you ever been denied, or relinquished, participation in any third party reimbursement program, whether governmental or private, or had such participation limited, restricted, suspended, or revoked; or been warned, reprimanded, requested to appear before, or fined by the responsible body? [ ] [x]
20. Have you ever been denied licensure, application for licensure, or privilege of taking examination, or withdrawn any application, in any state, territory, province, or country for any reasons? [ ] [x]

AFFIDAVIT AND RELEASE

AFFIDAVIT AND  
RELEASE OF  
APPLICANT

The affidavit and release below must be completed by ALL applicants. The form must be notarized. Failure of any applicant to submit the affidavit completed and notarized with the application will result in your application being returned to you.

ss STATE OF OHIO  
COUNTY OF Hamilton

I, Timothy Scott Kress hereby certify under oath that I am the person named in this application for a license to practice medicine or osteopathic medicine in the State of Ohio; that all statements I have or shall make with respect thereto are true, that I am the original and lawful possessor and person named in the various forms and credentials furnished or to be furnished to this Board with respect to my application; and that all documents, forms, or copies thereof furnished or to be furnished with respect to my application are strictly true in every respect.

I acknowledge that I have read the general information and instructions for all applicants and the Routes to Licensure and I have answered all questions in compliance with these instructions and understand that the fee I submitted is not refundable or transferable.

I further state that by filing this application for a license to practice medicine or osteopathic medicine in the State of Ohio, I hereby authorize and consent to have an investigation made as to my moral character, professional reputation and fitness for the practice of medicine. I agree to give any further information which may be required in reference to my past record. I understand that I will not receive a copy of any reports or know their contents and I further understand that the contents of any investigative report will be privileged.

I further understand that failure to complete this application as requested by the Board within six months can be considered as abandonment of any request for licensure and that any fee I submitted is not refundable or transferable.

I authorize and request every person, hospital, clinic, governmental agency (local, state, federal or foreign), court, association, institution, or law enforcement agency having control of any documents, records and other information pertaining to me to furnish to the State Medical Board of Ohio any such information, including documents, records regarding charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data and to permit the State Medical Board of Ohio or any of its agents or representatives to inspect and make copies of such documents, records, and other information in connection with this application, subsequent licensure or practice thereunder.

I hereby release, discharge, and exonerate the State Medical Board of Ohio, its agents or representatives, and any person furnishing information, any and all liability of every nature and kind arising out of investigation made by the State Medical Board of Ohio. I authorize the State Medical Board of Ohio to release information, material, documents, orders or the like relating to me or to this application to any other governmental agency (local, state, federal or foreign); or to any hospital, nursing home, clinic, health maintenance organization, or similar institution; or to any professional association.

I further understand that a certificate to practice medicine or osteopathic medicine in Ohio will be considered on the truth of the statements and documents contained therein or to be furnished, which if false, can subject me to permanent denial of said certificate.

Timothy S. Kress  
Signature of Applicant

Subscribed and sworn to before me this 18<sup>th</sup> day of June 1990.

Janet H. Cooke  
Notary Public Signature

(NOTARY SEAL)

Oct. 9, 1994  
Date Commission Expires

JANET H. COOKE  
Notary Public, State of Ohio  
My Commission Expires Oct. 9, 1994

FOR BOARD USE ONLY

FOR BOARD USE ONLY

CERTIFICATE OF  
PRELIMINARY EDUCATION

NO \_\_\_\_\_

This is to certify that this applicant has met preliminary education requirements for the study of medicine in conformity with the statutes of Ohio and the regulations of the State Medical Board of Ohio.

R. B. Bumpstead  
Entrance Examiner

Henry B. Cramblett, M.D.  
Secretary

          
Date Issued

NAME: Loose, Dorothy S.

CERTIFICATE #: 60555 DATE ISSUED 9-7-90

FILED May 11, 19 90

FEE \_\_\_\_\_

DETERMINATION:

8/90PV

BOARD ACTION:

BASIS OF LICENSURE:

Bethesda Hosp.

STATE OF OHIO  
THE STATE MEDICAL BOARD  
17th Floor  
77 South High Street  
Columbus, Ohio 43266-0315

DATE July 20, 1990

Dear Doctor:

Dr. KRESS, Timothy Scott who is/was OB/GYN Resident 7/89-present  
is applying for licensure in the State of Ohio. We would appreciate your assistance in  
filling out the following evaluation so that we can process his/her papers for licensure.  
Your immediate attention to this matter will be greatly appreciated by the doctor as well  
as by us. Information provided is considered confidential under Section 149.43(A)(2)(a),  
Ohio Revised Code. Thank you for your time and assistance.

- (1) How long have you known the doctor? 4 years
- (2) What was/is your supervisory capacity? Director of Residency Training
- (3) At what hospital? Bethesda - Cincinnati
- (4) How would you rate this doctor's medical knowledge and techniques? above average
- (5) In your opinion, is this doctor a person of good moral and ethical character? yes
- (6) Does this doctor work well with peers and medical staff? very well
- (7) Does he/she relate well to patients? Very well
- (8) How is his/her command of the English language? (if applicable) excellent
- (9) Would you recommend this doctor for licensure? yes

Additional comments, please: (if needed, an extra sheet of paper may be used)

Please return this form to the Ohio State  
Medical Board at the above address,  
Sincerely,

*Dawn Cales*

Dawn Cales  
Licensure Assistant

*Harold E. Johnstone M.D.*

Signature of Doctor, please type or print  
name legibly beneath

Harold E. Johnstone, M.D.

Director, OB/GYN Residency Training Program  
Position

DATE: 7/26/90

Telephone No. (513) 569-6249 (Include Area Code)

NATIONAL BOARD OF MEDICAL EXAMINERS® • 3930 CHESTNUT STREET, PHILADELPHIA, PA 19104  
 ENDORSEMENT OF CERTIFICATION

NATIONAL BOARD OF MEDICAL EXAMINERS  
 OF THE  
 UNITED STATES OF AMERICA

Timothy S. Kress, M.D.  
 having satisfied all the requirements and having successfully passed the examinations is hereby  
 declared a Diplomate of the National Board of Medical Examiners.

Attest L. THOMPSON BOWLES, M.D., PH.D.  
 Chairman of the Board

SEAL ROBERT L. VULLE, PH.D.  
 President of the Board

Philadelphia, Pa.  
 07/01/90

Certificate # 371893

RECEIVED  
 STATEMENT BOARD  
 PH 11-19

It is certified that the above is a facsimile of the Diplomate Certificate which has been or will be\* awarded to the physician named above, who graduated from U CINCINNATI COL MEDICINE in JUNE 1989 and whose birth date is 11/10/1954. This physician has successfully completed all examinations required for certification by the National Board of Medical Examiners. The scores obtained by this physician upon which his/her certification is based are as follows:

	Standard Score	Scale Score
<u>PART I passed</u> <u>09/87</u>		
Anatomy	550	84
Physiology	605	87
Biochemistry	470	79
Pathology	380	73
Microbiology	590	86
Pharmacology	515	81
Behavioral Sciences	495	80
TOTAL TEST (Minimum Passing Score 380/75)	520	81
<u>PART II passed</u> <u>04/89</u>		
Medicine	480	81
Surgery	495	81
Obstetrics and Gynecology	600	83
Public Health and Preventive Medicine	540	83
Pediatrics	465	80
Psychiatry	415	78
TOTAL TEST (Minimum Passing Score 290/75)	505	82
<u>PART III passed</u> <u>05/90</u>		
A General Test of Clinical Competence		
TOTAL TEST (Minimum Passing Score 290/75)	455	80
GENERAL AVERAGE (Parts, I, II, and III Scale Score)		81

\*For those individuals who have not yet satisfactorily completed one full year of post-M.D. training the date shown on the facsimile is the date which has been certified by the physician's residency program director as the date on which this requirement for certification by the National Board will be fulfilled and such certification will be awarded.

*Melanie Valente*  
 Secretary for Certification

SEAL

07/16/90  
 Date

7/12

The Board of Trustees of the

# University of Cincinnati

on the recommendation of the Faculty of the

College of Medicine

of the University, does hereby confer upon

**Timothy Scott Kress**

the degree of

**Doctor of Medicine**

with all the rights and privileges appertaining thereto. Given at Cincinnati, Ohio

this eleventh day of June, nineteen hundred and eighty-nine.

*Stanley M. Leiby*  
Chairman of the Board of Trustees

*Maryrie B. Behm*  
Secretary of the Board of Trustees



*Joseph A. Steyer*  
President of the University

*John J. Hutton*  
Dean of the College

STATE MEDICAL BOARD  
90 JUL 11 AM 11:53



1-1 22-25-4  
7/12/90

PRELIMINARY EDUCATION FORM

STATE MEDICAL BOARD  
OF OHIO

My name in FULL is Kress Timothy Scott  
LAST FIRST MIDDLE

High School or Equivalent: Centerville HS Centerville OH USA  
SCHOOL NAME CITY STATE COUNTRY  
9/78 5/82 High School Diploma  
FROM: MO/YR TO: MO/YR DEGREE

Undergraduate College or Equivalent: Univ. Dayton Dayton OH USA  
SCHOOL NAME CITY STATE COUNTRY  
8/82 7/85 B. Science Chemical Engineering  
FROM: MO/YR TO: MO/YR DEGREE

SCHOOL NAME CITY STATE COUNTRY  
FROM: MO/YR TO: MO/YR DEGREE

Medical School of Graduation: V. Cincinnati Cincinnati OH USA  
SCHOOL NAME CITY STATE COUNTRY  
9/85 6/89 MD  
FROM: MO/YR TO: MO/YR DEGREE

FOR BOARD USE ONLY

CERTIFICATE OF PRELIMINARY EDUCATION

NO: 77176  
DATE ISSUED: 8/15/90

This is to certify that this applicant has met preliminary education requirements for the study of medicine in conformity with the statutes of Ohio and the regulations of the State Medical Board of Ohio.

Ray L. Bungasney

Entrance Examiner

Henry A. Cranshaw M.D.

Secretary

DETACH HERE AND REMIT THIS PORTION WITH FEE



STATE MEDICAL BOARD OF OHIO  
77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43266 - 0315

CERTIFICATION

I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED DURING THE LAST BIENNIUM THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE OHIO STATE MEDICAL ASSOCIATION AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT.

X Timothy S Kress 8-19-92  
(SIGNATURE OF APPLICANT) (DATE)

MD & DO SPECIALTY CODES CURRENTLY ON RECORD

NOT ON FILE

SPECIALTY CODE(S) CORRECT AS LISTED

IF THE SPECIALTY CODE(S) ARE IN ERROR, ENTER ALL SPECIALTY CODE NUMBERS.

319  
CODE1 CODE2 CODE3

CHANGE OF ADDRESS

STREET

STREET

CITY

STATE

ZIP CODE

COUNTY

IDENTIFICATION NUMBER

35-06-0555

AMOUNT DUE

\$160.00

DATE DUE

07/01/92

TIMOTHY SCOTT KRESS, M.D.  
40 CREEKWOOD DR #12  
WILDER KY 41071

969696962

0935060555 0000016000

PRINCIPAL PRACTICE ADDRESS - IF DIFFERENT FROM THE ADDRESS SHOWN ON FRONT:

03 00350 081892 00700  
AX BATCH  
Street  
Street  
City  
County

State Zip Code

HAVE YOU BEEN FOUND GUILTY OF, OR PLEADED GUILTY OR NO CONTEST TO:

YES NO  
A.) A felony or misdemeanor.    
B.) A federal or state law regulating the possession, distribution or use of any drug?

0315  
AMOUNT BATCH

AT THE TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATE HAVE YOU:

YES NO  
1.) Been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from; drug or alcohol dependency or abuse? You may answer "no" to this question if you have successfully completed treatment at a program approved by this board and have subsequently adhered to all statutory requirements as contained in section 4731.224, O.R.C., and related provisions, or you are currently enrolled in a board approved program. Any questions concerning approval can be directed to the board offices.    
2.) Had a license denied by or had any disciplinary action taken or initiated against you by any state licensing board other than the State Medical Board of Ohio?    
3.) Surrendered, or consented to limitation upon: a) A license to practice medicine; OR b) State or federal privileges to prescribe controlled substances?    
4.) Had any clinical privileges suspended, limited or revoked for reasons other than failure to maintain records or attend staff meetings?

1.) Been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from; drug or alcohol dependency or abuse? You may answer "no" to this question if you have successfully completed treatment at a program approved by this board and have subsequently adhered to all statutory requirements as contained in section 4731.224, O.R.C., and related provisions, or you are currently enrolled in a board approved program. Any questions concerning approval can be directed to the board offices.

2.) Had a license denied by or had any disciplinary action taken or initiated against you by any state licensing board other than the State Medical Board of Ohio?  
3.) Surrendered, or consented to limitation upon: a) A license to practice medicine; OR b) State or federal privileges to prescribe controlled substances?  
4.) Had any clinical privileges suspended, limited or revoked for reasons other than failure to maintain records or attend staff meetings?

Redacted  
(Optional for purposes of Identification)

DETACH HERE AND REMIT THIS PORTION WITH FEE



STATE MEDICAL BOARD OF OHIO  
77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43266 - 0315

MD & DO SPECIALTY CODES CURRENTLY ON RECORD

OBG OBSTETRICS & GYNECOLOGY

**CERTIFICATION**  
I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED OR WILL HAVE COMPLETED DURING THE 1992-1994 BIENNIAL THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE OHIO STATE MEDICAL ASSOCIATION AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT.  
X Timothy S Kress 11/18/94  
(SIGNATURE OF APPLICANT) (DATE)

SPECIALTY CODE(S) CORRECT AS LISTED  
IF CORRECTIONS ARE NECESSARY, PLEASE ENTER ALL SPECIALTY CODES. CODE1 CODE2 CODE3

REPORT ANY CHANGE OF ADDRESS

STREET \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
COUNTY \_\_\_\_\_

IDENTIFICATION NUMBER 35060555  
AMOUNT DUE \$250.00 275.00 DATE DUE 05/01/94  
TIMOTHY SCOTT KRESS, M.D.  
FAMILY HEALTH  
5735 MEEKER RD  
GREENVILLE OH 45331

2-7-86  
4-9-86  
11-25-94  
275-100

⑆969696962⑆27501

0935060555⑆⑆000025000⑆

PRINCIPAL PRACTICE ADDRESS - IF DIFFERENT FROM THE ADDRESS SHOWN ON FRONT:  
Street \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
County \_\_\_\_\_

AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATE HAVE YOU:

- 1.) Been found guilty of, or pled guilty or no contest to a felony or misdemeanor. YES  NO
- 2.) Been found guilty of, or pled guilty or no contest to a federal or state law regulating the possession, distribution or use of any drug? YES  NO
- 3.) Been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse? You may answer "no" to this question if you have successfully completed treatment at a program approved by this board and have subsequently adhered to all statutory requirements as contained in sections 4731.224 and 4731.25 O.R.C., and related provisions, or you are currently enrolled in a board approved program. Any questions concerning approval can be directed to the board offices. YES  NO
- 4.) Had malpractice insurance cancelled or limited for other than failure to pay premiums? YES  NO
- 5.) Had any disciplinary action taken or initiated against you by any state licensing board other than the State Medical Board of Ohio? YES  NO
- 6.) Surrendered, or consented to limitation upon: a) A license to practice medicine; OR b) State or federal privileges to prescribe controlled substances? YES  NO
- 7.) Had any clinical privileges suspended, restricted or revoked for reasons other than failure to maintain records or attend staff meetings? YES  NO
- 8.) After January 14, 1993, referred a patient, or participated in an arrangement or scheme for referral of a patient, for clinical laboratory services to a person or facility in which either you or a member of your immediate family has an ownership or investment interest, or any other financial interest? YES  NO

Redacted  
SOCIAL SECURITY NUMBER  
(Optional for purposes of identification)

DETACH HERE AND RETAIN THIS PORTION FOR YOUR RECORDS

DETACH HERE AND REMIT THIS PORTION WITH FEE



STATE MEDICAL BOARD OF OHIO  
77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43266 - 0315

CERTIFICATION

I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED OR WILL HAVE COMPLETED DURING THE 1994-1996 BIENNIAL THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE OHIO STATE MEDICAL ASSOCIATION AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT.

X Timothy S Kress 5.16.96  
(SIGNATURE OF APPLICANT) (DATE)

MD & DO SPECIALTY CODES CURRENTLY ON RECORD

OBG OBSTETRICS & GYNECOLOGY

SPECIALTY CODE(S) CORRECT AS LISTED

IF CORRECTIONS ARE NECESSARY, PLEASE ENTER ALL SPECIALTY CODES. CODE1 CODE2 cCODE3

REPORT ANY CHANGE OF ADDRESS

STREET  
STREET  
CITY STATE ZIP CODE  
COUNTY

IDENTIFICATION NUMBER 35-06-0555  
AMOUNT DUE \$250.00  
DATE DUE 05/01/96  
TIMOTHY SCOTT KRESS, M.D.  
FAMILY HEALTH  
5735 MEEKER RD  
GREENVILLE OH 45331

196969696 21

0935060555 0000025000

PRINCIPAL PRACTICE ADDRESS - IF DIFFERENT FROM THE ADDRESS SHOWN ON FRONT:  
Street  
Street  
City State Zip Code  
County

AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATE HAVE YOU:

- 1.) Been found guilty of, or pled guilty or no contest to a felony or misdemeanor. YES NO
2.) Been found guilty of, or pled guilty or no contest to a federal or state law regulating the possession, distribution or use of any drug? YES NO
3.) Been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse? You may answer "no" to this question if you have successfully completed treatment at a program approved by this board and have subsequently adhered to all statutory requirements as contained in sections 4731.224 and 4731.25 O.R.C., and related provisions, or you are currently enrolled in a board approved program. Any questions concerning approval can be directed to the board offices. YES NO
4.) Had malpractice insurance cancelled or limited for other than failure to pay premiums? YES NO
5.) Had any disciplinary action taken or initiated against you by any state licensing board other than the State Medical Board of Ohio? YES NO
6.) Surrendered, or consented to limitation upon: a) A license to practice medicine; OR b) State or federal privileges to prescribe controlled substances? YES NO
7.) Had any clinical privileges suspended, restricted or revoked for reasons other than failure to maintain records or attend staff meetings? YES NO
8.) Referred a patient, or participated in an arrangement or scheme for referral of a patient, for clinical laboratory services to a person or facility in which either you or a member of your immediate family has an ownership or investment interest, or any compensation

Redacted SOCIAL SECURITY NUMBER (Optional for purposes of identification.)

DETACH HERE AND REMIT THIS PORTION WITH FEE



STATE MEDICAL BOARD OF OHIO  
77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43266 - 0315

CERTIFICATION

I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED OR WILL HAVE COMPLETED DURING THE 1996-1998 BIENNIAL THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE OHIO STATE MEDICAL ASSOCIATION AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT.

X Timothy S Kress 6/98  
(SIGNATURE OF APPLICANT) (DATE)

IDENTIFICATION NUMBER 35-06-0555-K  
AMOUNT DUE \$275.00  
DATE DUE 05/01/98  
TIMOTHY SCOTT KRESS, M.D.  
FAMILY HEALTH  
5735 MEEKER RD  
GREENVILLE OH 45331

MD & DO SPECIALTY CODES CURRENTLY ON RECORD

OBG OBSTETRICS & GYNECOLOGY

SPECIALTY CODE(S) CORRECT AS LISTED

IF CORRECTIONS ARE NECESSARY, PLEASE ENTER ALL SPECIALTY CODES. CODE1 CODE2 CODE3

REPORT ANY CHANGE OF ADDRESS

STREET  
STREET  
CITY STATE ZIP CODE  
COUNTY

149696969621

09350605551 00000275001

PRINCIPAL PRACTICE ADDRESS - IF DIFFERENT FROM THE ADDRESS SHOWN ON FRONT:

Street  
Street  
City State Zip Code  
County

AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATE HAVE YOU:

- YES NO
- 1.) Been found guilty of, or pled guilty or no contest to a felony or misdemeanor.
- YES NO
- 2.) Been found guilty of, or pled guilty or no contest to a federal or state law regulating the possession, distribution or use of any drug?
- YES NO
- 3.) Been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse? You may answer "no" to this question if you have successfully completed treatment at a program approved by this board and have subsequently adhered to all statutory requirements as contained in sections 4731.224 and 4731.25 O.R.C., and related provisions, or you are currently enrolled in a board approved program. Any questions concerning approval can be directed to the board offices.
- YES NO
- 4.) Had malpractice insurance cancelled or limited for other than failure to pay premiums?
- YES NO
- 5.) Had any disciplinary action taken or initiated against you by any state licensing board other than the State Medical Board of Ohio?
- YES NO
- 6.) Surrendered, or consented to limitation upon: a) A license to practice medicine; OR b) State or federal privileges to prescribe controlled substances?
- YES NO
- 7.) Had any clinical privileges suspended, restricted or revoked for reasons other than failure to maintain records or attend staff meetings?
- YES NO
- 8.) Referred a patient, or participated in an arrangement or scheme for referral of a patient, for clinical laboratory services to a person or facility in which either you or a member of your immediate family has an ownership or investment interest, or any compensation arrangement?
- YES NO

Redacted  
SOCIAL SECURITY NUMBER  
(Optional for purposes of identification)

DETACH HERE AND REMIT THIS PORTION WITH FEE



STATE MEDICAL BOARD OF OHIO  
77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43266 - 0315

CERTIFICATION

I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED OR WILL HAVE COMPLETED DURING THE 1998-2000 REGISTRATION PERIOD THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE OHIO STATE MEDICAL ASSOCIATION AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT.

*Timothy S Kress* 9-28-00  
(SIGNATURE OF APPLICANT) (DATE)

IDENTIFICATION NUMBER 35060555-K AMOUNT DUE \$305.00 DATE DUE 07/01/00  
TIMOTHY SCOTT KRESS, M.D.  
4473 OLD ENGLISH CIRCLE  
BELLBROOK OH 45305

STATE MEDICAL BOARD

OCT - 2 2001

1:969696962:

MD & DO SPECIALTY CODES CURRENTLY ON RECORD		
OBG OBSTETRICS & GYNECOLOGY		
<input checked="" type="checkbox"/> SPECIALTY CODE(S) CORRECT AS LISTED		
IF CORRECTIONS ARE NECESSARY, PLEASE ENTER ALL SPECIALTY CODES. CODE1 CODE2 CODE3		
RESIDENCE ADDRESS-THIS MUST BE ENTERED AT EACH RENEWAL		
4473 Old English Circle		
Bellabrook		
OH		45305
Greene		

3E  
OK For W/C  
10-10-01  
10-3-00

0935060555" 0000030500"

PRINCIPAL PRACTICE ADDRESS - THIS ADDRESS MUST BE ENTERED AT EACH RENEWAL.

Street \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
County \_\_\_\_\_

AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATE HAVE YOU:

- 1.) Been found guilty of, or pled guilty or no contest to, or received treatment in lieu of conviction of, a felony or misdemeanor?  
YES  NO
- 2.) Been found guilty of, or pled guilty or no contest to a federal or state law regulating the possession, distribution or use of any drug?  
YES  NO
- 3.) Been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse? You may answer "no" to this question if you have successfully completed treatment at a program approved by this board and have subsequently adhered to all statutory requirements as contained in sections 4731.224 and 4731.25 O.R.C., and related provisions, or you are currently enrolled in a board approved program. Any questions concerning approval can be directed to the board offices.  
YES  NO
- 4.) Had malpractice insurance cancelled or limited for other than failure to pay premiums?  
YES  NO
- 5.) Been notified by any board, bureau, department, agency, or other body including those in Ohio, other than this board, of any investigation concerning you, or any charges, allegations or complaints filed against you?  
YES  NO
- 6.) Surrendered, or consented to limitation in any jurisdiction: a) A license to practice medicine; OR b) State or federal privileges to prescribe controlled substances?  
YES  NO
- 7.) Had any clinical privileges or other authority to practice suspended, restricted or revoked for reasons other than failure to maintain records or attend staff meetings?  
YES  NO

REQUIRED -  
SOCIAL SECURITY NUMBER  
Redacted

DETACH HERE AND REMIT THIS PORTION WITH FEE



STATE MEDICAL BOARD OF OHIO  
77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43215 - 6127

CERTIFICATION

I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED OR WILL HAVE COMPLETED DURING THE 2000 - 2002 REGISTRATION PERIOD THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE OHIO STATE MEDICAL ASSOCIATION AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT.

X Timothy S Kress 625-02  
(SIGNATURE OF APPLICANT) (DATE)

MD & DO SPECIALTY CODES CURRENTLY ON RECORD  
OBG OBSTETRICS & GYNECOLOGY

SPECIALTY CODE(S) CORRECT AS LISTED

IF CORRECTIONS ARE NECESSARY, PLEASE ENTER ALL SPECIALTY CODES. CODE1 CODE2 CODE3

RESIDENCE ADDRESS-THIS MUST BE ENTERED AT EACH RENEWAL

2898 RIVER END COURT  
STREET  
STREET  
SPRING VALLEY OH 45370  
CITY STATE ZIP CODE  
GREENE  
COUNTY

IDENTIFICATION NUMBER AMOUNT DUE DATE DUE \$50 Late Fee Due After  
35-06-0555-K \$305.00 07/01/02 10/01/02  
TIMOTHY SCOTT KRESS, M.D.  
2898 RIVER END COURT  
SPRING VALLEY OH 45370

0935060555 30500

AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATE:

1.) Have you been found guilty of, or pled guilty or no contest to, or received treatment or intervention in lieu of conviction of, a misdemeanor or felony?  
YES  NO   
2.) Have you been addicted to or dependent upon alcohol or any chemical substance, or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse? You may answer "NO" to this question if you have successfully completed treatment at, or are currently enrolled in, a program approved by this Board and have adhered to all statutory requirements during and subsequent to treatment. You must answer "YES" if you have ever relapsed. Any questions concerning program approval or concerning this question can be directed to the board offices.  
YES  NO   
3.) Have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?  
YES  NO   
4.) Has any board, bureau, department, agency, or other body, including those in Ohio, other than this board, filed any charges, allegations or complaints against you?  
YES  NO   
5.) Have you surrendered, or consented to limitation of, or to reprimand or probation concerning, a license to practice any healthcare profession or state or federal privileges to prescribe controlled substances in any jurisdiction? You may answer "NO" to this question if the only such surrender or consent was given to this board.  
YES  NO   
6.) Have you had any clinical privileges or other similar institutional authority suspended, restricted or revoked for reasons other than failure to maintain records on a timely basis or to attend staff meetings?  
YES  NO

PRINCIPAL PRACTICE ADDRESS - THIS ADDRESS MUST BE ENTERED AT EACH RENEWAL.  
 Check this Box if you have NO principal Practice address.  
299 NORTHLAND BLVD  
Street  
SPRING VALLEY OH 45246  
City State Zip Code  
HAMILLTOWN  
County

REQUIRED  
SOCIAL SECURITY NUMBER  
Redacted

STATE MEDICAL BOARD OF OHIO  
77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43215 - 6127

**CERTIFICATION**

I CERTIFY, UNDER PENALTY OF LOSS OF MY RIGHT TO PRACTICE IN THE STATE OF OHIO, THAT I HAVE COMPLETED DURING THE 2002 - 2004 CME PERIOD THE REQUISITE HOURS OF CONTINUING MEDICAL EDUCATION IN COMPLIANCE WITH O.R.C. 4731.281 AND O.A.C. 4731-10, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY RESPECT.

*Timothy Scott Kress* 6/21/04  
(SIGNATURE OF APPLICANT) (DATE)

IDENTIFICATION NUMBER 35 . 060555 AMOUNT DUE 305.00 DATE DUE 7/1/2004 \$50 Late Fee Due After 10/1/2004

Dr. TIMOTHY SCOTT KRESS  
2898 RIVER END COURT  
SPRING VALLEY OH 45370

**MD & DO SPECIALTY CODES CURRENTLY ON RECORD**

OBG

SPECIALTY CODE(S) CORRECT AS LISTED

IF CORRECTIONS ARE NECESSARY, PLEASE ENTER ALL SPECIALTY CODES. CODE1 CODE2 CODE3

**RESIDENCE ADDRESS-THIS MUST BE ENTERED AT EACH RENEWAL**

2898 RIVER END CT  
STREET  
STREET  
SPRING VALLEY OH 45370  
CITY STATE ZIP CODE  
GREENE  
COUNTY

SELECT ONE ADDRESS FOR MAILINGS FROM THE BOARD.  
 RESIDENCE  PRINCIPAL PRACTICE ADDRESS

0003656491 30500 35ZZ 060555

**APPLICATION FOR LICENSURE / RENEWAL IN OHIO**

1.) Have you been found guilty of, or pled guilty or contest to, or received treatment or intervention in lieu of conviction of, a felony or misdemeanor?  
YES  NO

2.) Have you been addicted or dependent upon alcohol or any chemical substance; been treated for, or be diagnosed as suffering from drug or alcohol dependence or abuse? You may answer "NO" to this question if you have successfully completed treatment at, or are currently enrolled in, a program approved by this Board and have adhered to all statutory requirements during and subsequent to treatment. You must answer "YES" if you have ever relapsed. Any questions concerning program approval or concerning this question can be directed to the board offices.  
YES  NO

3.) Have any malpractice awards or settlements been paid by you or on your behalf for an occurrence in any state other than Ohio?  
YES  NO

4.) Has any board, bureau, department, agency, or other body, including those in Ohio, other than this board, filed any charges, allegations or complaints against you?  
YES  NO

5.) Have you surrendered, or consented to limitation of, or to suspension, reprimand or probation concerning, a license to practice as a healthcare professional or state or federal privileges to prescribe controlled substances in any jurisdiction? You may answer "NO" to this question if the only such surrender or consent was given to this board.  
YES  NO

6.) Have you had any clinical privileges or other similar institutional authority suspended, restricted or revoked for reasons other than failure to maintain records on a timely basis or to attend staff meetings?  
YES  NO

**PRINCIPAL PRACTICE ADDRESS - THIS ADDRESS MUST BE ENTERED AT EACH RENEWAL**

Check this Box if you have NO principal practice address.

290 NORTH LAMP BLVD  
Street  
Street  
CINCINNATI OH 45246  
City State Zip Code  
HAMMILL County

REQUIRED SOCIAL SECURITY NUMBER

Redacted



**Date Posted: 7/1/2006 1:14:48 AM**

Please review all information you have provided. Click on the "Review" button to change any information given or click on the "I Agree" button to verify that all information posted below is correct and to proceed to payment options.

Please note that knowingly providing false information may result in denial of registration.

**License Information**

License Number	35.060555
License Name	TIMOTHY KRESS
Email Address	

**Fees**

Relicensure Fee	\$305.00
	=====
Total Fees	<b>\$305.00</b>

**Specialty Codes**

- Please select one specialty from the field below  
 ..... OBSTETRICS & GYNECOLOGY
- Please select one specialty from the field below, if applicable.  
 ..... {not Answered}
- Please select one specialty from the field below, if applicable.  
 ..... {not Answered}

**CME-Physicians**

- Have you met the above CME requirements for your license?  
 ..... YES

**Discipline**

- Have you been found guilty of, or pled guilty or no contest to, or received treatment or intervention in lieu of conviction of, a misdemeanor or felony?  
 ..... NO
- Have you surrendered, consented to limitation of, or to suspension, reprimand or probation concerning, a license to practice any healthcare profession or state or federal privileges to prescribe controlled substances in any jurisdiction other than Ohio?  
 ..... NO
- Have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?  
 ..... NO

- 4. Has any board, bureau, department, agency, or any other body, including those in Ohio **other than this board**, filed any charges, allegations or complaints against you?  
..... NO
- 5. Have you had any clinical privileges or other similar institutional authority suspended, restricted or revoked for reasons **other than failure to maintain records on a timely basis or to attend staff meetings?**  
..... NO
- 6. Have you been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse?  
..... NO

**Social Security Number**

- 1. .... Redacted

**Nurse Collaboration Info**

- 1. Are you currently in a collaboration agreement with any Clinical Nurse Specialists, Certified Nurse-Midwives or Certified Nurse Practitioners?  
..... YES
- 2. List the name/names and type of licensure for each nurse with whom you are collaborating. **For example: Jane Doe, CNP; Mary Smith, CNS.**

..... Yvonne Clark, CNP; Latanya Davis, CNP; Anne Erickson, CNM; Anne Etges, CNP; Nancy Hogan, CNP; Sarah Kramer, CNP; Deb Magnotta, CNP; Diane Roach, CNM; Michelle Schlarmann, CNP; Tammy Schwing, CNP; Deb Seeger, CNP; Leslie Stidd, CNP; Beverly Wells, CNP; Crystal Wilmhoff, CNP; Sarah Wilson, CNP

**I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining licensure may be grounds for disciplinary action against my license.**

**Under penalty of law, I hereby swear or affirm that the information I have provided in the application is complete and correct, and that I have complied with all criteria for applying on line.**

**Date Posted: 9/3/2008 9:38:16 AM**

Please review all information you have provided. Click on the "Review" button to change any information given or click on the "I Agree" button to verify that all information posted below is correct and to proceed to payment options.

Please note that knowingly providing false information may result in denial of registration.

**License Information**

License Number	35.060555
License Name	TIMOTHY KRESS
Email Address	kressmdjd@woh.rr.com

**Fees**

Relicensure Fee	\$305.00
	=====
<b>Total Fees</b>	<b>\$305.00</b>

**Specialty Codes**

- Please select one specialty from the field below  
 ..... OBSTETRICS & GYNECOLOGY
- Please select one specialty from the field below, if applicable.  
 ..... {not Answered}
- Please select one specialty from the field below, if applicable.  
 ..... {not Answered}

**CME-Physicians**

- Have you met the above CME requirements for your license?  
 ..... YES

**Discipline**

- Have you been found guilty of, or pled guilty or no contest to, or received treatment or intervention in lieu of conviction of, a misdemeanor or felony?  
 ..... NO
- Have you surrendered, consented to limitation of, or to suspension, reprimand or probation concerning, a license to practice any healthcare profession or state or federal privileges to prescribe controlled substances in any jurisdiction other than Ohio?  
 ..... NO
- Have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?  
 ..... NO

- 4. Has any board, bureau, department, agency, or any other body, including those in Ohio **other than this board**, filed any charges, allegations or complaints against you?  
..... NO
- 5. Have you had any clinical privileges or other similar institutional authority suspended, restricted, revoked or placed on probation for reasons **other than failure to maintain records on a timely basis or to attend staff meetings?**  
..... NO
- 6. Have you been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse?  
..... NO

**Social Security Number**

- 1. .... Redacted

**Nurse Collaboration Info**

- 1. Are you currently in a collaboration agreement with any Clinical Nurse Specialists, Certified Nurse-Midwives or Certified Nurse Practitioners?  
..... YES
- 2. List the name/names and type of licensure for each nurse with whom you are collaborating. **For example: Jane Doe, CNP; Mary Smith, CNS.**  
  
..... Catherine A. Mauser, CNM; Molly Dickinson, CNM; Denise Robinson, CNP; Whitney Vangen, CNP; Pamela Kraft, CNP; Leslie Stidd, CNP; Tamara Schwing, CNP; Sarah Kramer, CNP; Sarah Wilson, CNP; Marcelle Bobst, CNP; Crystal Wilmhoff, CNP; Michelle Schlarman, CNP; Beverly Wells, CNP

**I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining licensure may be grounds for disciplinary action against my license.**

**Under penalty of law, I hereby swear or affirm that the information I have provided in the application is complete and correct, and that I have complied with all criteria for applying on line.**

**Date Posted: 7/1/2010 1:49:34 AM**

Please review all information you have provided. Click on the "Review" button to change any information given or click on the "I Agree" button to verify that all information posted below is correct and to proceed to payment options.

Please note that knowingly providing false information may result in denial of registration.

**License Information**

License Number	35.060555
License Name	TIMOTHY KRESS

**Fees**

Relicensure Fee	\$305.00
	=====
<b>Total Fees</b>	<b>\$305.00</b>

**Specialty Codes**

- Please select one specialty from the field below  
 ..... OBSTETRICS & GYNECOLOGY
- Please select one specialty from the field below, if applicable.  
 ..... {not Answered}
- Please select one specialty from the field below, if applicable.  
 ..... {not Answered}

**CME-Physicians**

- Have you met the above CME requirements for your license?  
 ..... YES

**Discipline**

- Have you been found guilty of, or pled guilty or no contest to, or received treatment or intervention in lieu of conviction of, a misdemeanor or felony?  
 ..... NO
- Have you surrendered, consented to limitation of, or to suspension, reprimand or probation concerning, a license to practice any healthcare profession or state or federal privileges to prescribe controlled substances in any jurisdiction other than Ohio?  
 ..... NO
- Have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?  
 ..... NO
- Has any board, bureau, department, agency, or any other body, including those

in Ohio **other than this board**, filed any charges, allegations or complaints against you?  
..... NO

5. Have you had any clinical privileges or other similar institutional authority suspended, restricted, revoked or placed on probation for reasons **other than failure to maintain records on a timely basis or to attend staff meetings?**  
..... NO

6. Have you been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse?  
..... NO

**Social Security Number**

1. .... Redacted

**Nurse Collaboration Info**

1. Are you currently in a collaboration agreement with any Clinical Nurse Specialists, Certified Nurse-Midwives or Certified Nurse Practitioners?  
..... YES

2. List the name/names and type of licensure for each nurse with whom you are collaborating. **For example: Jane Doe, CNP; Mary Smith, CNS.**  
  
..... Janine Baer, CNP; Molly Dickinson CNM; Sarah Kramer CNP; Beverly Wells CNP; Julie Treadway CNP; Crystal Wilmhoff CNP; Tracy Dillingham CNM; Lauren Theuerling CNP; Michelle Schlarmann CNP; Sarah Wilson CNP

**I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining licensure may be grounds for disciplinary action against my license.**

**Under penalty of law, I hereby swear or affirm that the information I have provided in the application is complete and correct, and that I have complied with all criteria for applying on line.**

**Date Posted: 4/21/2012 12:35:21 AM**

Please review all information you have provided. Click on the "Review" button to change any information given or click on the "I Agree" button to verify that all information posted below is correct and to proceed to payment options.

Please note that knowingly providing false information may result in denial of registration.

**Address Information**

BUSINESS ADDRESS

2314 Auburn Avenue  
CINCINNATI, OH 45219  
Hamilton County  
United States of America  
937-604-0488  
kressmdjd@woh.rr.com

**License Information**

License Number 35.060555  
License Name TIMOTHY KRESS

**Fees**

Relicensure Fee \$305.00  
=====  
Total Fees **\$305.00**

**Medical Board Correspondence Email**

1. **Did you provide a Credential email address? Please note this information is a public record.**  
..... YES

**Specialty Codes**

1. Please select one specialty from the field below  
..... OBSTETRICS & GYNECOLOGY  
2. Please select one specialty from the field below, if applicable.  
..... GYNECOLOGY  
3. Please select one specialty from the field below, if applicable.  
..... LEGAL MEDICINE

**CME-Physicians**

1. Have you met the above CME requirements for your license?  
..... YES

**Discipline**

- 1. Have you been found guilty of, or pled guilty or no contest to, or received treatment or intervention in lieu of conviction of, a misdemeanor or felony?  
..... NO
- 2. Have you surrendered, consented to limitation of, or to suspension, reprimand or probation concerning, a license to practice any healthcare profession or state or federal privileges to prescribe controlled substances in any jurisdiction other than Ohio?  
..... NO
- 3. Have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?  
..... NO
- 4. Has any board, bureau, department, agency, or any other body, including those in Ohio **other than this board**, filed any charges, allegations or complaints against you?  
..... NO
- 5. Have you had any clinical privileges or other similar institutional authority suspended, restricted, revoked or placed on probation for reasons **other than failure to maintain records on a timely basis or to attend staff meetings?**  
..... NO
- 6. Have you been addicted to or dependent upon alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol dependency or abuse?  
..... NO

**Social Security Number**

- 1. .... Redacted

**Nurse Collaboration Info**

- 1. Are you currently in a collaboration agreement with any Clinical Nurse Specialists, Certified Nurse-Midwives or Certified Nurse Practitioners?  
..... YES
- 2. List the name/names and type of licensure for each nurse with whom you are collaborating. **For example: Jane Doe, CNP; Mary Smith, CNS.**

..... Jessica Crider, CNP; Sarah Wilson, CNP; Crystal Wilmhoff, CNP; Jessica Moon, CNM; Tracy Dillingham, CNP; Allison Heist, CNP; Michelle Schlarman, CNP; Angela Robinson, CNP; Bev Wells, CNP; Aurora Cardenas-Ball, CNP; Melinda Chimento, CNP

**Ohio Employment**



1. Do you practice in Ohio? ..... YES

**Ohio Workforce Questions**

1. "Clinical" - direct patient care ..... 15-19

2. "Research" - study of a treatment, procedure or medication done in a medical setting or for a medical purpose ..... 0

3. "Administration" - activities related generally to patient care other than direct contact with a patient (e.g. recordkeeping, clerical tasks, chart review, prior authorizations with insurers, claims, billing issues, etc.) ..... 10-14

4. "Education" - preceptor, mentor, etc. .... 10-14

5. "Volunteering" - providing medical and medical-related services at no cost ..... 1-4

6. "Other" - medical professional activities not included in above categories ..... 0

**Clinical - Practice setting**

1. Enter the number of hours per week spent in "Office/Clinic/Ambulatory care" (out-patient care). ..... 10-14

2. Enter the number of hours per week spent in "Hospital (in-patient care)". ..... 0

3. Enter the number of hours per week spent in "Emergency Room". ..... 0

4. Enter the number of hours per week spent in "Urgent Care". ..... 0

5. Enter the number of hours per week spent in "Other". ..... 5-9

**Workforce Counties**

1. Enter the first zip code: ..... 45219

2. Enter the first county: ..... Hamilton

3. Enter the second zip code:

..... 45402

4. Enter the second county:

..... Montgomery

5. Enter the third zip code:

..... 45011

6. Enter the third county:

..... Butler

7. Do you have more than one practice location?

..... YES

**Workforce Practice Address**

1. Please list all practice locations. Include street address, city, state and zip.  
Example "123 E Main St, Suite 2, Anywhere, OH 55555;" Separate multiply addresses with a semicolon.

..... 2314 Auburn Ave., Cincinnati, OH 45219; 224 North Wilkinson, Dayton, OH 45402; 11 Ludlow, Hamilton, OH 45011; 1061 North Bechtle, Springfield, OH 45504; 834 Ohio Pike, Withamsville, OH 45245; 290 Northland Blvd., Springdale, OH 45246; 2016 Ferguson, Cincinnati, OH 45246

**Practice Arrangement (size)**

1. Solo practitioner

..... NO

2. Single-specialty Group

..... 2-5

3. Multi-specialty Group

..... N/A

4. Employee of a clinical facility or hospital? (Clinical facility is an urgent care, industrial clinic or similar entity)

..... NO

**Workforce Language Question**

1. Do practitioners or staff in your practice communicate in sign language or in a language other than spoken English?

..... YES

**Languages**

1. Select a language from the drop down list.

..... Spanish

2. Select a language from the drop down list.

..... {not Answered}

3. Select a language from the drop down list.

..... {not Answered}

**ABMS Certified**

1. Are you certified by an ABMS Board?

..... YES

**ABMS Specialty**

1. Choose specialty from the dropdown list.

..... Obstetrics and Gynecology

2. Choose specialty from the dropdown list.

..... {not Answered}

3. Choose specialty from the dropdown list.

..... {not Answered}

**I understand that submitting a false, fraudulent, or forged statement or document or omitting a material fact in obtaining licensure may be grounds for disciplinary action against my license.**

**Under penalty of law, I hereby swear or affirm that the information I have provided in the application is complete and correct, and that I have complied with all criteria for applying on line.**

October 13, 1999

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Journal.

**DR. EGNER MOVED TO APPROVE THE ORDER OF SUMMARY SUSPENSION AND TO SEND THE NOTICE OF OPPORTUNITY FOR HEARING TO DR. BATISH. DR. STEINBERGH SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- abstain
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Dr. Egner	- aye
	Mr. Browning	- aye
	Ms. Noble	- aye
	Dr. Garg	- abstain
	Dr. Buchan	- aye
	Dr. Steinbergh	- aye

The motion carried.

CARL SCARBOROUGH JENKINS, M.D. - CITATION LETTER

At this time the Board read and considered the proposed citation letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

**DR. BUCHAN MOVED TO SEND THE CITATION LETTER TO DR. JENKINS. DR. BHATI SECONDED THE MOTION.** A vote was taken:

VOTE:	Mr. Albert	- abstain
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Dr. Egner	- aye
	Mr. Browning	- aye
	Ms. Noble	- aye
	Dr. Garg	- abstain
	Dr. Buchan	- aye
	Dr. Steinbergh	- aye

The motion carried.

TIMOTHY SCOTT KRESS, M.D.- NOTICE OF IMMEDIATE SUSPENSION AND OPPORTUNITY FOR HEARING

At this time the Board read and considered the proposed Notice Of Immediate Suspension And Opportunity For

October 13, 1999

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Hearing in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

**DR. BHATI MOVED TO SEND THE NOTICE OF IMMEDIATE SUSPENSION AND OPPORTUNITY FOR HEARING TO DR. KRESS. MS. NOBLE SECONDED THE MOTION. A** vote was taken:

VOTE:	Mr. Albert	- abstain
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Dr. Egner	- aye
	Mr. Browning	- aye
	Ms. Noble	- aye
	Dr. Garg	- abstain
	Dr. Buchan	- aye
	Dr. Steinbergh	- aye

The motion carried.

JAMES L. SUTTON, D.P.M. - CITATION LETTER

At this time the Board read and considered the proposed citation letter in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

**DR. BUCHAN MOVED TO SEND THE CITATION LETTER TO DR. SUTTON. DR. BHATI SECONDED THE MOTION. A** vote was taken:

VOTE:	Mr. Albert	- abstain
	Dr. Bhati	- aye
	Dr. Somani	- aye
	Dr. Egner	- aye
	Mr. Browning	- aye
	Ms. Noble	- aye
	Dr. Garg	- abstain
	Dr. Buchan	- aye
	Dr. Steinbergh	- aye

The motion carried.