December 30, 2001

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

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.

Tunuing 5 Kmm.
Timothy S. Kress, MD

OF OHIO BOARD



LAN = 3 2001

ર્યો**દ** '

**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

Group:

Frequency:

Other:

Frequency:

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 2005 DEC 34 A & 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.

HAVE PRESCRIBED NO CONTROLLED SUBSTANCES

Signature

Date

## **OHIO STATE MEDICAL BOARD**

JAN 0 4 2006

### 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.

T HAVE PRESCRIBED NO CONTROLLED SUBSTANCES.

Signature

12.29.05

Date

# MVH Miami Valley Hospital

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

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

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 BUAHD

JAN 0 6 2006

# MVH Miami Valley Hospital

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

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Sincerely,

Christopher S. Croom, MD

Director, PICU

937-208-4005/2516

OHIO STATE MEDICAL BUAHD

JAN 0 6 2006

# GRAFF & ASDCIATES, L.P.A. Counsilors 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 MONITERING 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

ZOOZ FED ILU 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

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.

Singerely,

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/
E-Mail Address: 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.

January 6, 2003

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

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 2 4 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. 1711 Fl. Columbus, Ohio 43266-0315 February 24, 2004

OHIO STATE MEDICAL BOARD

FEB 2 4 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

Tuur

937-604-0488

DANIELLE,

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concerning the above.

THANKS

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Timorry KRESS.

99.05 # St. Pete Beginners of Phu Gontrar of Phu Go

OCT 0 3 2005

January 6, 2003

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

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

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,

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.

Signature

3.27.01

Tuity & Kum

Date

### DECLARATION OF COMPLIANCE

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HAUF PRESCRIBED NO CONTROLLED SUBSTANCES THIS QUARTER

Signature

3.29.02

mon & Krus

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: Daniello Bickers				
Subject: Quartify for D. Kross.				
From: Cynthia J. Ramsey PH: 937- 208 - 4005 Fax: 937 - 208 - 4268 fr De Ceor				
Comments: Original wice he 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

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 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.

Sincerel

Christopher S Choom MR

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

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Christopher S. Croom M.Q. Director. PICU

937-208-2516



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

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/QA Committee

Signature: BARRON EARRIER, CCDC III

To:

Danielle Bickers

Ohio State Medical Board

From: Timothy S. Kress, MD

RE:

DEA certificate and Terminal Distributor Licenses

Dear Danielle,

ij

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.

Tuiting & Krissus Timothy S. Kress, MD

# MVH Miami Valley Hospital

STATE (LETTICAL BOARD

2002 APR 22 A II: 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:

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Sincerel

Christopher S. Croom MD

Director, PICU 937-208-2516

# MWW MiamiValleyHospital

Diagnostic Ultrasound and Antenatal Services
One Wyoming Street
Dayron, Ohio 454000 793
Telephone 937-208-2516
FAX: 937-208 61240
A ID: 44

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.

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Sincerely

Christopher S. Coom MD

Director, PIC J 937-208-2516

ATTENDANCE LOG AME & LOCATION SECRETARY/CHAPM Redacted 55C 55C 556 ζς*ι*,

# Velification of A.A. Attendance

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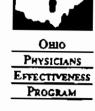
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OPEP
445 E. Granville Rd.
Bldg. C
Worthington, Ohio 430
(614) 841-9690

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 (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

Revised 10/19/94 MA/QA Committee

BENDINER & SCHLESINGER IN CHIOSTATEMEDICAL BURED NEW YORK, N.Y. 1: (212) 254-2300 JUL 0 6 2001 310 EAST OF IN STREET NEW YORK, N.Y. 10021 (212) 628-2599 MEDICAL LABORATORIES 520 WEST 185 STREET NEW YORK, N.Y. 10033 (Collection Capal) 984 NORTH BROADWAY COLLECTION D SUITE 4 L4 \* YONKERS, N.Y. 10701 (914) 378-2166 QC 19 Sat REPORT DATE OCCTOR/INSTITUTION DATEITIME DRAWN PATIENT NO. NAME 05/23/01 OHIO PHYSICIANS EFFECT, PROGR. 05/12/01 05:30PM ED 99 0835 445 E. GRANDVILLE RD BLDG 'C **OLSON** DATE: TIME RECEIVED PATIENT NUMBER F2221576 WORTHINGTON, OH 43085 05/22/01 02:07PM 22-0133 UNITS | REF RAN **RESULT** TEST ABN | RESULT UNITS | REF RANGE **TEST** ABN †OXICOLOGY FORENSIC WORK-**NEGATIVE** Meas Moderated

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PCP, EMIT NEG 25 NG/ML NEG 1000 AMPHET, EMIT NG/ML THC, EMIT NEG NG/ML 100 ALCOHOL, UR FOR NEG MG/DL |50 MG/DL 30 - 350 SPECIMEN MAY CREATININE URN 132.4 BE ADULTERATED IF < 20 MG/DLREPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM

END OF REPORT

SCOTT A. HIRSCHMAN, M.D. DIRECTOR

OPEP 937 848 7160; JUL-5-01 4:06PM; THIOSTATEMEDICAL BURRE JUL 0 6 2001

ACCOUNT INFORMATION OFFER DEFLETH DESCRIP IUS N. MAIN STREET ENGLEWOUR, OH 937-936-0245

と表記されいさいだいだけ

# BENDINER & SCHLESINGER, INC.

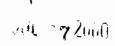
MEDICAL LABORATORY 10/03/2000 212-254-2300 Since 1813

• 47 Third Avenue (10th St.), NY 10003 (212) 254-2300 Foreraic Toxicology: (212) 353-5111

Day: M T W (Circle one)  Cliector's Signature  Time of Collection  Lease Indicate below Any Medication Participant is taking:  Observe  articipant IDIF can be obtained from the Participant's Professional Assistance Program see below for instructions on completing Forensic Unine Drug Toxicology specimen collection and speciments of the Profiles  Additional Tests:		PROFESSIONAL HI	EALTH REQUISITION	
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Apply Accession				
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necimen hattle label: Complete the label on the engineer hattle as follows:	Permitte that the same			
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Acct: Enter 4 digit "F" number from "Account Information" be Pat: Enter Participent 1D#  Date: " Enter date of specimen collection				
Acct: Enter 4 digit "F" number from "Account Information" be Part: Enter Participant ID#  Date:	Security Seel:	Complete the information on the red security seal as follows		
Acct: Enter 4 digit "F" number from "Account Information" be Part: Enter Participant ID#  Date:				
Acct: Enter 4 digit "F" number from "Account Information" be Part: Enter Participant ID#  Date:				
Pat; Enter Participent ID#  Date: Enter date of specimen collection  Participant initials: Participant must initial label on line to left of "date"  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  1. Tighten cap securely and place security seal over top of specimen bottle	seeu blosided:			
Acct: Enter 4 digit "F "number from "Account Information" by Pat: Enter Participant ID#  Date: Enter date of specimen collection Participant Initials: Participant must initial label on line to left of "date"  Complete the information on the red security seal as follows  Date: Enter the date of specimen collection Initials: Participant must initial seal		4. Place sealed and harded so	Profit in Council Adjoints of Specimen Dag	

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

#### STATUS REPORT

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

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

June 22, 2001

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

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

Turing & Kussus

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.

Signature

- witter,

Date

Luss

# 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.

Sincere

Christopher S. CroomMD

Director, PICU 937-208-2516

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.

Signature

6.7801

Tuiting S. Kussus

Date

# MVH Miami Valley Hospital

STATE MEDICAL BOARD

2002 JUL -5 A 11: 06

Diagnostic Ultrasound and Antenatal Services

One Wyoming Street Daylon, 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:

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.

Sincere

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

2002 JUL -2 A 8: 50

Pages Including Cover Sheet:
Date:
To: Danielle Bicker - Compliance Fx: 614-728-5946
Subject:D_/Debs
From: Cynthia J. Ramsey Ph: 937- 208 - 4005 Fax: 937 - 208 - 4268
Comments: Oniginal wice he 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:

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.

Sincerel

Christopher S. Croom MD

Director, PICU 937-208-2516

2002 JUL -2 A 8: 5



PROGRAM

OHIO PHYDIOLAND THE

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

U

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 or Kress is abstinent, in stable recovery, and in compliance with his OPEP contract.

Date: 7-2-02

Revised 10/18/94 MA/QA Committee

Signature: BARRON FARRIER



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

U

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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)

Signature BARRON FARRIER, CCDC III

Revised 10/19/94 MA/QA Committee

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 guarter,

Signature

Tuntey Sknowns

6.38.05

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

0F 0HIO 2: 02

JUL 0 5 2001

OPEP

445 E. Granville Rd. Bldg. C

**2**09

Worthington, Ohio 431 (614) 841-9690

Fax (614) 841-9680



**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

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:

Satistactory\_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 5-73-01. 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: 9/94 MA/QA Committee

Signature: BARBON-FARRIER, CCDC III

Danielle Bickers State Medical Board 77 S. High St. 17<sup>th</sup> Fl. Columbus, Ohio 43266-0315 August 9. 2001

or or offer

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,

Tunity & Krums

Timothy S. Kress, MD 2898 River End Court

Spring Valley, Ohio 45370

937-248-4983

No.0360 P. 1

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

August 31, 2002

SEP 1 3 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

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#### OHIO PHYSICIANS EFFECTIVENESS PROGRAM

#### STATUS REPORT

PARTICIPANT: TIM KRESS, MD CONTRACT DATE: 12-7-99

PERIOD COVERED: JUL, AUG, SEP 2002 \*

THE STATE MEDICAL BOARD OF OHIO

HAINE MONITORING:

forquency: RANDOM/2 PER MONTH

tin or Facility: BENDINER & SCHLESINGER

Positive Results: NONE Thru 8-30-02

STIPPORT GROUP

ATTENDANCE: AA/CADUCEUS

Forguency: 3 PER WEEK MINIMUM

Participation/Compliance: Satisfactory\_\_\_ Unsatisfactory

AFTERCARE: Completed

enquency: WEEKLY

Participation/Compliance: Satisfactory\_\_\_\_ Unsatisfactory

GOHER THERAPY.

PHYSICIAN MONITOR REPORT: \*

\*Justactory\_\_\_\_ Unsatisfactory

According to OPEP records Dr. Kress celebrated 3 years of sobriety 7-25-02.

: ()SR generated early due to staff vacation.

1.110: 9-19-02

Signature: BARRON FARRIER, CCDC III

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.

Signature

9.28.01

with S Kusse

Date

### Perinatal Partners, LLC

Drs. Sonek, Croom, & Banias

### OHIO STATE MEDICAL BOARD

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

SEP 2 8 2001

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

Pages Including Cover Sheet:
Date: 9/28/01
To: Danille Bickers-
Subject: Du Kryss
From: Cynthia J. Ramsey Ph: 937- 208 - 4005 Fax: 937 - 208 - 4268
Comments: from Dr. Cloon
Comments: from Dr. Croon- will mail original
·

#### **CONFIDENTIALITY NOTICE**

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### HIO STATE MEDICAL BOARD

SEP 2 8 2001

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

Telephono. 937-208-2516 FAX. 937-206-6124

# MVH Miami Valley Hospital

September 28, 2001

Danielle C. Bickers Compliance Officer State Medical Board of Ohio 77 S. High St., 17th 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.

Christopher S. Croom MD

Director, PIČU 937-208-2516

Sincere

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.

Signature

9.28.00

Date

Kiess

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.

Signature

9.28.02

Date

September 29, 2003

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

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

Turity

937-604-0488



OPEP OHIO STATE MEDICAL BOARD 5 E. Granville Rd. Bldg. C

OCT - 4 2001

Worthington, Ohio 43085

(614) 841-9690

#### OHIO PHYSICIANS EFFECTIVENESS PROGRAM

Fax (614) 841-9680

#### **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: <u>BARRON FARRIER</u>

Revised 10/19/94 MA/QA Committee



PROGRAM

OHIO PHYSICIANS EFFECTIVENESS PROGRAM

445 E. Granville Bldg. C Worthington, Ohi

OPEP

Worthington, Ohi (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

Unsatisfactory

Unsatisfactor

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:<u>10-1-01</u>

Signature: BABAON FARRIER

Revised 10/19/94 MA/QA Committee



# OHIO PHYSICIANS EFFECTIVENESS PROGRAM

OPEP
445 E. Granville Rd.
Bldg. C
Worthington, Ohio 431
(614) 841-9690
Fax (614) 841-9680

#### **STATUS REPORT**

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.

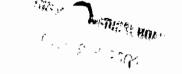
According to OPEP records Dr. Kress celebrated 1 year of sobriety 7-25-00.

Date: <u>10-9-00</u>\_\_\_\_

Revised 10/19/94 MA/QA Committee

Signature: Barron Farrier, CCDC III





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

OPEP

### 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 7-25-017

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

Signature: BARRON FARRIER, CCDC III

Revised 10/19/94 MA/QA Committee

1-614-728-5946

3378629166

TQ:

12/13/2005 12:05

DANIELLE BICKERS

STATE MEDICAL BOARD

PRESS

VIA FAX:

FROM:

TIMOTHY S. KRESS, M.D.

DATE

DECEMBER 13, 2005

Letter dated December 13, 2005 to follow.

Thank you.

### 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

I hereby declare that I have continued to comply with all the probationary terms, conditions a 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.

Signature

17.78.00

Date



OPEP

445 E. Granville Rd.

Bldg. C

Worthington, Ohio 43085

(614) 841-9690

### OHIO PHYSICIANS EFFECTIVENESS PROGRAM

Fax (614) 841-9680

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 sobplety 7,25

Date:<u>10-1-01</u> (12-28-01) Signature: BARRON FARRIER, CCDC III

Revised 10/19/94 MA/QA Committee

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.

Tuutung Skums

Signature

12.30.01

Date

STATE MEDICAL BUAKU

#### 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:

Date: 12/31/01

To: Danielle Bickers - Constiance - Opio State Board

Subject: From De Croom RD De Ross Presetate Persies

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

Comments: will mail riginal

STATE MED WILL BOTH 27

#### 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 pr release may be in violation of both federal and state laws.

# MWH Miami Valley Hospital

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

Telephone, 937-206-2516 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> Ploor 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 2001 DEC 31 P 1: 2

# 06/04/00 21:14 FAX 6148419690 BENDINER & SCHLESINGER INC. OHIO MEDICAL PORTENTIAL DESIRABLE OF THE ORIGINAL PORTENTIAL DESIRABLE OF THE ORIGINAL DESIRABLE ORIGINAL DESIRABLE

MEDIÇAL LAB ... (ATORIES

JUN = 5 ZUUM 629 WEST 185 STREET ICadection Depot

21 NEW YORK, N.V. 10003 (212) 254-2300 (COLLECTIO

210 EAST 65th STREET NEW YORK, N.Y. 10021 (212) 626-2588

QC 12 Thurs

984 NORTH BROADWAY (COLECTIO SUITE & L. & YONKERS, N.Y. 10701 (914) 376-2165

REPORT DATE 05/30/00

PATIENT NUMBER

DOCTORHNSTITUTION OHIO PHYSICIANS EFFECT. PROGR.

F1895115 16-1599

445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085 DATEITIME DRAWN 05/11/00 11:45AM

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

PATIENT NO. NAME ED 99 0835 OLSON

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16-1599						02:09AM	RE	<u>s</u>		
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REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM QC 12 END OF REPORT

> GEORGE W. TEEBOR, M. DIRECTOR

F6/5/00

06/04/00 21:14 FAX 6148419690 BENDINER & SCHLESINGER INC OPEP MEDICAL LABL ATORIES

CHO MEDICAL BOAR DEW YORK, N.Y. 10031

QC 34 Mon JUN = 5 2000

629 WEST 185 STREET NEW YORK, N.Y. 10033 (Callection Dapot)

**2** 22 NEW YORK, N.Y. 10063 (212) 254-2300

\$10 EAST 65th STREET NEW YORK, N.Y. 10021 (212) 628-2599 COLLECTIO

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

REPORT DATE 05/30/00

PATIENT NUMBER

F1907366

DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

BLDG 'C'

WORTHINGTON, OH 43085

DATE/TIME DRAWN 05/22/00 12:00 N

DATEITIME RECEIVED 05/26/00 05-49PM

PATIENT NO, NAME ED 99 0835 OLSON

26-0170 WU	WORTHINGTON, OH 43085 05:49PM K. R. E.S. 5				5.5	_				
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REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 34

GEORGE W. TEEBOR, M.

F6/5/00

# 06/14/00 21:47 FAX 6148419690 BENDINER & SCHLESINGER INC. MEDICAL LAL AATORIES

QC 23 Thurs

1727 AMSTERDAM AVENUE NEW YORK, N.Y. 10031 (Collection Dispot) 679 WEST 185 STREET NEW YORK, N.Y. 10033 (Collection Capat)

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

310 EAST 651% STREET (COLECT NEW YORK, N.Y. 10021 (212) 628-2599

994 NORTH BROADWAY (COLLECT SUITE # L4 • YONKERS, N.Y. 10701 (#14) 376-2166

REPORT DATE 06/13/00

PATIENT NUMBER

F1924645

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

DATEITIME DRAWN 06/08/00 06:51PM

DATEITIME RECEIVED 06/12/00 02 - 12DM

PATIENT NO, NAME ED 99 0835 OLSON

12·0117	OKININGION, UN A	43085	02:12PM KRESS					
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REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM QC 23 END OF REPORT

> GEORGE W. TEEBOR, M. DIRECTOR F6/15/2

## 06/14/00 21:47 FAX 8148419890 DENDINER & SCHLESHNGER INC. MEDICAL LAL AATORIES

QC 9 Mon

1727 AMSTERDAM AVENUE NEW YORK, N.Y. 10031 (Collection Depot) 629 WEST 186 STREET NEW YORK, N.Y. 10033 [Callection Despi]

0 9 NEW YORK, N.Y. 10003 (212) 254-2300

210 EAST 85th STREET (COLLECT NEW YORK, N.Y. 10021 (212) 528-2589

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

REPORT DATE 06/13/00

PATIENT NUMBER

F1923020

BOCTORINSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

BLDG 'C'

WORTHINGTON, OH 43085

DATE/TIME DRAWN 06/05/00 12:30PM

DATEITIME RECEIVED 06/09/00 08:42AM

PATIENT NO. NAME ED 99 0835 OLSON

9-0112 WOR	CITINGION,OT 4		08:42AM				
TEST	ABN  RESULT	UNITS REF RANGE	TEST	ABN	RESULT	UNITS	REF F
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METHADONE, EMITOPIATES, EMITCOCAINE, EMITBARBS, EMITBENZO, EMITDARVON, EMITPCP, EMITAMPHET, EMITTHC, EMITALCOHOL, UR FORCREATININE URN	NEG NEG NEG NEG NEG NEG NEG	**************************************					

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

> GEORGE W. TEEBOR, M DIRECTOR

> > F6/15/00

### 06/16/00 01:05 FAX 6148419690 BENDINEK & SCHLESINGEK INC. MEDICAL LAB ATORIES

1727 AMSTERDAM AVENUE NEW YORK, N.Y. 10031 (Collection Depoi) CECOL Y. SANGE STREET NEW YORK, N.Y. 10033 |Codection Depot|

(2.12) 254-2300

(COLUECTIC

310 EAST 65th STREET NEW YORK, N.Y. 10021 (212) 628-2589 984 NORTH BROADWAY (COLLECTIO SUITE & L4 - YONKERG, N.Y. 10701 (914) 276-2166

QC 19 Tues

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

PATIENT B NO, NAME ED 99 0835 OLSON KRESS

TEST ABN RESULT UNITS REF RANGE TEST ABN RESULT UNITS  ********  *********  **********  FORENSIC WORK- PLACE DRUG TEST  CUTOFF LEVELS ***********  CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN	REF R/
FORENSIC WORK- PLACE DRUG TEST  NEGATIVE  ************  SCREENING CUTOFF LEVELS *********** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN	
*******	
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN  NEG MG/ML 300 NG/ML 300 NG/ML 300 NG/ML 300 NG/ML 200 NG/ML 300 NG/ML 25 NG/ML 1000 NGG NG/ML 1000 NGG NG/ML 1000 NGG NG/ML 1000 NEG NG/ML 25 NEG NG/ML 1000 NEG NG	

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

GEORGE W. TEEBOR, M.

F6/16/00

# BENDINER & SCHLESINGER INC. MEDICAL LAB TORIES

WORTHINGTON, OH 43085

QC 15 Mon

1727 AMSTERDAM AVENUE NEW YORK, N.Y. 10031 [Collection Depat] 529 WEST 185 STREET NEW YORK, N.Y. 10033

(Collection Geoot)

0 () 5 NEW YORK, N.Y. 10003 (212) 254-2300 310 EASY 55th STREET (COLES

310 EAST 65th STREET | ICOLECTIO NEW YORK, N.Y. 10021 (212) 628-2199

994 NORTH BROADWAY | ICOLECTIO SUIYE # L4 \* YONKERS, N.Y. 10701 (914) 375-2166

REPORT DATE 06/16/00

PATIENT NUMBER

F1929500

OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

OATEITIME DRAWN
06/12/00
02:00PM
DATEITIME RECEIVED

06/15/00 02:47PM PATIENT u BNO, NAME
ED 99 0835
OLSON

KRESS

15-0112						02:47PM	KRE	55		
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REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 15

GEORGE W. TEEBOR, M

F 6/16/00

## 06/13/00 01:03 FAX 6148419690 BENDINER & SCHLESINGER INC.

MEDICAL LA RATORIES

QC 2 Thurs

1727 AMSTERDAM AVENUE NEW YORK, N.Y. 10001 (Collection Depot) 629 WEST 185 STREET NEW YORK, N.Y. 10033 (Collection Depot)

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

964 NORTH BROADWAY (COLEC SUITE # L4 - YONKERS, N.Y. 10701 (814) 378-2166

REPORT DATE 06/09/00

PATIENT NUMBER

F1921630

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

DATEITIME DRAWN 06/01/00 01:30PM DATEITIME RECEIVED 06/08/00

PATIENT NO, NAME ED 99 0835 OLSON

KRESS 8-0222 03:33PM **TEST** | ABN | RESULT | UNITS | REF RANGE | | **TEST** |ABN| RESULT | UNITS|REF

1621	ARM	KE20L1	UNI 12	KE	F KANGE	1521	ABN	KE20L1	ONT 12	KEF
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REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 2

GEORGE W. TEEBOR, I

F6/13/00

# 06/08/00 00:57 FAX 8148419690 BENDINER & SCHLESINGER INC.

MEDICAL . BORATORIES

WORTHINGTON, OH 43085

QC 27 Wed

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

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

\$10 EAST 65th STREET (CL NEW YORK, N.Y. 10021 (212) 626-2599

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

984 MORTH BRDADWAY (Q' SUITE # L4 · YONKERS, N.Y. 10701 (914) 376-2166

REPORT DATE 06/07/00

PATIENT NUMBER

F1918523

DOCTORINSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

DATELYIME GRAWN 05/31/00 12:30PM

DATE/TIME RECEIVED 06/06/00 01 - AADM

PATIENT NO, NAME ED 99 0835 OLSON

6-0057	WORTHING	JIUN, OH 4	3085		01:44PM					
TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITSIRE		
FORENSIC WO PLACE DRUG TEST	ORK-	OXICOLOGY NEGATIVE	SCREEN:	<del>*******</del>						
METHADONE, OPIATES, EN COCAINE, EN BARBS, EMIT BENZO, EMIT DARVON, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UI CREATININE	MIT MIT T I I I I I I I I	NEG NEG NEG NEG NEG NEG NEG NEG 100.7	CHAIN (CUSTOO) MAINTA: FOR SPI ******* NG/ML	DF Y INED ECIMEN ************************************						

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM QC 27 END OF REPORT

GEORGE W. TEEBOR

### 08/08/00 00:48 FAX 6148419690 0PE BENDINER & SCHLESINGER INC. MEDICAL LAL MATORIES

WORTHINGTON, OH 43085

1727 AMSTEROAM AVENUE NEW YORK, N.Y. 19031 Collection Depart 629 WEST 185 STREET NEW YORK, N.Y. 10033 (Calaction Dapoti

Ø 16 NEW TUNK, N.T. 10 (212) 254-2300

110 EAST 65IN STREET NEW YORK, N.Y. 10021 (COLLECT

(212) 628-2599 984 NORTH BROADWAY (COLLECT SUITE # L4 • YONKERS, N.Y. 16701 (914) 376-2166

QC 14 Wed

REPORT DATE 06/01/00

DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

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

PATIENT NO, NAME ED 99 0835 OLSON

KRËSS

PATIENT NUMBER F1910113 30-1418

10:39PM UNITS|REF RANGE UNITSIREF F **TEST** ABN RESULT TEST ABN I RESULT \*\*\*\*\* TOXICOLOGY FORENSIC WORK-NEGATIVE \*\*\*\*\* PLACE DRUG TEST SCREENING CUTOFF LEVELS iun utnical water \*\*\*\*\*\*\*\*\*\* CHAIN OF JUN - 9 2000 CUSTODY MAINTAINED FOR SPECIMEN \*\*\*\*\* METHADONE, EMIT NEG NG/ML 300 OPIATES, EMIT COCAINE, EMIT NEG NG/ML 300 NEG NG/ML 300 BARBS, EMIT NG/ML 200 NEG BENZO, EMIT NG/ML NEG 300 DARVON, EMIT 300 NEG NG/ML PCP. EMIT NEG NG/ML 25 1000 AMPHET, EMIT NEG NG/ML NG/ML 100 THC, EMIT NEG 50 ALCOHOL, UR FOR NEG MG/DL 30 - 350 CREATININE URN MG/DL 80.9 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, N DIRECTOR

### BENDINEK & SCHLESINGEK INC. MEDICAL LABORAL TIES

QC 3 Fri

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

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 DEPCT SUITE # L4 \* YONKERS, N.Y. 10701 (914) 576-2166

REPORT DATE 05/23/00 DOCTORINSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

05/19/00  $0.2 \cdot 0.0$  PM DATE:TIME RECEIVED

DATE/TIME DRAWN

PATIENT NO, NAME ED 99 0835 OLSON

SEX М

∆GE

AD

PATIENT NUMBER F1900624 22-0268

BLDG 'C' WORTHINGTON, OH 43085

05/22/00 04:38PM

KRESS

TEST	ABN	RESULT	UNITS	REF	RANGE		TEST	-	ABN	RESULT	UNITS	REF	RANGE		
*****	**	OXICOLOGY				7	_								
FORENSIC WORK PLACE DRUG TEST		NEGATIVE	SCREEN	***						OHIO ME	OHIO MEDICAL BOARD				
			CUTOFF	LEVE					:	MA	2 4 20	00			
			CHAIN CUSTOD MAINTA FOR SPI	Y INED ECIME	EN ****										
METHADONE, EMIT OPIATES, EMIT		NEG NEG	NG/ML NG/ML	300 300											
COCAINE, EMIT BARBS, EMIT		NEG NEG	NG/ML NG/ML	300 200											
BENZO, EMIT DARVON, EMIT		NEG NEG	NG/ML NG/ML	300											
PCP, EMIT AMPHET, EMIT		NEG   NEG   NEG	NG/ML NG/ML NG/ML	25 100 100	0										
THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG 104.5	MG/DL	50	- 350										
CREATIVIAL DIGI		104.3	SPECIM BE ADU	ĖN M/ LTER/	AY Ated										
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REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM QC 3 END OF REPORT

GEORGE W. TEEBOR, M.D.

F5/24/00

### 05/05/00 00:38 FAX 6148419690 BENDINER & SCHLESINGER INC. MEDICAL LABON. TORIES

QC 16 Tues

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

NEW YORK, N.Y. 10502 (212) 254-2300 310 EAST 65th STREET NEW YORK, N.Y. 10021

(COLLECTION OF (212) 528-2599

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

REPORT DATE POITUTITZANADTOOD

05/02/00

PATIENT NUMBER

F1875353

1-0077

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 ED 99 0835 OLSON

KRESS

1-00//					05:31FH	7.72			
TEST	ABI	N RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF RAN
FORENSIC WO PLACE DRUG		TOXICOLOGY NEGATIVE	SCREEN CUTOFF ***** CHAIN ( CUSTOD) MAINTA FOR SPI	********* ING LEVELS ******* OF Y INED ECIMEN		)+		5 2000	7,7
METHADONE, OPIATES, EM COCAINE, EM BARBS, EMIT BENZO, EMIT DARVON, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR CREATININE	IIT IIT T T	NEG NEG NEG NEG NEG NEG NEG 78.0	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIMI BE ADU	300 300 300 200 300 25 1000 100 50 30 - 350 EN MAY LTERATED 0 MG/DL			7		

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

> GEORGE W. TEEBOR, M.D. DIRECTOR

## °5/08/00 00:36 FAX 6148413680 SCHLESINGER INC.

MEDICAL LABORATORIES

1727 AMSTERDAM AVENUE NEW YORK, N.Y. 102731 (Collection Depou) 676 WEST 185 STREET NEW YORK, N.Y. 10033 (Collection Depou) 0.8 NEW YORK, N.Y. 10003 (212) 254-2300

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

984 NORTH BROADWAY 100.18 SUITE # L4 - YONKERS, N.Y. 10701 (914) 376-2168

REPORT DATE 05/03/00

PATIENT NUMBER

F1876881

2.0105

OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

QC 3 Thurs

BLDG C

WORTHINGTON, OH 43085

04/27/00 12:00 N DATE:TIME RECEIVED 05/02/00

12:42PM

NO, NAME ED 99 0835 OLSON

KRESS

2.0103						12:4211	125	<del></del>		
TEST	ABN	RESULT	UNITS	REF	RANGE	TEST	 ABN	RESULT	UNITS	REF F
FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	SCREEN CUTOFF ***********************************	**** ING LEV ***  OF INED ECIM	***** ***** ELS *****					
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG 139.8	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML MG/DL	300 300 300 300 300 25 100 50 30 EN M	0 - 350 <b>A</b> Y <b>A</b> TED					

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 3

JHO STATE MEDITOR SOAR MAY - 8 2000

GEORGE W. TEEBOR,
DIRECTOR

F5/8/00

05/22/00 19:44 FAX 6148419690 BENDINER & SCHLESINGER INC.

MEDICAL LABO TORIES

OHIO MEDICAL

1777 AMSTERDAM AVENUE N Y, 10031 MAY 2 3 2000 olection Ocean

Ø<u>.05.,</u> NEW YORK, N.Y. 10003 (212) 254-2300

310 EAST BELL STREEY NEW YORK, N.Y. 10021 ICOLLECTION O (212) 628-2599

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

QC 5 Tues

OHIO PHYSICIANS EFFECT. PROGR.

445 E. GRANDVILLE RD BLDG 'C'

REPORT DATE

05/22/00

PATIENT NUMBER F1898486 WORTHINGTON, OH 43085 19-0110

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

PATIENT NO. NAME ED 99 0835 OLSON

19-0110 WUK	THINGION, UN	43065	09:26PM KRESS					
TEST	ABN RESULT	UNITS REF RANGE	TEST	ABN	RESULT	UNITS	REF.	RAN
FORENSIC WORK- PLACE DRUG TEST	TOXICOLOG							
METHADONE, EMIT OPIATES. EMIT COCAINE, EMIT BARBS. EMIT BENZO. EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN	NEG NEG NEG NEG NEG NEG NEG	NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   25 NG/ML   1000 NG/ML   1000 NG/ML   50 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 QC 5 END OF REPORT

GEORGE W. TEEBOR, M.D.
DIRECTOR

F5/23/00

# 05/17/00 01:29 FAX 6148419690 OPEP DEINUINER & SCHLESINGER INC.

1727 AMSTERDAM AVENUE NEW YORK, N.Y. 10031 ICofaction Dispoti 579 WEST 185 STREET NEW YORK, N.Y. 10033 ICOIDRICTION Deposit NEW YORK, N.Y. 10003 (212) 254-2300

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

NEW YORK, N.Y. 10021 (212) 628-2599 984 NORTH BROADWAY (COLLE SUITE # L4 - YONKERS, N.Y. 10701 (514) 376-2166

QC 14 Thurs

05/12/00

OHIO PHYSICIANS EFFECT, PROGR. 445 E. GRANDVILLE RD BLDG 'C'

05/04/00 12:30PM

05/09/00 04:12PM PATIENT 13 NO. NAME ED 99 0835 OLSON

KRESS

PATIENT NUMBER F1885578 9-0102

WORTHINGTON, OH 43085

UNITS|REF TEST |ABN| RESULT UNITS REF RANGE TEST ABN RESULT TOXICOLOGY FORENSIC WORK-NEGATIVE \*\*\*\*\* PLACE DRUG TEST SCREENING CUTOFF LEVELS \*\*\*\*\* CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN \*\*\*\*\* 1300 METHADONE, EMIT NEG NG/HL OPIATES, ÉMIT COCAINE, EMIT NEG NG/ML 300 NEG NG/ML 300 200 BARBS, EMIT NEG NG/HL BENZO, EMIT 300 NG/ML NEG DARVON, EMIT NEG NG/ML 300 PCP, EMIT 25 NEG NG/ML AMPHET, EMIT NEG NG/ML 1000 NEG NG/ML 100 THC, EMIT ALCOHOL, UR FOR NEG MG/DL 50 146.9 MG/DL 30 - 350 CREATININE URN 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,

# BENDINER & SCHLESINGER INC. OPER

WORTHINGTON, OH 43085

QC 8 Mon

1727 AMSTERDAM AVENUE
MEN YORK, N.Y. 10031

Westinn Depoil

WEST 165 STREET
NEW YORK, N.Y. 10033
[Collection Depoil

14
(212) 254-2300

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

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

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05/17/00

OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

DATE/TIME DRAWIN 05/08/00 01:30PM DATE/TIME RECEIVED 05/15/00 PATIENT
NO, NAME
ED 99 0835
OLSON

F1893435 15-1419

KRESS 08:06PM UNITS REF RANG UNITSIREF RANGE RESULT **TEST** I NBA RESULT TEST |abn| \*\*\*\*\* TOXICOLOGY FORENSIC WORK-NEGATIVE \*\*\*\*\*\*\* \*\*\*\*\*\* PLACE DRUG TEST SCREENING CUTOFF LEVELS \*\*\*\*\* CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN \*\*\*\*\*\* 1300 METHADONE, EMIT NEG NG/ML 300 NEG NG/ML OPIATÉS. EMIT 300 COCAINE, EMIT NEG NG/ML BARBS, EMIT BENZO, EMIT 200 NEG NG/ML NEG NG/ML 300 DARVON, EMIT NEG NG/ML 300 PCP, EMIT NEG NG/ML 25 NEG NG/ML 1000 AMPHET, EMIT NEG NG/ML 100 THC, EMIT 50 NEG MG/DL ALCOHOL, UR FOR CREATININE URN 107.9 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 8

GEORGE W. TEEBOR, M.D.

#### BENDINER & SCHLESINGER INC. MEDICAL LABORA RIES

QC 13 Fri

1727 AMSTERDAM AVENUE ORK, N Y, 10031 Jaction Deport bes WEST 165 STREET NEW YORK, N.Y. 10033 (Collection Depot)

NEW YORK, N.Y. 10003 310 EAST 65IN STREEY (COLLECTION 05POT NEW YORK, N.Y. 10021 (212) 678-2599

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

AGE

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REPORT DATE 05/15/00

DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

BLDG 'C'

PATIENT DUMBER F1889011 WORTHINGTON, OH 43085 11-0175

DATEITIME DRAWN 05/05/00 12:30PM

DATEITIME RECEIVED 05/11/00 02 - 58 DM

PATIENT UB NO, NAME ED 99 0835 OLSON KRESE

11-0175						02:58PM	E55				┙┕┻╸┃
TEST	ABN	RESULT	UNITS	REF	RANGE	TEST	ABN	RESULT	UNITS	REF	RANGE
FORENSIC WORK- PLACE DRUG TEST		OXICOLOGY  NEGATIVE	CUTOFF  *****  CHAIN ( CUSTOD)  MAINTA:  FOR SPE	ING LEVI LEVI LEVI LEVI LEVI LEVI LEVI LEVI	***** ELS ***** EN *****						
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG 125.0	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIME BE ADUI IF < 20	300 300 300 200 300 25 1000 100 50 30 EN M	0 - 350 AY ATED						

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

GEORGE W. TEEBOR, M.D.

F5/19/00

## 847.287.00 20:49 FAX 6148419690 BENDINER & SCHLESINGER INC.

MEDICAL LABO. FORIES

WORTHINGTON, OH 43085

QC 15 Tues

172/ AMSTERDAM AVENUE EW YORK, N.Y. 1803 1 (Collection Depail 629 WEST 185 STREET NEW YORK, N.Y. 10033 (Collection Dept.)

NEW YORK, N.Y. 10003 (212) 254-2300 (COLLECTION 9)

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

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

REPORT DATE 04/26/00

PATIENT NUMBER

F1866696

DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

DATEITIME CRAWN 04/18/00 06:00PM DATEITIME RECEIVED 04/24/00 05.15DM

PATIENT NO. NAME ED 99 0835 OLSON VOECS

24-0101 W		GIUN, UH 4	3085 		05:15PM KRESS						
TEST	ABN	RESULT	UNITS	REF RANGE	TEST		ABN	RESULT	UNITS	REF	RAN
FORENSIC WORK PLACE DRUG TEST		TOXICOLOGY   NEGATIVE	SCREEN CUTOFF ****** CHAIN ( CUSTOD) MAINTA FOR SPI	********* ING LEVELS ******* OF Y				)HIO STA	TE MEDIO		
METHADONE, EMITOPIATES. EMITOCCAINE, EMITOCCAINE, EMITOCOLOUR EMITOCOLOUR FOR	OR N	NEG NEG NEG NEG NEG NEG NEG NEG 147.6	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML MG/DL MG/DL SPECIMI BE ADUI IF < 2	300  300  300  200  300  25  1000  100  50  30 · 350  EN MAY  TERATED   MG/DL		7					

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM QC 15 END OF REPORT

F4/27/00

#### BENDINER & SCHLESINGER INC. 04/18/00 20:24 FAX 6148419690

MEDICAL LABORATORIES

WORTHINGTON, OH 43085

QC 39 Sun

1777 AMSTERDAM AVENUE VORK, N.Y. 10031 Haction Depat; NEW YORK, N.Y. 10033 (Collection Depat)

MEW YORK, N.V. 10003 (212) 254-2300

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

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994 NORTH BROADWAY (COLECTION DET SUITE # L4 - YONKERS, N.Y. 10701 (914) 376-2184

REPORT DATE 04/17/00

PATIENT NUMBER

F1853202

OCCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

04/02/00 OB:30AM DATE/TIME RECEIVED 04/12/00

DATE/TIME DRAWN

PATIENT NO, NAME ED 99 0835 OLSON

KRESS

/B

12-0226 WOR	CIHINGION,OH 4		04/12/00 06:07AM KRESS					
TEST	ABN RESULT	UNITS REF RANGE	TEST	ABN RESULT UNITS REF RANG				
****** FORENSIC WORK- PLACE DRUG TEST	TOXICOLOGY NEGATIVE	**************************************		APR 1 9 2000				
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN	NEG NEG NEG NEG NEG NEG NEG	NG/ML   300 NG/ML   300 NG/ML   200 NG/ML   300 NG/ML   25 NG/ML   1000 NG/ML   100 MG/DL   50 MG/DL   30 - 350 SPECIMEN MAY 8E ADULTERATED IF < 20 MG/DL						

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## 04/19/00 02:28 FAX 6148419690 SINGER INC.

DOCTORINSTITUTION

MEDICAL LAJORATORIES

QC 26 Wed

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

Ø 11 NEW YORK, N.V. 10003 (212) 254-2300

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

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

REPORT DATE 04/19/00

PATIENT NUMBER

F1859844

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

DATEITIME DRAWN 04/12/00 10:30AM DATEITIME RECEIVED

PATIENT NO, NAME ED 99 0835 OLSON

04/17/00 12:03PM

17-1409 WUK	ININGION, OH 4		12:03PM K R Ess					
TEST	ABN RESULT	UNITS REF RANGE	TEST	ABN RESULT	UNITS REF			
FORENSIC WORK- PLACE DRUG TEST	TOXICOLOGY NEGATIVE	**************************************		IID STATE MEDICAL APR 1 9 20				
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN	NEG NEG NEG NEG NEG NEG NEG							

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

GEORGE W. TEEBOR

# 04/19/00 02:28 FAX 6148419690 BENDINER & SCHLESINGER INC.

MEDICAL LAUDRATORIES

445 E. GRANDVILLE RD

WORTHINGTON.OH 43085

OHIO PHYSICIANS EFFECT. PROGR.

NOITUTITZAIINGT 300

BLDG 'C'

REPORT DATE

04/19/00

PATIENT NUMBER

F1858514

QC 7 Mon

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

1 2 NEW YORK, N.Y. 10009 (212) 254-2300 310 EAST 65th STREET (CO\_1 NEW YORK N.Y. 10021 (212) 628-2599

984 NORTH BROADWAY 1001.3 SUITE # L4 - YONKERS, N.Y. 10701 (914) 376-2166

DATE/TIME DRAWN

04/10/00

12:00 N

DATE/TIME RECEIVED

04/17/00

PATIENT NO, NAME ED 99 0835 OLSON

17·0079	THINGION, OH 4		01:44AM	KRESS
TEST	ABN RESULT	UNITS REF RANGE	TEST	ABN RESULT UNITS REF
FORENSIC WORK- PLACE DRUG TEST	** TOXICOLOGY   NEGATIVE	********  ********  ********  ********		APR 1 9 2000
METHADONE, EMIT OPIATES, EMIT COCAINE. EMIT BARBS, EMIT BENZO. EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC. EMIT ALCOHOL, UR FOR CREATININE URN	NEG NEG NEG NEG NEG NEG NEG	NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   1000 NG/ML   1000 MG/DL   500 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 7

GEORGE W. TEEBOR

F4/19/02

## 05/01/00 01:50 FAX 6148419690 BENDINER & SCHLESINGER INC.

MEDICAL \_\_BORATORIES

QC 12 Thurs

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

629 WEST 165 STREET NEW YORK, N.Y. 10033 (Collection Depoil NEW YORK, N.Y. 10003

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

384 NORTH BROADWAY (C SUITE # L4 - YONKERS, N.Y. 1070 (814) 376-2186

04/27/00

PLYENT NUMBER

F1869956

26-0260

OHIO PHYSICIANS EFFECT, PROGR.
445 E. GRANDVILLE RD

BLDG 'C'

WORTHINGTON, OH 43085

04/20/00 05:00PM

04/26/00 05:22PM NO, NAME ED 99 0835 OLSON

KRESS

TEST	ABN	RESULT	UNITS	REF	RANGE	TEST	ABN	RESULT	UNITS	RE
FORENSIC WORK- PLACE DRUG TEST	**	OXICOLOGY NEGATIVE	*****  SCREEN  CUTOFF  *****  CHAIN ( CUSTOD)  MAINTAL  FOR SPE	ING LEVE DF (NED	ELS ***** EN		H10 S	TATE MEDIC MAY - 12		
METHADONE, EMIT OPIATES. EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON. EMIT PCP. EMIT AMPHET. EMIT THC, EMIT ALCOHOL. UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG 188.0	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL	300 300 300 200 300 25 1000 50 30 N M	) - 350 AY ATED					
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REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAMEND OF REPORT QC 12

GEORGE W. TEEB

F5/1/00

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

310 EAST 65th STREET (COLLECTON CEFO\*) NEW YORK, N.Y. 10021 (212) 028-2500

984 NORTH BROADWAY (COLLECT DA GEPOT) SUITE & L4 - YONKERS, N.Y. 10701 (914) 378-2188

REPORT DATE 04/06/00

PATIENT NUMBER

F1843966

5-0115

OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

OC 12 Wed

BLDG 'C'

WORTHINGTON, OH 43085

03/29/00 12:00 N DATE/TIME PECEIVED 04/05/00 06:48PM NO. NAME ED 99 0835 OLSON

KRESS

M SEX

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TEST	ABN	RESULT	UNITS	REF RAN	IGE	TEST	AB	BN	RESULT	UNITS	REF	RANGE
FORENSIC WORK- PLACE DRUG TEST		OXICOLOGY NEGATIVE	SCREENI CUTOFF ******** CHAIN ( CUSTOD) MAINTAI FOR SPE	LEVELS LE	r*							
METHADONE, EMIT OPIATES, EMIT COCAINE. EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC. EMIT ALCOHOL. UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG 98.6	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIMI BE ADUI	300 300 200 300 300 25 1000 100 50 30 - 35	50							
							e/	_				

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 12

GEORGE W. TEEBOR, M.D.

F4/12/00

# 04/08/00 00:35 FAX 8148419890 INGER INC. MEDICAL LA RATORIES

QC 13 Mon

1727 AMSTEROAM AVENUE NEW YORK, N.Y. 10031 Krobetton Ospoli 529 WEST 185 STREET NEW YORK, N.Y. 10033 (Collection Ospol)

0.8 NEW YORK, N.Y. 10003 (212) 254-2300 310 EAST 65Ih STREET (COLU

310 EAST 651h STREET (COLLE NEW YORK, N.Y. 10021 (212) 628-2589

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

04/05/00

PATIENT NUMBER

F1841141

3-0290

OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

WORTHINGTON, OH 43085

DATEITIME DRAWN
03/27/00
05-00PM
DATEITIME RECEIVES
04/03/00

PAYFENT UB NO, NAME ED 99 0835 OLSON

04:16PM KRESS

TEST	ABN	RESULT	UNITS	REF	RANGE	TEST	ABN	RESULT	UNITS	REF
****** FORENSIC WORK- PLACE DRUG TEST	**	OXICOLOGY NEGATIVE	*****  SCREEN! CUTOFF  ***** CHAIN ( CUSTOD) MAINTA! FOR SPE	INED	LS ****		HIO :	STATE MEDIC APR - 62		L
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG 42.4		300 300 200 300 300 25 1000 50 30 - EN MA	350 Y TED					

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

GEORGE W. TEEBOR,

F4/6/02

### BENDINER & SCHLESINGER INC. MEDICAL LABORA. JRIES

QC 1 Fri

1727 AMSTERDAM AVENUE P. AK, N.Y. 10031 Clion Depot) 629 WEST 185 STREET NEW YORK NY, 10033 (Callection Depos)

**2**004 NEW YORK, N.Y. 10003 (212) 254-2388 (COLLECTION DEPOT

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

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

REPORT DATE 04/04/00

PATIENT NUMBER

F1837965

30-0114

DOCTORANSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

BLDG 'C' WORTHINGTON, OH 43085 DATE:TIME GRAWN 03/24/00 05:00PM DATE/TIME RECEIVED 03/30/00

02:49PM

PATIENT NO, NAME ED 99 0835 OLSON

KRESS

SEX M

AD

TEST	ABN	RESULT	UNITS	REF	RANGE	TEST	ABN	RESULT	UNITS	REF	RANGE
FORENSIC WORK- PLACE DRUG TEST		OXICOLOGY NEGATIVE	SCREEN: CUTOFF ******* CHAIN ( CUSTOD) MAINTA: FOR SPI	***** ING LEVE **** OF Y INED ECIME	ELS *****			,, TS	~ 5 % ;	(In	
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS. EMIT BENZO. EMIT DARVON, EMIT PCP. EMIT AMPHET, EMIT THC. EMIT ALCOHOL. UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG 155.7	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIMI BE ADUI IF < 20	300 300 200 300 300 25 1000 50 30 EN MG	350 AY ATED 'DL				7		

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 1

> GEORGE W. TEEBOR, M.D. DIRECTOR

F4/5/00

97%

## BENDINER & SCHLESINGER INC.

MEDICAL LAB. ATORIES

QC 22 Tues

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

21 NEW YORK, N.V. 18663 (212) 254-2300

\$10 EAST 65th STREET NEW YORK, N.Y. 10021 (212) 628-2589 (COLLECTIO

964 NORTH BROADWAY (COLLECTIO GUITE # L4 - YONKERS, N.Y. 10701 (914) 378-2188

REPORT DATE 03/31/00

PATIENT NUMBER

F1835679

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

DATEITIME DRAWN 03/21/00 05:30PM

DATEITIME RECEIVED 03/28/00 12:10PM

PATIENT NO. NAME ED 99 0835 OLSON

28-1308	WOKINI.	NGTON, On 4			12:10PM	KRE	55		_	
TEST	AB	N RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF	R.
FORENSIC WO PLACE DRUG TEST		TOXICOLOGY	SCREEN CUTOFF ****** CHAIN CUSTOD MAINTA FOR SP	********* ING LEVELS ****** OF Y		.70	STATE MCDIO APR - 42	<b>000</b>		
METHADONE. OPIATES, EN COCAINE, EN BARBS, EMIT BENZO, EMIT DARVON, EMI PCP. EMIT AMPHET. EMI THC, EMIT ALCOHOL, UF CREATININE	IT IT IT R FOR URN	NEG NEG NEG NEG NEG NEG NEG 147.5	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIM BE ADU IF < 2	300  300  300  200  300  300  25  1000  100  50  30 - 350  EN MAY  LTERATED   MG/DL						

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 22

> GEORGE W. TEEBOR, M DIRECTOR

> > F4/4/00

04/16/00 21:15 FAX 6148419690 BENDINER & SCHLESINGER INU PAR MEDICAL BI 1227 AMSTERDAM AVENUE BENDINER & SCHLESINGER INU PAR NY 10031

QC 3 Sat

MEDICAL LABO. TORIES

APR 1 7 2000

JO WEST 185 STREET NEW YORK, M.Y. 10033 (Collection Depos) 10 () 6
NEW YORK, N.Y. 16003
(212) 254-2300
310 EAST 6SIN STREET
NEW YORK, N.Y. 10021
(212) 628-2699

984 NORTH BROADWAY (FOLLSCHOND SUITE & LA • YONKERS, N.Y. 10701 (914) 376-2166

REPURT DATE 04/12/00

OCTORNISTITUTION
OHIO PHYSICIANS EFFECT. PROGR.
445 E. GRANDVILLE RD

03/04/00 06:00PM

DATE/TIME DRAWN

NO. NAME ED 99 0835 OLSON

PATIENT NUMBER F1848364 7-1513 BLDG 'C' WORTHINGTON,OH 43085

04/07/00 | 11:03PM | KRESS

7-1513		_				11:03PM	KK	<u> 55</u>	<u> </u>			_
TEST	ABN	RESULT	UNITS	REF	RANGE	TEST		ABN	RESULT	UNITS	REF	RAN
FORENSIC WORK- PLACE DRUG TEST	***	TOXICOLOGY NEGATIVE	*****  SCREEN CUTOFF  *****  CHAIN ( CUSTOD) MAINTAL FOR SPE	ING LEVI	***** ELS ***** EN *****							
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG 204.0	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIME BE ADUL IF < 20	300 300 300 300 300 25 100 50 30 EN M	0 - 350 AY ATED /DL					1		

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 3

GEORGE W. TEEBOR, M.D.

F4/18/00

# 08/24/00 02:14 FAX 8148419690 OPEP BENDINER & SCHLESINGER INC. MEDICAL LA. RATORIES

QC 13 Tues

1727 AMSTERD 4 M AVENUE NEW YORK, N.Y. 10031 (Collection Deport) 629 WEST 185 STREET NEW YORK, N.Y. 10033 (Collection Deport) 2.4 NEW YORK, N.Y. 10003 (212) 254-2300 210 EAST 45th STREET

210 EAST 45th STREET COLLECT HEW YORK, N.Y. 10021 (212) 628-2599

884 NORTH BROADWAY -CDLECT SUITE # L4 - YONKERS, N Y, 10701 (814) 378-2186

08/22/00

PATIENT NUMBER F1994808 21-0317 OBCTOR/INSTITUTION
OHIO PHYSICIANS EFFECT. PROGR.
445 E. GRANDVILLE RD
BLDG 'C'
WORTHINGTON.OH 43085

DAYEITIME DRAWN
08/15/00
01:30PM
DATEITIME RECEIVED

08/21/00 02:44PM NO, NAME ED 99 0835 OLSON

NRESS

51.0311					UZ:44PM	KES	5		
TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF F
******* FORENSIC WORK- PLACE DRUG TEST	**	OXICOLOGY NEGATIVE	SCREEN CUTOFF ******** CHAIN ( CUSTOD) MAINTA FOR SPI	********* ING LEVELS ******* OF Y INED ECIMEN					
METHADONE, EMIT OPIATES. EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP. EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG 80.1	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML MG/DL MG/DL SPECIMI BE ADUI	300  300  300  300  300  300  25  1000  100  50  30 - 350  EN MAY  LTERATED   MG/DL			200 Y 5 11.5 5 71.5 5 71.5	7	
							//	<i>Y</i>	

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

DIRECTOR

MEDICAL LABORATO...ES

1727 AMSTERDAM AVENUE NEW N.Y. 10031 on Deport

629 WEST 185 STREET NEW YORK, N.T. 10033 (Collection Depart)

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

COLLECTION DEPOT

Ø 0.1

\$10 EAST 65th STREET NEW YORK, N.Y. 10021 (212) 628-2599

984 NORTH BROADWAY (COLLECT CA DEPO?) SUITE # L4 - YONKERS, N.Y. 10701 (814) 376-2166

QC 11 Tues

REPORT DATE 08/15/00

PATIENT NUMBER F1988542

OOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

WORTHINGTON, OH 43085

DATEITIME DRAWN 08/08/00 05 · 30PM DATESTIME RECEIVED 08/14/00

PATIENT NO, NAME ED 99 0835 OLSON

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14-0051						10:04AM	KRE:	5 <i>5</i>			
TEST	ABN	RESULT	UNITS	REF	RANGE	TEST	ABN	RESULT	UNITS	REF	RANGE
FORENSIC WO PLACE DRUG TEST	RK-	OXICOLOGY NEGATIVE	***** SCREEN: CUTOFF ***** CHAIN ( CUSTOD) MAINTA: FOR SPI	ING LEVE LEVE TOF Y INED ECIME	ELS *****						
METHADONE, OPIATES, EM COCAINE, EM BARBS, EMIT BENZO, EMIT DARVON, EMI PCP, EMIT AMPHET, EMI THC, EMIT ALCOHOL, UR CREATININE	IT IT T FOR URN	NEG NEG NEG NEG NEG NEG NEG 97.9	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML MG/DL SPECIM BE ADUI IF < 20	300 300 300 300 300 25 1000 50 30 EN MA LTERA	0 - 350 AY ATED /DL			7001 VE 18 19 31 19	TOICAL BOARD		

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM QC 11 END OF REPORT

> GEORGE W. TEEBOR, M.D. DIRECTOR

### BENDINEK & SCHLESINGER INC. 0PEP MEDICAL LABOR. JRIES

QC 2 Wed

1727 AMSTERDAM AVENUE ORK, N.Y. 16031 ection Depoti 629 WEST 185 STREET NEW YORK, N.Y. 16033 [Collection Depot]

(18) NEW YORK, N.Y. 10003 (212) 254-2300 310 EAST 65th STREET (CD. ECTION DEPO NEW YORK, N.Y. 10021 (212) 626-2599

984 NORTH BROADWAY COLECTION DEPO SUITE & L4 - YONKERS, N.Y. 10701 (814) 378-2186

REPORT DATE 08/04/00

PATIENT NUMBER

F1978968

2-N177

DOCTORINSTITUTION 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

KRESS

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Z-1111//		_				L UZ:Z5PM		COS	<u> </u>			_
TEST	ABN	RESULT	UNITS	REF	RANGE	TEST	•	ABN	RESULT	UNITS	REF	RANGE
FORENSIC WORK- PLACE DRUG TEST	**	TOXICOLOGY NEGATIVE	SCREEN: CUTOFF ******* CHAIN ( CUSTOD' MAINTA! FOR SPI	ING LEV LEV CHARACTER INED ECIM	***** ***** ELS *****							
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG S3.4	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL SPECIMI BE ADUI IF < 21	300 300 300 200 300 300 25 100 100 50 30 TER	0 - 350 AY ATED				CF 0810	STATE MEDICAL BOARD		

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 2

GEORGE W. TEEBOR, M.D.

DIRECTOR

### BENDINER & SCHLE NGER INC.

MEDICAL LABORATURIES

QC 17 Fri

1777 AMSTERDAM AVENUE NEWWORK, N.Y. 10031 Ion Depod NEW YORK, NY. 10033 (Collection Deport)

08 NEW YORK NY, 10003 (212) 254-2300

310 EAST 65IN STREET NEW YORK, N.Y. 10021 (212) 628-2599 TOGER HEST AN DEPOT

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

REPORT DATE DOCTORANSTITUTION 09/18/00 OHIO PHYSICIANS EFFECT. PROGR.

> 445 E. GRANDVILLE RD BLDG 'C'

PATIENT NUMBER

F2015207

END OF REPORT

WORTHINGTON.OH 43085

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

OPEP

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

PATIENT NO, NAME ED 99 0835 OLSON

AGE ΑĐ

SEX М

14-0735		4		_		05:23PM	KA	ES	5			<u>]</u>
TEST	ABN	RESULT	UNITS	REF	RANGE	TEST		ABN	RESULT	UNITS	REF	range
FORENSIC WORK PLACE DRUG TEST		TOXICOLOGY NEGATIVE	SCREEN CUTOFF ****** CHAIN C CUSTOD MAINTA FOR SP	ING LEV LEV OF Y INED ECIM	***** ELS ***** EN							
METHADONE. EMOPIATES. EMIT COCAINE, EMIT BARBS. EMIT BENZO. EMIT DARVON. EMIT PCP, EMIT AMPHET. EMIT THC. EMIT ALCOHOL, UR FCREATININE UR	OR N	NEG NEG NEG NEG NEG NEG NEG NEG 70.7	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL MG/DL SPECIM BE ADU IF < 2	300 300 300 300 300 25 100 50 30 EN M LTER 0 MG	0 - 350 AY ATED /DL							

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

QC 17

SCOTT A. HIRSCHMAN, M.D.

DIRECTOR

#### 08/03/00 02:15 FAX 6148419690 DENDINER & SCHLESINGER INC.

MEDICAL LAB. ATORIES

QC 59 Tues

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

629 WEST 185 STREET NEW YORK, N.Y. 10033 [Collection Depot] NEW YORK, N.Y. 10003
(212) 254-2300

a10 EACT 6516 STREET
NEW YORK, N.Y. 10021
(212) 628-2599

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

REPORT DATE 08/02/00

PATIENT NUMBER

F1976592

31-0201

OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

BLDG 'C'
WORTHINGTON, OH 43085

07/25/00 01:30PM

07/31/00 02:16PM PATIENT B NO. NAME ED 99 0835 OLSON KRESS

31-0201						02:16PM /	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			_	] [
TEST	ABN	RESULT	UNITS	REF	RANGE	TEST	ABN	RESULT	UNITS	REF	R,
FORENSIC WORK- PLACE DRUG TEST	<del>ck</del>	OXICOLOGY NEGATIVE	*****  SCREEN CUTOFF ***** CHAIN ( CUSTOD) MAINTA FOR SPI	**** ING LEVI	***** ELS *****						
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS. EMIT BENZO, EMIT DARVON, EMIT PCP. EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG 116.3	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIME BE ADUI IF < 20	300 300 300 300 300 25 100 50 30 N M	0 - 350 AY ATED			2000 ACC -3 P 2:59	STATE PECICAL BOARD		
					a						

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

GEORGE W. TEEBOR, M.J

F8/3/00

# 08/03/00 02:15 FAX 6148419690 BENDINEK & SCHLESINGER INC.

WORTHINGTON, OH 43085

1727 AMSTERDAM AVENUE VEW YORK, N.Y. 10031 V (Collection Deport) 629 WEST 185 STREET NEW YORK, N.Y. 10033 ICollection Daport) 47 THIRD AVENUE (10 STREET)
NEW YORK, N.Y. 10003
(212) 254-2300

(212) 254-2300 310 EAST 66th STREET (COLLECT.ON NEW YORK, N.Y. 10021 (212) 628-2509

(212) 628-2599 984 NORTH BROADWAY (COLLECTION SUITE # L4 - YONKERS, N.Y. 10701 (914) 378-2166

QC 30 Fri

REPORT DATE 08/02/00

PATIENT NUMBER F1973444 27-0053 OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD 8LDG 'C'

DATE/TIME DRAWN
07/21/00
01:45PM

DATE/TIME RECEIVED
07/27/00
10:57AM

NO, NAME BD 99 0835 OLSON

TEST	ABN	RESULT	UNITS	REF RANGE	TEST	Af	3N	RESULT	UNITS	REF F	185	
FORENSIC WORK- PLACE DRUG TEST	<del></del>	TOXICOLOGY NEGATIVE	SCREEN!	**************************************								
METHADONE, EMIT OPIATES, EMIT		NEG NEG	NG/ML	Y INED ECIMEN *******								
COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG 155.1	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML MG/DL MG/DL SPECIME	300 200 300 300 25 1000 50 30 - 350 N MAY				2000 256 -3 P	a Pvoloža grvis			
				TERATED O MG/DL				· · 59	BOARD			
						2						

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 30  $\,$ 

GEORGE W. TEEBOR, M.D.

8/3/00

#### 07/19/00 01:48 FAX 6148419690 BENDINER & SCHLESINGER INC.

MEDICAL LAB. ATORIES

QC 1B Wed

1727 AMSTERDAM AVENUE NEW YORK, N.Y. 10031 [Collection Dispot] 629 WEST 185 STREET NEW YORK, N.Y. 10033 [Collection Dispot]

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

REPORT DATE 07/19/00 OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

07/12/00 12:30PM DATEITIME RECENTED 07/18/00

01:02PM

NO, NAME ED 99 0835 OLSON

KRESS

#ATTIENT NÚMBER F1963005 18-0113

445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON.OH 43085

TEST	ABN	RESULT	UNITS	REF	RANGE	TI	EST	ABN	RESULT	UNITS	REF R/
FORENSIC WORK-PLACE DRUG TEST	**	TOXICOLOGY   NEGATIVE	****** SCREEN CUTOFF ***** CHAIN CUSTOO MAINTA FOR SPI	**** ING LEV *** OF Y INED ECIM	EN ****						
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG 88.8	1	300 300 300 300 300 25 100 50 30 EN M	0 - 350 AY ATED						

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 18

Janu 32 Stude

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.

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

QC 8 Mon

REPORT DATE 07/25/00 DOCTORANSTITUTION

OHIO PHYSICIANS EFFECT. PROGR.

445 E. GRANDVILLE RD BLDG 'C'

WORTHINGTON, OH 43085

PATIENT NUMBER F1966186 20.0294

DATE/TIME DRAWN 07/17/00 01:30PM

PATIENT NO. NAME ED 99 0835

OLSON

DATE/TIME RECEIVED

07/20/00

20-0294		01:33PM		4	(:6=5	>
TEST ABN RESULT	UNITS REF RANGE	TEST	ABN	-	UNITS	
FORENSIC WORK- PLACE DRUG TEST	**************************************					
METHADONE, EMIT OPIATES. EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN  NEG NEG NEG NEG NEG NEG NEG NEG	NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   25 NG/ML   1000 NG/ML   100 MG/DL   50 MG/DL   30 - 350 SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL			2000 JUL 32 A ID: 46	STATE MEDICAL BOARD	

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT  $$\rm QC\ 8$$ 

### 07/31/00 20:43 FAX 6148419690 BENDINER & SCHLESINGER INC MEDICAL LABO. ATORIES

WORTHINGTON, OH 43085

QC 9 Fri

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

Ø 02\_\_\_ NEW YORK, N.Y. 10003 (212) 264-2300 310 EAST BBIN STREET NEW YORK, N.Y. 10021 (COLLECTION

(212) 628-2599

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

REPORT DATE 07/20/00

OCCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

OATE/TIME DRAWN 07/14/00 01:30PM\_ DATE/TIME RECEIVED 07/19/00

PATIENT NO. NAME ED 99 0835 OLSON

KRESS

PATIENT NUMBER F1965464 19-1072

11:34PM **TEST** ABN| RESULT UNITS | REF RANGE TEST RESULT UNITS | REF RA ABN \*\*\*\* †0XICOLOGY FORENSIC WORK-\*\*\*\*\*\* NEGATIVE PLACE DRUG <del>\*\*\*\*\*\*\*\*\*\*\*</del> TEST SCREENING CUTOFF LEVELS CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN <del>\*\*\*</del>\*\*\*<del>\*\*</del>\* METHADONE, EMIT NEG NG/ML 300 NEG 300 OPIATES, EMIT NG/ML COCAINE, EMIT NEG NG/ML 300 BARBS, EMIT BENZO, EMIT NEG NG/ML 200 300 NEG NG/ML DARVON, EMIT NEG NG/ML 300 PCP EMIT NEG 25 NG/ML AMPHET, EMIT NEG NG/ML 1000 THC, EMIT 100 NEG NG/ML ALCOHOL, UR FOR 50 NEG MG/DL CREATININE URN 59.0 30 - 350 MG/DL SPECIMĖN MAY BE ADULTERATED **3** IF < 20 MG/DLD BOARD ₿

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

# BENDINER & SCHLESINGER INC. MEDICAL LAL ATORIES

QC 4 Thurs

1727 AMSTERDAM AVENUE NEW YORK, N.Y. '0831 (Collection Depot) E23 WEST 185 STREET NEW YORK, N.Y. 10033 (Collection Depot) (18) NEW YORK, N.Y. 10003 (212) 254-2300 310 EAST 65th STREET

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

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

08/09/00

PATIENT NUMBER

F1983773

8-0182

OHIO PHYSICIANS EFFECT. PROGR.
445 E. GRANDVILLE RD

BLDG 'C' WORTHINGTON,OH 43085 08/03/00 06:00PM

DATEITIME RECEIVED 08/08/00 02:15PM

NO, NAME BD 99 0835 OLSON

REF RANGE	TEST	A8N	RESULT	UNITS	DEE	
***				UNITIO	KLI	K/
******** NG LEVELS ****** F NED CIMEN						
300 300 300 300 300 300 25 1000 100 50 30 - 350 N MAY TERATED MG/DL			2001 AUG 10 P 4: 19	C STRICAL BOARD		
	********* NG LEVELS ******* F NED CIMEN ******* 300 300 200 300 200 300 200 300 200 300 200 300 200 100 50 100 50 N MAY TERATED	********  NG LEVELS ******  F  NED CIMEN ******* 300 300 300 300 300 25 1000 100 50 30 - 350 N MAY TERATED	*******  NG LEVELS  ******  F  NED CIMEN  *******  300 300 300 300 300 25 1000 100 50 30 - 350 N MAY TERATED	*********  NG LEVELS  *******  NED CIMEN  ********  300 300 300 300 300 25 1000 100 50 30 - 350 N MAY TERATED	**************************************	MG LEVELS  *********  NED CIMEN *******  300 300 300 300 300 300 300 300 300 30

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 4

GEORGE W. TEEBOR, M

F8/10/0

### 08/18/00 22:05 FAX 8148419890 BENDINER & SCHLESINGER INC.

MEDICAL LABL TORIES

QC 4 Fri

1777 AMSTERDAM AVENUE NEW YORK, N.Y. 10031 (Coffection Deput)

629 WEST 185 STREET NEW YORK, N.Y. 18033 (Collection Depot)

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

310 EAST 65th STREET (COLL NEW YORK, N.Y. 10021 (212) 828-2699

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

REPORT DATE 08/16/00

PATIENT HUMBER F1989790 DOCTORINSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

BLDG 'C' WORTHINGTON, OH 43085 DATE/TIME SRAWN 08/11/00 01 - 30PM

DATEITIME RECEIVED 08/15/00

PATIENT NO, NAME ED 99 0835 OLSON

15-0099 WOR	THINGION, OH	43085 —————————	08/15/00 11:17AM	_	
TEST	ABN RESULT	UNITS REF RANGE	TEST	ABN RESUL	T :   UNITS   REF
FORENSIC WORK- PLACE DRUG TEST	TOXICOLOG   NEGATIVE	**************************************			
METHADONE, EMIT OPIATES, EMIT COCAINE. EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET. EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN	NEG NEG NEG NEG NEG NEG NEG	CUSTODY MAINTAINED FOR SPECIMEN ************************************		200 10 11 A 11: 50	

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 4

GEORGE W. TEEBOR,

### BENDINEK & SCHL INGER INC. OPER

#### MEDICAL LABORATORIES

QC 6 Tues

17 STERDAM AVENUE PAK, N.Y. 10031 Jection Disposit

FERROR DIRPOUL

629 WEST 185 STREET

NEW YORK, N.T. 1003.3

(Collection Dirpou)

PEW YORK, N.V. 10003 (212) 254-2300

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

984 NORTH BROADWAY (COLLECTION () 220) SUITE & LA - YONKEAS, N.Y. 10701 (914) 376-2166

9740 TRC93R 00\80\80

PATIENT NUMBER F1981325 4-0134 OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON,OH 43085 08/01/00 01:30PM

08/04/00 11:18AM NO, NAME B ED 99 0835 OLSON

KRESS

AD Sex M

74-0104						L+.+.+.		<del>-D</del> 17					
TEST	ABN	RESULT	UNITS	REF	RANGE	]	TEST		ABN	RESULT	UNITS	REF	RANGE
FORENSIC WORK- PLACE DRUG TEST  METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG NEG NEG	******* SCREEN! CUTOFF ****** CHAIN ( CUSTOD) MAINTA! FOR SPE ***** NG/ML	ING LEVE 1800 300 300 300 300 1000 1000 1000 100	ELS *****  EN *****  AX***  O AY ATED					2030 AUS -9 P 4: 28	STATE MEDICAL BOARD		
											4		

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

GEORGE W. TEEBOR, M.D.

E 8/9/00



OHIO
PHYSICIANS
EFFECTIVENESS
PROGRAM

# STATE MEDICAL BOARD

#### FAX FAX FAX

#### DANTELLE BICKERS

TO:

614-728-5946

DATE:

FROM:

# OF PAGES INCLUDING COVER PAGE

#### CONFIDENTIAL INFORMATION

Information contained in this fax is private, privileged and confidential, intended only for the addressee. If you are not the addressee or his/her authorized agent responsible for delivering this fax unread to him/her, you are hereby notified that you have received this document in error, and that any review, copying, distribution, or dissemination of any part of this fax is strictly prohibited. If you have received this fax in error, please notify us immediately by calling 614-841-9690, and mailing this fax directly to the Ohio Physicians Effectiveness Program, 445 East Granville Road, Worthington, OH, 43085.

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

#### BOARD OF TRUSTEES

#### OFFICERS:

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

Timothy O. Wiechers, 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 2 4 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.

# BENDINER & SCHLESINGER INC. OPER MEDICAL LABOR DRIES

TEDICAL LABOR BRIES

WORTHINGTON, OH 43085

QC B Fri

122] AMSTERDAM AVENUE
Y YOAK, N.Y. 10031
Edlecton Depot)
629 WEST 185 STREET
NEW YORK, N.Y. 10033
(Collection Depot)

NEW YORK, N.Y. 19003 (212) 264-2100 310 EAST 65th STREET (COLLECTIO

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

A

SE

М

BM NORTH BROADWAY (COLECTION DEPO SUITE # LA - YONKERS, N.Y. 10701 (814) 375-2166

07/13/00

PATIENT NUMBER

F1956945

12-0053

OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'\_

DATE/TIME DRAWN
07/07/00
06:30PM
DATE/TIME RECEIVED
07/12/00

10:38AM

PATIENT NO. NAME ED 99 0835 OLSON

OLSON KRESS

UNITS | REF RANG TEST ABN RESULT UNITS | REF RANGE | TEST ABN | RESULT \*\*\*\* TOXICOLOGY \*\*\*\*\*\* FORENSIC WORK-NEGATIVE PLACE DRUG \*\*\*\*\* TEST SCREENING CUTOFF LEVELS 1777 \*\*\*\*\*\* 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 NG/ML NEG 300 DARVON, EMIT NEG NG/ML 300 PCP. EMIT NEG NG/ML 25 AMPHET, EMIT NEG NG/ML 1000 THC, EMIT 100 NEG NG/ML 50 ALCOHOL, UR FOR NEG MG/DL 30 - 350 CREATININE URN 100.6 MG/DL 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.

-7/1-

#### BENDINEK & SCHLESINGEK INC. OPEP MEDICAL LABOI. BRIES

QC 15 Wed

AMSTERDAM AVENUE V YORK, N.Y. 10031 Collection Dapoij 829 WEST 105 STREET MEW YORK, N.Y. 10033 (Collection Dapon)

NEW YORK, N.Y. 10003 (212) 254-2300 310 FACT (COLLECTION DEPT

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

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

B

REPORT DATE 07/12/00

PATIENT NUMBER

F1954612

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

DATE/TIME DRAWN 07/05/00 12:30PM DATE/TIME RECEIVED 07/10/00 04:59PM

PATIENT NO, NAME ED 99 0835 OLSON

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TEST ABN		UNITS	RFF I	DANCE I	TOOT					
	TOVECOL OCY		1,5	KANGE	TEST	ABN	RESULT	UNITS	REF	RANG
	TOXICOLOGY NEGATIVE	SCREEN) CUTOFF ****** CHAIN ( CUSTOD) MAINTAI FOR SPE	ING LEVE	LS ****			,r : * 1. A	,		
OPIATES. EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FDR	NEG NEG NEG NEG NEG NEG NEG 158.8	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML	300 300 300 200 300 300 25 1000 100 50 30 -	350 Y TED						

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 15

GEORGE W. TEEBOR, M.D. DIRECTOR

07/07/00 03:26 FAX 6148419690 BENDINER & SCHLESINGER INC.

MEDICAL LABO. FORIES

STATE MEDICAL BOARDON NY. 10031

STATE MEDICAL BOARDON NY. 10033

QC 13 Tues JUL - 7 2000

MEW YORK, N.Y. 10003 (212) 264-2300 310 EAST 55th STREET (COLLE

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

984 NORTH BROADWAY (COLLECTION DI SUITE 8 L4 • YONKERS, N.Y. 10701 (914) 378-2166

HEFORT DATE 07/05/00

PATIENT NUMBER F1948204 3-0156 OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

BLDG 'C' WORTHINGTON,OH 43085 DATEITIME DRAWN
06/27/00
01:30PM
DATEITIME RECEIVED
07/03/00

02:24PM

PATIENT
NO, NAME
ED 99 0835
OLSON

KRESS

3-0130						UZ.24FI		422	<u> </u>			┙┕
TEST	ABN	RESULT	UNITS	REF RAN	NGE	TES	Т	ABN	RESULT	UNITS	REF	RAN
FORENSIC WORK- PLACE DRUG TEST	k*	TOXICOLOGY  NEGATIVE	SCREEN CUTOFF ******* CHAIN ( CUSTOD) MAINTA FOR SPI	********* ING LEVELS ****** OF Y INED ECIMEN	k*							
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON. EMIT PCP. EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG S6.9	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML MG/DL MG/DL SPECIMI BE ADUI	300 300 200 300 300 25 1000 100 50 30 - 35	50							

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

GEORGE W. TEEBOR, M.D.

F7/7/00

07/07/00 03:26 FAX 6148419690 BENDINER & SCHLESINGER INC.

MEDICAL LABO. FORIES

1727 AMSTERDAM AVENUE STATE MEDICAL BUATANTST 185 STREET (Cafection Depot)

Ø 13 NEW YORK, N.Y. 10003 (212) 254-2360

310 EAST 85th STREET NEW YORK, N.Y. 10021 (212) 628-2588 (COLLECTION DE

944 NORTH BROADWAY (COLLECTION OF SUITE # L4 - YONKERS, N.Y. 19701 (914) 376-2166

QC 4 Thurs JUL - 72000

REPORT DATE 07/06/00

PATIENT NUMBER F1949726 5-0178

OOCTORNINSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

BLDG 'C' WORTHINGTON.OH 43085 DATEITIME DRAWN 06/29/00 01-45PM DATEITIME RECEIVED 07/05/00

PATIENT NO, NAME ED 99 0835 OLSON

5-0178 W	ווחואכ				02:43	BPM K	RES	5			
TEST	ABN	RESULT	UNITS	REF RANGE	: T	EST	ABN	RESULT	UNITS	REF	RAN
FORENSIC WORK PLACE DRUG TEST		TOXICOLOGY NEGATIVE	SCREEN CUTOFF ****** CHAIN CUSTOD' MAINTA FOR SPI	**************************************							
METHADONE, EM OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR F CREATININE UR	OR .	NEG NEG NEG NEG NEG NEG NEG 30.5	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIM BE ADU	300 300 200 300 300 25 1000 100 50 30 - 350							

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM QC 4 END OF REPORT

> GEORGE W. TEEBOR, M.D. DIRECTOR

> > F7/7/00

# 07/05/00 102:29 FAX 8148419890 BENDINER & SCHLESINGER INC.

MEDICAL LA. PATORIES

QC 5 Fri

1777 AMSTERDAM AVENUE NEW YORK, N.Y. 10031 (Collection Depot) 628 WEST 185 STREET NEW YORK, NLY. 10033 (Colocion Depat)

(212) 254-2300 310 EAST 65th STREET NEW YORK, N.Y. 10021 (212) 628-2699

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

REPORT DATE 06/29/00

PATIENT NUMBER

F1942168

27-0120

DOCTORINSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

BLDG 'C'

WORTHINGTON, OH 43085

DATEITIME DRAWN 06/23/00 11:00AM

DATEITIME RECEIVED 06/27/00 02:49PM

PATIENT NO. NAME ED 99 0835 OLSON

KRESS

2, 0120						<b>V</b> -	<del></del>					
TEST	ABN	RESULT	UNITS	REF	RANGE	<u>                                     </u>	TEST	ABN	RESULT	UNITS	REF F	R
FORENSIC WORK PLACE DRUG TEST		TOXICOLOGY	*****  SCREEN CUTOFF  ***** CHAIN CUSTOD MAINTA FOR SP	ING LEVI **** OF Y INED ECIMI	ELS ***** EN			STA	TE MEDICAL Jul - 5 21	<i>BOARD</i> 100		
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOCREATININE URI	DR	NEG NEG NEG NEG NEG NEG NEG 167.5		300 300 300 200 300 300 25 100 100 50 30 EN M	0 - 350 <b>AY</b> <b>A</b> TED							

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 5

GEORGE W. TEEBOR, M.I DIRECTOR

F7/5/00

# 07/05/00 02:29 FAX 6148419690 INC.

MEDICAL LABURATORIES

WORTHINGTON.OH 43085

QC 10 Sat

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

629 WEST 185 STREET MEW YORK, N.Y. 10033 (Coloction Depot)

(2) (16 (17 2) 14EE | 17 2) 14E

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

944 NORTH BROADWAY (COLLECTE SUITE # L4 + YONKERS, M.Y. 10701 (\$14) 376-2168

REPORT DATE 06/29/00 OHIO PHYSICIANS EFFECT, PROGR. 445 E. GRANDVILLE RD
BLDG 'C'

06/24/00 12:00 N DATE(TIME RECEIVED 06/27/00

01:44PM

DATEITIME DRAWN

NO, NAME ED 99 0835 OLSON

KRESS

F1942217 27-0169

UNITS REF R TEST ABN RESULT **TEST** ABN RESULT UNITS/REF RANGE toxicology FORENSIC WORK-NEGATIVE \*\*\*\*\*\*\*\* STATE MEDICAL BOARD <del>\* \* \* \* \* \* \* \* \* \* \* \* \* \*</del> PLACE DRUG JUL - 5 2000 TEST SCREENING CUTOFF LEVELS \*\*\*\*\* CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN <del>\*\*\*\*\*\*\*\*\*</del> ----1300 METHADONE, EMIT NEG NG/ML NEG NG/ML 1300 OPIATES, EMIT NEG NG/ML 300 COCAINE, EMIT NG/ML 200 BARBS, EMIT NEG BENZO, EMIT NEG NG/ML 300 300 DARVON, EMIT NEG NG/ML PCP. EMIT NG/ML 25 NEG NG/ML 1000 AMPHET, EMIT NEG NEG NG/ML 100 THC, EMIT ALCOHOL. UR FOR NEG MG/DL 50 30 - 350 CREATININE URN 123.3 MG/DL SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 10

GEORGE W. TEEBOR, M.

F7/5/00

### BENDINER & SCHL LINGER INC. OPER MEDICAL LABORAI ÓRIES

QC 9 Tues

1727 AMSTERDAM AVENUE YORK, N.Y. 10031 action Depoti SEDER TRANSPORTED TRANSPORTED TRANSPORTED TO THE PROPERTY OF T

NEW YORK, N.Y. 10003 (212) 254-2300 310 EAST 65IN STREET ICOLLECTION DEPO

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

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

REPORT DATE 09/13/00

PATIENT NUMBER

F2011139

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

WORTHINGTON, OH 43085

DATEITIME DRAWN 09/05/00 05:30PM DATE:TIME RECEIVED 09/11/00

PATIENT NO, NAME ED 99 0835 OLSON

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11-0267	MOKINIK					16PM /	KRES	5			
TEST	ABN	RESULT	UNITS	REF RAN	IGE	TEST	ABN	RESULT	UNITS	REF	RANGI
FORENSIC WOR PLACE DRUG TEST	K-	OXICOLOGY NEGATIVE	SCREEN CUTOFF	********* ING LEVELS	*						
METHADONE, E OPIATES, EMI COCAINE, EMIT BARBS, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR CREATININE U	T T	NEG NEG NEG NEG NEG NEG NEG NEG NEG NEG	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL MG/DL SPECIMI BE ADUI	Y INED ECIMEN ************************************	50			Lu - 1	THE AND		



### BENDINER & SCH SINGER INC. MEDICAL LABORATORIES

122) AMSTERDAM AVENUE EW YORK, N.Y. 10031 (Collection Depos) 629 WEST 185 STREET NEW YORK, N.Y. 10033 [Calection Depat]

PATIENT

NEW YORK, N.Y. 10003 (212) 254-2300 310 EAST 65th STREET NEW YORK, N.Y. 10021 (COLLECTION OF

(212) 628-2599

Ø 04

984 NORTH BROADWAY (COLLECTION OL SUITE 8 L4 - YONKERS, N.Y. 10701 (914) 376-2188

QC 3 Thurs

REPORT DATE 09/11/00

PATIENT NUMBER

F2008866

7-0214

DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

BLDG 'C' WORTHINGTON, OH 43085 DATEMME DRAWN 08/31/00 01:30PM DATEITIME RECEIVED

01:33PM

NO, NAME ED 99 0835 OLSON 09/07/00

KRE 55

TEST ABNI RESULT UNITS REF RANGE TEST UNITS REF RANG IABN RESULT TOXICOLOGY FORENSIC WORK-NEGATIVE \*\*\*\*\*\* PLACE DRUG \*\*\*\*\* **TEST** SCREENING CUTOFF LEVELS \*\*\*\*\*\*\* CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN \*\*\*\*\* <del>\*\*\*\*\*\*\*\*</del> METHADONE, EMIT NEG 1300 NG/ML NEG OPIATES, EMIT NG/ML 300 COCAINE, EMIT NG/ML NEG 300 0) NG/ML 200 BARBS, EMIT NEG 300 BENZO, EMIT NEG NG/ML DARVON, EMIT NEG NG/ML 300 25 PCP, EMIT NEG NG/ML AMPHET, EMIT NEG NG/ML 1000 THC. EMIT NEG NG/ML 100 MG/DL ALCOHOL, UR FOR NEG 50 1, 1 CREATININE URN 138.0 MG/DL 30 - 350 ٠, SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL

### 86.297.00 20:24 FAX 6148419690 BENDINER & SCHLESINGER INC. MEDICAL LABO. PORIES

QC 23 Fri

1727 AMSTERDAM AVENUE FW YORK, N.Y. 10031 Collection Depots 9 WEST 185 STREET NEW YORK, N.Y. 10033 (Callection Depart)

MEW YORK, N.Y. 19003 (212) 254-2300

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

1

984 NORTH BROADWAY (COLLECTION DE SUITE # 14 • YONKERS, N.T. 10701 (914) 376-2166

REPORT DATE 08/28/00

PATIENT NUMBER

F1999335

DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

DATE/TIME DRAWN 08/18/00 01:45PM DATEITIME RECEIVED PATIENT NO, NAME ED 99 0835 OLSON

WORTHINGTON, OH 43085

08/25/00 10.36AM KREGG

25-0044 WOR	THINGTON, OH 4	3085	10:36AM	KRESS		
TEST	ABN RESULT	UNITS REF RANGE	TEST	ABN RES	ULT UNITS	REF RANG
FORENSIC WORK- PLACE DRUG TEST	* TOXICOLOGY   NEGATIVE	*****************  SCREENING CUTOFF LEVELS *************** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ************************************				
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN	NEG NEG NEG NEG NEG NEG NEG	NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   25 NG/ML   1000 NG/ML   100 NG/DL   50 MG/DL   50 MG/DL   30 - 350 SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL				
						Suf

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DIRECTOR

# BENDINER & SCHLESINGER INC. 0PEP

MEDICAL LABORAT HES

QC 13 Wed

1727 AMSTERDAM AVENUE Nº RK, N.Y. 10031 Luon Deput 629 WEST 165 STREET NEW YORK, N.Y, 10033 (Collection Depot)

Ø 05 NEW YORK, N.Y. 10003 (212) 254-2300

310 EAST 45th STREET NEW YORK, M.Y. 10021 TOTTECT OF SEPOT (212) 626-2599

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

REPORT DATE 08/30/00

PATIENT NUMBER

F2001028

28-0537

DOCTORANSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

WORTHINGTON, OH 43085

DATE/TIME DRAWN 08/23/00 01:00PM

DATE/TIME RECEIVED 08/28/00 08:08PM

PATIENT NO. NAME ED 99 0835 OLSON

KRESS

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AGE

26-0337						00.	UBPM	_ '					
TEST	ABN	RESULT	UNITS	REF	RANGE		TEST		ABN	RESULT	UNITS	REF	RANGE
FORENSIC WORK- PLACE DRUG TEST	ir-ir	TOXICOLOGY   NEGATIVE	*****  *****  SCREEN  CUTOFF  ****  CHAIN (	ING LEV	ELS						<b>6</b> 7		
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT		NEG NEG NEG NEG NEG	CUSTODY MAINTA: FOR SPI	NED   CIM   300   300   300   200   300   300	EN *****					123 123 31 A II: 18	CELL SPEED TOARD		
PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG 131.4	NG/ML NG/ML NG/ML MG/DL MG/DL SPECIMI BE ADUI IF < 20	EN M LTER	- 350 IAY IATED								
												5	·/

### 10/04/00 21:19 FAX 6148419690 BENDINEK & SCHLESINGER INC. 0PEP MEDICAL LABORATORIES

QC 22 Thurs

1727 AMSTERDAM AVENUE EW YORK, N.Y. 10031 Collection Deport 629 WEST 165 STREET NEW YORK, N.Y. 10033 (Collection Dapot)

2 15 NEW YORK, N.Y. 10003 (212) 254-2300 310 EAST 45th SYREET COLLECTION DE NEW YORK, N.Y. 10021 (212) 628-2589

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

REPORT DATE 10/03/00

PATIENT NUMBER

F2024730

26 0000

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

DATEITIME DRAWN 09/21/00 01:30PM DATERTIME RECEIVED 09/26/00

PATIENT NO. NAME ED 99 0835 OLSON

26-0298							02:	49PM		He E	<u> </u>		
TEST		ABN	RESULT	UNITS	REF	RANGE		TEST	ABN	RESULT	UNITS	REF	RAN
FORENSIC WO PLACE DRUG TEST		**	OXICOLOGY NEGATIVE	SCREEN' CUTOFF CHAIN ( CUSTOD' MAINTA FOR SPI	ING LEVI LEVI LEVI LEVI LEVI LEVI LEVI LEVI	ELS *****							
METHADONE. OPIATES, EN COCAINE, EN BARBS, EMIT BENZO, EMIT DARVON, EMIT AMPHET, EMIT ALCOHOL, UF CREATININE	AIT AIT T IT IT R FOR		NEG NEG NEG NEG NEG NEG NEG 93.8	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL SPECIMI BE ADUI IF < 20	300 300 300 300 300 25 100 50 30 EN M	0 - 350 AY ATED					4		





# BENDINER & SCHI SINGER INC. OPER

MEDICAL LABORATORIES

QC 16 Fri

1727 AMSTEROAM AVENUE V YORK, N.Y. 10031 Collection Depart o 19 WEST 185 STREET NEW TORK, N.Y. 10033 (Callection Dispot)

NEW YORK, N.Y. 10003 (212) 254-2300 310 EAST 85th STREET NEW YORK, N.Y. 10021 (212) 628-2599 ICOLLEGION DEI

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

REPORT DATE 10/03/00

PATIENT NUMBER

DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

BLDG 'C' WORTHINGTON, OH 43085

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

PATIENT NO, NAME ED 99 0835 OLSON

HINGTON,OH 4	3085	09/26/00 11:00AM	ULSUN	4	ress	:    -
ABN RESULT	UNITS REF RANGE	TEST	ABN	RESULT	UNITS REF RA	N
TOXICOLOGY   NEGATIVE	*************  SCREENING CUTOFF LEVELS ************  CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN					
NEG NEG NEG NEG NEG NEG NEG NEG 92.4	NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   25 NG/ML   1000 NG/ML   100 MG/DL   50 MG/DL   30 - 350 SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL				4	
	NEG	ABN RESULT UNITS REF RANGE  ***********************************	NEG	NEG	#INGTON, OH 43085  #BN RESULT UNITS REF RANGE TEST ABN RESULT  # TOXICOLOGY ******  NEGATIVE *********  ***********  SCREENING CUTOFF LEVELS ********  CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN *******  NEG NG/ML 300 NEG NG/ML 300 NEG NG/ML 300 NEG NG/ML 200 NEG NG/ML 200 NEG NG/ML 300 NEG NG/ML 1000 NEG NG/ML 1000 NEG NG/ML 1000 NEG NG/ML 1000 NEG NG/ML 100 NEG NG/	#INGTON, OH 43085  #BN RESULT UNITS REF RANGE  ****************  **************  ****

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



SCOTT A. HIRSCHMAN, M.D. DIRECTOR

# BENDINER & SCHI SINGER INC. 0PEP

WORTHINGTON, OH 43085

MEDICAL LABORATORIES

QC 59 Tues

AMSTEROAM AVENUE W YORK, N.Y. 10001 Codection Depot 629 WEST 185 SYREET NEW YORK, N.Y. 10033 (Collection Ospoi)

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

310 EAST 86th STREET NEW YORK, N.Y. 10021 (212) 628-2599

Ø 13,

964 NORTH BROADWAY (COLLECTION DE BUITE 4 L4 - YONKERS, N.Y. 10701 (914) 376-2168

REPORT DATE 10/03/00

PATTERT NUMBER F2030324

DOCTORANSTITUTION OHIO PHYSICIANS EFFECT, PROGR. 445 E. GRANDVILLE RD BLDG 'C'

DATEITIME GRAWN 09/26/00 05:30PM DATEITIME RECEIVED 10/02/00

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

2-0212 02:41PM UNITS | REF RAN **TEST** ABN | RESULT ABN | RESULT UNITS REF RANGE TEST \*\*\*\*\* \*\*\*\*\* OXICOLOGY \*<del>\*\*\*\*\*</del> FORENSIC WORK-NEGATIVE PLACE DRUG \*\*\*\*\* TEST SCREENING CUTOFF LEVELS <del>\*\*\*\*\*\*\*</del> CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN \*\*\*\*\* \*\*\*\*\*\*\* METHADONE, EMIT NEG NG/ML 300 OPIATES, EMIT NEG NG/ML 300 COCAINE, EMIT NG/ML 300 NEG NG/ML 200 BARBS, EMIT NEG NG/ML 300 BENZO, EMIT NEG DARVON, EMIT NG/ML 300 NEG PCP. EMIT NEG NG/ML 25 NG/ML 1000 AMPHET, EMIT NEG NEG NG/ML 100 THC. EMIT ALCOHOL. UR FOR NEG MG/DL 50 MG/DL 30 - 350 CREATININE URN **\***L 28.0 SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL



### 10/11/00 19:39 FAX 6148419690 OPE DEINLINEK & SCHLESINGEK INC. MEDICAL LABO... TORIES

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

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

2) () 8 NEW YORK, N.Y. 10003 (212) 254-2300

310 EAST 65th STREET NEW YORK, N.Y. 10021 (212) 828-2699 (COLLECTIC

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

QC 21 Mon

REPORT DATE 10/10/00

6-0141

PATIENT NUMBER F2035053 DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

BLDG 'C' WORTHINGTON, OH 43085 DATE/TIME DRAWN 10/02/00 01:30PM

DATEITIME RECEIVED 10/06/00 01:12PM

PATIENT NO, NAME ED 99 0835 OLSON

KRESS

0.0141						7467	<del>-</del>			
TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF	R
FORENSIC WORK- PLACE DRUG TEST	<b>**</b>	OXICOLOGY  NEGATIVE	SCREEN CUTOFF ****** CHAIN ( CUSTOD MAINTA FOR SP	********* ING LEVELS ******* OF Y INED ECIMEN		STA	TE MEDICAI OCT 122	. <b>BOAR</b> [ 0 <b>0</b> 0		
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC. EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG 110.6	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML MG/DL MG/DL SPECIM BE ADUI	300 300 300 200 300 300 25 1000 100 50 30 - 350 EN MAY LTERATED 0 MG/DL						

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

SCOTT A. HIRSCHMAN, M.C. OIRECTOR

### 10/11/00 19:39 FAX 6148419690 BENDINER & SCHLESINGER INC. MEDICAL LABC. ATORIES

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

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

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

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

QC 7 Fri

REPORT DATE 10/04/00

PATIENT NUMBER F2031481 3-0169

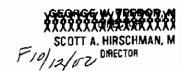
DOCTORINSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

BLDG 'C' WORTHINGTON, OH 43085 DATEITIME DRAWN 09/29/00 08:00PM

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

PATIENT NO, NAME ED 99 0835 OLSON KRFSS

3-0169						01:04PM	KRES:	<u> </u>			╛
TEST	ABN	RESULT	UNITS	REF	RANGE	TEST	ABN	RESULT	UNITS	REF	R
FORENSIC WORK- PLACE DRUG TEST		OXICOLOGY NEGATIVE	SCREENI CUTOFF CHAIN ( CUSTOD) MAINTA FOR SPE	ING LEV CEV CEL CEL CEL CEL CEL CEL CEL CEL CEL CEL	ELS		ST	ATE MEDIC OCT 12	4L BOAR 2000	D	
METHADONE. EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP. EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG 67.1	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIME BE ADUI IF < 20	300 300 300 200 300 300 25 100 50 30 EN M.	0 - 350 <b>AY</b> ATED						



#### BENDINER & SCHI \$1184119890 SINGER INC. OPER

#### **MEDICAL LABORATORIES**

QC 26 Tues

1227 AMSTERDAM AVENUE W YDRK, N.Y. 10031 Collection Depoti 629 WEST 185 STREET NEW YORK, N.Y. 10033 (Collection Deport

Ø 0.6 NEW YORK, N.Y. 10003 (212) 254-2900

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

984 NORTH BROADWAY COLLECTION DE SUITE # L4 - YONKERS, N.Y. 19701 (914) 378-2166

REPORT DATE 09/21/00

PATIENT NUMBER

F2019510

DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR.

445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085

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

PATIENT NO, NAME ED 99 0835 OLSON

1000

19-1138	_					10:55PM	<u> </u>	Ε	55		
TEST	ABN	RESULT	UNITS	REF	RANGE	TEST	AE	N	RESULT	UNITS	REF RAN
FORENSIC WORK-PLACE DRUG	***	TOXICOLOGY NEGATIVE	*****  SCREEN: CUTOFF  ***** CHAIN ( CUSTOD) MAINTAL FOR SPE	ING LEV LEV OF ( INED	ELS					:•	
METHADONE, EMIT OPIATES. EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP. EMIT AMPHET, EMIT THC. EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG 165.2	NG/ML NG/ML	300 300 300 300 300 300 25 100 50 30 N M	0 - 350 AY ATED				(F. M. 97)	. (1.55A0D	



# 09/24/00 22:11 FAX 8148419690 OPEP BENDINER & SCHLESINGER INC.

MEDICAL LABORATORIES

QC 9 Tues

1727 AMSTERDAM AVENUE MOV YORK, N.Y. 10001 Induction Depart WEST 185 STREET NEW YORK, N.Y. 10033 (Cotacuan Dapat)

MEW YORK, N.Y. 10003 (212) 254-2300 (COLLECTION DE

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

B84 NORTH BROADWAY (COLLECTION DE SUITE 9 L4 - YONKERS, N.Y. 10701 (814) 376-2166

REPORT DATE 09/21/00

PATIENT NUMBER

DOCTOR/MISTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

DATE/THE SRAWN 09/12/00 06:00PM OATEITIME RECEIVED 09/18/00

PATIENT UB NO, NAME ED 99 0835 OLSON

F2018001 18-0889	WORT		GTON,OH 4:	3085			09/	18/00 13PM	ES	5			
TEST		ABN	RESULT	UNITS	REF	RANGE		TEST	ABN	RESULT	UNITS	REF	RAN
FORENSIC WO PLACE DRUG TEST			TOXICOLOGY NEGATIVE	*****  *****  SCREEN CUTOFF *****  CHAIN ( CUSTOD) MAINTA FOR SPI	**** ING LEVI ***  OF Y	***** ***** ELS ****							
METHADONE. OPIATES. EN COCAINE, EN BARBS. EMIT BENZO. EMIT DARVON, EMIT PCP. EMIT AMPHET, EMIT ALCOHOL, UF CREATININE	AIT AIT F IT IT		NEG NEG NEG NEG NEG NEG NEG NEG NEG 122.2	****** NG/ML	300 300 300 300 300 300 300 25 100 100 30 80 80 MLTER	0 - 350 AY ATED					6. 1. 2		
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REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM QC 9 END OF REPORT

SCOTT A. HIRSCHMAN, M.D. DIRECTOR

# BENDINER & SCH ESINGER INC.

#### **MEDICAL LABORATORIES**

QC 7 Tues

1727 AMSTERDAM AVENUE NEW YDRK, N Y, 10031 (Collection Deport) 628 WEST 186 STREET NEW YORK, M. Y. 10033 (Collection Depot)

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

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

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

REPORT DATE 09/08/00

PATIENT NUMBER

F2006554

DOCTORINSTITUTION 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 ED 99 0835 OLSON

5-0182	HORITIM					01:21PM	LKB	£5 <u>9</u>	5		
TEST	ABN	RESULT	UNITS	REF	RANGE	TEST		ABN	RESULT	UNITS	REF
FORENSIC WO PLACE DRUG TEST	)RK-	OXICOLOGY NEGATIVE	SCREEN CUTOFF ****** CHAIN ( CUSTOD MAINTA FOR SPI	ING LEVE LEVE A A A A A OF Y INED ECIME	ELS ***** EN *****						
METHADONE, OPIATES, EN COCAINE, EN 8ARBS, EMIT BENZO, EMIT DARVON, EMIT AMPHET, EMIT ALCOHOL, UR CREATININE	MIT MIT T IT IT	NEG NEG NEG NEG NEG NEG NEG 70.5	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL	300 300 300 300 300 25 1000 50 30 EN M	0 - 350 AY ATED				67 72. 1 17 P 1: 51		7
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REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT

F9/11/10

SCOTT A. HIRSCHMAN, M DIRECTOR

## 82.07.00 20:07 FAX 8148419890 BENDINER & SCHLINGER INC. 0PEP

MEDICAL LABORATORIES

QC 6 Fri

1727 AMSTERDAM AVENUE PRK. N.Y. 10031 CTION DESCRI

**2**11 NEW YORK, N.Y. 10003 (212) 254-2300

310 EAST 65th STREET NEW YORK, N.Y. 10021 (212) 428-2599 ICOLLECTION DEPOT

984 NORTH BROADWAY COLLECTION DEPOT SUITE # L4 - YONKERS, N.Y. 10701 (914) 376-2168

REPORT DATE 09/01/00

PATIENT NUMBER F2003579 30-0687

DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

WORTHINGTON, OH 43085

DATEITIME DRAWN 08/25/00 08:30AM DATEITIME RECEIVED 08/30/00

09:18PM

PATIENT NO, NAME ED 99 0835 OLSON

KRESS

AΓ SEX

30-0007						 TOCO	KIC.	22	<del></del>		
TEST	ABN	RESULT	UNITS	REF	RANGE	TEST	ABN	RESULT	UNITS	REF	RANGE
FORENSIC WORK- PLACE DRUG TEST	**	TOXICOLOGY  NEGATIVE	SCREEN: CUTOFF ***********************************	ING LEV DF ( INED	ELS ***** EN *****						
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG 104.9	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML	300 300 300 300 300 300 25 1000 50 50 TER	0 - 350 AY ATED						
									l h	·//	

#### 10/28/00 22:24 FAX 6148419690 OPEP BENDINEK & SCHLESINGEK INC. MEDICAL LA. PATORIES

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

MEW YORK, N.V. 10003 (212) 254-2300

310 EAST 65th STREET NEW YORK, N.Y. 10021 (212) 628-2599 984 NORTH BROADWAY COLEC SUITE # LA • YONKERS, N.Y. 10701 (914) 378-2164

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

QC 19 Wed

REPORT DATE 10/24/00

DOCTORANSTITUTION 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 ED 99 0835 OLSON

KRĒSS

PATIENT NUMBER F2048424 23-0492

23-0432						11176-			
TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF I
FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	SCREEN: CUTOFF ******* CHAIN ( CUSTOD' MAINTA: FOR SPI	********* ING LEVELS ****** OF Y					
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG 92.9	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIMI BE ADUI	300  300  300  200  300  300  25  1000  100  50  30 - 350  EN MAY  LTERATED  0 MG/DL					

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



F10/27/00

### 10/26/00 22:24 FAX 8148419690 BENDINER & SCHLESINGER INC. MEDICAL LAL AATORIES

WORTHINGTON, OH 43085

1727 AMSTERGAM AVENUE NEW YORK, N.Y. 10031 (Codection Depot) 629 WEST 185 STREET NEW YORK, N.Y. 10053 (Collection Depot)

(212) 254-2300

\$10 EAST 85th STREET NEW YORK, N.Y. 10021 (212) 628-2598 COLLECT

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

QC 4 Fri

REPORT DATE 10/24/00

PATIENT NUMBER F2046737 20-0065

DOCTORANSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

DATEITIME DRAWN 10/13/00 01:30PM

DATE(T) ME RECEIVED 10/20/00 01:49PM

PATIENT NO, NAME ED 99 0835 OLSON

KRESS

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TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF	R
FORENSIC WORK- PLACE DRUG TEST		OXICOLOGY NEGATIVE	SCREEN CUTOFF ******* CHAIN CUSTOD MAINTA	ING LEVELS ************************************						
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS. EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG 121.6	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL MG/DL SPECIM BE ADU	300 300 300 200 300 200 300 25 1000 100 50 30 - 350						
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### 12/04/00 02:19 FAX 6148419690 BENDINEK & SCHLESINGER INC. MEDICAL LABO. TORIES

WORTHINGTON, OH 43085

QC 20 Sat

1727 ANSTERDAM AVENUE NEW YORK, N.Y. 10031 (Collection Depart 629 WEST 185 STREET NEW YORK, N.Y. 10033 (Collection Depay)

(A) (19) (212) 254-2300 310 EAST 651h STREET NEW YORK, N.Y. 10021 (212) 628-2599 (COLLECTION

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

REPORT DATE 11/30/00

PATIENT NUMBER

F2079929

DOCTORINSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

DATEITIME DRAWN 11/25/00 04 · 30PM DATEITIME RECEIVED 11/29/00 01 - 44DM

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

29-0138	WURT	HINGIUN, OH 4	3085	01:44PM	KRE	<u>55</u>			_
TEST		ABN RESULT	UNITS REF RANGE	TEST	ABN	RESULT	UNITS	REF R.	A
FORENSIC W PLACE DRU TEST		* TOXICOLOGY NEGATIVE	SCREENING CUTOFF LEVELS ************************************			·			-
METHADONE, OPIATES, E COCAINE, E BARBS, EMI BENZO, EMI DARVON, EM PCP, EMIT AMPHET, EM THC, EMIT ALCOHOL, U CREATININE	MIT MIT T T IT IT	NEG NEG NEG NEG NEG NEG 247.0	NG/ML 300 NG/ML 300 NG/ML 300 NG/ML 300 NG/ML 300 NG/ML 300 NG/ML 25 NG/ML 1000 NG/ML 100 MG/DL 50 MG/DL 50 MG/DL 30 - 350 SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL						



## DENUINER & SCHLESINGER INC. MEDICAL LABOR BRIES

1727 AMSTERDAM AVENUE Y YARK, N Y 1003) olection Deput nus west 185 STREET NEW YORK, N.Y. 10033 (Colection Depat)

NEW YORK, N.Y. 10003 11 (212) 254-2300

310 EAST 65th STREET ICOLLECTION DE NEW YORK, N.Y. 18021 (212) 628-2599

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984 NORTH BROADWAY (COLLECTION CE SUITE # L4 . YONKERS, M.Y. 18701 (914) 376-2166

QC 6 Thurs

REPORT DATE 11/27/00 DOCTORINSTITUTION OHIO PHYSICIANS EFFECT, PROGR. 445 E. GRANDVILLE RD

BLDG 'C'

PATIENT NUMBER F2074328 WORTHINGTON.OH 43085 DATE(TIME DRAWN 11/16/00

DATEITIME RECEIVED 11/21/00 **10-10-M** 

PATIENT NO, NAME ED 99 0835 OLSON

21 0357 WOR	THINGTON, OH	43000	09:10PM K	A E55		
TEST	ABN RESULT	UNITS REF RANGE	TEST	ABN RESULT	UNITS REF	RAN(
******* FORENSIC WORK- PLACE DRUG TEST	** TOXICOLOG			NGV 2820	7.7 00	
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN	NEG NEG NEG NEG NEG NEG NEG	NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   25 NG/ML   1000 NG/ML   100 MG/DL   50 MG/DL   30 - 350 SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL				

# 11/28/00 01:38 FAX 6148419690 BENDINER & SCHLESINGER INC. 0PEP

MEDICAL LABOR TORIES

QC 24 Mon

172) AMSTERDAM AVENUE W YORK, N.Y. 10031 Collection Dopel) UZA WEST 185 STREET NEW YORK, N.Y. 10033 (Colection Depart)

NEW YORK, N.Y. 10003 (212) 254-2300 310 EAST 65th STREET (COLLECTION DE NEW YORK, N.Y. 10021 (212) 528-2599

984 NORTH BROADWAY (COLLECTION DE SUITE 4 L4 + YONKERS, N.Y. 10701 (914) 376-2166

REPORT DATE 11/27/00

PATIENT NUMBER

F2076722

DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

WORTHINGTON, OH 43085

DATEITIME DRAWN 11/20/00 01:00PM DATEITIME RECEIVED 11/24/00

PATIENT NO, NAME ED 99 0835 OLSON

24-0351 WORT	MINGTON, OH 4	3085	11/24/00 11:51PM	KRESS		
TEST	A8N 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  ***********************************		NJV 2821	1 <i>0</i>	
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN	NEG NEG NEG NEG NEG NEG NEG NEG NEG 81.7	NG/ML 300 NG/ML 300 NG/ML 300 NG/ML 300 NG/ML 300 NG/ML 300 NG/ML 25 NG/ML 1000 NG/ML 100 MG/DL 50 MG/DL 50 MG/DL 30 - 350 SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL				

## BENDINER & SCHLESINGER INC. MEDICAL LABC FORIES

QC 8 Tues

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

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

Ø 03 .

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

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

REPORT DATE 11/21/00

PATIENT NUMBER

F2073082

ODCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

WORTHINGTON, OH 43085

DATEITIME DRAWN 11/14/00 DATE/TIME RECEIVED 11/20/00

PATIENT NO. NAME ED 99 0835 OLSON

-			06:01PM	KRES	5	_		
N RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF	RAI
NCWATTE	****** SCREEN: CUTOFF ****** CHAIN ( CUSTOD' MAINTA: FOR SPE	******** ING LEVELS ******* OF Y INED ECIMEN *******						
NEG NEG NEG NEG NEG NEG NEG 109.9	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIMI BE ADUI	300 300 300 200 300 300 25 1000 100 50 30 - 350 EN MAY LTERATED						
	NEG	TOXICOLOGY NEGATIVE  *****  SCREEN CUTOFF ****** CHAIN ( CUSTOD) MAINTA FOR SPI *****  NEG NG/ML	N RESULT UNITS REF RANGE  TOXICOLOGY	RESULT	N   RESULT	N   RESULT	N   RESULT   UNITS   REF   RANGE   TEST   ABN   RESULT   UNITS	N   RESULT



# BENDINER & SCHLESINGER INC. 0PEP

MEDICAL LABOR... ORIES

WORTHINGTON, OH 43085

QC 34 Wed

1727 AMSTERDAM AVENUE YORK, N.Y. 10031 offiction Capati NEW YORK, N.Y. 10033 Collection Depot)

Ø 07 (212) 254-2300 310 EAST 65th 6TREET NEW YORK, N.Y 10021 (212) 628-2599 (COLLECTION DE

884 NORTH BROADWAY (COLLECTION DE) SUITE 8 L4 - YONKERS, N.Y. 10701 (914) 276-2166

REPORT DATE 12/06/00

PATIENT NUMBER

F2084855

DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

11/29/00 09:00PM DATE/TIME RECEIVED 12/05/00

DATE/TIME DRAWN

PATIENT NO. NAME ED 99 0835 OLSON

5-0204	OKIHINGION,OH 4		02:38PM KRESS					
TEST	ABN RESULT	UNITS REF RANGE	TEST	ABN	RESULT	UNITS	REF	RAN(
FORENSIC WORK PLACE DRUG TEST	TOXICOLOGI	**************************************						
METHADONE, EM OPIATES. EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FE	NEG NEG NEG NEG NEG NEG NEG NEG	NG/ML   300 NG/ML   300 NG/ML   200 NG/ML   300 NG/ML   25 NG/ML   1000 NG/ML   100 MG/DL   50 MG/DL   30 - 350 SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL						



# BENDINER & SCHLESINGER INC.

MEDICAL LABOR. BRIES

1727 AMSTERDAM AVENUE YORK, N.Y. 10031 Election Deport ezd WEST 185 STREET NEW YORK, N Y 10033 (CoRection Depot)

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

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

384 NORTH BROADWAY (COLLECTION DE SUITE # L4 - YONKERS, N.Y. 18781 (914) 376-2166

QC 17 Thurs

REPORT DATE 12/06/00

PATIENT NUMBER F2084835 5-0184

DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

WORTHINGTON, OH 43085

DATEITIME DRAWN 11/30/00 01 · 15PM DATE:TIME RECEIVED 12/05/00

PATIENT NO. NAME ED 99 0835 OLSON

5-0184 WOR			02:37PM	KRE55		[_'
TEST	ABN RESULT	UNITS REF RANGE	TEST	ABN RES	SULT UNITS RE	F RANG
FORENSIC WORK- PLACE DRUG TEST	NEGATIVE	******************  SCREENING CUTOFF LEVELS ***************** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ************************************				
METHADONE, EMIT OPIATES. EMIT COCAINE, EMIT BARBS, EMIT BENZO. EMIT DARVON, EMIT PCP, EMIT AMPHET. EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN	NEG NEG NEG NEG NEG NEG NEG	NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   25 NG/ML   1000 NG/ML   100 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 17

SCOTT A. HIRSCHMAN, M.D.

DIRECTOR

#### BENDINEK & SCHLESINGEK INC. 0PEP MEDICAL LABOR, RIES

1727 AMSTERDAM AVENUE coon Depay RZ9 WEST 185 STREET NEW YORK, N.Y. 10033 (Collection Deport

HEW YORK, N.Y. 10003 11

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

984 NORTH BROADWAY COLLECTION DEC. SUITE & L4 . YONKERS, N.Y. 19701 (914) 376-2166

QC 11 Fri

REPORT DATE 11/20/00

PATIENT NUMBER F2070185

16-0114

DOCTORUNSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

WORTHINGTON, OH 43085

DATEITIME BRAWN 11/10/00 06:00PM DATEITIME RECEIVED 11/16/00 12:44PM

PATIENT NO, NAME ED 99 0835 OLSON KRESS

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AG.

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10.0114						17.44.11	11111		_	_	
TEST /	ABN	RESULT	UNITS	REF	RANGE	TEST	ABN	RESULT	UNITS	REF	RANGE
FORENSIC WORK- PLACE DRUG TEST	* -	OXICOLOGY  NEGATIVE	SCREEN CUTOFF ****** CHAIN ( CUSTOD) MAINTA FOR SPE	LEVI	ELS *****						
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG NEG 129.6	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML MG/DL	300 300 300 300 300 300 25 1000 50 30 EN MA	0 - 350 AY ATED						

· 14 . 5 cm0

To: FRED KRAFFA, MD 200 MESSIMER DRIVE ATTN: CHRIS LINDSKOG From: LABCORP

Last Name

Reason For Test

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-N0V-00
Collection Time	15:00 PM

Report Date Account P.O. Submitting Location

Specimen Temperature (F)

3-N0V-30 480449 OFEN 480449 KRESS Random

Client

Comments

LICKING MEMORIAL HOSPITAL

Test(s)	Screening Cutoff	*Confirm Cutaff	Confirm Quant	Result	Unit
Urine:	·				
Amphetamines	1000	500		negative	ng/ml
Barbiturates	300	200		negative	ng/ml
Benzodiazepines	300	300	• •	negative	ng/m1
Cannabinoids	50	15, 1		negative	ng/m
Cocaina Metab.^	3,00	150		negative	ng/m)
Ethanol	50	10		negalive	ng/d1
Methadone	300	300		negative	ng/m1
Oplates	300	300		negative	ng/ml
Phencyclidine	25	25		negative	ng/m)
Propoxyphene-	300	300		negative	ng/ml
=======================================	:======== <b>:</b>	***=======			
Urime:		_			
	Acceptabl		Result		n1t
pH	3.1 -		5.5	•	
Specific Gravity	> OR =	1.003	1.023		
Creatinine	> OR	= 20	123	3	mq/dl
		***********	.==::=======	:========	=====

<sup>\*</sup>Confirmation analyses are performed using 6as Chromatography/Mass Spectrometry for all drugs except Ethanol. Ethanol analyses are performed using Gas Chromatography.

MA

11/12/00

RECEIVED

NOV 13 2000

C \_ \_ P

F11/15/12

has Benzoylecgonine

Tas Propoxyphene and/or Metabolite

# BENDINER & SCHLESINGER INC.

TYZY AMSTERDAM EVENUE
FW YORK, N.Y. 10031
VICOlaction Depart
SZO WEST 165 STREET
NEW YORK, N.Y. 10033
ICONACTION Deport

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

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

984 NORTH BROADWAY ICQUECTION SUITE & LA - YONKERS, N.Y. 10761 (914) 376-2166

QC 4 Fri

11/03/00

PATIENT NUMBER

F2057839

2-0226

OHIO PHYSICIANS EFFECT. PROGR.
445 E. GRANDVILLE RD

BLDG 'C'

WORTHINGTON, OH 43085

0ATEITIME ORAWN 10/20/00 12:15PM

DATESTIME RECEIVED 11/02/00 12:42PM

PATIENT VO. NAME ED 99 0835 OLSON

KRESS

7-0//0						J L 12:	42PM   .	, <i>1</i> 1.	<u>UE2-3</u>			<b>-</b>
TEST	ABN	RESULT	UNITS	REF	RANGE		TEST	ABN	RESULT	UNITS	REF	RAI
FORENSIC WORK- PLACE DRUG TEST	leste -	TOXICOLOGY NEGATIVE	SCREENI CUTOFF ***********************************	ING LEVI LEVI DF (INED	ELS ***** EN							
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG 154.3	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML MG/DL MG/DL SPECIME BE ADUL IF < 20	300 300 300 300 300 25 100 50 30 EN M	0 - 350 AY ATED /DL							





# BENDINER & SCHLESINGER INC. 0PEP

MEDICAL LABORA RIES

QC 4 Fri

1777 AMSTERDAM AVENUE SW YORK, N.Y. 10031 Officetion Deport WEST 185 STREET NEW YORK, M.Y. 10033 (Collection Deport)

NEW YORK, N.Y. 10003 (212) 254-2500 310 EAST 651h STREET COLECTON DEPO NEW YORK, N.Y. 10021 (212) 628-2599

984 NORTH BROADWAY (COLLECTION DEPC SUITE # L4 - YONKERS, N.Y. 18701 (914) 376-2166

40

A

SE

REPORT DATE 10/27/00

PATIENT NUMBER

F2052076

MOITUTITZMNRDTOOD OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON.OH 43085

DATEITIME DRAWN 10/20/00 06:00PM DATE/TIME RECEIVED 10/26/00 04 - 50DM

PATIENT NO, NAME ED 99 0835 OLSON

26-0426	WORTHI	NGTON, OH 4	-3065		04:59PM	RE	55			] [
TEST	AB	N RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF	RANG
FORENSIC WO PLACE DRUG TEST		TOXICOLOGY NEGATIVE	SCREEN CUTOFF ***** CHAIN CUSTOD MAINTA FOR SP	********* ING LEVELS ******** OF Y						
METHADONE, OPIATES. EN COCAINE. EN BARBS, EMIT BENZO, EMIT DARVON, EMIT AMPHET, EMIT THC, EMIT ALCOHOL. UF CREATININE	IT IT IT IT	NEG NEG NEG NEG NEG NEG NEG 108.3	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML MG/DL MG/DL SPECIM BE ADU	300 300 200 300 300 300 25 1000 100 50 30 - 350			:			
								,		





# BENDINER & SCHLESINGER INC. MEDICAL LABO TORIES

QC 14 Wed

1727 AMSTERDAM AVENUE NEW YORK, N.Y. 1803! ICallection Deport

629 WEST 185 STREET NEW YDAK, N Y. 10033 (Callection Depos) 2 ()
NEW YORK, N.Y. 10002
(212) 254-2300

310 EAST 65th STREET
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

OHIO PHYSICIANS EFFECT. PROGR.
445 E. GRANDVILLE RD
BLDG 'C'
WORTHINGTON.OH 43085

DATEITME DRAWN
10/25/00
11:45AM

DATEITIME RECEIVED

DATEITIME RECEIVED 10/30/00 02:42PM PATIENT VB
NO. NAME
ED 99 0835
OLSON
KRESS

30-0058	HOILT	111100				02:42PM	<u>'</u>	RES.	s			
TEST		ABN	RESULT	UNITS	REF RANGE	TEST	Γ	ABN	RESULT	UNITS	REF	RA
FORENSIC WO PLACE DRUG TEST		<del>*</del> -	OXICOLOGY NEGATIVE	****** SCREEN CUTOFF	*******							
				1	Y INED ECIMEN							
METHADONE, OPIATES, EM COCAINE, EM BARBS, EMIT BENZO, EMIT DARVON, EMI PCP, EMIT AMPHET, EMI THC, EMIT ALCOHOL, UR CREATININE	IT IT T FOR		NEG NEG NEG NEG NEG NEG NEG NEG 87.3	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML MG/DL MG/DL SPECIMI BE ADUI	300 300 200 300 300 25 1000 100 50 30 - 350				7			
								2	/			

### 10/19/00 00:24 FAX 6148419690 DENDINER & SCHLESINGER INC. MEDICAL LABC TORIES

QC 25 Fri

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

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

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

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

REPORT DATE 10/16/00

PATIENT NUMBER

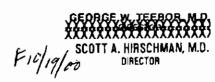
F2040420

DOCTORINSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG C WORTHINGTON, OH 43085

DATE/TIME DRAWN 10/06/00  $06 \cdot 00PM$ DATEMINE RECEIVED 10/13/00

PATIENT NO, NAME 6 ED 99 0835 OLSON

13-0168						02:18PM	KRES	<u>.</u>		
TEST	ABN	RESULT	UNITS	REF	RANGE	TEST	ABN	RESULT	UNITS	REF RA
FORENSIC WORK- PLACE DRUG TEST	**	TOXICOLOGY NEGATIVE	*****  SCREEN CUTOFF ***** CHAIN ( CUSTOD) MAINTA FOR SP	ING LEV LEV Y OF Y INED ECIM	EN					
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG 134.6	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL SPECIMI BE ADUI IF < 20	300 300 300 300 300 300 25 100 50 30 EN M	0 - 350 AY ATED				7	



## 11/02/00 22:16 FAX 6148419690 BENDINER & SCHLESINGER INC. MEDICAL L. TRATORIES

QC 16 Thurs

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

2 11 NEW YORK, N.Y. 10003 (212) 254-2300

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

984 NORTH BROADWAY (COLLE SUITE & LA - YONKERS, N.Y. 10701 (914) 376-2166

REPORT DATE 11/01/00

COCTORANSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

DATE/TIME DRAWN 10/26/00 01:00PM DATE/TIME RECEIVED PATIENT NO. NAME ED 99 0835 OLSON

PATIENT WUMBER F2055384 WORTHINGTON.OH 43085

10/31/00

31-0171				02:20PM	KRESS	5		
TEST	ABN RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF
FORENSIC WORK- PLACE DRUG TEST	** TOXICOLOGY   NEGATIVE	SCREEN CUTOFF ****** CHAIN (CUSTOD' MAINTA' FOR SPI	********* ING LEVELS *******  OF Y INED ECIMEN					
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO. EMIT DARVON, EMIT PCP. EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN	NEG NEG NEG NEG NEG NEG NEG	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML MG/DL MG/DL SPECIMI BE ADUI	300 300 200 300 300 25 1000 100 50 30 - 350					

# BENDINER & SCHLESINGER INC. MEDICAL LAB ATORIES

1727 AMSTERO AM AVENUE NEW YORK, N.Y. 10031 (Collection Depot) 629 WEST 185 STREET NEW YORK, N.Y. 10033 (Collection Depot) Ø 07
NEW YORK, N.Y. 10003
(212) 254-2300

310 EAST 46th STREET NEW YORK, N.Y. 18821 (212) 528-2599

(212) 628-2599 10033 (212) 628-2599 (212) 628-2599 (213) 628-2599 (214) 500 BROADWAY 5UITE # L4 - YONKERS, N.Y. 10 (914) 376-2166

QC 7 Wed

10/20/00

F2044391 18-0299 OHIO PHYSICIANS EFFECT. PROGR.

445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON.OH 43085 10/11/00 01:00PM

DATE/TIME RECEIVED 10/18/00 12:53PM PATENT
NO. NAME
ED 99 0835
OLSON

KRESS

<u> </u>			<u></u>	17:53PM	1/16 ~		
TEST	ABN RESULT	UNITS	RANGE	TEST	ABN	RESULT	UNITS
FORENSIC WORK- PLACE DRUG TEST	TOXICOLOGY NEGATIVE	SCREENING CUTOFF LEV ************************************	VELS				
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN	NEG NEG NEG NEG NEG NEG NEG	NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   100 NG/ML   100 NG/ML   100 MG/DL   30 SPECIMEN   100 BE ADULTER	. 350 AAY EATED				

# BENDINER & SCHLESINGER INC.

MEDICAL LABC TORIES

TORIES

QC 12 Tues

1227 AMSTERDAM AVENUE TW YORK, N.Y. (1003) VIC Edection Depart 629 WKST 185 STREET NEW YORK, N.Y. (1003) (Coloction Depart) NEW YORK, N.Y. 18003 (212) 254-2500

310 EAST 65(h STREET COLLECTON MEW YORK, N.Y. 10021 (212) 628-2589

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

T DATE ODCTOR/INSTITUTION

REPORT DATE
11/14/00

PATIENT NUMBER F2066312

13-0120

OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON,OH 43085 0ATE/TIME DRAWN
11/07/00
12·44PM

DATE/TIME RECEIVED
11/13/00

12:29PM

NO, NAME 3 ED 99 0835 OLSON

KRESS

					_	<u> </u>		12.3				
TEST	ABN	RESULT	UNITS	REF	RANGE		TEST	ABN	RESULT	UNITS	REF	RAI
FORENSIC WORK- PLACE DRUG TEST	k-# ·	TOXICOLOGY NEGATIVE	SCREEN CUTOFF	ING LEV	***** ******							
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG NEG NEG	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML	YINEC ECIM ****   300   300   300   25   100   100   30   50   EN M	######################################			STA	TEMEDICAL NOV 2 02	. £ ^ ; & ;		

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 12

E11/20/00

## BENDINER & SCHLESUNGER INC.

MEDICAL LABORATOMÉS

WORTHINGTON, OH 43085

QC 10 Fri

1727 AMSTERDAM AVENUE NEW N 7 10031 ICc Depoti 629 WEST 185 STREET NEW YORK, N.Y 10033 (Coffection Dagot)

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

ICOLLECTION DEPOT

Ø 08

310 EAST 65th STREET NEW YORK, N.Y. 10021 (212) 828-2699

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

REPORT DATE 12/26/00

PATIENT NUMBER

F2100649

DOCTORANSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

12/15/00 01:30PM DATEITIME RECEIVED 12/22/00

DATE/TIME DRAWN

OPEP

PATIENT NO, NAME ED 99 0835 OLSON

AGE AD

SEX

М

TEST ABN RESULT UNITS REF RANGE  *********  FORENSIC WORK-PLACE DRUG TEST  METHADONE, EMIT OPIATES, EMIT OCCAINE, EMIT OBBRAZO, EMIT DARVON, EMIT PCP, EMIT ALCOHOL, UR FOR CREATININE URN  TEST  ABN RESULT UNITS REF RANGE  ***********  TOXICOLOGY *********  ************  ************	22-0098						12:14PM	KR	£ 55	5				
FORENSIC WORK- PLACE DRUG  TEST  NEGATIVE  ************  SCREENING  CUTOFF LEVELS  **********  CHAIN OF  CUSTODY  MAINTAINED  FOR SPECIMEN  *********  **********  METHADONE, EMIT  OPIATES, EMIT  OPIATES, EMIT  OPIATES, EMIT  NEG  NG/ML  300  COCAINE, EMIT  BARBS, EMIT  BARBS, EMIT  BEG  NG/ML  300  NG/ML  AUDON  BENZO, EMIT  NEG  NG/ML  NEG  NG/ML  NG/ML  1000  NG/ML  1000  THC, EMIT  NEG  NG/ML  1000  NG/ML  113.9  NG/ML  100  NG/ML  100  NG/ML  NEG  NG/ML  NG/ML  NG  NG  NG  NG  NG  NG  NG  NG  NG  N	TEST	ABN	RESULT	UNITS	REF F	RANGE	TEST	[/	ABN	RESULT	UNITS	REF	RANG	Ξ
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN  NEG NG/ML 300 NG/ML 1000 NEG NEG NG/ML 1000 NEG NG/ML 1000 NEG NEG NG/ML 1000 NEG NEG NG/ML 1000 NEG NG/ML 1000 NEG NEG NG/ML 1000 NEG NEG NG/ML 1000 NEG NEG NEG NG/ML 1000 NEG NG/ML 1000 NEG NG/ML 1000 NEG NG/ML 1000 NEG NEG NG/ML 1000 NEG NG/ML	FORENSIC WORK PLACE DRUG			****** SCREEN CUTOFF ***** CHAIN ( CUSTOD) MAINTA FOR SPI	****** ING LEVEL ***** OF Y INED ECIMEN	-S -***								
	OPIATES, EMICOCAINE, UR I	T ·	NEG NEG NEG NEG NEG NEG NEG NEG	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIMI BE ADUI	300 300 300 200 300 25 1000 50 30 - EN MAY	350 ( TED								

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 10

DIRECTOR

# BENDINER & SCHLESINGER INC. 0PEP

WORTHINGTON, OH 43085

MEDICAL LABOR... ORIES

QC 50 Mon

727 AMSTÉRDAM AVENUE W YORK, N.Y. 10031 Collection Depat 629 WEST 185 STREET NEW YORK, N.Y 10033

(Collection Dapat)

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

310 EAST 65th STREET NEW YORK, N.Y. 18021 (212) 628-2599

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

REPORT DATE 12/12/00

PATIENT NUMBER F2088670 DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT, PROGR. 445 E. GRANDVILLE RD BLDG 'C'

DATEITIME DRAWN

12/04/00

DATEITIME RECEIVED

12/08/00

01:30PM

PATIENT NO, NAME ED 99 0835 OLSON

8-0239							02:17	7PM			Free	<u>a (S</u>	<b>b</b> L
TEST	Α	BN	RESULT	UNITS	REF	RANGE		TEST	ABN	RESULT	UNITS	REF	RAN(
FORENSIC WO PLACE DRUG TEST		I.	OXICOLOGY NEGATIVE	*****  *****  SCREEN CUTOFF	**** **** ING LEVI	***** *****			C	NIO STATE N Dec 1	17010AL 8 2000	B()	
				CHAIN (CUSTOD) MAINTA FOR SPI	Y INED ECIMI	EN ****							
METHADONE, OPIATES, EN COCAINE, EN BARBS, EMIT BENZO, EMIT DARVON, EMIT AMPHET, EMIT ALCOHOL, UF CREATININE	AIT AIT T IT		NEG NEG NEG NEG NEG NEG NEG NEG NEG	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML MG/DL MG/DL SPECIMI BE ADUI IF < 20	300 300 200 300 300 25 1000 100 50 30 EN MA	0 - 350 AY ATED							
										2			

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 50

F12/18/00

SCOTT A. HIRSCHMAN, M.D. ROTOSRIO

### 12/19/00 02:43 FAX 8148419890 BENDINER & SCHLESINGER INC. MEDICAL LABL .ATORIES

QC 13 Fri

1777 AMSTERDAM AVENUE NEW YORK, N.Y. 10031 [Collection Capat] 629 WEST 186 STREET NEW YORK, N.Y. 10033 (Collection Depot)

Ø 07 HEW YORK, N.Y. 10003 (212) 254-2300 COLLECTION

310 EAST 65th STREET NEW YORK, N.Y. 10021 (212) 528-2599

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

REPORT DATE 12/18/00

PATIENT NUMBER

F2092250

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

DATE/TIME DRAWN 12/08/00 06:00PM DATE/TIME RECEIVED 12/13/00

PATIENT NO, NAME ED 99 0835 OLSON

13-0219 WOR	ININGION, OH 4	3085	02:44PM	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 OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN	NEG NEG NEG NEG NEG NEG NEG	NG/ML   300 NG/ML   300 NG/ML   200 NG/ML   300 NG/ML   300 NG/ML   1000 NG/ML   1000 NG/ML   1000 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 QC 13 END OF REPORT

### 12/19/00 02:43 FAX 6148419690 BENDINER & SCHLESINGER INC. MEDICAL LABL ATORIES

QC 25 Mon

1727 AMSYERDAM AVENUE NEW YORK, N.Y. 19931 (Collection Depon! 629 WEST 185 STREET NEW YORK, N.Y. 10033 (Collection Depot)

NEW YORK, N.Y. 10003 (212) 254-2300 310 EASY 65th STREET NEW YORK, N.Y. 10021 (212) 628-2599 (COL! ECTION

**2**08

984 NORTH BROADWAY (COLLECTION SUITE # 14 - YONKERS, N.Y. 10701 (914) 376-2168

REPORT DATE 12/18/00

PATIENT NUMBER

F2093483

OCCTOR/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

PATIENT VB NO, NAME ED 99 0835 OLSON

KRESS

14-0132	WORTHIN	GIUN, UH 4.			05:06PM	KRES	·s			
TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF	R.ª
FORENSIC WO PLACE DRUG TEST	RK-	TOXICOLOGY NEGATIVE	SCREEN CUTOFF	********** ING LEVELS *******						
METHADONE, OPIATES, EM COCAINE, EM BARBS, EMIT BENZO, EMIT OARVON, EMI PCP, EMIT AMPHET, EMI THC, EMIT ALCOHOL, UR	IIT IIT T	NEG NEG NEG NEG NEG NEG NEG NEG		Y INED ECIMEN ********						
CREATININE		87.3	MG/DL SPECIM BE ADU	30 - 350			·			

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 25



### 01/22/01 21:40 FAX 6148419690 BENDINER & SCHLESINGER INC. MEDICAL LABORATORIES

1727 AMSYERDAM AVENUE NEW YORK, N.Y. 10031 (Collection Depart) 629 WEST 185 STREET NEW YORK, N.Y. 10033 (Collection Depat)

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

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

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

QC 29 Wed

REPORT DATE 01/19/01

DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

PATIENT NUMBER F2117941 WORTHINGTON, OH 43085 17-0210

DATE/TIME DRAWN 01/10/01

DATE!TIME RECEIVED 01/17/01 02 - 34PM

PATIENT NO. NAME ED 99 0835 OLSON

KRESS

17-0210			_			02:34PM	K K	555			L
TEST	ABN	RESULT	UNITS	REF	RANGE	TEST	ABN	RESULT	UNITS	REF I	RAI
FORENSIC WORK- PLACE DRUG TEST	**	OXICOLOGY NEGATIVE	*****  *****  SCREEN CUTOFF  *****  CHAIN CUSTOD MAINTA FOR SP	**** ING LEV **** OF Y INED ECIM	***** ELS *****						
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG NEG S6.3	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIM BE ADU IF < 2	300 300 200 300 300 25 100 50 30 EN M	0 - 350 AY ATED						

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM QC 29 END OF REPORT

### 01/22/01 21:40 FAX 6148419690 BENDINEK & SCHLESINGEK INC. MEDICAL LABORATORIES

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

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

310 EAST 65IN STREET (COLECTION O NEW YORK, N.Y. 10021 (212) 628-2599 984 NORTH BROADWAY (COLLECTION O. SUITE 9 L4 - YONKERS, N.Y. 10701 (914) 378-2188

QC 9 Fri

REPORT DATE 01/22/01

PATIENT NUMBER F2120177 19-0046

DOCTORNASTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

BLDG 'C' WORTHINGTON OH 43085 DATE/TIME DRAWN 01/12/01 01:30PM

DATEITIME RECEIVED 01/19/01 10-41AM

VB PATIENT NO, NAME ED 99 0835 OLSON KRESS

<u> 19-0046</u>						10:41AM	MKES	55			┙┖
TEST	ABN	RESULT	UNITS	RE	F RANGE	TEST	ABN	RESULT	UNITS	REF	RAN
FORENSIC WORK- PLACE DRUG TEST	**	TOXICOLOGY NEGATIVE	SCREEN CUTOFF ****** CHAIN ( CUSTOD' MAINTA FOR SPI	ING LE *** OF Y INE ECI	WELS						
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS. EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG NEG NEG	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL MG/DL SPECIMI BE ADUI IF < 20	30 30 30 30 30 30 25 10 50 30 EN	00 00 00 00 00 00 00 00 MAY RATED		7				

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



### 01/22/01 21:40 FAX 6148419690 DENDINER & SCHLESINGER INC. MEDICAL LABO. ATORIES

QC 14 Mon

1777 AMSTERDAM AVENUE NEW YORK, N.Y. 10031 (Collection Depart) 629 WEST 185 STREET NEW YORK, NY 10033 (Colection Depot)

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

310 EAST 651h STREET NEW YORK, N.Y. 10021 (212) 626-2599 CONDECTION C

S84 NORTH BROADWAY ICOLLECTIONS SUITE # L4 - YONKERS, N.Y. 10701

REPORT DATE 01/22/01

19-0187

OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' PATIENT NUMBER F2120318 WORTHINGTON, OH 43085

DOCTORANSTITUTION

DATEITIME DRAWN 01/15/01 01:30PM DATEITIME RECEIVED

01/19/01

02-11PM

PATIENT NO, NAME ED 99 0835 OLSON KRESS

VB

13-010/										
TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF	RAI
FORENSIC WORK- PLACE DRUG TEST	•	TOXICOLOGY NEGATIVE	SCREEN' CUTOFF CHAIN ( CUSTOD' MAINTA' FOR SPI	********* ING LEVELS ******* OF Y						
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG NEG NEG	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML MG/DL MG/DL SPECIMI BE ADUI	300 300 300 200 300 300 300 25 1000 100 50 30 - 350						
							2			

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM QC 14 END OF REPORT

SCOTT A. HIRSCHMAN, M.D.

DIRECTOR

#### BENDINER & SCHLESINGER INC. OPEP

MEDICAL LABORA. JRIES

QC 3 Fri

1727 AMSTERDAM AVENUE YORK, N.Y. 10031 YORK, N.Y. 1003 plection Depart 629 WEST 185 STREET NEW YORK, N.Y. 10033 (Collection Depail)

Ø 06 NEW YORK, N.Y. 10003 (212) 254-2300 310 EAST 65IN STREET NEW YORK, N.Y. 10021 (212) 626-2599 (COLLECTION DEPOT)

964 NORTH BROADWAY .CO. ESTION DEPOT: SUIVE # L4 • YONKERS, N.Y. 10701 (914) 376-2168

REPORT DATE 01/11/01

PATIENT NUMBER

F2113044

DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT, PROGR.

445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085 DATE/TIME DRAWN 01/05/01 05:55PM

DATE/TIME RECEIVED 01/10/01 09-59AM\_

PATIENT NO, NAME ED 99 0835 OLSON

KRESS

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10-0113 WOR	11111	UIUN,UN 4		01710701 09:59AM	KRES	55			] [
TEST	ABN	RESULT	UNITS REF RANGE	TEST	ABN	RESULT	UNITS	REF	RANGE
FORENSIC WORK- PLACE DRUG TEST		OXICOLOGY  NEGATIVE	*************  ************  SCREENING  CUTOFF LEVELS						
			CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN		. A	· cod			
METHADONE, EMIT OPIATES. EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG NEG 126.1	NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   25 NG/ML   1000 NG/ML   100 MG/DL   50 MG/DL   50 MG/DL   30 - 350 SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL						
								····	

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## BENDINER & SCH SINGER INC. 0PEP

#### **MEDICAL LABORATORIES**

QC 9 Thurs

1727 AMSTERDAM AVENUE NEW YORK, N Y. 1003? (Collection Depos) 623 WEST 185 STREET NEW YORK, N V. 180373 (Callection Depat)

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

310 EAST 65th STREET (COLLECTION OF NEW YORK, N.Y. 10021 (212) 628-2598

984 NORTH BROADWAY (COLLECTION DEL GUITE & L4 - YONKERS, N.Y. 10701 (914) 376-2186

REPORT DATE 02/02/01

PATIENT NUMBER

F2132507

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

WORTHINGTON, OH 43085

DATEITIME DRAWN 01/25/01  $06 \cdot 35PM$ DATEITIME RECEIVED 02/01/01

PATIENT NO. NAME ED 99 0835 OLSON

1-07 <u>36</u>		GIUN,UH 4	3085	_		02/01/01 06:32PM	K	RE <u>s</u>	<u>s</u>			
TEST	ABN	RESULT	UNITS	REF	RANGE	TEST		ABN	RESULT	UNITS	REF	RAN
FORENSIC WORK-PLACE DRUG		TOXICOLOGY NEGATIVE	SCREEN CUTOFF ****** CHAIN ( CUSTOD MAINTA FOR SPI	HANG LEVE HANG LEVE HANG OF Y INED ECIME	CLS CAXXX							
METHADONE, EMIT OPIATES. EMIT COCAINE, EMIT BARBS. EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG 103.7	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL SPECIME BE ADUL IF < 20	300 300 300 200 300 300 25 1000 50 30 -	350 Y TED							

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

SCOTT A. HIASCHMAN, M.D.

DIRECTOR

F2/8/01

### 02/06/01 22:28 FAX 6148419690 BENDINER & SCHLESINGER INC. MEDICAL LABORATORIES

27 \* MSTERDAM AVENUE EW YDRK, N.Y. 10031 (Collection Depot) 829 WEST 185 STREET NEW YORK, N.Y. 10033 (Cafection Decal)

Ø 19 MEW YORK, N.Y. 10003 (212) 254-2300

310 EAST 6516 STREET (COLLECTIONO. NEW YORK, N.Y. 10021 (212) 628-2599

964 NORTH BROADWAY (COLLECTION IX SUITE # L4 - YONKERS, M.Y. 10701 (914) 376-2166

Į

<u>\_</u>

QC 7 Tues

REPORT DATE 02/06/01

PATIENT NUMBER

F2134775

5-0604

DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

BLDG 'C'

WORTHINGTON, OH 43085

DATE:TIME DRAWN 01/30/01

DATE/TIME RECEIVED 02/05/01 01:41PM

PATIENT NO. NAME ED 99 0835 OLSON

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3-0004 —							. 17				
TEST	ABN	RESULT	UNITS	REF	RANGE	TEST	ABI	RESULT	UNITS	REF	RAN
FORENSIC WORK- PLACE DRUG TEST		OXICOLOGY NEGATIVE	SCREEN CUTOFF ****** CHAIN ( CUSTOD) MAINTA FOR SPI	ING LEVI LEVI LEVI LEVI LEVI LEVI LEVI LEVI	ELS ***** EN *****						
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC. EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG 133.7	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIMI BE ADUI IF < 20	300 300 300 200 300 300 100 50 30 EN MG	0 - 350 AY ATED /DL						

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 7



#### 01/09/01 03:07 FAX 6148419690 BENDINEK & SCHLESINGEK INC. OPEP MEDICAL LABORATORIES

1727 AMSTERDAM AVENUE NEW YORK, N.Y. 10031 (Collection Octob) 879 WEST 185 STREET NEW YORK, N.Y. 10033 (Callection Depot)

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

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

984 NORTH BROADWAY (COLECTION DE BUITE + L4 + YONKERS, N.Y. 10701 (914) 376-2166

QC 34 Thurs

REPORT DATE 01/02/01

PATIENT NUMBER F2104042 28-0351

MOLTERNICADE DOCUMENTAGE OHIO PHYSICIANS EFFECT, PROGR. 445 E. GRANDVILLE RD BLDG 'C'

WORTHINGTON, OH 43085

DATEITIME ORAWN 12/21/00 12:30PM DATE/TIME RECEIVED 12/28/00 05 47PM

PATIENT NO. NAME ED 99 0835 OLSON KRESS

28-0351						05:47PM	MAES.	<del></del>			<b>—</b>
TEST	ABN	RESULT	UNITS	REF	RANGE	TEST	A8N	RESULT	UNITS	REF R	A۱
FORENSIC WORK- PLACE DRUG TEST	**	OXICOLOGY NEGATIVE	SCREEN CUTOFF ******* CHAIN (CUSTOD) MAINTA: FOR SPI	ING LEV LEV OF Y INED	EN		CHIO	<b>MEDICALB(</b> AN - 9 200	ART T		
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG S3.5	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL	300 300 300 300 300 25 100 50 30 EN M							
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REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 34

GEORGE W. TEEBOR, M.D.

# BENDINER & SCHLESINGER INC. MEDICAL LABOUATORIES

1727 AMSTERDAM AVENUE
NEW YORK, M.Y. 10031
|Collection Deport|
629 WEST 105 STREET
NEW YORK, M.Y. 10033
(Collection Deport)

NEW YORK, N.Y. 10001 (212) 254-2300 310 EAST 65th STREET ICOLLECTION OF

310 EAST 65th STREET | COLLECTION DE NEW YORK, N.Y. 10021 | (212) 628-2599 | 664 NORTH BROADWAY | (COLLECT-ON DE SUITE & L4 - YONKERS, N.Y. 10701 | (214) 376-2166

QC 44 Fri

01/02/01

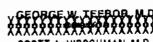
PATIENT NUMBER F2105012 ODETOR/INSTITUTION
OHIO PHYSICIANS EFFECT. PROGR.
445 E. GRANDVILLE RD
RIDG 'C'

BLDG 'C' WORTHINGTON.OH 43085 DATE TIME DRAWN
12/22/00
11:30AM
DATE TIME RECEIVED

DATE/TIME RECEIVED 12/29/00 12:51PM NO, NAME ED 99 0835 OLSON

29-0121 WUR		3085	12/29/00 12:51PM	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  *****************		GRIOMEDICALB JAN - 970	<b>04R</b> F	
METHADONE, EMIT OPIATES. EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP. EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN	NEG NEG NEG NEG NEG NEG NEG	NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   350 NG/ML   1000 NG/ML   100 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 44



# BENDINER & SCHLESINGER INC.

MEDICAL LABOUATORIES

QC 2 Thurs

1727 AMSTEROAM AVENUE NEW YORK, N.Y. 10031 |Collection Georg | E29 WEST 185 STREET NEW YORK, N.Y. 10033 |Collection Georg) MEW YORK, N.Y. 10003 (212) 254-2300 310 EAST 85In STREET NEW YORK, N.Y. 10021

310 EAST 85IN STREET (COLLECTION OF NEW YORK, N.Y. 10021 (212) 528-2589

984 NORTH BROADWAY [COLLECTION OF SUITE # L4 + YONKERS, N.Y 10701

REPORT DATE 01/12/01

PATIENT NUMBER

OHIO PHYSICIANS EFFECT, PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON.OH 43085 01/04/01 01/30PM 01/12/01 01/12/01 NO, NAME B ED 99 0835 OLSON

F2115392 12-0061	WORTHI	NGTON.OH 4	3085			0	1/12/01 0:12 <b>AM</b>	.3UN 1 <u>855</u>				
TEST	AB	N RESULT	UNITS	REF	RANGE		TEST	ABN	RESULT	UNITS	REF	RAP
FORENSIC WO PLACE DRUG TEST		TOXICOLOGY NEGATIVE	*****  SCREEN CUTOFF ***** CHAIN CUSTOD MAINTA FOR SP	***** ING LEVE **** OF Y INED ECIME ****	LS ****							
METHADONE, OPIATES. EI COCAINE, EI BARBS, EMI' BENZO, EMI' DARVON, EM' PCP, EMIT AMPHET, EMIT ALCOHOL, UI CREATININE	MIT MIT F IT IT	NEG NEG NEG NEG NEG NEG NEG 145.0	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML	300 300 300 200 300 25 1000 50 30 -	350 Y TED					7		

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 2



### 01/10/01 20:48 FAX 8148419890 BENDINER & SCHLESINGER INC. MEDICAL LABORATORIES

727 AMSTERDAM AVENUE NEW YORK, N Y. 10031 ICODINCTION DOGOTI 629 WEST 195 STREET NEW YORK, N.Y. 10033

NEW YORK, N.Y. 16603

[COLLECTION D

310 EAST 85(h STREET NEW YORK, N.Y. 1002) (212) 628-2299 984 NORTH BROADWAY (COLLECTION C SUITE # 14 \* YONKERS, N.Y. 10701 (914) 376-2166

QC 33 Fri

REPORT DATE 01/09/01

DOCTORINSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

NWARC SMITISTAD 12/29/00 12:30PM DATE-TIME RECEIVED 01/09/01

10:27AM

PATIENT UB NO, NAME ED 99 0835 OLSON KRESS

PATIENT NUMBER F2111744 9-0013

BLDG 'C' WORTHINGTON.OH 43085

**TEST** ABN RESULT UNITS REF RANGE **TEST** UNITS | REF RAN ABN | RESULT \*\*\*\* TOXICOLOGY FORENSIC WORK-\*\*\*\*\* NEGATIVE \*\*\*\*\*\*\*\*\* PLACE DRUG **TEST** SCREENING CUTOFF LEVELS \*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***\*** CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN <del>\*\*\*\*\*</del> \*\*\*\*\*\* METHADONE, EMIT NEG NG/ML 1300 300 OPIATES, EMIT NEG NG/ML COCAINE, EMIT NEG NG/ML 300 BARBS, EMIT 200 NEG NG/ML BENZO, EMIT NEG NG/ML 300 DARVON, EMIT NEG NG/ML 300 PCP, EMIT NEG NG/ML 125 1000 AMPHET, EMIT NEG NG/ML THC, EMIT NEG NG/ML 100 ALCOHOL, UR FOR 50 NEG MG/DL 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. SCOTT A. HIRSCHMAN, M.D. DIRECTOR

FI/11/01

# 01/10/01 20:48 FAX 6148419690 BENDINEK & SCHLESINGEK INC.

MEDICAL LABORATORIES

445 E. GRANDVILLE RD BLDG 'C'

WDRTHINGTON.OH 43085

DOCTOR/INSTITUTION

REPORT DATE

01/09/01

PATIENT NUMBER

F2109397

OHIO PHYSICIANS EFFECT. PROGR.

QC 14 Tues

ZY AMSTERDAM AVENUE (COOR, N.Y. JRDY WEN (Collection Dapot)

GZ9 WEST 185 STREET NEW YCRK, N.Y. 10033 (Cullection Option).

NEW TUNK, N.T. 1001,3 6 (212) 254-2300

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

984 NORTH BROADWAY (COLLECTION OF SUITE 4 L4 \* YONKERS, M.Y. 18781 (814) 376-2166

UB PATIENT NO, NAME ED 99 0835 OLSON

DATE/TIME ORAWN 12/26/00 05:00PM DATE/TIME RECEIVED 01/05/01 KRESS

5-0066		_			11:05AM	MRES	<u> </u>			J
TEST	ABN R	ESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF	R
******* FORENSIC WORK- PLACE DRUG TEST	100	GATIVE *	CREENI UTOFF HAIN C USTODY AINTAI OR SPE	EXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN	NEC NEC NEC NEC NEC NEC NEC NEC	G N N N N N N N N N N N N N N N N N N N	G/ML G/ML G/ML G/ML G/ML G/ML G/DL G/DL PECIME E ADUL	300 300 300 200 300 300 25 1000 100 50 30 - 350 N MAY TERATED MG/DL			<u></u>			

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 14

# 03/21/01 22:00 FAX 8148419690 BENDINER & SCHLESINGER INC.

MEDICAL LABORATORIES

QC 12 Tues

1727 AMSTEROAM AVENUE NEW YORK, N.Y. 10021 [Collection Depos)

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

2 ()
NEW YORK, N.Y. 10003
(212) 254-2300

\$10 EAST 65th STREET NEW YORK, N.Y. 10021 (212) 628-2699 (COLLECT

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

REPORT DATE 03/21/01

PATIENT NUMBER

F2169769

DOCTORINSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

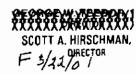
BLDG 'C' WORTHINGTON, OH 43085 DATEITIME SHAWN 03/13/01 05:30PM DATEITIME RECEIVED 03/19/01

PATIENT NO. NAME ED 99 0835 OLSON

<u> </u>	R	E	55	
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19-0674	WUKI HIN				03/19/01 05:29PM					
TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF F	
FORENSIC WO PLACE DRUG TEST	DRK-	OXICOLOGY NEGATIVE	SCREEN CUTOFF ****** CHAIN CUSTOD MAINTA FOR SP	******** ING LEVELS ****** OF Y INED ECIMEN						
METHADONE. OPIATES, EN COCAINE, EN BARBS, EMIT BENZO, EMIT DARVON, EMIT AMPHET, EMIT ALCOHOL. UR CREATININE	AIT AIT F IT IT	NEG NEG NEG NEG NEG NEG NEG NEG 103.6	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL MG/DL SPECIM BE ADU	300 300 300 200 300 300 300 25 1000 100 50 30 - 350 EN MAY LTERATED 0 MG/DL						
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REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 12



# 03/08/01 21:35 FAX 6148419690 BENDINER & SUHLESINGER INC.

MEDICAL LABORATORIES

QC 8 Fri

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

629 WEST 185 STAFET NEW YORK, N.Y 10033 (Colocton Depat)

2 ()
NEW YORK, N.Y. 10003
(212) 254-2300

310 EAST GEIN STREET NEW YORK, N.Y. 10021 (212) G28-2599

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

REPORT DATE 03/07/01

PATIENT NUMBER F2159151 DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

BLDG 'C' WORTHINGTON, OH 43085 DATE/TIME DRAWN 03/02/01 05:30PM DATE:TIME RECEIVED

03/06/01

PATIENT NO, NAME ED 99 0835 OLSON

		03:50PM KRESS					
TEST ABN RESULT UNITS R	REF RANGE TEST	ABN RESUL	T UNITS REF				
FORENSIC WORK- PLACE DRUG TEST  OXICOLOGY  *******  NEGATIVE  SCREENIN CUTOFF L *******  CHAIN OF CUSTODY MAINTAIN FOR SPEC	IED						
METHADONE, EMIT OPIATES. EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET. EMIT ALCOHOL. UR FOR NEG NG/ML 3 NG/ML 3 NG/ML 3 NG/ML 3 NG/ML 3 NG/ML 2 NG/ML 1 NEG NG/ML 1 NEG NG/ML 1 NEG NG/ML 1	000 000 000 000 000 000 000 00 350 I MAY						

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

## 03/21/01 01:10 FAX 6148419690 BENDINER & SCHLESINGER INC.

MEDICAL LABORATORIES

QC 6 Fri

1727 AMSTERDAM AVENUE NEW YORK, N Y. 13031 (Collection Depat) 529 WEST 185 STREET NEW YORK, N.Y. 10033 (Collection Depou

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

310 EAST 65th STREET 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

ODCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

DATEITIME DRAWN 03/09/01 MA08:80 DATE/TIME RECEIVED 03/15/01

UB PATIENT NO, NAME ED 99 0835 OLSON

WORTHINGTON, OH 43085 F2166758 15-0063

15-0063	WOKININ	GTUN,UH 4			01:34PM					
TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF	
FORENSIC WOR PLACE DRUG TEST		TOXICOLOGY NEGATIVE	SCREEN' CUTOFF ****** CHAIN ( CUSTOD' MAINTA' FOR SPI	ING LEVELS ************************************	O STATE!					
METHADONE, E OPIATES. EMI COCAINE, EMI BARBS. EMIT BENZO, EMIT DARVON, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR CREATININE L	FOR	NEG NEG NEG NEG NEG NEG NEG NEG NEG NEG	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML MG/DL MG/DL SPECIMI BE ADUI	300 300 200 300 300 300 25 1000 100 50 30 - 350		STATI	EMEDICAL BOA 21. 2001	RD		
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REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT OC 6

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## BENDINER & SCHI \$\frac{1}{48} \frac{1}{48} \

#### **MEDICAL LABORATORIES**

QC 10 Thurs

AMSTERDAM AVENUE V YORK, N.Y. 10031 Collection Depot) 629 WEST 185 STREET NEW TORK, N.Y. 10830 (Collection Depot)

<u>.</u> **2**0,18 NEW YORK, N.Y. 10003 (212) 254-2300

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

984 NORTH BROADWAY (COLLECTION CEPO")
SUITE # L4 • YONKERS, N.Y. 10701
(914) 376-2156

PATIENT AGE NO. NAME ΑD ED 99 0835 OLSON

REPORT DATE DOCTOR/INSTITUTION 02/26/01 OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' PATIENT NUMBER F2149911 WORTHINGTON, OH 43085

DATEITIME RECEIVED 02/23/01 09:09AM

DATEITIME DRAWN

02/15/01

01:30PM

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23-0016			02/23/01 09:09AM							
TEST A	BN RESULT	UNITS REF RANG	E   TEST	ABN	RESULT	UNITS	REF	RANGE		
FORENSIC WORK- PLACE DRUG TEST	TOXICOLOGY NEGATIVE	**************************************		Cind Said	<b>∓</b> 20 (1.6) 1.5 20ης					
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN	NEG NEG NEG NEG NEG NEG NEG NEG 99.9	NG/ML   300 NG/ML   300 NG/ML   200 NG/ML   300 NG/ML   25 NG/ML   1000 NG/ML   1000 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 QC 10 END OF REPORT

#### BENDINER & SCHIESINGER INC. OPEP

MEDICAL LABORATORIES

QC 22 Mon

777 AMSTEROAM AVENUE W YORK, N.Y. 10031 Collection Depart 629 WEST 195 STREET NEW YORK, N.Y. 10033 (Calection Dapot)

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

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

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

REPORT DATE 02/26/01

DOCTORJINSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

02/19/01 01:30PM DATE/TIME RECEIVED 02/23/01

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PATIENT NO, NAME ED 99 0835 OLSON

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RABMUM THAITAR F2150254 23.0359

WORTHINGTON, OH 43085

KRESS

23-0359				,	01:42PM KRESS					
TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF	RANGE
FORENSIC WORK- PLACE DRUG TEST	crik .	OXICOLOGY NEGATIVE	SCREEN: CUTOFF ****** CHAIN ( CUSTOD) MAINTA: FOR SPI	********** ING LEVELS ******** OF Y INED		<b>0/30</b> 8723 МАР	. 5 2001 	פרים		
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG 203.4	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML MG/DL MG/DL SPECIMI BE ADUI	300 300 300 200 300 300 25 1000 100 50 30 - 350						

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM QC 22 END OF REPORT



# BENDINER & SCHI SINGER INC. OPER

QC 3 Fri

227 AMSTERDAM AVENUE EW YORK, N.Y. 10031 (Collection Depot) 629 WEST 185 STREET NEW YORK, N. 1.0033 (Collection Depot) NEW YORK, N.Y. 10003 (212) 254-2300 310 EAST 66th STREET (COLLECTIONS

310 EAST 66th STREET (COLLECTION OFFI NEW YORK, N.Y. 10021 (212) 628-2599

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50 M

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

REPORT DATE 02/21/01

PATIENT NUMBER

ODITO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

DATEITIME DRAWN 02/09/01 01:30PM DATEITIME RECEIVED 02/16/01

PATIENT NO, NAME ED 99 0835 OLSON

WORTHINGTON.OH 43085 F2145160 10:22AM 16-0065 KRESS UNITSIREF RANG **TEST TEST** ABN RESULT UNITS | REF RANGE ABN | RESULT \*\*\*\*\* \*\*\*\*\* TOXICOLOGY FORENSIC WORK-**NEGATIVE** \*\*\*\* \*\*\*\*\*\* PLACE DRUG TEST SCREENING OHIO STATE MEDICAL BOARD CUTOFF LEVELS \*\*\*\*\* CHAIN OF FEB 2 3 2001 CUSTODY MAINTAINED FOR SPECIMEN \*\*\*\*\*\*\* NEG METHADONE, EMIT NG/ML 300 OPIATES, EMIT NEG NG/ML 300 NEG NG/ML COCAINE, EMIT 300 BARBS, ÉMIT BENZO, EMIT NG/ML 200 NEG NG/ML NEG 300 NG/ML DARVON, EMIT NEG 300 NEG NG/ML 25 PCP\_EMIT AMPHET. EMIT NEG NG/ML 1000 NEG NG/ML 100 THC. EMIT ALCOHOL. UR FOR MG/DL 50 NEG CREATININE URN 38.0 MG/DL 30 - 350 SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL

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# BENDINER & SCH **L**SINGER INC.

MEDICAL LABORATORIES

127 AMSTERDAM AVENUE EW YORK, N.Y. 10041 [Colection Depo!] 529 WEST 185 STREET NEW YORK, N.Y. 18033 (Collection Depot)

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

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

984 NORTH BROADWAY (COLLECTION S SUITE # L4 - YONKERS, N.Y. 10781 (914) 376-2168

QC 1 Tues

REPORT DATE 04/02/01

PATIENT NUMBER F2176118 <del>-27 0437</del>

OCCTORINSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

WORTHINGTON.OH 43085

DATEITIME DRAWN 03/20/01 12:30PM DATE/TIME RECEIVED

03/27/01 05:28PM

PATIENT NO. NAME ED 99 0835 OLSON

KRESS

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TEST	ABN	RESULT	UNITS	REF RA	ANGE	TEST	ABN	RESULT	UNITS	REF	RAN
FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY   NEGATIVE	SCREEN: CUTOFF ******* CHAIN ( CUSTOD) MAINTA:	******* ING LEVELS ****** OF Y	***   S			STATEMEDICAL APR - 3 201			
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG NEG 130.1	****** NG/ML	300 300 300 300 200 300 300 25 1000 100 50 30 - 3 EN MAY LTERATE	350 ED						

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM QC 1 END OF REPORT

# BENDINER & SCHI SINGER INC. 0PEP

MEDICAL LABORATORIES

WORTHINGTON, OH 43085

QC 7 Fri

127 AMSTERDAM AVENUE W YORK, N Y. 10031 Collection Deport 629 WEST 185 STREET NEW YORK, N.Y. 10030

(Collection Depot)

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

**2** 09

316 EAST 65th STREET (COLECTION DEPOT NEW YORK, N.Y. 10021 (212) 626-2589

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

REPORT DATE 04/06/01

PATIENT NUMBER

F2183923

OOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

05:30PM DATE(TIME RECEIVED 04/05/01

DATE/TIME DRAWN

03/30/01

PATIENT NO, NAME ED 99 0835 OLSON

SEX

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5-0202	WUKIF	IINGTON, OH 4		01:40PM KRESS					
TEST	A	ABN RESULT	UNITS REF RANGE	TEST	ABN	RESULT	UNITS	REF	RANGE
FORENSIC WO PLACE DRUG TEST		TOXICOLOGY NEGATIVE	************  SCREENING CUTOFF LEVELS **********						
			CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ************************************	ę.		<sup>105</sup> 1 0 %	<b>}</b> [ <b>y</b> :		
METHADONE, OPIATES, EM COCAINE, EM BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMI	IIT IIT T	NEG NEG NEG NEG NEG NEG NEG	NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   200 NG/ML   300 NG/ML   300 NG/ML   25 NG/ML   1000						
THC. EMIT ALCOHOL, UR CREATININE	FOR	NEG NEG 256.9	NG/ML 100 MG/DL 50 MG/DL 30 - 350 SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL						
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### 08/12/01 02:28 FAX 6148419690 BENDINEK & SCHLESINGEK INC. MEDICAL LAUÓRATORIES

**CHICOSTATE MEDICAL B** QC 4 Sate MIN 1 2 200

1727 AMSTERDAM AVENUE NEW YORK, N.Y. 10031 (Collection Depot) 629 WEST 105 STREET NEW YORK, N.Y. 10033 (Collection Dapon)

07 VEW TUHK, N.T. 10003 (212) 254-2300

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

984 NORTH BROADWAY (COLLECT) SLITE # LA + YONKERS, N.Y. 10701 (914) 376-2166

REPORT DATE 06/11/01

PATIENT NUMBER F2234868 DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

WORTHINGTON, OH 43085

**CATE/TIME DRAWN** 06/02/01 0B:30AM

DATE/TIME RECEIVED 06/07/01 11:48PM

PATIENT NO. NAME ED 99 0835 OLSON

7·0226			3003		11:48PM KRESS						
TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF	R	
FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY  NEGATIVE	SCREEN CUTOFF ****** CHAIN CUSTOD MAINTA FOR SP	**************************************							
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP. EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FO CREATININE URN	R	NEG NEG NEG NEG NEG NEG NEG NEG NEG 49.4	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIM BE ADU	300 300 200 300 300 25 1000 100 50 30 - 350			•				

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 4

## 05/18/01 02:38 FAX 8148419690 BENDINER & SCHILESINGER INC.

#### **MEDICAL LABORATORIES**

QC 25 Fri

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

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

Ø 23 NEW YORK, N.Y. 10003 (212) 254-2300 310 EAST 65th STREET NEW YORK, N.Y. 10021 (212) 628-2599

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

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 ORAWN 05/11/01 05:30PM DATE/TIME RECEIVED

05/15/01 11:15AM

PATIENT NO, NAME ED 99 0835 OLSON

KRESS

15-0014						KHE.			
TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF
FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY   NEGATIVE	SCREEN CUTOFF ****** CHAIN ( CUSTOD) MAINTA FOR SPI	**************************************			tatemedicai VAY 1 <sup>6</sup> 20		
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG 171.4	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML MG/DL MG/DL SPECIM BE ADUI	300 300 200 300 300 300 25 1000 100 50 30 - 350			7		

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 25



# 86.03.01 21:50 FAX 81.48419890 BENDINER & SCHLESINGER INC.

#### **MEDICAL LABORATORIES**

QC 19 Sat

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

07 NEW YORK, N.Y. 19995 (212) 254-2300

318 EAST 86IN STREET (COLLECT NEW YORK, N.Y. 10021 (212) 628-2599 984 NORTH BROADWAY (COLLECT

994 NORTH BROADWAY (COLLECT SUITE # L4 \* YONKERS, N.Y. 10701 (814) 376-2188

96PORT DATE 05/23/01

PATIENT NUMBER F2221576 22-0133 OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

BLDG 'C' WORTHINGTON, OH 43085 DATE/TIME DRAWN 05/12/01 05:30PM

05/22/01 02:07PM NO. NAME ED 99 0835 OLSON

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22-0133						UZ:U/PM		-(85°) (	<u> 56</u> )		J
TEST	ABN	RESULT	UNITS	REF	RANGE	TEST	ABN	RESULT	UNITS	REF	R
FORENSIC WORK- PLACE DRUG TEST	**	TOXICOLOGY   NEGATIVE	SCREEN CUTOFF AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA	HARAN LEV LEV OF Y INED	ELS ALALA ELS ALALA EN			Ji ing 4	2661	L	
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC. EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG 132.4	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIME BE ADUL SPECIME BE ADUL	300 300 300 200 300 25 100 100 50 30 EN M	. 350 IAY WATED						

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



### 06/03/01 21:35 FAX 6148419690 DENDLINEK & SCHLESLINGEK INC. MEDICAL LABORATORIES

27 AMSTERDAM AVENUE NEW YORK, N.Y. 10021 (Collection Depot) 679 WEST 185 STREET NEW YORK, N.Y. 10033 (Collection Deport)

MEW YORK, N.Y. 10003 (COLLECTION DEF

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

A

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

QC 7 Tues

REPORT DATE 05/31/01

PATIENT NUMBER

F2226332

DOCTORJINSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD WORTHINGTON.OH 43085

DATEITIME ORAWN 05/22/01

NO, NAME ED 99 0835 OLSON DATEMINE RECEIVED 05/29/01 02:57PM

PATIENT

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29-0089 WOR	THINGTON, OH 4	13085	05/29/01 02:57PM	KRESS	<u> </u>			
TEST	ABN RESULT	UNITS REF RANGE	TEST	ABN	RESULT	UNITS	REF	RANG
FORENSIC WORK- PLACE DRUG TEST	NEGATIVE	**************************************			ال	4 2	<b>101</b>	
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN	NEG NEG NEG NEG NEG NEG NEG	NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   25 NG/ML   1000 NG/ML   100 MG/DL   50 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 QC 7 END OF REPORT



DIRECTOR

### 05/09/01 20:59 FAX 8148419690 OPEP BENDINEK & SCHLESINGEK INC. MEDICAL LAUSRATORIES

WORTHINGTON, OH 43085

1727 AMSTERDAM AVENUE NEW YORK, N.Y. 10031 (Collection Depth) 629 WEST 185 STREET NEW YORK, N.Y. 1003J (Collection Dape))

04 NEW TUNK, N.T. 10003 (212) 254-2300

310 EAST BOLK STREET NEW YORK, N.Y. 10021

(COLLECT) (212) 528-2599 864 NORTH BROADWAY | COLLECT# SUITE # L4 - YONKERS, N.Y. 10701 (914) 378-2168

QC 11 Fri

REPORT DATE 05/09/01

PATIENT NUMBER F2209784 8-0100

END OF REPORT

DOCTORIUSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

DATEITIME CRAWN 05/04/01 06:00PM DATE/TIME RECEIVED 05/08/01 03:21PM

PATIENT B NO. NAME ED 99 0835 OLSON

KRESS

<u> </u>						 	1112		_		_
TEST	ABN	RESULT	UNITS	REF	RANGE	TEST	ABN	RESULT	UNITS	REF	R
FORENSIC WORK- PLACE DRUG TEST  METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT	1	NEG NEG NEG NEG NEG NEG NEG NEG NEG NEG	***** SCREEN CUTOFF ***** CHAIN CUSTOD MAINTA FOR SP ***** NG/ML	**** ING LEV **** OF INED ECIM **** 300 300 200 300 200 300 200	ELS  ****  ELS  ****  ****  ***  **  **  **  **  **	TEST	OHIO	STATEMEDICA MAY 1 U 2	BOARD	REF	R. —
BENZO, EMIT DARVON, EMIT PCP, EMIT		NEG NEG NEG	NG/ML NG/ML NG/ML NG/ML NG/ML MG/DL	300 300 25 100 100 50 30 EN M	0 - 350   <b>AY</b>   <b>A</b> TED						
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REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM

QC 11

#### 04/23/01 00:27 FAX 6148419690 BENDINEK & SCHLESINGEK INC. MEDICAL LABORATORIES

1727 AMSTEROAM AVENUE NEW YORK, N.Y. 10031 (Callection 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 OF NEW YORK, N.Y. 10021 (212) 626-2599

(212) 629-2599

884 NORTH BROADWAY (COLLECTION 0)

9UITE 4 L4 - YONKERS, N.Y. 10701

(814) 376-2166

QC 28 Thurs

04/13/01

PATIENT NUMBER

F2192128

OHIO PHYSICIANS EFFECT. PROGR.
445 E. GRANDVILLE RD

445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON,OH 43085 04/12/01 08:30AM 08:50AM 08:416/01 PATIENT NO, NAME ED 99 0835 OLSON

16-0847		<u> </u>			07:40PM			JL		
TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF	RAN
FORENSIC WOR PLACE DRUG TEST		TOXICOLOGY   NEGATIVE	SCREEN CUTOFF ****** CHAIN ( CUSTOD) MAINTA FOR SPI	HAAAAAAAA ING LEVELS HAAAAAAA DF Y INED		Chi	DSINIEMEDA APR 2 3 2	<b>20</b> 01		
METHADONE, E OPIATES, EMI COCAINE, EMI BARBS. EMIT BENZO. EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR CREATININE U	T T	NEG NEG NEG NEG NEG NEG NEG NEG 80.7	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML MG/DL MG/DL SPECIMI BE ADUI	300 300 300 200 300 300 25 1000 100 50 30 - 350						

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# BENDINER & SCH SINGER INC.

#### **MEDICAL LABGRATORIES**

WORTHINGTON, OH 43085

QC 20 Mon

(2) amsterdam avenue New York, n.y., 1903! (Collection Deport) 629 WEST 185 STREET NEW YORK, N.Y. 10033 (Collection Depart)

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

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

984 NORTH BROADWAY (COLLECTION DE) SUITE # L4 - YONKERS, N.Y. 10701 (914) 376-2168

REPORT DATE 04/27/01

PATIENT NUMBER

F2200717

DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

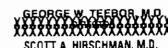
DATE/TIME DRAWN 04/23/01 DB:30AM DATE/TIME RECEIVED 04/26/01

PATIENT NO, NAME ED 99 0835 OLSON

03:43PM KRESS 26-0533

TEST	ABN	RESULT	UNITS	REF F	RANGE	TEST	ABN	RESULT	UNITS	REF	rane
FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	SCREEN: CUTOFF ******* CHAIN ( CUSTOD' MAINTA' FOR SPI	LEVEL LEVEL LEVEL CALLEY DF Y INED ECIMEN	-S 	-	ţ).	APR 3 0	2001		
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG NEG 85.5	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML MG/DL	300 300 300 200 300 25 1000 100 50 30 - EN MAY	350 <b>/</b> FED						

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 20



## 04/29/01 22:30 FAX 6148419690 BEINDHNEK & SCH SIINGEK INC. OPEP

#### **MEDICAL LABORATORIES**

QC 19 Fri

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

MEW TUME, N.T. 10003 (212) 264-2300

310 EAST 66th STREET NEW YORK, N.Y. 10021 (212) 528-2599 (COLLECTION DEF

Ï

2

984 NORTH BROADWAY (COLLECTION DE) SUITE # LA - YONKERS, N.Y. 10761 (914) 378-2168

PEPORT DATE 04/27/01

REBMUM THEITAR

F2200716

DOCTORNICTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

WORTHINGTON, OH 43085

DATE/TIME DRAWN 04/20/01 06:00PM DATE/TIME RECEIVED 04/26/01 03 · 43PM

PATIENT NO. NAME ED 99 0835 OLSON

26-0532 WOR	THINGTON.	OH 43085			04/26/01 03:43PM KRESS					
TEST	ABN RES	ULT   UNIT	SREF	RANGE	TEST	ABN	RESULT	UNITS	REF	RANG
FORENSIC WORK- PLACE DRUG TEST	IOXIC	TIVE ***** SCREE CUTOF ***** CHAIN CUSTO MAINT. FOR S	F LEVE ****** OF DY	LS ****		, se-	APR 3 0 2	<b>ी</b> गुरु		
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN	NEG NEG NEG NEG NEG NEG	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECI BE AD	300 300 300 200 300 300 25 1000 100 50	350 Y TED						

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



## 04/16/01 01:10 FAX 6148419690 BENDINER & SCHLESINGER INC.

MEDICAL LABORATORIES

QC 17 Fri

Ø 12 NEW YORK, N.Y. 10003 (212) 254-2500

(COLLECTION DEPOT)

310 EAST 65th STREET NEW YORK, N.Y. 10021 (212) 628-2598

984 NORTH BROADWAY (COLLECTION DEPOT) SUITE # LA - YONKERS, N.Y. 19701 (914) 376-2186

REPORT DATE DOCTOR/INSTITUTION 04/13/01

PATIENT NUMBER

F2189508

12-0387

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

DATE/TIME DRAWN 04/06/01 05:30PM DATE:TIME RECEIVED

OPEP

04/12/01 04:47PM

PATIENT NO. NAME ED 99 0835 OLSON

KRESS

AD SEX М

**TEST** ABN | RESULT UNITS | REF RANGE **TEST** ABN | RESULT UNITS | REF RANGE †OXICOLOGY \*\*<del>\*\*\*\*</del> FORENSIC WORK-**NEGATIVE** \*\*\*\*\*\* PLACE DRUG OHIO STATEMEDICAL BOARD **TEST** SCREENING CUTOFF LEVELS APR 1 6 2001 CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN \*\*\*\*\* \*\*\*\*\* METHADONE, EMIT NEG NG/ML 1300 OPIATES, EMIT NEG NG/ML 300 COCAINE, EMIT BARBS, EMIT NEG NG/ML 300 NEG NG/ML 200 BENZO, EMIT NG/ML 300 NEG DARVON, EMIT **NEG** NG/ML 300 PCP, EMIT NG/ML 25 NEG AMPHET, EMIT NEG NG/ML 1000 THC EMIT NEG NG/ML 100 ALCOHOL, UR FOR MG/DL NEG 50 CREATININE URN 117.3 MG/DL 30 - 350 SPECIMĖN MAY BE ADULTERATED IF < 20 MG/DL

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 17

GEORGE W. TEEBOR, M.D.

### 08/21/01 02:44 FAX 6148419690 DENUMER & SUPLESINGER INC. MEDICAL LABORATORIES

WORTHINGTON, OH 43085

QC 18 Wed

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

629 WEST 166 STREET NEW YORK, N.Y. 10033 (Collection Depot)

7] 1 () NEW YORK, N.V. 10003 (212) 254-2300

210 EAST 45th STREET NEW YORK, N.Y. 10021 (212) 628-2599 COLLE

384 NORTH BROADWAY (COLE SUITE # L4 • YONKERS, N.Y. 10701 (914) 376-2168

REPORT DATE 06/20/01

PATIENT NUMBER

F2244718

**NOTOTION INSTITUTION** OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

DATEITIME DRAWN 06/13/01 08:25PM

DATE/TIME RECEIVED 06/19/01 11:06AM

PATIENT NO, NAME ED 99 0835 OLSON

19-0119	WUKTH.	INGIUN,UH 4	3000			11:06AM KRESS					
TEST	A	BN RESULT	UNITS	REF RANG	E	TEST	ABN	RESULT	UNITS	REF	
FORENSIC WO PLACE DRUG TEST		OXICOLOGY NEGATIVE	SCREEN CUTOFF ****** CHAIN CUSTOD MAINTA FOR SP	********* ING LEVELS ****** OF Y							
METHADONE, OPIATES, EM COCAINE, EM BARBS, EMIT BENZO, EMIT DARVON, EMI PCP, EMIT AMPHET, EMI THC, EMIT ALCOHOL, UR CREATININE	IIT IIT T T	NEG NEG NEG NEG NEG NEG NEG 201.1	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIM BE ADU								

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS FROGRAM END OF REPORT OC 18



08/28/01 02:01 FAX 8148419680 BENDINER & SALESINGER

0PEP USTATEMEDICAL.



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

310 EAST 45th STREET NEW YORK, N.Y. 10021 (212) 628-2599

984 NORTH BROADWAY (COLE SUTTE # LA • YONKERS, N.Y. 10701 (914) 376-2166

**MEDICAL LABORATORIES** 

QC 11 Thurs 0 2 2001

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

DATEITIME DRAWN 06/07/01 05:30PM

DATEITIME RECEIVED 06/22/01 01:24PM

PATIENT NO. NAME ED 99 0835 OLSON

KRESS

<u>22-00/2</u>						U1:24PM	KRE	<u>55                                   </u>		
TEST	ABN	RESULT	UNITS	REF	RANGE	TEST	ABN	RESULT	UNITS	REF
FORENSIC WORK- PLACE DRUG TEST		TOXICOLOGY NEGATIVE	***** SCREEN' CUTOFF ***** CHAIN ( CUSTOD' MAINTA	LEVE	ELS CARRAN					
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG 196.5	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML	300 300 200 300 300 25 1000 50 30 -	350 Y ATED			2		
								2		

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM QC 11 END OF REPORT

F6/26/01

SCOTT A. HIRSCHMAN, N DIRECTOR

06/27/01 00:38 FAX 6148419690

REPORT DATE

06/26/01

F2249451

OPEP BENDINER & STILESINGER INC.

#### MEDICAL LABORATORIES

WORTHINGTON, OH 43085

QC 5 Wed

1727 AMSTERDAM AVENUE NEW YORK, N.Y. 10031 [Collection Deport]

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

Ø 03 THIRD AVENUE (10 STREET) NEW YORK, N.Y. 10003 (212) 254-2300 (COLLEC

310 EAST 85th STREET NEW YORK, N.Y. 10021 (212) 828-2599

984 NORTH BROADWAY (COLLET SUITE # L4 - YONKERS, N.Y. 18701 (914) 374-2166

ODCTORINSTITUTION DATEITIME GRAWN OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

06/20/01 07:00PM DATESTIME RECEIVED 06/25/01

PATIENT NO, NAME  $\smile$ ED 99 0835 OLSON

25-0052 WUR	IHING	IUN, UH 43	3085			03:04PM	KRESS						
TEST	ABN	RESULT	UNITS	REF RANGE	_	TEST		ABN		UNITS	REF F		
FORENSIC WORK- PLACE DRUG TEST		OXICOLOGY NEGATIVE	SCREEN: CUTOFF ******* CHAIN ( CUSTOD' MAINTA: FOR SPI	********* ING LEVELS ******* OF Y INED ECIMEN									
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG NEG NEG	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML MG/DL MG/DL SPECIME BE ADUI	300 300 300 200 300 25 1000 100 50 30 - 350 EN MAY TERATED MG/DL									

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 5

F6/27/01



### BENDINER & SCHLESUNGER INC.

MEDICAL LABORATORIÉS

QC 3 Thurs

1727 A N. RDAM AVENUE NEW N.Y. 10031 (C. Jon Depat) 629 WEST 185 STREET NEW YORK, N.Y. 10033 (Collection Depat) 47 THIRD AVENUE (10 STREET NEW YORK, N.Y. 10003 (212) 254-2300

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

984 NORTH BROADWAY (1)
SUITE # L4 • YONKERS, N.Y. 107
(914) 376-2166

B

REPORT DATE 08/24/01

PATIENT NUMBER F2298693 23-0089 ODETORINSTITUTION
OHIO PHYSICIANS EFFECT. PROGR.
445 E. GRANDVILLE RD
8LDG 'C'
WORTHINGTON, OH 43085

08/16/01 12:30PM DATE/TIME RECEIVED

08/23/01 11:20AM PATIENT NO, NAME ED 99 0835 OLSON

KRESS

TEST							_					
FORENSIC WORK-PLACE DRUG TEST  NEGATIVE  ***************  SCREENING CUTOFF LEVELS ************  CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***********  ************  METHADONE, EMIT OPIATES, EMIT OPIATES, EMIT OPIATES, EMIT BARBS, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT DARVON, EMIT DARVON, EMIT DARVON, EMIT DARVON, EMIT AMPHET, EMIT NEG NG/ML SOO NG/ML	TEST	ABN	RESULT	UNITS	REF	RANGE		TEST	ABN	RESULT	UNITS	RE
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN  NEG NG/ML 300 NG/ML 25 NG/ML 1000 NG/ML 1000 NG/ML 1000 NEG NG/ML 1000 NE	FORENSIC WORK- PLACE DRUG	** -		******* SCREENI CUTOFF ****** CHAIN C CUSTODY MAINTAI FOR SPE	ING LEVE LEVE (****) (NED ECIME	ELS ***** EN *****						
	OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR		NEG NEG NEG NEG NEG NEG NEG NEG	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIME BE ADUL	300 300 300 200 300 25 1000 100 50 30 N M/	) - 350 AY ATED						



#### BENDINER & SCHLESINGER INC. MEDICAL LABORATO. Is

WORTHINGTON, OH 43085

QC 9 Fri

1727 AMSTERDAM AVENUE NEW XXXX, 10031 (C n 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 NEW YORK, N.Y. 10021 (212) 628-2599 (COLLECTION DEPOT)

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

REPORT DATE 07/30/01

PATIENT NUMBER F2275342 26-0443

DECTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

DATE/TIME DRAWN 07/20/01 05:30PM DATE/TIME RECEIVED 07/26/01 02:02PM

PATIENT NO, NAME 🗸 ED 99 0835 OLSON KRESS

AGE AD

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26-0443					L_02:02PM		<u>-,-</u>	<u> </u>			J L
TEST	ABN	RESULT	UNITS	REF RANGE	TEST	A	ABN	RESULT	UNITS	REF	RANGE
******* FORENSIC WORK- PLACE DRUG TEST	**	TOXICOLOGY NEGATIVE	SCREEN: CUTOFF ******* CHAIN ( CUSTOD' MAINTA: FOR SPI	******** ********* ING LEVELS ********* OF Y INED							
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG 171.6	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIMI BE ADUI	300 300 300 200 300 300 25 1000 100 50 30 - 350							

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11/8/3/01



#### BENDINER & SCHLESINGER INC. MEDICAL LABORATO. Is

WORTHINGTON, OH 43085

QC 28 Wed

1727 AMSTERDAM AVENUE NEW YARK, N.Y. 10031 (C n Depot) 629 WES ( 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 NEW YORK, N.Y. 10021 (212) 628-2599 (COLLECTION DEPOT)

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

REPORT DATE 08/01/01

PATIENT NUMBER F2278782

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

DATE/TIME DRAWN 07/25/01 08:30PM DATE/TIME RECEIVED 07/31/01

PATIENT NO, NAME ED 99 0835 OLSON

AGE AD SEX

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31-0523			02:05PM	KRZS	s			
TEST	ABN RESULT	UNITS REF RANGE	TEST	ABN	RESULT	UNITS	REF F	RANGE
****** FORENSIC WORK- PLACE DRUG TEST	** TOXICOLOGY NEGATIVE	********  ********  SCREENING CUTOFF LEVELS  ***********  CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN  ***********************************						
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN	NEG NEG NEG NEG NEG NEG NEG	NG/ML   300 NG/ML   300 NG/ML   200 NG/ML   300 NG/ML   25 NG/ML   1000 NG/ML   100 MG/DL   50 MG/DL   30 - 350 SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL						



#### BENDINER & SCHLESINGER INC. MEDICAL LABORATO S

QC 28 Wed

1727 AMSTERDAM AVENUE NEW., N.Y. 10031 (Con 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 NEW YORK, N.Y. 10021 (212) 628-2599 (COLLECTION DEPOT)

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

REPORT DATE 07/18/01

PATIENT NUMBER

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

DATE/TIME DRAWN 07/11/01 06:45PM

DATE/TIME RECEIVED

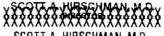
PATIENT NO. NAME ED 99 0835 OLSON

AGE AD

SEX F2265636 WORTHINGTON, OH 43085 07/16/01 М 16-0097 KRESS 09:05AM **TEST** ABNI RESULT UNITSIREF RANGE **TEST** ABN | RESULT UNITS | REF RANGE \*\*\*\*\* ŤOXICOLOGY \*\*\*\*\* FORENSIC WORK-NEGATIVE \*\*\*\*\* PLACE DRUG \*\*\*\*\* **TEST SCREENING** CUTOFF LEVELS \*\*\*\*\*\* CHAIN OF **CUSTODY** MAINTAINED FOR SPECIMEN \*\*\*\*\*\* \*\*\*\*\*\* METHADONE, EMIT NEG NG/MI 1300 OPIATES, EMIT NEG 300 NG/ML 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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M7/27/01



SCOTT A. HIRSCHMAN, M.D. DIRECTOR

## BENDINER & SCHLESINGER INC.

MEDICAL LABORATO TES

WORTHINGTON, OH 43085

QC 10 Tues

1727 AMSTERDAM AVENUE NEW YORK, N.Y. 10031 (F 200 Depot) 629 1. 185 STREET NEW YORK, N.Y. 10033 (Collection Depot)

47 FHIRD AVENUE (10 STREET) NEW YORK, N.Y. 10003 (212) 254-2300

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

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

REPORT DATE 07/10/01

PATIENT NUMBER

F2260670

OOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

OATE/TIME DRAWN 07/03/01 05:00PM

OATE/TIME RECEIVED 07/09/01 08 · 16PM

PATIENT NO, NAME ED 99 0835 OLSON

AGE AD

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9-0771	WOKINI	NGTON, OF 4		_		07/09/01 08:16PM	LK	RE	<u> </u>			M
TEST	AB	N RESULT	UNITS	REF RAI	NGE	TEST		ABN	REŞULT	UNITS	REF	RANGE
FORENSIC WO PLACE DRUG TEST		TOXICOLOGY   NEGATIVE	***** SCREEN CUTOFF ***** CHAIN CUSTOD MAINTA FOR SP	******* ING LEVELS ****** OF Y	**							
METHADONE, OPIATES, EM COCAINE, EM BARBS, EMIT BENZO, EMIT DARVON, EMIT AMPHET, EMIT ALCOHOL, UR CREATININE	IIT IIT T T	NEG NEG NEG NEG NEG NEG NEG 221.1	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML MG/DL MG/DL SPECIM BE ADU	*******  300  300  300  300  300  300  25  1000  100  50  30 - 3: EN MAY LTERATE 0 MG/DL	50 D							

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 10

m7/13/01



DIRECTOR

#### BENDINER & SCHLESINGER INC. MEDICAL LABORATO S

QC 5 Fri

1727 AMSTERDAM AVENUE NEW YORK N.Y. 10031 ICc Depot 629 WEG, 185 STREET NEW YORK, N.Y. 10033 (Callection Depot)

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

VB

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

984 NORTH BROADWAY (COLLECTION DEPOT)
5UITE # L4 \* YONKERS, N.Y. 10701
(914) 376-2166

REPORT DATE 07/09/01

PATIENT NUMBER

F2259097

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

DATE/TIME DRAWN 06/29/01 02:30PM DATE/TIME RECEIVED

07/06/01

PATIENT NO, NAME ED 99 0835 OLSON

AGE AD

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6-0278 WUR	THINGTON, OH 4	3085	0//06/01 02:21PM	KRE	55				М
TEST	ABN RESULT	UNITS REF RANGE	TEST	ABN	RESULT	UNITS	REF	RAI	NGE
****** FORENSIC WORK- PLACE DRUG TEST	** TOXICOLOGY NEGATIVE	*******  *******  *******  SCREENING  CUTOFF LEVELS  ***********  CHAIN OF  CUSTODY  MAINTAINED  FOR SPECIMEN  ***********************************							
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN	NEG NEG NEG NEG NEG NEG NEG	NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   1000 NG/ML   100 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  $m^{-7/3/6}$  i end of report QC 5



#### BENDINER & SCHLESINGER INC. MEDICAL LABORATO S

WORTHINGTON, OH 43085

QC 14 Wed

1727 AMSTERDAM AVENUE NEW YORK, N.Y. 10031 ICo Depot) 629 Wt. . 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 NEW YORK, N.Y. 10021 (212) 628-2599 (COLLECTION DEPOT)

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

REPORT DATE 08/30/01

PATIENT NUMBER F2303511 OOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

DATE/TIME DRAWN 08/22/01 08:35PM DATE/TIME RECEIVED 08/29/01

PATIENT NO, NAME ED 99 0835 OLSON

AGE AD

SEX М

29-0107 WOR	חווות	10N,OH 43			08/29/01 02:19PM	KRE	55				M
TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABI	N RESULT	UNITS	REF	RA	NGE
****** FORENSIC WORK- PLACE DRUG TEST		OXICOLOGY NEGATIVE	SCREENI CUTOFF ******* CHAIN C CUSTODY MAINTAI FOR SPE ******	********* ING LEVELS *******  OF CIMEN							_
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG NEG NEG	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIME	TERATED.							

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SCOTT A. HIRSCHMAN, M.D. DIRECTOR

### BENDINER & SCHLESINGER INC. MEDICAL LABORATON ... S

OHIO PHYSICIANS EFFECT. PROGR.

445 E. GRANDVILLE RD BLDG 'C'

WORTHINGTON,OH 43085

dod toriinstitution

REPORT DATE

09/05/01

PATIENT NUMBER

F2306007

QC 19 Mon

1727 AMSTERDAM AVENUE NEW YORK, N 9031 (Collection 629 WEST 185 STREET NEW YORK, N.Y. 10033 (Collection Depat)

DATEITIME DRAWN

08/20/01

0<del>6:00PM</del>

DATEITIME RECEIVED

08/31/01

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

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

ΑĎ

SEX

964 NORTH BROADWAY (COLLECTION DEPOT)
SUITE \$ L4 \* YONKERS, N.Y. 10701
(914) 376-2166

PATIENT VB

NO, NAME ED 99 0835 **OLSON** 

31-0079		,			01:50PM	KRE	SS			
TEST	ABN R	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF	RANGE
****** FORENSIC WORK- PLACE DRUG TEST	10/		****** SCREEN: CUTOFF ****** CHAIN ( CUSTOD' MAINTA: FOR SPI	********* ING LEVELS *******  OF INED						
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN	NE NE NE NE NE NE NE NE	G G G G G G G G G	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML MG/DL SPECIMI BE ADUI	300 300 300 200 300 300 25 1000 100 50 30 - 350						

### BENDINER & SCHLES\*\*\*GER INC.

#### **MEDICAL LABORATORIES**

DOCTOR/INSTITUTION

1727 A RDAM AVENUE NEW ... N.Y. 10031 (Community 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

(212) 628-2599
984 NORTH BROADWAY (COLLECTION DEPOT)
SUITE # L4 \* YONKERS, N. Y. 10701
(914) 376-2166

QC 11 Fri

REPORT DATE 09/24/01

PATIENT NUMBER

F2321697

21-1056

OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON.OH 43085 09/14/01 06:00PM

0376171ME RECEIVED 09/21/01 10:51AM PATIENT NO, NAME ED 99 0835 OLSON

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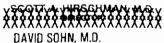
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> sex M

TEST	ABN	RESULT	UNITS	REF	RANGE	TEST	ABI	N	RESULT	UNITS	REF	RANGE
****** FORENSIC WORK- PLACE DRUG TEST	**	TOXICOLOGY   NEGATIVE	*****  SCREENI CUTOFF  ******  CHAIN ( CUSTOD) MAINTAI FOR SPE  ******	***** ING LEVE ****  OF INED ECIME ****	***** ELS ***** EN ****							
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG 134.7	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIME BE ADUL IF < 20	300 300 300 200 300 300 25 1000 50 30 EN M	0 - 350 AY ATED							

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M9/28/01



AVID SOHN, M.D. DIRECTOR

# BENDINER & SCHLESINGER INC. MEDICAL LABORATORIES

QC 21 Thurs

1727 AMSTERDAM AVENUE NEW N.Y. 10031 (C an Osport) 629 WEST 185 STREET NEW YORK, N.Y. 10033 (Collection Osport) 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 09/27/01

PATIENT NUMBER F2323080 25-0039 OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

BLDG 'C' WORTHINGTON,OH 43085 04 01:30 PM

DATE/TIME RECEIVED 09/25/01 10:54AM

PATIENT NO, NAME ED 99 0835 OLSON

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AGE AD

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TEST	ABN	RESULT	UNITS	REF	RANGE	TEST	ABN	RESULT	UNITS	REF RAN	IGE
****** FORENSIC WORK- PLACE DRUG TEST	**	TOXICOLOGY   NEGATIVE	*****  SCREEN  CUTOFF  *****  CHAIN ( CUSTOD)  MAINTA	***** ING LEVE ***** OF Y	**** ELS ****						
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG 40.9	****** NG/ML	*****  300  300  200  200  300  25  1000  50  30  50  EN M/	***** ***** *****						

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9/28/01



# BENDINER & SCHLESINGER INC. MEDICAL LABORATON, 25

QC 20 Fri

1727 AMSTERDAM AVENUE NEW Y Y 10031 (Co 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 (COLLECT ON 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 09/18/01

PATIENT NUMBER

F2314867

L14-0046

OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON,OH 43085 09/07/01 09:10PM 09:14/01

07:44PM

NO, NAME ED 99 0835 OLSON

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AGE AD

> sex M

TEST	ABN	RESULT	UNITS	REF	RANGE	Т	EST	ABN	RESULT	UNITS	REF	RANGE
****** FORENSIC WORK- PLACE DRUG TEST	**	TOXICOLOGY   NEGATIVE	*****  SCREEN CUTOFF ***** CHAIN CUSTOD MAINTA FOR SPI	**** ING LEVI **** OF (	**** ***** ELS ****							
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BAR8S, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG 128.1		300 300 300 200 300 300 25 1000 100 50 30 EN M	0 - 350 AY ATED							

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 20

M9/21/01



## BENDINER & SCHLESINGER INC.

MEDICAL LABORATO: .. ES

QC 27 Fri

1727 AMSZERDAM AVENUE NEW N.Y. 10031 (C n 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 08/20/01

PATIENT NUMBER F2293694 17-0010

DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

BLDG 'C' WORTHINGTON, OH 43085 DATE/TIME DRAWN 08/10/01 05:30PM

DATEITIME RECEIVED 08/17/01 10:46AM

PATIENT NO, NAME ED 99 0835 OLSON

AGE AD

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17-0010 WOR	IHIM	alun,um 4	2085			10:46AM		KRES	5			_	M
TEST	ABN	RESULT	UNITS	ref RA	NGE	TES	Т	ABN	RESULT	UNITS	REF	RA	NGE
****** FORENSIC WORK- PLACE DRUG TEST	**	TOXICOLOGY  NEGATIVE	*****  SCREEN  CUTOFF  *****  CHAIN ( CUSTOD)  MAINTA  FOR SPI  *****	******* ING LEVELS ******  OF ( INED ECIMEN ******	***								
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG 150.1	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIM BE ADU IF < 2	LTERATE	ED				2				

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 27

m8/24/01



#### BENDINER & SCHLESINGER INC. MEDICAL LABORATORIÉS

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47 THIRD AVENUE (10 STREET) 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 (COLLECTION DEPOT)
SUITE # L4 • YONKERS, N.Y. 10701
(914) 376-2166

REPDAT DATE 08/16/01

PATIENT NUMBER F2286887 ODCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

QC 10 Fri

BLDG 'C' WORTHINGTON.OH 43085

DATE/TIME DRAWN 08/03/01 06:00PM

DATE/TIME RECEIVED 08/09/01

PATIENT NO, NAME ED 99 0835 OLSON

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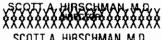
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М 9-0163 02 · 02PM TEST RESULT ABN UNITS | REF RANGE **TEST** ABN RESULT UNITS REF RANGE \*\*\*\*\*\* \*\*\*\*\* TOXICOLOGY FORENSIC WORK-\*\*\*\*\* NEGATIVE \*\*\*\*\* PLACE DRUG **TEST** SCREENING CUTOFF LEVELS \*\*\*\*\*\*\*\*\*\* CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN \*\*\*\*\* \*\*\*\*\*\*\* METHADONE, EMIT 300 NEG NG/ML OPIATES, EMIT NEG NG/ML 300 COCAINE, EMIT NG/ML NEG 300 BARBS, EMIT NEG NG/ML 200 BENZO. EMIT NEG NG/ML 300 DARVON, EMIT NG/ML NEG 300 PCP, EMIT NEG NG/ML 25 AMPHET, EMIT NEG NG/ML 1000 THC, EMIT NEG NG/ML 100 ALCOHOL, UR FOR MG/DL NEG 50 30 - 350 CREATININE URN 124.0 MG/DL SPECIMÉN MAY BE ADULTERATED IF < 20 MG/DL

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M8/20/01



SCOTT A. HIRSCHMAN, M.D. DIRECTOR

### BENDINER & SCHLESINGER INC.

MEDICAL LABORATC ES

QC 8 Fri

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

HIND AVENUE (10 STREET)
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 (COLLECTION DEPOT) SUITE # L4 + YONKERS, N.Y. 10701 (914) 376-2166

REPORT DATE 11/16/01

OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C PATIENT NUMBER

DOCTOR/INSTITUTION

DATE/TIME DRAWN 11/09/01 01:15PM

PATIENT NO, NAME OLSON

SEX М

AGE

AD

ED 99 0835 DATE/TIME RECEIVED WORTHINGTON, OH 43085 F2358734 11/15/01 KRESS 15-0100 02:54PM **TEST** ABNI RESULT UNITSIREF RANGE TEST ABNI RESULT \*\*\*\*\*\* TOXICOLOGY \*\*\*\*\*

UNITS | REF RANGE FORENSIC WORK-\*\*\*\*\* NEGATIVE \*\*\*\*\*\* 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 NG/ML 200 NEG BENZO, EMIT NEG NG/ML 300 DARVON, EMIT 300 NEG NG/ML PCP. EMIT NEG NG/ML 25 AMPHET, EMIT NEG NG/ML 1000 THC. EMIT NG/ML NEG 100 ALCOHOL, UR FOR MG/DL 50 NEG CREATININE URN 118.9 MG/DL 30 - 350 SPECIMEN MAY BE ADULTERATED IF < 20 MG/DLm-11-21-01

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 8

SCOTT A. HIRSCHMAN, M.D.

DAVID SOHN, M.D. DIRECTOR

#### BENDINER & SCHLESINGER INC. MEDICAL LABORATE ES

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

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

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

(COLLECTION DEPOT)

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

QC 6 Mon

REPORT DATE 11/05/01

PATIENT NUMBER F2351416 5-0174

OOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

BLDG 'C' WORTHINGTON, OH 43085 DATE/TIME ORAWN 10/29/01 01:15PM-DATE/TIME RECEIVED 11/05/01

01:57PM

PATIENT NO, NAME ED 99 0835 OLSON

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TEST	ABN	RESULT	UNITS	REF	RANGE		TEST	ABN	RESULT	UNITS	RFF	RANGE
*****	ļ	OXICOLOGY				╁						
FORENSIC WORK- PLACE DRUG TEST		NEGATIVE	****** SCREEN CUTOFF ****** CHAIN CUSTOD MAINTA FOR SP ******	***** ING LEV! **** OF Y INED ECIME ***	***** ***** ELS ***** EN				., 1			
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG 131.4	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIM BE ADU IF < 2	300 300 200 300 300 25 1000 100 50 30 EN M	0 - 350 <b>A</b> Y <b>A</b> TED							

#### BENDINER & SCHLESINGER INC. MEDICAL LABORATC S

WORTHINGTON, OH 43085

QC 2 Wed

1727 AMSTERDAM AVENUE NEW N.Y. 10031 (C n 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 NEW YORK, N.Y, 10021 (212) 628-2599 (COLLECTION DEPOT)

984 NORTH BROADWAY (COLLECTION DEPOT) SUITE # L4 • YONKERS, N.Y. 10701 (914),876-2166

REPORT DATE 11/04/01

PATIENT NUMBER F2350382 2-0040

DDCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

DATE/TIME DRAWN 10/24/01 08:30AM DATE/TIME RECEIVED 11/02/01

10:14AM

PATIENT NO, NAME ED 99 0835 OLSON KRESS

AGE ΑD

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TEST	ABN	RESULT	UNITS	REF	RANGE	TEST	ABN	RESULT	UNITS	REF	RANGE
****	**	TOXICOLOGY	****	***						_	<del></del>
FORENSIC WORK- PLACE DRUG TEST		NEGATIVE	****** SCREEN CUTOFF ******	**** ING LEVE	***** ELS			· .	1 11		
			CUSTOD' MAINTA FOR SPI	Y INED ECIME	EN ****					Í.	
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG 122.2		300 300 300 200 300 25 1000 50 30 EN M	0 - 350 <b>AY</b> ATED						

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QC 2

### BENDINER & SCHLESINGER INC.

MEDICAL LABORA TIES

17 IMIBO AVENUE (10 STREET) NEW YORK, N.Y. 10003 . (212) 254-2300平原

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 7 Tues

REPORT DATE 11/28/01

PATIENT NUMBER

F2365305

<del>27-0113</del>

OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

BLDG 'C'

WORTHINGTON, OH 43085

DATE/TIME DRAWN
11/20/01
01:30PM

DATE/TIME RECEIVED 11/27/01 11:14AM

PATIENT NO, NAME ED 99 0835 OLSON

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27-0113						-1-1 14AM	_ <del>\</del> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\				
TEST	ABN	RESULT	UNITS	REF	RANGE	TEST	ABN	RESULT	UNITS	REF	RANGE
FORENSIC WORK- PLACE DRUG TEST	<del>**</del>	TOXICOLOGY NEGATIVE	****** SCREEN CUTOFF ***** CHAIN ( CUSTOD' MAINTA FOR SPI	LEVI	***** ELS ***** EN *****				21.5		
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG 73.7	****** NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIMI BE ADUI IF < 20	300 300 300 300 300 300 25 100 50 30 EN M	0 - 350 AY ATED				2001 C.2. 14 C. 14 C.2.3 10002		

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M11/30/01

#### BENDINER & SCHLESINGER INC. MEDICAL LABORATO

QC 10 Wed

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

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

REPORT DATE 11/21/01

PATIENT NUMBER F2361479 DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

BLDG 'C' WORTHINGTON, OH 43085 DATEITIME DRAWN 11/14/01 12:15PM

DATE/TIME RECEIVED 11/20/01

PATIENT NO, NAME ED 99 0835 OLSON

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TEST	ABN	RESULT	UNITS	REF RA	NGE	TEST	-	ABN	RESULT	UNITS	REF	RANGE
FORENSIC WORK- PLACE DRUG TEST	**	OXICOLOGY NEGATIVE	*****  SCREEN CUTOFF  ***** CHAIN ( CUSTOD) MAINTA FOR SPI *****	******* ING LEVELS ****** OF ( INED ECIMEN *****	*** ***							
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG 82.2	i	300 300 300 200 300 300 25 1000 100 50 30 - 3 EN MAY TERATE	350 :D					STATE METHY I DOWNS		
										1		

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 10

M1/3401

DIRECTOR

#### BENDINER & SCHLESINGER INC. MEDICAL LABORATO. .. Es

WORTHINGTON, OH 43085

QC 17 Wed

1727 AMSTERDAM AVENUE NEW XXXXIII N.Y. 10031 (C 1. Depot) r: 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 55th STREET NEW YORK, N.Y. 10021 (212) 628-2599 (COLLECTION DEPOT)

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

REPORT DATE 12/12/01

PATIENT NUMBER F2374716 11-0055

DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

DATE/TIME ORAWN 12/05/01 12:45PM DATE/TIME RECEIVED PATIENT NO, NAME ED 99 0835 OLSON

AGE ΑD SEX

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12/11/01 KRESS 11:13AM

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TEST	ABN	RESULT	UNITS	REF F	RANGE		TEST	A8N	RESULT	UNITS	REF	RANGE
******* FORENSIC WORK- PLACE DRUG TEST	**	OXICOLOGY NEGATIVE	*****  *****  SCREEN  CUTOFF  *****  CHAIN ( CUSTOD' MAINTA  FOR SPI  *****	****** ING LEVEL *****  OF  (NED ECIMEN	S ****							
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG 71.9	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL SPECIMI BE ADUI IF < 20	300 300 300 200 300 25 1000 50 30 -	350 , TED						STATE 13 115	

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 17

M12/14/01

### BENDINER & SCHLESINGER INC.

#### MEDICAL LABORATC S

QC 9 Wed

1727 AMSTERDAM AVENI E NEW YORK, N.Y. 10031 (C n Depot) (Collection Depot)

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

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

984 NORTH BROADWAY (COLLECTION DEPOT) SUITE # 1.4 \* YONKERS, N.Y. 107D1 (914) 376-2165

REPORT DATE 10/04/01

PATIENT NUMBER F2327564 1-0083

DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

BLDG 'C' WORTHINGTON, OH 43085 DATE/TIME ORAWN 09/26/01

DATE/TIME RECEIVED 10/01/01 02 · 02 PM

PATIENT NO, NAME ED 99 0835 OLSON

AGE ADSEX

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TEST	ABN	RESULT	UNITS	REF RANG	E	TEST	ABN	RESULT	UNITS	REF	RANGE	
FORENSIC WORK- PLACE DRUG TEST	-	TOXICOLOGY NEGATIVE	SCREEN: CUTOFF ******* CHAIN ( CUSTOD' MAINTA: FOR SPI	********* ING LEVELS *******  OF Y INED ECIMEN *******								
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG 76.0	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIMI BE ADUI	300 300 300 200 300 25 1000 100 50 30 - 350 EN MAY TERATED MG/DL								

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

M10/19/01 DAVID SOHN, M.D.

DIRECTOR

#### BENDINER & SCHLESINGER INC: MEDICAL LABORATC. .ES

QC 8 Fri

1727 AMSTERDAM AVENUE NEW N.Y. 10031 (A. ( Jon Depot) arote within is his 629 WEST 185 STREET NEW YORK, N.Y. 10033 (Callection Depot)

47 THIRD AVENUE (10 STREET) 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 (COLLECTION DEPOT)
SUITE # L4 • YONKERS, N.Y. 10701
(914) 376-2166

REPORT DATE 10/18/01

PATIENT NUMBER F2339601 17-0180

DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

BLDG 'C' WORTHINGTON, OH 43085 DATE:TIME DRAWN 10/12/01 01:30PM DATE/TIME RECEIVED 10/17/01

02:04PM

PATIENT NO, NAME ED 99 0835 OLSON

KRESS

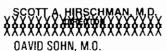
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1, 0100					<u> </u>						
TEST	ABN	RESULT	UNITS	REF RANGE	TEST	7	ABN	RESULT	UNITS	REF	RANGE
FORENSIC WORK- PLACE DRUG TEST	**	TOXICOLOGY NEGATIVE	SCREEN: CUTOFF ******* CHAIN ( CUSTOD) MAINTA: FOR SPI	********* ING LEVELS *******  OF / INED ECIMEN *******							
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REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 8

m10/19/01



#### BENDINER & SCHLESINGER INC. MEDICAL LABORATC ES

QC 7 Fri

1727 AMSTERDAM AVENUE NEW YORK, N.Y. 10031 (C n Depat) 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 10/25/01

PATIENT NUMBER

F2344692

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

DATEITIME DRAWN 10/19/01 05:30PM OATEITIME RECEIVED 10/24/01 10.01DM

PATIENT NO, NAME ED 99 0835 OLSON

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METHADONE, OPIATES, EM COCAINE, EM BARBS, EMIT BENZO, EMIT DARVON, EMI PCP, EMIT AMPHET, EMI THC, EMIT ALCOHOL, UR CREATININE	IT IT T T	NE N	G G G G G G G G G	****** NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIME BE ADUI	Y INED ECIMEN ************************************				25.5	

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 7

SCOTT A. HIRSCHMAN, M.D. 

OAVID SOHN, M.D. DIRECTOR

#### BENDINER & SCHLESINGER INC. MEDICAL LABORATOLES

WORTHINGTON, OH 43085

QC 17 Fri



47 THIRD AVENUE (10.8TREET), NEW-YORK (212) 2 310 EAST 68 984 NORTH BROADWAY (COLLECT SUITE # L4 + YONKERS, N.Y. 10701

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REPORT DATE 12/05/01

PATIENT NUMBER F2369892 4-0017

OOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

DATE/TIME DRAWN 11/30/01 05:00PMDATE/TIME RECEIVED 12/04/01

PATIENT NO, NAME ED 99 0835 OLSON

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METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FO CREATININE URN	R	NEG NEG NEG NEG NEG NEG NEG 279 . 4	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML MG/DL MG/DL SPECIME	_TERATED			2001 0	STATE : 3 3 58	

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 17

M12/7/01 DAVID SDHN, M.D.

**OIRECTOR** 

#### BENDINER & SCHLESINGER INC. MEDICAL LABORATONIES

1727 AMSZERDAM AVENUE NEW N.Y. 10031 (C. In Depot) 629 WEST 185 STREET NEW YORK, N.Y. 10033 (Collection Depot) QC 11 Mon

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

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

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

REPORT DATE 12/27/01 DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT, PROGR. 445 E. GRANDVILLE RD BLDG 'C'

12/17/01 02:25PM DATE/TIME RECEIVED 12/21/01

12:10PM

DATE/TIME DRAWN

PATIENT B NO, NAME ED 99 0835 OLSON

AGE AD SEX

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PATIENT NUMBER F2382045 21-0362

WORTHINGTON, OH 43085

KRESS TEST RESULT UNITS REF RANGE **TEST** RESULT UNITS REF RANGE ABN A8N \*\*\*\* \*\*\*\*\* TOXICOLOGY FORENSIC WORK-**NEGATIVE** \*\*\*\*\*\* PLACE DRUG \*\*\*\*\* TEST SCREENING CUTOFF LEVELS \*\*\*\*\* CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN \*\*\*\*\*\* \*\*\*\*\* METHADONE. EMIT NEG NG/ML 1300 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** 1000 NG/ML THC, EMIT NEG NG/ML 100 BOARD ALCOHOL, UR FOR NEG MG/DL 150 CREATININE URN 93.9 MG/DL 130 - 350 SPECIMĖN MAY BE ADULTERATED IF < 20 MG/DL

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 11

m12/28/01

#### BENDINER & SCHLESWIGER INC. **MEDICAL LABORATORIES**

1727 AMERICAN AVENUE NEV C, N.Y. 10031 (c. (ion Depot) 629 WEST 185 STREET NEW YORK, N.Y. 10033 (Collection Daport)

47 THIRD AVENUE (10 STREET) 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 (COLLECTION DEPOT) SUITE # L4 • YONKERS, N.Y. 10701 (914) 376-2166

REPORT OATE 12/27/01

PATIENT NUMBER

DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

OATE/TIME ORAWN 12/14/01 <u>01:15PM</u> DATE/TIME RECEIVED

12/21/01

PATIENT NO, NAME  $^{
u}$ ED 99 0835 OLSON

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QC 15 Fri

F2382049 WORTHINGTON, OH 43085

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REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 15

m12/28/01



#### BENDINER & SCHLESINGER INC. MEDICAL LABORATO S

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

47 [HIRD AVENUE (10 STREET) NEW YORK, N.Y. 10003 (212) 254-2300

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

QC 27 Tues

PATIENT NO, NAME

984 NORTH BROADWAY (COLLECTION DEPOTE SUITE # L4 • YONKERS, N.Y. 10701 (914) 376-2166 REPORT DATE DOCTOR/INSTITUTION DATE/TIME DRAWN AGE 01/24/02 OHIO PHYSICIANS EFFECT. PROGR. 01/15/02 AD 12:30PM 445 E. GRANDVILLE RD ED 99 0835 BLDG 'C' OLSON SEX PATIENT NUMBER DATE/TIME RECEIVED F2398799 01/23/02 M WORTHINGTON, OH 43085

23-0117						 34AM	LKR	ES	<u> </u>			
TEST	ABN	RESULT	UNITS	REF	RANGE	TEST	A	N8/	RESULT	UNITS	REF	RANGE
******* FORENSIC WORK- PLACE DRUG TEST	**	TOXICOLOGY  NEGATIVE	*****  *****  SCREEN CUTOFF  *****	**** **** ING LEV	***** ***** ELS							
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG NEG NEG	CHAIN CUSTOD MAINTA FOR SP ****** NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIM BE ADU IF < 2	YINED ECIM **** 300 300 200 300 300 100 50 30 EN M LTER	EN **** *****  0 - 350 AY ATED					STATE MEDICAL BOARD OF GUID		
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REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 27

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#### BENDINER & SCHLESINGER INC. MEDICAL LABORATO S

WORTHINGTON, OH 43085

QC 12 Fri

1727 AMSTERDAM AVENUE NEV C, N.Y. 10031 con Depot)

629 WEST 185 STREET NEW YORK, N.Y. 10033 (Callection 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 DEPOTI SUITE # L4 • YONKERS, N.Y. 10701 (914) 376-2166

REPORT DATE 01/11/02 PATIENT NUMBER F2391493 DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT, PROGR. 445 E. GRANDVILLE RD BLDG 'C'

DATE:TIME DRAWN 01/04/02 12:20PM

DATE/TIME RECEIVED 01/10/02 05:37PM

PATIENT NO, NAME ED 99 0835 OLSON

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REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 12

M1/18/02

#### BENDINER & SCHLESINGER INC. MEDICAL LABORATOR

1727 AMSTERDAM AVENUE NEW YORK Y 10031 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 NEW YORK, N.Y. 10021 (212) 628-2599 (COLLECTION DEPOT)

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

REPORT DATE 01/16/02

PATIENT NUMBER

F2393066

**DDCTDR/INSTITUTION** OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

QC 10 Tues

BLDG 'C'

WORTHINGTON, OH 43085

DATE/TIME DRAWN 01/08/02 06:00PM

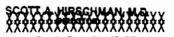
DATE/TIME RECEIVED 01/14/02

PATIENT NO, NAME ED 99 0835 OLSON

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TEST	ABN	RESULT	UNITS	REF RANGE	TEST		ABN	RESULT	UNITS	REF	RANGE	
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METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG 111.4	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML MG/DL MG/DL SPECIM BE ADU	300 300 300 200 300 300 25 1000 100 50 30 - 350			2		OF OHIO  NAME OF A HIS 19			



#### BENDINER & SCHLESINGER INC. MEDICAL LABORATO.

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

47 THIHD AVENUE (10 STREET) NEW YORK, N.Y. 10003 (212) 254-2300

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

964 NORTH BROADWAY :: COLLECTION DEPOTE SUITE # L4 • YONKERS, N.Y. 10701 (914) 376-2166

REPORT DATE 01/04/02

PATIENT NUMBER

F2387295

3-0032

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

QC 3 Fri

DATE/TIME DRAWN 12/28/01 12:30PM DATE/TIME RECEIVED 01/03/02 10 · 54AM

PATIENT NO, NAME ED 99 0835 OLSON

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FORENSIC WORK- PLACE DRUG TEST	**	OXICOLOGY  NEGATIVE	*****  SCREEN  CUTOFF  *****  CHAIN ( CUSTOD'  MAINTA  FOR SPI  *****	**** ING LEV **** OF INED ECIM ****	ELS *****							
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG 213.8	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML	300 300 300 300 300 25 100 50 30 EN M					מחר פעון ודו לה ול: 0.0	AL BOX		
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m1/11/02

### BENDINER & SCHLESINGER INC. MEDICAL LABORATOF.

QC 4 Thurs

1727 AMSTERDAM AVENUE NEW V. N.Y. 10031 -(n Depot) 629 WEST 185 STREET NEW YORK, N.Y. 10033 (Callection Depot)

47 THIRD AVENUE (10 STREET) 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 (COLLECTION DEPOT)
SUITE \* L4 - YONKERS, N.Y. 10701
(914) 376-2166

REPORT DATE 01/31/02 DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

01/24/02 01:00PM

DATE/TIME DRAWN!

PATIENT NO, NAME OLSON

AGE AD SEX

ED 99 0835 BLDG 'C' PATIENT NUMBER DATE/TIME RECEIVED F3403492 WORTHINGTON, OH 43085 01/30/02 М KRESS 30-0011 10:51AM

TEST	ABN	RESULT	UNITS	REF	RANGE	TEST	-	ABN	RESULT	UNITS	REF	RANGE
****** FORENSIC WORK- PLACE DRUG TEST	**	TOXICOLOGY   NEGATIVE	*****  *****  SCREEN  CUTOFF  *****  CHAIN  CUSTOD  MAINTA  FOR SP  *****	**** ING LEVI **** OF Y INED ECIM	***** ELS ***** EN ****							
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## BENDINER & SCHLESINGER INC.

MEDICAL LABORATORNES

WORTHINGTON, OH 43085

QC 1 Fri

1727 AMSTERDAM AVENUE NEW YO Y. 10031 (Colle. Jepot) 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 NEW YORK, N.Y. 10021 (212) 528-2599

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

REPORT DATE 01/07/97

PATIENT NUMBER

F2409377

DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

02/01/02 06:00PM DATE/TIME RECEIVED

DATE/TIME DRAWN

PATIENT NO, NAME ED 99 0835 OLSON

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## BENDINER & SCHLESINGER INC.

MEDICAL LABORATORIES

QC 1 Thurs

1727 AMSTEROAM AVENUE NEW YO Y, 10031 (Colle. sepot) 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 NEW YORK, N.Y. 10021 (212) 628-2599 (COLLECTION DEPOT)

984 NORTH BROADWAY (COLLECTION DEPOT)
SUITE # L4 - YONKERS, N.Y. 19701
(9)4) 376-2166

REPORT DATE 01/07/97

PATIENT NUMBER

F2412215

DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR.

445 E. GRANDVILLE RD BLDG 'C'

WORTHINGTON, OH 43085

DATE/TIME DRAWN 02/07/02 12:30PM

DATE/TIME RECEIVED 02/13/02 01.55DM

PATIENT NO, NAME ED 99 0835 OLSON

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13-0094 WOR	ITING	TUN,UH 43			02/13/02 01:55PM		KRESS	<del>,</del>		_   M 
TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF I	RANGE
******* FORENSIC WORK- PLACE DRUG TEST	- 1	OXICOLOGY NEGATIVE	SCREENI CUTOFF ******* CHAIN ( CUSTOD) MAINTAI FOR SPE	******** ******** ING LEVELS ******* OF Y INED						
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG 247.7	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIME BE ADUL	300 300 300 200 300 300 25 1000 100 50 30 - 350				DOARD	State	

#### BENDINER & SCHLESINGER INC. MEDICAL LABORATOR. 3

WORTHINGTON, OH 43085

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

47 FHIRD AVENUE (10 STREET) NEW YORK, N.Y. 10003 (212) 254-2300

310 EAST 65th STREET NEW YORK, N.Y. 10021 (COLLECTION DEPOT)

(212) 628-2599

AGF

ΑĐ

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

REPORT DATE 02/21/02

PATIENT NUMBER F2415352 19-0291

DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C

QC 16 Thurs

DATE/TIME DRAWN 02/14/02 12:30PM DATE/TIME RECEIVED 02/19/02

10:33PM

PATIENT NO, NAME ED 99 0835 OLSON

SEX М KRESS

**TEST** ABN UNITS | REF RANGE **TEST RESULT** RESULT ABN ] UNITS | REF RANGE \*\*\*\*\* \*\*\*\*\* TOXICOLOGY FORENSIC WORK-NEGATIVE \*\*\*\*\* \*\*\*\*\* 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 STATE MEDICAL BOARD BARBS, EMIT NEG NG/ML 200 BENZO, EMIT NG/ML NEG 300 DARVON. EMIT 300 NEG NG/ML PCP, EMIT NEG NG/ML 25 AMPHET, EMIT NEG NG/ML 1000 THC, EMIT NEG NG/ML 100 ALCOHOL, UR FOR NEG 50 MG/DL CREATININE URN 122.0 MG/DL 30 - 350 SPECIMĖN MAY BE ADULTERATED IF < 20 MG/DL

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M 3/1/02

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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

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

QC 2 Wed

REPORT DATE 02/28/02

PATIENT NUMBER F2421284 27-0043

OCCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

WORTHINGTON, OH 43085

DATE/TIME DRAWN 02/20/02 08:30PM OATE/TIME RECEIVED 02/27/02

PATIENT NO, NAME ED 99 0835 OLSON

AD SEX М

AGE

KRESS 11:11AM **TEST** A8N| RESULT UNITS | REF RANGE **TEST** ABN I RESULT UNITSTREF RANGE \*\*\*\*\* \*\*\*\*\* TOXICOLOGY FORENSIC WORK-\*\*\*\*\*\* NEGATIVE 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 119.2 MG/DL 30 - 350 SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL

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M 3/1/02

OPER

MAR-01-2002 12:47 PM

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EFFECTIVENESS
PROGRAM

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FAX

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TO:	DANIELLE BICKERS 614-728-5946	STE
DATE:	3/1/02	7.5
FROM:	Barry Farrier	- 60 A 25
TROM.	· · · · · · · · · · · · · · · · · · ·	

Chain of Custody for missing test of 10-1-01 for Tim Krest.

Kab Carnet 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 educatly 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".

445 East Granville Road, Bldg, C. Worthington, OH 43085 614/841-9690. Fax 614/841-9680 info@open.org

PAGE 02

#### BENDINER & SCHLESINGER, INC.

MEDICAL LABORATORY 1 0/03/2000 212-254-2000 Since 1843

OPER DETLEFF DLEON LOS N. MAIN STREET ENGLEWOOD, OH 45322

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• 47 Third Avenue (10)	e 1843 In Si.), NY 10003 (212 Daingy: (212) 363-61	284-2300	70/**80	KU KU	w	F <b>0</b> 50
	PROF	ESSIONAL HEA	LTH REQUISI	TION	<del></del>	_
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lecurity Seal:	Date:	Enter the date of ap Participant must init	ecimen collection	l		

### BENDINER & SCHLESINGER INC. MEDICAL LABORATOS. 25

1727 AMSTERDAM AVENUE NEW Y Y, 10031 (Col. 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 DEPOTE SUITE # L4 • YONKERS, N.Y. 10701 (914) 376-2166

AGE

AD

SEX

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

QC 18 Wed

REPORT DATE 03/12/02

DOCTOR/INSTITUTION 445 E. GRANDVILLE RD

PATIENT NUMBER F020700393

OHIO PHYSICIANS EFFECT. PROGR. BLDG 'C' WORTHINGTON, OH 43085

DATE/TIME DRAWN 03/06/02 06:45PM DATE/TIME RECEIVED 03/11/02

PATIENT NO, NAME ED 99 0835 **OLSON** 11 - --

11-0393					11:41AM K	RE	SS			
TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF	RANGE
****** FORENSIC WORK- PLACE DRUG TEST	**	TOXICOLOGY NEGATIVE	SCREEN CUTOFF ****** CHAIN ( CUSTOD' MAINTA FOR SPI	******** ING LEVELS ******* OF Y						_
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG 56.4	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIMI BE ADUI	300 300 200 300 300 25 1000 100 50 30 - 350			l	STATE MEDICAL BOARD		

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### BENDINER & SCHLESINGER INC. MEDICAL LABORATON. S

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

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QC 7 Fri

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

REPORT OATE 03/06/02

PATIENT NUMBER F020640060

5-0060

DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

BLDG 'C'

WORTHINGTON, OH 43085

DATE/TIME DRAWN 03/01/02 12:45PM

OATE/TIME RECEIVED 03/05/02 02:13PM

NO, NAME VB ED 99 0835 OLSON

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TEST	ABN	RESULT	UNITS	REF	RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
FORENSIC WORK- PLACE DRUG TEST	**	TOXICOLOGY INEGATIVE	*****  SCREEN CUTOFF ***** CHAIN ( CUSTOD) MAINTA FOR SP *****	***** LEVE ***** OF Y INED ECIME	EN			7007	ST	, a
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG 128.9	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML	300 300 200 300 300 25 1000 50 30 - EN MA	) - 350 XY ATED			07 MAR   11 P  : 28	STATE MEDICAL BOARD	·*pair
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SCOTT A. HIRSCHMAN, M.D. DIRECTOR

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QC 43 Mon

1727 AMSTERDAM AVENUE NEW YORK N.Y. 10031 (Colf Depot) 629 WES 165 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 NEW YORK, N.Y. 10021 (212) 628-2599 (COLLECTION DEPOT)

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

REPORT DATE 04/29/02

PATIENT NUMBER

DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C' F021160280 WORTHINGTON, OH 43085

DATE/TIME DRAWN 04/22/02 05:30PM

DATE/TIME RECEIVED 04/26/02 03 · 03 PM

PATIENT NO, NAME ED 99 0835 OLSON

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26-0280	יונחואכ		3085		03:03PM	KRE:	ss		M
TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS   REF	RANGE
FORENSIC WORK PLACE DRUG TEST		TOXICOLOGY   NEGATIVE	SCREEN CUTOFF ****** CHAIN ( CUSTOD' MAINTA FOR SPI	******** ING LEVELS ******* OF Y				357. 1- 1. 1. 2. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	
METHADONE, EM OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOREATININE UR	OR .	NEG NEG NEG NEG NEG NEG NEG 42.6	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIMI BE ADUI	300 300 300 200 300 300 25 1000 100 50 30 - 350				2:13	

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m 5/3/02

## BENDINER & SCHLESINGER INC. MEDICAL LABORATORIES

QC 34 Fri

1727 AMS 3DAM AVENUE NEW N.Y. 10031 (Cc In Depot) 829 WEST 185 STREET NEW YORK, N.Y. 10033 (Calection 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 # 1.4 \* YONKERS, N.Y. 10701
(914) 376-2166

QC 34 Fri

REPORT DATE 05/23/02

PATIENT NUMBER

22-0255

F021420255

OCCIDENTITUTION
OHIO PHYSICIANS EFFECT. PROGR.
445 E. GRANDVILLE RD

BLDG C

WORTHINGTON, OH 43085

DATE/TIME DRAWN 05/10/02 06:00PM

DATE/TIME RECEIVED 05/22/02 11:30PM

PATIENT NO, NAME ED 99 0835 OLSON

KRESS

AGE AD

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TEST	ABN	RESULT	UNITS	REF RAN	NGE	TEST		ABN	RESULT	UNITS	REF	RANGE
****** FORENSIC WORK- PLACE DRUG TEST	**	TOXICOLOGY NEGATIVE	SCREEN CUTOFF ****** CHAIN ( CUSTOD) MAINTA FOR SPI	********* ING	<del>k*</del>							
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG 114.3	SPECIM BE ADU	300  300  200  300  300  25  1000  30 - 35  EN MAY  LTERATED   MG/DL					(UUZ MAT 28 F- 2: 30	AL BOA		
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M 5/24/02

SCOTT A. HIRSCHMAN, M.D.

### BENDINER & SCHLESINGER INC. MEDICAL LABORATO

QC 15 Tues

1727 AMSTERDAM AVENUE NEW N.Y. 10031 (C. )1 Dopot) 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) SUITE \* L4 • YONKERS, N.Y. 10701 (914) 376-2166

REPORT DATE 05/07/02

PATIENT NUMBER F021260769 6.0760

DDCTDR/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 AO FORM

PATIENT NO, NAME ED 99 0835 OLSON

AGE AD

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6-0769					08:5	59PM		KESS	>		
TEST	ABI	RESULT	UNITS	REF RANG	E	TEST	ABN	RESULT	UNITS	REF	RANGE
FORENSIC WO PLACE DRUG TEST		TOXICOLOGY NEGATIVE	***** SCREEN CUTOFF ***** CHAIN ( CUSTOD MAINTA FOR SPI	********* ******** ING LEVELS ******** OF Y INED				78.7 too	* i		
METHADONE, OPIATES, EM COCAINE, EM BARBS, EMIT BENZO, EMIT DARVON, EMI PCP, EMIT AMPHET, EMI THC, EMIT ALCOHOL, UR CREATININE	IT IT T T FOR	NEG NEG NEG NEG NEG NEG NEG 47.0	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIM BE ADU	300 300 300 200 300 300 25 1000 100 50 30 - 350					7		
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SCOTT A. HIRSCHMAN, M.D. DIRECTOR

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1727 AMSTERDAM AVENUE NEW N.Y. 10031 (L jun Dopot) 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 04/01/02

DOCTORANSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

QC 6 Fri

DATE/TIME ORAWN 03/22/02 06:00PM DATE/TIME RECEIVED

PATIENT NO, NAME ED 99 0835 OLSON

AGE AD

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PATIENT NUMBER

BLDG 'C' E020870010 WORTHINGTON OH 43085

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TEST	AB	N RESULT	UNITS REF	RANGE	TEST	ABI	N RESULT	UNITS	ref rai	NGE
FORENSIC WOU PLACE DRUG TEST		TOXICOLOGY  NEGATIVE	**********  **********  SCREENING CUTOFF LEVE **********  CHAIN OF CUSTODY MAINTAINED FOR SPECIME ************************************	EN ****				18		
METHADONE, OPIATES, EM COCAINE, EM BARBS, EMIT BENZO, EMIT DARVON, EMIT AMPHET, EMIT ALCOHOL, UR CREATININE	IT IT T T FOR	NEG NEG NEG NEG NEG NEG NEG 37.8	NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   300 NG/ML   100 NG/ML   100 NG/ML   100 MG/DL   50 MG/DL   30 - SPECIMEN MA BE ADULTERA IF < 20 MG/	350 XY				2002 APR 11 P 12: 33		

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M4/5/02

### BENDINER & SCHLESINGER INC. MEDICAL LABORATO.

QC 23 Thurs

1727 AMSTERDAM AVENUE NEW YCRK, N.Y. 10031 (C \_\_\_\_\_\_n Depot) 829 W.C., 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 NEW YORK, N.Y. 10021 (212) 628-2599 (COLLECTION DEPOT)

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

REPORT DATE 06/27/02

PATIENT NUMBER F021770274 DOCTORANSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

BLDG 'C' WORTHINGTON, OH 43085 DATE/TIME DRAWN 06/20/02 05:30PM DATE/TIME RECEIVED 06/26/02

PATIENT NO, NAME ED 99 0835 OLSON

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26-0274						06:17P <b>M</b>	_	(RE	<u> </u>			
TEST	ABN	RESULT	UNITS	REF	RANGE	TEST		ABN	RESULT	UNITS	REF	RANGE
FORENSIC WORK- PLACE DRUG TEST	**	TOXICOLOGY NEGATIVE	*****  SCREEN CUTOFF ***** CHAIN ( CUSTOD) MAINTA FOR SPI	LEVI	***** ELS *****  EN *****							
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG 200.4	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIM BE ADU IF < 2	300 300 300 200 300 25 100 50 30 EN M	0 - 350 AY ATED					101 JUL - 1 P 12: 50	STALE TO STALE	NEDICAL BOARD

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> SCOTT A. HIRSCHMAN, M.D. DIRECTOR

### BENDINER & SCHLESINGER INC.

QC 23 Fri

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

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

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

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

REPORT DATE 06/06/02

PATIENT NUMBER

F021550059

DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

BLDG 'C' WORTHINGTON, OH 43085

DATE/TIME DRAWN 05/31/02 12:30PM

OATE/TIME RECEIVED 06/04/02

PATIENT NO, NAME ED 99 0835 OLSON

AGE AD SEX

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4-0059	HOKI	11111	310N,OH 4.			10:31AM	KRE	ي ک				<u>.</u>
TEST		ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF	RAN	GE
*** FORENSIC WOI PLACE DRUG TEST		**	OXICOLOGY NEGATIVE	SCREEN CUTOFF ****** CHAIN ( CUSTOD) MAINTA FOR SPI	******** ING LEVELS ******  OF Y							
METHADONE, OPIATES, EM COCAINE, EM BARBS, EMIT BENZO, EMIT DARVON, EMI PCP, EMIT AMPHET, EMI THC, EMIT ALCOHOL, UR CREATININE	IT IT T T		NEG NEG NEG NEG NEG NEG NEG 46.5	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIMI BE ADUI	300 300 200 300 300 300 25 1000 100 50 30 - 350			2002 JUN 17 P 2: 37	STATE MEDICAL BOARD			

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m 6/14/02

# BENDINER & SCHLESINGER INC.

MEDICAL LABORATO

QC 41 Thurs

1727 AMSTERDAM AVENUE NEW YORK, N.Y. 10031 (C Depot) 829 W.ca ( 185 STREET NEW YDRK, N.Y. 10033 (Collection Depat)

BATEITIME DRAWN

06/06/02

08:30AM

DATE(TIME RECEIVED

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

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

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

AGE PATIENT AD NO, NAME ED 99 0835 SEX OLSON M

DOCTOR/INSTITUTION REPORT DATE 06/12/02

F021620138

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

06/11/02 PATIENT NUMBER KRESS 12:55PM UNITS REF RANGE 11-0138 ABN | RESULT **TFST** UNITS|REF RANGE RESULT IABNI TEST \*\*\*\*\* †OXICOLOGY \*\*\*\*\* \*\*\*\*\* NEGATIVE FORENSIC WORK-\*\*\*\*\*\* PLACE DRUG SCREENING TEST CUTOFF LEVELS \*\*\*\*\*\* CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN \*\*\*\*\* <del>\*\*\*\*\*\*\*\*\*\*\*</del> 300 NEG NG/ML METHADONE, EMIT 300 NG/ML NEG OPIATES, EMIT 300 NG/ML NEG COCAINE, EMIT NG/ML 200 NEG BARBS, EMIT 300 NG/ML NEG BENZO, EMIT 300 NEG NG/ML DARVON, EMIT 25 NG/ML NEG PCP. EMIT NG/ML 1000 NEG AMPHET, EMIT 100 NG/ML NEG THC. EMIT 50 MG/DL ALCOHOL, UR FOR NEG 30 - 350 68.6 MG/DL CREATININE URN SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 41

> m6/14/02 SCOTT A. HIRSCHMAN, M.D.

### BENDINER & SCHLESINGER INC. MEDICAL LABORATOR.

QC 12 Mon

1727 AMSTERDAM AVENUE NEW YORK, N.Y. 10031 (C n Depot) 629 Web; 185 STREET NEW YORK, N.Y. 10033 (Callection Depot)

47 THIRD AVENUE (10 STREET) 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 (COLLECTION DEPOT)
SUITE # L4 • YONKERS, N.Y. 10701
(914) 376-2166

REPORT DATE 08/05/02

PATIENT NUMBER

OOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

BLDG 'C' WORTHINGTON OH 43085

DATE/TIME DRAWN 07/29/02 06:00PM

DATE/TIME RECEIVED 08/02/02

PATIENT / B NO, NAME ED 99 0835 OLSON

AGE AD

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F022140062 WORT 2-0062	THINGTON,OH 4	3085	08/02/02 02:13PM	K <i>R</i>	ESS		SEX M
TEST	ABN RESULT	UNITS REF RANGE	TEST	ABN	RESULT	UNITS	REF RANGE
****** FORENSIC WORK- PLACE DRUG TEST	NEGATIVE	***********  SCREENING CUTOFF LEVELS  ***********  CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN  ***********************************				S	
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN	NEG NEG NEG NEG NEG NEG NEG 202.0	NG/ML   300 NG/ML   300 NG/ML   200 NG/ML   300 NG/ML   25 NG/ML   1000 NG/ML   100 MG/DL   50 MG/DL   30 - 350 SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL			7002 AU: 12 F2 1: 11	STATE (CIPICAL) BOARD	

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1727 AMSTERDAM AVENUE NEW YORK, N.Y. 10031 (F on Depart) 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

QC 27 Thurs

OHIO PHYSICIANS EFFECTAT PROGRESS 80 A REPORTED TIME DRAWN 07/11/02 REPORT DATE 07/17/02 445 E. GRANDVILLE RD BLDG 'C' WORTHINGTON, OH 43085<sup>2002</sup> JUL 29 ₽ PATIENT NUMBER F021970254

16-0254

01:30PM 107/16/02 02:59PM

PATIENT NO, NAME ED 99 0835 OLSON

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TEST	ABN	RESULT	UNITS	REF	RANGE	TEST	ABN	RESULT	UNITS	REF	RANGE
FORENSIC WORK- PLACE DRUG TEST	<del>**</del>	OXICOLOGY NEGATIVE	*****  SCREEN CUTOFF  ***** CHAIN ( CUSTOD) MAINTA FOR SPI *****	***** ING LEVI ****  OF Y INED ECIMI	ELS ***** EN *****						
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG 105.6	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIM BE ADUI IF < 20	300 300 200 300 300 25 100 50 30 EN M	0 - 350 AY ATED						
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m 7/26/02

### BENDINER & SCHLESINGER INC. MEDICAL LABORATONIZS

QC 51 Fri

1727 AMSTERDAM AVENUE NEW YO Y.Y. 10031 (Co: Depat) 629 WEST 185 STREET NEW YORK, N.Y. 10033 (Coffection 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 09/23/02

PATIENT NUMBER

F022620181

DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT, PROGR. 445 E. GRANDVILLE RD

BLDG 'C'

WORTHINGTON, OH 43085

DATE/TIME DRAWN 09/13/02 12:30PM

DATE/TIME RECEIVED 09/19/02 03:24PM

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

AGE AD

SEX

М

19-0181 KRESS **TEST** |ABN| RESULT UNITS | REF RANGE **TEST** ABN RESULT UNITS|REF RANGE \*\*\*\*\* \*\*\*\*\* TOXICOLOGY \*\*\*\*\* FORENSIC WORK-NEGATIVE 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 88.0 MG/DL 30 - 350 SPECIMĖN MAY BE ADULTERATED IF < 20 MG/DL

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 51

ROBERT L. RUSH, Ph.D DABCC LABORATORY DIRECTOR

DAVID SOHN, M.D., ASSOCIATE DIRECTOR

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WILLIAM J. CLOSSON Ph.D. ASSOCIATE DIRECTOR

ROSS S. BASCH, M.D. ASSOCIATE DIRECTOR FLOW CYTOMETRY

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### BENDINER & SCHLESINGER INC. MEDICAL LABORATO

1727 AMSTERDAM AVENUE NEW YORK N.Y. 10031 (Co 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 NEW YORK, N.Y. 10021 (212) 626-2599 (COLLECTION DEPOT)

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

QC 54 Fri

REPORT DATE 09/05/02

PATIENT NUMBER F022470194 4-0194

DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

BLDG 'C'

WORTHINGTON, OH 43085

DATE/TIME ORAWN 08/30/02 06:00PM DATE/TIME RECEIVED 09/04/02

11:23AM

PATIENT NO, NAME ED 99 0835 OLSON

KRESS

AGE AD

SEX M

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TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS REF RANGE
******* FORENSIC WORK- PLACE DRUG TEST	**	TOXICOLOGY NEGATIVE	SCREEN: CUTOFF ******* CHAIN ( CUSTOD) MAINTA: FOR SPI	********* ING LEVELS *******  OF Y INED ECIMEN ******				STATE MEDICAL BOA
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG 35.9	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIMI BE ADUI	**************************************				BOARD 1: 54

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 54

ROBERT L. RUSH, Ph.D DABCC LABORATORY DIRECTOR

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BENITA P PONDA, M.D., F.C.A.P. ASSOCIATE DIPECTOR

WILLIAM J. CLOSSON Ph.D. ASSOCIATE DIRECTOR

m9/13/12 ROSS S. BASCH, M.D. ASSOCIATE DIRECTOR FLOW CYTCHETRY

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### BENDINER & SCHLESINGER INC. MEDICAL LABORATO.

1727 AMSTERDAM AVENUE NEW YORK N.Y. 10031 (Co Bopot) 629 WES i 185 STREET NEW YORK, N.Y. 10033 (Collection Depot)

THIRD AVENUE (10 STREET) 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 (COLLECTION DEPOT)
SUITE \* L4 \* YONKERS, N.Y. 10701
(914) 376-2166

REPORT DATE 09/03/02

PATIENT NUMBER F022420059 30-0059

QC 5 Tues DOCTOR/INSTITUTION

OHIO PHYSICIANS EFFECT. PROGRAMO 445 E. GRANDVILLE RD 2002 SEP -9 P BLDG 'C'

WORTHINGTON.OH 43085

STATE MEDICAL BOARD TEITIME DRAWN 08/13/02 06:00PM

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PATIENT NO, NAME ED 99 0835 OLSON

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TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF	RANGE
******* FORENSIC WORK- PLACE DRUG TEST	**	TOXICOLOGY  NEGATIVE	****** SCREENI CUTOFF ****** CHAIN ( CUSTOD' MAINTAI FOR SPI ******	********* ING LEVELS ******  OF Y						
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG 31.5	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIME BE ADUI	300 300 300 200 300 300 25 1000 100 50 30 - 350						

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.

WILLIAM J. CLOSSON Ph.D.

ROSS S. BASCH, M.D. ASSOCIATE DIRECTOR FLOW CYTOMETRY

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David Solve

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### BENDINER & SCHLESUNGER INC.

**MEDICAL LABORATORIES** 

RDAM AVENUE N.Y. 10031 ion Depot) 629 WEST 185 STREET NEW YORK, N.Y. 10033 (Collection Deput)

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

ODCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

DATE/TIME DRAWN 12/09/02 05:45PM DATE/TIME RECEIVED 12/18/02

10:33AM

PATIENT NO, NAME ED 99 0835 OLSON KRESS

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AGE

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PATIENT NUMBER F023520116 18-0116

WORTHINGTON, OH 43085

QC 16 Mon

UNITS | REF RANGE **RESULT** UNITS | REF RANGE TEST ABN I RESULT **TEST** ABN | \*\*\*\*\* \*\*\*\*\* TOXICOLOGY NEGATIVE \*\*\*\*\* FORENSIC WORK-PLACE DRUG \*\*\*\*\* **TEST** SCREENING CUTOFF LEVELS \*\*\*\*\* CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN \*\*\*\*\* \*\*\*\* METHADONE, EMIT NEG NG/ML |300 OPIATES, EMIT 300 NEG NG/ML COCAINE, EMIT NEG NG/ML 300 200 BARBS, EMIT NEG NG/ML BENZO, EMIT DARVON, EMIT NEG NG/ML 300 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 MG/DL NEG 50 CREATININE URN 60.3 20 - 350 MG/DL

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

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### BENDINER & SCHLESWIGER INC.

#### **MEDICAL LABORATORIES**

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47 THIRD AVENUE (10 STREET) 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 (COLLECTION DEPOT)
SUITE # L4 • YONKERS, N.Y. 10701
(914) 376-2166

REPORT OATE 10/08/02

PATIENT NUMBER F022760134 3-0134

DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

BLDG 'C' WORTHINGTON, OH 43085

QC 93 Wed

DATE/TIME DRAWN 09/25/02 11:00AM DATE/TIME RECEIVED 10/03/02 10:21AM

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

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3-0134					10:21AM	175	<u> </u>			_!
TEST	ABN	RESULT	UNITS	REF RANGE	TEST	ABN	RESULT	UNITS	REF	RANGE
FORENSIC WORK- PLACE DRUG TEST	**	TOXICOLOGY  NEGATIVE	SCREENICUTOFF ******* CHAIN ( CUSTOD) MAINTAI FOR SPE	********* ING LEVELS ******  OF (				02	118	_
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN		NEG NEG NEG NEG NEG NEG NEG NEG 44.4	NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/ML NG/DL MG/DL SPECIME	300 300 300 200 300 300 25 1000 100 50 30 - 350 EN MAY TERATED				2 OCT 16 P.1 1: 50	STATE MEDICAL BOARD	

REPORT PRINTED DIRECTLY AT OFFICES OF: OHIO PHYSICIANS EFFECTIVENESS PROGRAM END OF REPORT QC 93

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

1 mais 1000

WILLIAM J. CLOSSON Ph D ASSOCIATE DIRECTOR

ROSS S. BASCH, M.D. ASSOCIATE DIRECTOR FLOW OF TOMETO

### BENDINER & SCHLESINGER INC. MEDICAL LABORATO ... 3

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

47 THIRO 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

QC 16 Tues

REPORT DATE 11/11/02

PATIENT NUMBER

F023120075

DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD

BLDG 'C' WORTHINGTON, OH 43085 DATE/TIME DRAWN 11/05/02 12:30PM DATE/TIME RECEIVED 11/08/02 01 · 21PM

PATIENT NO, NAME ED 99 0835 OLSON

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8-0075 WOR		43000	01:21PM					
TEST	ABN RESULT	UNITS REF RANGE	TEST	ABN	RESULT	UNITS	REF	RANGE
******* FORENSIC WORK- PLACE DRUG TEST	** TOXICOLOG				7:17	STATE		_
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN	NEG NEG NEG NEG NEG NEG NEG	NG/ML   300 NG/ML   300 NG/ML   200 NG/ML   300 NG/ML   25 NG/ML   1000 NG/ML   100 MG/DL   50 MG/DL   30 - 350 SPECIMEN MAY BE ADULTERATED IF < 20 MG/DL				REDICAL BOARD		

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

ROBERT L. RUSH. Ph.D DABCC ABORATORY DIRECTOR

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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

Monder (140)

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### BENDINER & SCHLESINGER INC. MEDICAL LABORATORIES

1727 AMSTERDAM AVENUE NEW Y: V.Y. 10031 (Co. 100pot) 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 NEW YORK, N.Y. 10021 (212) 628-2599

(COLLECTION DEPOT)

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

QC 6 Thurs

REPORT DATE 10/18/02

PATIENT NUMBER F022900034

445 E. GRANDVILLE RD 8LDG 'C'

WORTHINGTON, OH 43085

ODCTOR/INSTITUTION STATE MEDIC AL DETERMINATION OHIO PHYSICIANS EFFECT. PROGR. OF 0110 10/10/02

2002 NOV 12

10/17/02

PATIENT NO, NAME ED 99 0835 OLSON

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TEST	AB	N RESULT	UNITS	ref rai	NGE	TEST	•	ABN	RESULT	UNITS	REF	RANGE
FORENSIC WO PLACE DRUG TEST		TOXICOLOGY   NEGATIVE	******  SCREENIN CUTOFF I *******  CHAIN OI CUSTODY MAINTAIN FOR SPEC	******* NG LEVELS ***** F NED CIMEN *****	**							
METHADONE, OPIATES, EM COCAINE, EM BARBS, EMIT BENZO, EMIT DARVON, EMI PCP, EMIT AMPHET, EMI THC, EMIT ALCOHOL, UR CREATININE	T T FOR	NEG NEG NEG NEG NEG NEG NEG NEG 26.7	NG/ML 1 NG/ML 1 NG/ML 1 NG/ML 1 NG/ML 1 NG/ML 1 NG/ML 1 MG/DL 1	300 300 200 300 300 25 1000 50 50 N MAY TERATEI								

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m11/8/02

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

Flat PRIL 4.0 DHERE

David John

Jamain 149.

### BENDINER & SCHLESINGER INC. MEDICAL LABORATO ... ES

WORTHINGTON, OH 43085

1727 AMSTERDAM AVENUE NEW Y LY. 10031 (Col. 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

QC 13 Fri

REPORT DATE 11/21/02

F023240048

PATIENT NUMBER

\$ . E DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGRE 445 E. GRANDVILLE RD BLDG 'C'

DATERTIME DRAWN 11/15/02 12:30PM DATE TIME RECEIVED 11/20/02

PATIENT NO, NAME ED 99 0835 OLSON

AGE AD SEX

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20-0048 WUK		45005	09:57AM	KRESS	. n
TEST	ABN RESULT	UNITS REF RANGE	TEST	ABN RESULT	UNITS REF RANGE
******* FORENSIC WORK- PLACE DRUG TEST	** TOXICOLOG	************  SCREENING CUTOFF LEVELS **********  CHAIN OF CUSTODY MAINTAINED FOR SPECIMEN ***********			
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN	NEG NEG NEG NEG NEG NEG NEG	**************************************			

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

ROBERT L. RUSH, Ph.D DABCC LABORATORY DIRECTOR

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DAVID SOHN, M.D., ASSOCIATE DIRECTOR

1. 1. 1. 1.

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

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### BENDINER & SCHLESINGER INC.

MEDICAL LABORATO ... ¿S

QC 50 Thurs

1727 AMSTERDAM AVENUE NEV K, N.Y. 10031 Ion Depot) 629 WEST 185 STREET NEW YORK, N.Y. 10033 (Gallection Depot)

47 THIRD AVENUE (10 STREET) 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 (COLLECTION DEPOT) SUITE # L4 - YONKERS, N.Y. 10701 (914) 376-2166

REPORT DATE 10/25/02

PATIENT NUMBER

F022950064

ODCTORIUSTITUTION
OHIO PHYSICIANS EFFECT. PROGRESHO
12:30PM 445 E. GRANDVILLE RD 2002 NOV - 1 BLDG 'C' WORTHINGTON, OH 43085

12:30PM DATE/TIME RECEIVED **315**0/22/02

PATIENT NO, NAME ED 99 0835 OLSON

AGE AD SEX М

22-0064	animarum, on -		02:16PM				
TEST	ABN RESULT	UNITS REF RANGE	TEST	ABN	RESULT	UNITS RE	F RANGE
****** FORENSIC WORK- PLACE DRUG TEST	** TOXICOLOGY NEGATIVE						
METHADONE, EMIT OPIATES, EMIT COCAINE, EMIT BARBS, EMIT BENZO, EMIT DARVON, EMIT PCP, EMIT AMPHET, EMIT THC, EMIT ALCOHOL, UR FOR CREATININE URN	NEG NEG NEG NEG NEG NEG NEG	NG/ML   300 NG/ML   300 NG/ML   200 NG/ML   300 NG/ML   300 NG/ML   25 NG/ML   1000 NG/ML   100 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

ROBERT L. RUSH, Ph.D DABCC LABORATORY DIRECTOR

DAVID SOHN, M.D., ASSOCIATE DIRECTOR

BENITA P. PONDA, M.D., F.C.A.P.

WILLIAM J. CLOSSON Ph.D. ASSOCIATE DIRECTOR

ROSS S. BASCH, M.D.

it wish

M11/02

Plant & Plant 15 shace

David John

Assonate 119.

ASSOCIATE DIRECTOR FLOW CYTOMETRY

### 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

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### BENDINER & SCHLESINGER INC. MEDICAL LABORATO. 25

1727 AMSTERDAM AVENUE NEW XX, N.Y. 10031 (f pn Deput) 629 WEST 185 STREET NEW YORK, N.Y. 10033 (Collection Dapot)

47 THIRD AVENUE (10 STREET) 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 (COLLECTION DEPOT)
SUITE # L4 • YONKERS, N.Y. 10701
(914) 376-2166

REPORT DATE 10/18/02

PATIENT NUMBER

DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

DATE/TIME ORAWN 10/10/02 12:45PM OATE/TIME RECEIVED

PATIENT NO, NAME ED 99 0835 OLSON

AGE AD

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10/17/02 F022900034 WORTHINGTON.OH 43085 11:01AM

QC 6 Thurs

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

m11/8/02

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

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David Jidim

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### **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 OPEP DETLEFF OLSON 108 N. MAIN STREET

ENGLEWOOD,OH 45328

F850008682

Weils 10-16

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### BENDINER & SCHLESINGER INC. MEDICAL LABORATORIÉS

WORTHINGTON, OH 43085

QC 50 Thurs

1727 AMSTERDAM AVENUE NEW N.Y. 10031 (L on 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) 826-2599

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

REPORT DATE 10/25/02

PATIENT NUMBER

F022950064

DOCTOR/INSTITUTION OHIO PHYSICIANS EFFECT. PROGR. 445 E. GRANDVILLE RD BLDG 'C'

DATE/TIME BRAWN 10/10/02 12:30PM DATE/TIME RECEIVED 10/22/02

PATIENT NO, NAME ED 99 0835 OLSON

AGE ΑD

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

QC 50

M11/02

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 CATCMETRY

Patent of Jank 1/20 THERE

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Q 002/002

Family Medicine Care, LLC Practiting 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

STATE PIEDICAL BOARD

Barry Farrier, CCDC III
Ohio Physicians Effectiveness Program
445 East Granville Rd. Bidg 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>6</sup> and 16<sup>h</sup>. The data on the 16<sup>h</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

### BENDINER & SCHLESINGER INC.

MEDICAL LABORATO ... ES

ERDAM AVENUE I, N.Y. 10031 Lion Depot) 629 WEST 185 STREET NEW YORK, N.Y. 10033 (Collection Depot)

47 THIRD AVENUE (10 STREET) NEW YDRK, N.Y. 10003 (212) 254-2300

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

QC 85 Thurs

REPORT DATE 12/30/02 445 E. GRANDVILLE RD BLDG 'C'

PATIENT NUMBER

F023610092

WORTHINGTON, OH 43085

DOCTOR/INSTITUTION
OHIO PHYSICIANS EFFECT. PROGR. OF OHIO 12/19/02 2003 JAN - 6:

12/27/02

PATIENT NO, NAME ED 99 0835 OLSON

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

ROBERT L. RUSH, Ph.D DABCC JABOPATORY DIRECTOR

DAVID SOHN, M.D. ASSOCIATE DIPECTOR

BENITA P. PONDA, M.D., F.C.A.P ASSOCIATE DIPECTOR

Project-12-12

WILLIAM J. CLOSSON Ph.D. ASSOCIATE DIRECTOR

ROSS S. BASCH, M.D. ASSOCIATE DIRECTOR FLOW CYTOMETRY

STATE MEDICAL BOARD OF OHIO

2003 HAR 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.

Signature

7,07,

Date

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.

Signature

6.27.03

Date

I hereby declare that I have continued to comply with all the probationary terms, conditions and limitations imposed upon me be 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 HAUE PRESCRIBED NO CONTROLLED SUBSTMANCES

Signature

12.31.03.

Date

OHIO STATE MEDICAL BOARD

JAN 0 2 2004

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.

Signature

929.03.

Date

I hereby declare that I have continued to comply with all the probationary terms, conditions and limitations imposed upon me be 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

Signature

12.31.04

Date

I hereby declare that I have continued to comply with all the probationary terms, conditions and limitations imposed upon me be 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.

T HAVE PRESCRIBED NO CONTROLLED SUBSTANCES

Signature

9.2904

Date

OHIO STATE MEDICAL BOARD

OCT - 5 2004

### FAX COVER SHEET

STATE MESTICAL BOARD

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

### DECLARATION OF COMPLIANCE

I hereby declare that I have continued to comply with all the probationary terms, conditions and limitations imposed upon me be 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.

T HAVE PRESCRIBED NO CONTROLLED SUBSTANCES

Signature

9.29.04

Date

I hereby declare that I have continued to comply with all the probationary terms, conditions and limitations imposed upon me be 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 2 8 2004

Signature

6.23.04

Date

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

Signature

3.23 04

Date

**OHIO STATE MEDICAL BOARD** 

MAR 3 1 2004

J.ATE MEDICAL BOAKU OF OHIO

2005 DEC 34 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.

T HAVE PRESCRIBED NO CONTROLLED SUBSTANCES.

Signature

17-54.02

Date

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.

HAVE PRESCRIBED NO CONTROLLED SUBSTANCES

Signature

9.28.05.

Date

**OHIO STATE MEDICAL BOARD** 

OCT 0 3 2005



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 FRESCRIBED NO CONTROLLED SUBSTANCES

Signature

9.28.05.

Date

OHIO STATE MEDICAL BUAHD

OCT 0 3 2005

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eby declare that I have continued to comply with all the probationary terms, conditions and

erstand and acknowledge that this declaration, if false, may subject me to additional plinary action by the State Medical Board of Ohio and may additionally subject me to

inal prosecution under Section 2921.13, Ohio Revised Code.

JO PRESCRIBED NO CONTROLLED SUBSTANCES

Signature

6:30.05

Tween S

Date

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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.

HAVE PRESCRIBED NO CONTROLLED SUBSTANCES.

1

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 <u>NOT</u> 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/ E-Mail Address: 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 <u>must</u> 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 <u>NOT</u> 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/ E-Mail Address: 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/ E-Mail Address: 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

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

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

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

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

anill Beckers

# 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

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 <a href="www.med.ohio.gov">www.med.ohio.gov</a>. 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.	March 6, 2001
Name	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

#### 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

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:

Dr. Somani

Vote:	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Bhati	- aye
	Dr. Buchan	- aye
	Ms. Sloan	- aye
	Dr. Stienecker	- aye
	Dr. Agresta	- aye
	Dr. Steinbergh	- ave

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.

- aye

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

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	- ave

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 II.C 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.

STEP II CONSENT AGREEMENT TIMOTHY SCOTT KRESS, M.D. PAGE 10

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.

TMOTHY SCOTT KRESS, M.D.

ANAND G. GARG,

Secretary

1.8.001

DATE

DATE

DOUGLAS E GRAFF Esq

Attorney for Dr. KRESS

RAYMOND J. ALBERT

**Supervising Member** 

TF .

STEP II CONSENT AGREEMENT TIMOTHY SCOTT KRESS, M.D. PAGE 11

MEBSTRAIT, ESQ.

**Assistant Attorney General** 

## 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:

OH10

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

- DOCTOR KRESS shall provide continued authorization, through D. 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.

Timothy Scott Kress,	M.D.
Step I Consent Agree	ment
Page 8	

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

O1/12/00

DATE

DATE

Timothy Scott Kress,	M.D.
Step I Consent Agree	ement
Page 9	

DOUGLAS E. GRAFF, BSQ. Attorney for Dr. Kress

\_\_\_\_\_

RAYMOND ALBERT Supervising Member

DATE

ANNE BERRY STRAIT
Assistant Attorney General

DATE

Kress/step1.doc



# State Medical Board of Ohio

77 S. High Street, 17th Floor • Columbus, Ohio 43266-0315 • 614/466-3934 • Website: 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:

On or about September 24, 1999, in the Court of Common Pleas of Darke County, (1) 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 <a href="www.med.ohio.gov">www.med.ohio.gov</a>. 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

Sallie Debott



Identification Information [b]		
Name	Dr. TIMOTHY SCOTT KRESS Birth Date: 11/1964 Birth Place: LOUISVILLE, KY Birth Country:	
Practice	2314 Auburn Avenue CINCINNATI, OH 45219 United States of America	
Residence	SPRING VALLEY, OH 45370 County: Greene	
Professional Education	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
Specialties				
OBSTETRICS & GYNECOLOGY GYNECOLOGY LEGAL MEDICINE				
Specialty liv	stings are voluntarily i	provided by the physicia	n They are not ye	rified by the

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.

## 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 have 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

APPLSENT
5/11/91
STATE MEDICAL BOARD
BY 90 HAY 10 PM 3:06

## STATE MEDICAL BOARD OF OHIO REQUEST-FOR APPLICATION-FORMS

PLEASE-TYPE-OR-PRINT-CLEARLY

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RETURN TO: STATE MEDICAL BOARD OF OHIO
77 SOUTH HIGH STREET, 17TH FLOOR
COLUMBUS, OHIO 43266-0315

## 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	Redact	ed	_					
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8.	CITY IN OHIO WHERE YOU PLAN TO PRACTICE: SPECIALTY BOARDS (USA, Canada and foreign	PLANS OF	Cincinnat: CITY PRACTICE:	OB/G	OR  (N (Curr  ARD CERT  )	CO ently OB/GYN IFIED NO	UNTY Resident) YEAR		
8.	CITY IN OHIO WHERE YOU PLAN TO PRACTICE: SPECIALTY BOARDS (USA, Canada and foreign	PLANS OF	Cincinnat: CITY PRACTICE:	OB/G BD YE	OR  YN (Curr  ARD CERT  S  ]	CO ently OB/GYN IFIED NO [ ]	UNTY Resident) YEAR		
8.	CITY IN OHIO WHERE YOU PLAN TO PRACTICE: SPECIALTY BOARDS (USA, Canada and foreign	PLANS OF	Cincinnat: CITY PRACTICE:	OB/G BD YE	OR (Curr ARD CERT ) ]	CO Sently OB/GYN IFIED NO [ ] [ ]	UNTY Resident) YEAR		COUNTRY
8.	CITY IN OHIO WHERE YOU PLAN TO PRACTICE:  SPECIALTY BOARDS (USA, Canada and foreign countries)	PLANS OF	Cincinnat: CITY PRACTICE: NAME OF PECIALTY BOAR	OB/G	OR  YN (Curr  ARD CERT  S  ]	CO Sently OB/GYN IFIED NO [ ] [ ]	UNTY Resident) YEAR		
8.	CITY IN OHIO WHERE YOU PLAN TO PRACTICE:  SPECIALTY BOARDS (USA, Canada and foreign countries)	PLANS OF	Cincinnat: CITY PRACTICE: NAME OF PECIALTY BOAR	OB/G	OR (Curr ARD CERT ) ]	CO ently OB/GYN IFIED NO [ ] [ ]	UNTY Resident) YEAR	•	COUNTRY

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.
July '89 a. month year	Bethesda Hospital Hospital/University/Other	OB/GYN Dept. Resident	100%	
TO month year	619 Oak St., Cincinnati, OH 45206 Street Address City/State Zip			
b. month year	Hospital/University/Other			
TO month year	Street Address City/State Zip	t.		
c. month year	Hospital/University/Other			•
TO month year	Street Address City/State Zip			
d. month year	Hospital/University/Other			
TO month year	Street Address City/State Zip		<u> 12</u>	
e. month year	Hospital/University/Other	, ,		
month year	Street Address City/State Zip		•	- wh

DATE IN CHRO LOGI ORDE	ONO-	ENTER NAME OF HOSPITAL/ UNIVERSITY WHERE TRAINED OR EMPLOYED, OR OTHER WORKING OR NON-WORKING ACTIVITY AND COMPLETE ADDRESSES	POSITION & DEPARTMENT	CLIN.	i ADMIN.
f.	month year	Hospital/University/Other			
	TO I				
	month year	Street Address City/State Zip			
g.	month year	Hospital/University/Other	,		
	TO month year	Street Address City/State Zip			
h.	month year	Hospital/University/Other			
-	TO month year	Street Address City/State Zip			
í.	month year	Hospital/University/Other			
	TO month year	Street Address City/State Zip			•
j.	month year	Hospital/University/other			
_	TO month year	Street Address City/State Zip			
k.	month year	Hospital/University/Other			
	TO month year	Street Address City/State Zip			
1.	month year	Hospital/University/Other			
	TO month year	Street Address City/State Zip			

## 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

. Harold E. Johnstone, M.D. , a licen	used and practicing physician in the state of
Name of Recommending Physician	
Ohio affirm that	Timothy S. Kress , has been known
	Name of Applicant
to me personally and professionally for	years and that he/she is of good moral and
·	affixed hereto is a genuine likeness of the
applicant. I offer the following support of	-
approance a street one fortowing support of	The approach to the tree of the
I rate his/her medical knowledge ar	nd technique as: Oxcollent
	guage is: excellent
	with peers and medical staff as: ox elling
His/her relationship with patients	
Additional comments:	Montristal covery physician
Additional commencs.	The state of the s
I hereby recommend him/her for full licensum Ohio.	re to practice medicine/osteopathic medicine in
Hart de Viloterson	•
	Harold E. Johnstone, M.D.
Sygnature of Recommending Physician	Name of Recommending Physician (Please print or type)
	V
629 Oak St., Suite #105 Cinti, O. 45206 Address of Recommending Physician	(513) 569-6249 Telephone Number
(Include City, State, Zip)	(Include Area Code)
	Houses ( hatrail
(SEAL)	State of Licensure and License Number
72	of Recommending Physician
Subscribed and sworn to this 6 day o	f July . 19 90.
	O Caret H. Carpo
	Notary Public
	Nat. he. 9 1994
	Date CRESSALED GREITES
	Notary Public, State of Ohio
010	My Commission Expires Oct. 9, 1994
PHO	- A - EE
STAPLE A DTO	Upon completion return to:
OF A	<b>一</b>
	STATE MEDICAL BOARD
	77 SOUTH HIGH STREET 17TH FLOOR
	COLUMBUS, OHIO 43215
Tutun S Kriss	
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 Karl Ziesmann, M.D. \_\_\_\_\_, a licensed and practicing physician in the state of Name of Recommending Physician Timothy d. Kress, has been known affirm that 1976 of Applicant to me personally and professionally for 4 ears 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/ner application for full licensure: I rate his/her medical knowledge and technique as: His/her command of the English language is: I rate his/her ability to work well with peers and medical staff as: [... His/her relationship with patients is: Additional comments: I hereby recommend him/her for full licensure to practice medicine/osteopathic medicine in Ohie. Karl Ziesmann, M.D. Name of Recommending Physician (Please print or type) (513) 569-6249 629 Oak St., Suite #301 Cinti, O. 45206 Address of Recommending Physician Telephone Number (Include Area Code) (Include City, State, Zip) Ohio 20566 (SEAL) State of Licensure and License Number of Recommending Physician Subscribed and sworn to this 9th day of \_\_ Notary Public JANETH COOKS Notary Public - Your to City My Commission Expires Oci. 9, 1994 PORT PHOTO Upon completion return to: STATE MEDICAL BOARD 77 SOUTH HIGH STREET 17TH FLOOR COLUMBUS, OHIO 43215

7-3-90

Date Photo Taken

## FORM 2

## CERTIFICATE OF POST-GRADUATE TRAINING

MAIL TO HOSPITAL OR INSTITUTION OF POSTGRADUATE TRAINING IN THE U.S. OR CANADA

De	ar	<b>S</b> 1	r
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of Ohio requires that my postgraduate traineturn it directly to the State Medical Bo	edicine in the State of Ohio. The State Medical Board Ining be certified. Please complete the form and Dard of Ohio at the address listed below. Thank you.
This certifies that Timothy (Name of Applicant) and continuous service as a(n)	has rendered satisfactory [Wintern
Bethesda Hospital (Name of Hospital)	[ j resident in OB/GYN [ j clinical fellow (Department) 629 Oak St., Suite #301 Cinti, O. 45206  (Complete Address of Hospital)
from July 1, 1989 beginning (month/day/year)	to June 30, 1990 . It is
further certified that the above name	was awarded a certificate on (30 90 (month/day/year)
and that the training	ty was accredited by ACGME/AOA. [] was not
(SEAL OF HOSPITAL)	Signature of Medical Director or Program Director (Original signatures only, name stamps will not be accepted)  Harold E. Johnstone, M.D.  Name (Please print or type)

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?	נ		[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?	t	J	[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?	-	3	[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?	Ţ	]	[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?	1	]	[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?	1	1	[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?	t	]	[ 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?	[	1	[ 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?	[ 	3	[ x]
				: 17
		77 -		14 14 14

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?	[	]	[ <sub>X</sub> ]
14.	Have you ever been treated but not hospitalized, for emotional or mental illness, drug addiction or abuse, or alcohol problem?	[	3	נ <sub>x</sub> ງ
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?	[	3	[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?	ŗ	1	[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?		3	[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?	[	3	[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 ]

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AFFIDAYIT AND RELEASE OF APPLICANT

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The affidavit and release below must be completed by <u>ALL</u> 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.

22	STATE OF	OHIO	
	COUNTY OF	Hamilton	_
I a fun doc	rson named in its state of Ohio am the original rnished or to but the cuments, forms,	thy Scott Kress this application for a lice o; that all statements I ha I and lawful possessor and be furnished to this Board	hereby certify under oath that I am the ense to practice medicine or osteopathic medicine in the or shall make with respect thereto are true, that person named in the various forms and credentials with respect to my application; and that all ned or to be furnished with respect to my application
the	e Routes to Lic	censure and I have answered	information and instructions for all applicants and iall questions in compliance with these instructions not refundable or transferable.
osi ini pra re kn	teopathic medic vestigation mad actice of medic ference to my p	cine in the State of Ohio, de as to my moral character cine. I agree to give any past record. I understand	ation for a license to practice medicine or I hereby authorize and consent to have an professional reputation and fitness for the further information which may be required in that I will not receive a copy of any reports or and that the contents of any investigative report will
si.	x months can be		ete this application as requested by the Board withing to fany request for licensure and that any fee I
fer of Mer cor and in:	deral or foreig any documents, dical Board of mplaints filed d to permit the spect and make	gn), court, association, in , records and other information Ohio any such information against me, formal or info e State Medical Board of Ol	ital, clinic, governmental agency (local, state, institution, or law enforcement agency having control ation pertaining to me to furnish to the State in including documents, records regarding charges or ormal, pending or closed, or any other pertinent data in or any of its agents or representatives to records, and other information in connection with practice thereunder.
re an St re or	presentatives, d kind arising ate Medical Boo lating to me of foreign); or	and any person furnishing out of investigation made ard of Ohio to release inf r to this application to a	the State Medical Board of Ohio, its agents or information, any and all liability of every nature by the State Medical Board of Ohio. I authorize the ormation, material, documents, orders or the like my other governmental agency (local, state, federal ome, clinic, health maintenance organization, or lassociation.
wi	11 be consider	ed on the truth of the sta	practice medicine or osteopathic medicine in Ohio tements and documents contained therein or to be to permanent denial of said certificate.
Su	bscribed and s	worn to before me this /	Signature of Applicant  Stant day of June 1990.  Notary Public Signature
	(NOTA	RY SEAL)	Oct. 9 1994  Date Commission Expires

JANET H. COOKE Notary Public, State of Ohio My Commission Expires Oct. 9, 1994

CERTIFICATE OF PRELIMINARY EDUCATION

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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.

FOR BOARD USE ONLY

DATE ISSUED 9-7-90 CERTIFICATE #: 60555

FILED

DETERMINATION:

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BOARD ACTION:

BASIS OF LICENSURE:

Date Issued

JANET H. COOK Notice State of Con-My Commission Expires Oct 9, 1994

## STATE OF OHIO THE STATE MEDICAL BOARD 17th Floor 77 South High Street Columbus, Ohio 43266-0315

	DATEJuly 20, 1990
Dear Doctor:	
filling out the following evaluation so tha Your immediate attention to this matter wil	hio. We would appreciate your assistance in it we can process his/her papers for licensure. I be greatly appreciated by the doctor as well ed confidential under Section 149.43(A)(2)(a).
(1) How long have you known the doctor?	4 years.
(2) What was/is your supervisory capacity? (3) At what hospital? Batha	Devita of Reschang Trong
ř	al knowledge and techniques? allowe average
	on of good moral and ethical character?
	and medical staff? very well
	Vergwell
	language? (if applicable) oneller#
(9) Would you recommend this doctor for li	
Additional comments, please: (if needed, an	0
	Please return this form to the Ohio State Medical Board at the above address, Sincerely,
	Dawn Cales Licensure Assistant
Signature of Doctor, please type or print	
name legibly beneath	
Harold E. Johnstone, M.D.	'
<u>Director</u> , OB/GYN Residency Training Proposition	gram
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 so kress, Mode

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. Thumpoun bunkes, M.O., PH.D.

Chairman of the Board

SEAL

JOERT L. VULLE, PH

President of the Board

Philadelphia, Pa.

37/01/93

Certificate # うりょらりつ

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 UCINCINNATI COL MEDICINE

in JUNC 1989 and whose birth date is 11/10/1904. 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
PART I passed 09/87		
Anatomy	∪وز	ö <del>4</del>
Physiology	<b>ち</b> ⊍ち	8.7
Biochemistry	4 70	79
Pathology	زن ک	73
Microbiology	うらし	ن ن
Pharmacology	515	5 <b>1</b>
Behavioral Sciences	495	υσ
TOTAL TEST (Minimum Passing Score 380/75)	りとひ	٥l
PART II passed U4/39		
Medicine	450	٥l
Surgery	. 495	<b>0 1</b>
Obstetrics and Gynecology	ردن	83
Public Health and Preventive Medicine	540	د ن
Pediatrics	405	ઇ 🗸
Psychiatry	415	78
TOTAL TEST (Minimum Passing Score 290/75)	うじう	82
PART III passed US/90		
A General Test of Clinical Competence		
TOTAL TEST (Minimum Passing Score 290/75)	455	δÚ
GENERAL AVERAGE (Parts, I, II, and III Scale Score)	·	<b>i 1</b>

<sup>\*</sup>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.

Secretary for Certification

07/10/90

Date

1/12

STATE PERSON OF PORTS

The Pourd of Trustees of the

# University of Cincinnati

on the recommendation of the Faculty of the

College of Medicine

of the University, does hereby confer whon

Timothy Scott Areas

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.

Granley M. Llale distinguishers

Marjorie B. Hahlen



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John of Hotton

## PRELIMINARY EDUCATION FORM

1- 1 22-25-4 7/13/90 MEDICAL BOARD

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Migh School or	: Centervil	leffs (entervill		
Migh School or Equivalent:	SCHOOL NAME	CITY CEMEDIN	STATE	COUNTRY
77	9 / 78 ROM: NO/YR T	· 5/8Z·	· High School	s Diploma
Undergraduate			Journal	
College or Equivalent:	Univ. Dayt	on Dayton	· OH · ·	· U·SA ·
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Ħ		TO: HO/YR	DEGREE	
₹7	CHOOL NAME	CITY	STATE	COUNTRY
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n	ROM: MO/YR T	O: MO/YR	DEGREE	•
Medical School of Graduation:	V. Chednnat	1 Cincinnati	OH	USA
O.	SCHOOL NAME	CITY	STATE	COUNTRY
	9 /85 FROM: MO/YR	6 / 89 TO: MO/YR		GREE
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		CERTIFICATE PRELIMINARY EDI		
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	NO: _	/	11/16	
	DATE	ISSUED:	8/15/90	
	This	is to certify that the	is annifeant has mot	
	prelimir medicine	ary education requirements in conformity with the	ments for the study ( he statutes of Ohio (	ind
,	the regi	lations of the State !	Medical Board of Ohio	<b>).</b>
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		Thread &	Cramples-m.D	
	***************************************	Secretar		

DETACH HERE AND REMIT THIS PORTION WITH FEE MD & DO SPECIALTY CODES CURRENTLY ON RECORD STATE MEDICAL BOARD OF OHIO NOT ON FILE 77 SOUTH HIGH STREET, 17TH FL OOR, 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 ITE HOURS OF CONTINUING MEDICAL EDUCATION CERTIFIED BY THE STATE MEDICAL ASSOCIATION SPECIALTY CODE(S) CORRECT AS LISTED AND APPROVED BY THE STATE MEDICAL BOARD, AND THAT THE INFORMATION PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN CODE1 IF THE SPECIALTY CODE(S) ARE IN ERROR, ENTER ALL SPECIALTY CODE NUMBERS. CODE2 CODE3 EVERY RESPECT Lussup 8.19 CHANGE OF ADDRESS ( SIGNATURE (DATE) OF APPLICANT ) AMOUNT DUE DATE DUE IDENTIFICATION NUMBER \$160.00 07/01/92 35-06-0555 TIMOTHY SCOTT KRESS, M.D. CREEKWOOD DR #12 ZIP CODE WILDER KY 41071 ::9696969621 0935060555# ."00001 L000." in a board approved program. Any questions concerning approval can be directed against you by any state licensing board other than the State Medical Board of Ohio? question if you have successfully completed possession, distribution or use of any drug? suffering from drug or alcohol dependency 3.) Surrendered, or consented to limitation board and have subsequently adhered to all statutory requirements as contained in 4.) Had any clinical privileges suspended limited or revoked for reasons other than 1.) Been addicted to or dependent upon treatment at a program approved by this provisions, or you are currently enrolled upon: a) A license to practice medicine; Zip Code been treated for, or been diagnosed as B.) A federation state law regulating the or abuse? You may answer "no" to this 2.) Had a license denied by or had any alcohol or any chemical substance; or section 4731.224, O.R.C., and related PRINCIPAL PRACTICE ADDRESS - IF DIFFERENT FROM SHOWN ON FRONT: YOU BEEN FOUND GUILTY OF, OR OR b) State or federal privileges to prescribe controlled substances? disciplinary action taken or initiated AT BYS TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATE HAVE YOU: Redac (Optional for purposes of Identification failure to maintain records or HAVE YOU BEEN FOUND GUILTY OF PLED GUILTY OR NO CONTEST TO A.) A felony or misdemeanor to the board offices staff meetings? X S X **X**95060555 <del>AC</del>COUNT **‡** 00700 SE04 × 8 00350 BATGH 91892 P DATE ş ÆS, /ES

OHIO, THAT I HAVE COMPLETED OR WILL HAVE COMPLETED OR WILL HAVE COMPLETED OR WILL HAVE COMPLETED DURING THE 1992-1994 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  (SIGNATURE OF APPLICANT)  IDENTIFICATION NUMBER  AMOUNT DUE  35060555  \$250.00  DATE DUE  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  OF CORRECTIONS ARE NECESSARY, PLEASE ENTER ALL SPECIALTY CODES.  REPORT ANY CHANGE OF ADDRESS  STREET  STREET  CITY  STATE ZIP CODE
FRINCIPAL PRACTICE ADDRESS - IF DIFFERENT FROM THE ADDRESS SHOWN ON FRONT:  Street  County  AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATE HAVE YOU:  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?  XES NO  3.) Been addicted to or dependent upon aloohol 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 approved can be directed to the board offices.	A:) Had malpractice insurance cancelled or limited for other than failure to pay premiums?  NO 5.) Had any disciplinary action taken or initiated against you by any state licensing board other than the State Medical Board of Ohio?  NO 6.) Surrendered, or consented to limitation upon: a) A license to practice medicine; OR b) State or federal privileges to prescribe controlled substances?  NO 7.) Had any clinical privileges suspended, restricted or revoked for reasons other than failure to maintain records or attend staff meetings?  NO 8) Alter January 14, 1993, referred a patient, or therefor 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 continual to nurroses of identification of continual to nurroses of identification or

DETACH HERE AND REMIT THIS PORTION WITH FEE				
	MD & DO SPECIALTY CODES CURRENTLY ON RECORD			
STATE MEDICAL BOARD OF OHIO 77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43266 - 0315	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 1994-1996 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.	SPECIALTY CODE(S) CORRECT AS LISTED  IF CORRECTIONS ARE NECESSARY, PLEASE LISTED CODE1 CODE2 CODE3			
X Tuitty > KANTON 3,696	REPORT ANY CHANGE OF ADDRESS			
( SIGNATURE OF APPLICANT ) ( DATE )				
IDENTIFICATION NUMBER         AMOUNT DUE         DATE DUE           35-06-0555         \$250.00         05/01/96	STREET			
35-06-0555 \$250.00 05/01/96 TIMOTHY SCOTT KRESS,M.D.	STREET			
FAMILY HEALTH				
5735 MEEKER RD	CITY STATE ZIP CODE			
GREENVILLE OH 45331	COUNTY			
1:9696969621	0935060555#* .''0000025000.''			
PRINCIPAL PRACTICE ADDRESS - IF DIFFERENT FROM THE ADDRESS SHOWN ON FRONT.  Street  County  AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION FOR HENEWAL OF YOUR CERTIFICATE HAVE YOU:  YES NO  2.) 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 drug?  Contest to a felony or misdemeanor.  YES NO  2.) Been found guilty of, or pled guilty or no drug?  Contest to a felony or misdemeanor.  YES NO  2.) Been found guilty of, or pled guilty or no drug?  Contest to a felony or misdemeanor.  YES NO  2.) Been found guilty of, or pled guilty or no drug?  Contest to a felony or misdemeanor.  YES NO  2.) Been found guilty of, or pled guilty or no drug?  Contest to a felony or misdemeanor.  YES NO  2.) Been found guilty of, or pled guilty or no drug?  Contest no a felony or misdemeanor.  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 prove 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 approved program. Any questions concerning approved program. Any questions concerning approved by togram.	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  7.) Had any clinical 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			

DETACH HERE AND REMIT THIS	S PORTION WITH FEE
	MD & DO SPECIALTY CODES CURRENTLY ON RECORD
THE STATE MEDICAL BOARD OF OHIO 77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43266 - 0315  CERTIFICATION	OBG OBSTETRICS & GYNECOLOGY
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 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	SPECIALTY CODE(S) CORRECT AS LISTED
PROVIDED ON THIS APPLICATION FOR RENEWAL IS TRUE AND CORRECT IN EVERY	IF CORRECTIONS ARE NECESSARY, PLEASE LILL SPECIALTY CODES. CODE1 CODE2 CODE3
X Million S And S Color	REPORT ANY CHANGE OF ADDRESS
(SIGNATURE OF APPLICANT)       (DATE)         IDENTIFICATION NUMBER       AMOUNT DUE       DATE DUE         35-06-0555-K       \$275.00       05/01/98	STREET
TIMOTHY SCOTT KRESS, M.D.	STREET
FAMILY HEALTH 5735 MEEKER RD	CITY STATE ZIP CODE
GREENVILLE OH 45331	COUNTY
	COONT
1:9696969621 <b>:</b>	0935060555" "00000027500"
PRINCIPAL PRACTICE ADDRESS - IF DIFFERENT FROM THE ADDRESS SHOWN. ON FRONT.  Street  County  AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION FOR RENEWAL OF YOUR CERTIFICATE HAVE YOU.  YES NO  2.) Been found guility of, or pled guility or no contest to a felony; or misdemeanor.  YES NO  2.) Been found guility of, or pled guility or no the possession, distribution or use of any drug?  XES NO  3.) Been addicted to rependent upon alcohol or any drug?  XES NO  THE POSSESSION OF CEPTIFICATE HAVE YOU.  YES NO  3.) Been found guility of, or pled guility or no drug?  The possession of signification or use of any drug?  The possession of signification or use of any drug?  The possession of signification or use of any drug?  The possession of signification or use of any drug?  The possession of signification or use of any drug?  The possession of signification or use of any drug?  The possession of signification or use of any drug?  The possession of signification or use of any drug?  The possession of signification or use of any drug?  The possession of signification or use of any drug?  The possession of signification or use of any drug?  The possession of signification or use of any drug?  The possession of signification or use of any drug.  The possession of signification or use of any drug.  The possession of signification or use of any drug.  The possession of signification or use of any drug.  The possession of signification or use of any drug.  The possession of signification or use of any drug.  The possession of signification or use of any drug.  The possession or signification or use of any drug.  The possession or signification or use of any drug.  The possession or signification or use of any drug.	YES NO  4.) Had malpragitioe insurance cancelled or limited for other than failure to pay premiums?  NO  5.) Had any disciplinary action taken or initiated against yeu by any state licensing board other than the State Medical Board of Ohio? 1.2.  NO  6.) Surrendered, or consented to limitation upon: a) A license to practice medicine; OR b) State or federal privileges to prescribe controlled substances?  NO  7.) Had any clinical privileges suspended, restricted or revoked for reasons other than failure to maintain records or attend staff meetings?  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?  SOCIAL SECURITY NUMBER E

DETACH HERE AND REMIT THIS PORTION WITH FEE

I CERTIFY, UNDER PENALTY OF LETTER THAY COMPLETED OR WITH PERIOD THE REQUISITE HOURS OH IO STATE ON THIS APPLICATION FOR REN  IDENTIFICATION NUMBER  35060555-K  TIMOTHY SCOTT  4473 OLD ENGL	STATE MELET, 17TH FLOOR, COLUM CERTIFICATION OSS OF MY RIGHT TO PRACTILL HAVE COMPLETED DURING OF CONTINUING MEDICAL EDUE E MEDICAL ASSOMEDICAL BOARD THAT THE WAL IS TRUE AND CORRECT.  AMOUNT DUE \$305.00 KRESS.M.D.	THE 1998-2000 REGISTRATION CATION CERTIFIED BY THE DIC I AT I ON IN EVERY RESPECT.  OCIATION  OC	MD & DO SE  OBG OBSTETE  S  IF CORRECTIONS A ENTER ALL SPECIA  RESIDENCE ADD  STREET  STREET	PECIALTY CODE RICS & GYNER  PECIALTY COD  ARE NECESSARY, PRAITY CODES.  RESS-THIS MUST	COLOGY  DE(S) CORR CODE  BE ENTERE	ECT AS LIS	CODE3 RENEWAL
PRINCIPAL PRACTICE ADDRESS - THIS ADDRESS  MUST BE ENTERED AT EACH RENEWAL.  Street  Street  City  City  State  State  State  State  State  City  AT ANY TIME SINCE SIGNING YOUR LAST APPLICATION  FOR RENEWAL OF YOUR CERTIFICATE HAVE YOU:	YES NO  X in the contest to, 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?	3.) Been addicted to or dependent upo alcohol or any chemical substance; or been treated for, or been diagnosed as suffering from, drug or alcohol depend or abuse? You may answer "no" to this question if you have successfully compit reatment at a program approved by this board and have subsequently adhered all statutory requirements as contained sections 4731.224 and 4731.25 O.R.C., related provisions, or you are currently	enrolled in a board approved program. Any questions concerning approval can be directed to the board offices.  NO  (X) 4.) Had malpractice insurance cancelled or limited for other than failure to pay premiums?	,	K	authorit or revol	Reda cted

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) 874/1 MBNAS NITH BNAL BRIN BRIN BRIN BRIN BRIN BRIN BRIN BRIN	MD & DO SPECIALTY CODES CURRENTLY ON RECORD
STATE MEDICAL BOARD OF OHIO	OBG OBSTETRICS & GYNECOLOGY
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	SPECIALTY CODE(S) CORRECT AS LISTED
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.	IF CORRECTIONS ARE NECESSARY, PLEASE LIFE CODE1 CODE2 CODE3
x Tuestin S. Krissins	
X 10000 10 1	RESIDENCE ADDRESS-THIS MUST BE ENTERED AT EACH RENEWAL.
( SIGNATURE OF APPLICANT ) ( DATE )	2898 RIVER END COURT
IDENTIFICATION NUMBER AMOUNT DUE DATE DUE \$50 Late Fee Due Afte	Z878 RIVER END COURT
35-06-0555-K \$305.00 07/01/02 10/01/02	
TIMOTHY SCOTT KRESS, M.D.	STREET
2898 RIVER END COURT	SPRING VALLEY DH 45370
SPRING VALLEY OH 45370	CITY - STATE ZIP CODE
	GIREENE
	S.
0935060555 30500	
URA in	600 5 5 00 0 C
AT ANY TIME SINCE SIGNING YOUR LASS APPLICATION FOR RENEWAL OF YOUR CERTIFICATE:  YES NO  T.) Have you been found treatment or intervention in lieu of conviction of, a misdemeanor or felony?  YES NO  YES NO  T.) Have you been found treatment or intervention in lieu of conviction of, a misdemeanor or felony?  YES NO  YES NO  T.) Have you been addicted to or dependent upon alcohol or any chemical substance; or any successfully completed treatment at, or are currently enrolled in, a program approved ave adhered to all statutory requirements uning this question can be directed to the ning this question can be directed to the or your behalf for acts occurring in any board, bureau, department, agency, or ody, including those in Ohio, other than only, including those in Ohio, other than only or any charges, allegations or any and any charges, allegations or any and any charges, allegations or any and any and any charges.	An analysis of consented to treprimand or professing to the sources of any bealthcare or federal privileges to federal privileges to federal privileges to any answer "NO" to this such surrender or consent of the such surrender or consent of the such surrender or consent of the such such surrender or consent of the such such surrender or consent of the such such such such such such such such
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	CI LEGIE SERIES
APPLICATION APPLIC	A concerning a license to predict to probation concerning a license to practice any healthcare profession or state or federal privileges to prescribe controlled substances in any prescribe controlled substances in any question or state or federal privileges to prescribe controlled substances in any question if the only such surrender or consent was given to this board.  6.) Have you had any clinical privileges or other similar institutional authority suspended, restricted or revoked for reasons other than fallure to or revoked for reasons other than fallure to arrend any clinical privileges or other similar institutional authority suspended, restricted or revoked for reasons other than fallure to attend staff meetings?  PRACTICE ADDRESS - THIS ADDRESS  NYERED AT EACH RENEWAL.  K this Box if you have NO principal or attend staff meetings?  CRITHILLIAN PRINCE ADDRESS  Staff CALL ALLAN PRINCE ADDRESS  Staff CALLAN PRINCE ADDRESS  STA
<b>060555</b>	A. Prave you surremened, or to reprime concerning, a license to prace profession or state or fed prescribe controlled sujurisdiction? You may ans question if the only such su, was given to this board.  6.) Have you had any clinical similar institutional authority st or revoked for reasons other maintain records on a timely staff meetings?  AL PRACTICE ADDRESS - TH E ENTERED AT EACH RENEWA eck this Box if you have NO citice address.  N. C.K.T. H. L. A. C. B. L. V. D. C.
APPL APPL APPL APPL APPL APPL APPL APPL	Social Sections of the series of consolidation of, or to reprime or profession or state or federal priviperofession if the only such surrender or was given to this board.  Sofia Practice and any clinical privileges similar institutional authority suspended, or revoked for reasons other than for revoked for reasons of the for revoked for reasons for revoked
APP	X   Implementary of controlled substances in profession of state or federal privileg profession or state or federal privileg profession or state or federal privileg profession or state or federal privileg prescribe controlled substances in jurisdiction? You may answer "NO" the profession of the only such surrender or convention if the only such surrender or convention in the or convenient in the or convenient in the or convenient in the
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MD & DO SPECIALTY CODES CURRENTLY ON RECORD STATE MEDICAL BOARD OF OHIO 77 SOUTH HIGH STREET, 17TH FLOOR, COLUMBUS, OHIO 43215 - 6127 OBG 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. 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 (DATE) ( SIGNATURE OF APPLICANT ) IDENTIFICATION NUMBER AMOUNT DUE DATE DUE \$50 Late Fee Due After 7/1/2004 10/1/2004 305.00 35 . 060555 Dr. TIMOTHY SCOTT KRESS 45 O 3 2898 RIVER END COURT GR SPRING VALLEY OH 45370 SELECT ONE ADDRESS FOR MAILINGS FROM THE BOARD. RESIDENCE PRINICIPAL PRACTICE ADDRESS 35ZZ 060555 0003656491 30500 similar institutional authority suspended, restricti probation concerning, a license to practice a any jurisdiction? You may answer "NO" to the question if the only such surrender or conse Have you had any clinical privileges or oth APPLICATION FOR LICENSURE | RENEW abuse? You may answ treatment at, or are currently during and subsequent to treatment. You must answer "YE if you have ever relapsed. Any questions concerning progra approval or concerning this question can be directed to t 3.) Have any malpractice awards or settlemer or feder maintain records on a timely basis or to atte lieu of conviction of, a felc diagnosed as suffering fro successfully complet enrolled in, a program approv this Board and have adhered to all statutory requiremen 2.) Have you been addicted or dependent upon alcohol drug or alcohot depender 4.) Has any board, bureau, department, agency, privileges to prescribe controlled substances guilty of, or pled guilty or intervention other than fallure substance; 'NO" to this question if filed any charges, allegations reprimand other body, including those in Ohio, other this board, filed any charges, allegations been paid by you or on your behalf for occurring in any state other than Ohio? 5776 ó PRINCIPAL PRACTICE ADDRESS - THIS ADDRESS Check this Box if you have NO principal been treated for, or misdemeanor? or state Reducted of, or to suspension, any chemical you surrendered, or MUST BE ENTERED AT EACH RENEWAL treatment SOCIAL SECURITY NUM RECLIBED contest or revoked for reasons have healthcare profession complaints against you? was given to this board. o NO RTHYAND 8 staff meetings Practice address. YES C, (, O, C, 1, O, A) # T, (, ) Наче limitation HAMI LITI & COUNTY poard offices. 1 Ş Š Ö 999039599 Street Street ES ES

## 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.

Disease note that Improvingly approviding folios information may result in April of

	ease note that knowingly providing false information may result in denial of gistration.	I
Lie	icense Information	
Li	cense Number 35.	060555
Lic	cense Name TIMOTHY I	KRESS
En	nail Address	
Fe	ees	
Re	elicensure Fee \$	305.00
	Total Fees \$	305.00
Sp	pecialty Codes	
1.	Please select one specialty from the field below	
	OBSTETRICS & GYNECO	LOGY
2.	Please select one specialty from the field below, if applicable.	
	{not Answ	wered}
3.	Please select one specialty from the field below, if applicable.	
	{not Answ	wered}
C	ME-Physicians	
	Have you met the above CME requirements for your license?	
1.	· · · · · · · · · · · · · · · · · · ·	YES
		125
Di	iscipline	
	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, reprim probation concerning, a license to practice any healthcare profession or sta federal privileges to prescribe controlled substances in any jurisdiction oth than Ohio?	ate or
	• • • •	NO
3.	Have any malpractice awards been paid by you or on your behalf for acts occurring in any state other than Ohio?	
		NO

Un	der penalty of law, I hereby swear or affirm that the information I have
do	nderstand that submitting a false, fraudulent, or forged statement or cument or omitting a material fact in obtaining licensure may be grounds for ciplinary action against my license.
	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
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.
	rse Collaboration Info  Are you currently in a collaboration agreement with any Clinical Nurse Specialists, Certified Nurse-Midwives or Certified Nurse Practitioners? YES
	Redacted
So.	cial Security Number
	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
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
4.	Has any board, bureau, department, agency, or any other body, including those in Ohio <u>other than this board</u> , filed any charges, allegations or complaints against you?

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.

105	istration.		
Lic	ense Information		
Lic	ense Number	3:	5.060555
Lic	ense Name	TIMOTHY	KRESS
Em	ail Address	kressmdjd@wo	oh.rr.com
Fee	es		
Re	licensure Fee		\$305.00
		==	
		Total Fees	\$305.00
Sp	ecialty Codes		
1.	Please select one specialty from the field below		
	OBSTE	TRICS & GYNEC	OLOGY
2.	Please select one specialty from the field below, if app	olicable.	
		{not Ar	iswered}
3.	Please select one specialty from the field below, if app	olicable.	
	,,,,,,,,,,,,		iswered}
		`	
CN	ΛΕ-Physicians		
	Have you met the above CME requirements for your	icense?	
••	That's you meet the door of the requirements for your		YES
Dia	scipline		
	Have you been found guilty of, or pled guilty or no co	ontest to or receive	ad.
1.	treatment or intervention in lieu of conviction of, a m		
	,		NO
2	Have you surrendered, consented to limitation of, or t	o suspension repr	imand or
2.	probation concerning, a license to practice any health		
	federal privileges to prescribe controlled substances in		
	than Ohio?		
			NO
3.	Have any malpractice awards been paid by you or on	your behalf for act	ts
occurring in any state other than Ohio?			
			NO

pre	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.		
do	nderstand that submitting a false, fraudulent, or forged statement or cument or omitting a material fact in obtaining licensure may be grounds for ciplinary action against my license.		
	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		
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.		
	rse Collaboration Info  Are you currently in a collaboration agreement with any Clinical Nurse Specialists, Certified Nurse-Midwives or Certified Nurse Practitioners?YES		
	· · · · · · Redacted		
1.			
So	cial Security Number		
	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?		
5.	Have you had any clinical privileges or other similar institutional authority suspended, restricted, revoked or placed on probation for reasons <u>other than</u> <u>failure to maintain records on a timely basis or to attend staff meetings?</u> NO		
_	NO		
4.	in Ohio <u>other than this board</u> , filed any charges, allegations or complaints against you?		

## 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

Total Fees \$305.00

Sp	ecialty Codes
1.	Please select one specialty from the field below
	OBSTETRICS & GYNECOLOGY
2.	Please select one specialty from the field below, if applicable.
	{not Answered}
3.	Please select one specialty from the field below, if applicable.
	{not Answered}
CN	IE-Physicians
1.	Have you met the above CME requirements for your license?
	YES
	scipline
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

Page 2 of 2

	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
	cial Security Number
1.	Redacted
Νυ	rse 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

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1	icense	In	iorm:	ation

License Number

License Name TIMOTHY KRESS

Fees

Relicensure Fee \$305.00

=======

35.060555

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

DΙ	scipline
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 <u>other than this board</u> , 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?
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
So	cial Security Number
1.	
	Redacted
Nu	rse 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
Oh	io 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	
0.	"Other" - medical professional activities not included in above categories0
CI.	
	inical - 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)".
۷٠	0
•	
3.	Enter the number of hours per week spent in "Emergency Room".
	$\dots \dots 0$
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
W	orkforce 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:	
	•	ontgomery
_		ionigomery
5.	Enter the third zip code:	
	•••	45011
6.	Enter the third county:	
	•••	Butler
7	Do you have more than one practice location?	
/٠	•	VEC
	••	YES
W	Vorkforce 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 m	ultiply
	addresses with a semicolon.	
	2314 Auburn Ave., Cincinnati, OH 45219; 224 North	,
	Dayton, OH 45402; 11 Ludlow, Hamilton, OH 45011; 1061 Nor	
	Springfield, OH 45504; 834 Ohio Pike, Withamsville, OH 45245; 290	
	Blvd., Springdale, OH 45246; 2016 Ferguson, Cincinnati,	OH 45246
Pra	ractice Arrangement (size)	
1.	Solo practitioner	
		NO
2	Single-specialty Group	
۷.		2-5
		2-3
<b>3.</b>	Multi-specialty Group	
		N/A
4.	. Employee of a clinical facility or hospital? (Clinical facility is an urge	nt care,
	industrial clinic or similar entity)	
		NO
w	Vorkforce Language Question	
	Do practitioners or staff in your practice communicate in sign language	a or in a
1.	language other than spoken English?	c of in a
		YES
	•••	125
_		
	anguages	
1.	. Select a language from the drop down list.	
		Spanish
2.	. Select a language from the drop down list.	
		Answered?
		. Instruction,

3.	Select a language from the drop down list.	
		{not Answered}
Αŀ	BMS Certified	
1.	Are you certified by an ABMS Board?	
		YES
Αŀ	BMS 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 1 have provided in the application is complete and correct, and that 1 have complied with all criteria for applying on line.

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	- ave

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	- ave

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

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	- ave

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:

stain
ve
stain
/e
/e

The motion carried.