

For ^{Aug 1 1993} Nov 1 1993

STATE MEDICAL BOARD
OHIO
NON-RESIDENT

I hereby declare, under penalty of perjury, that I have been in compliance with all conditions of probation imposed upon me by the State Medical Board of Ohio.

Raymond W. ...
(Signature)

10 29 93
(Date)

Period August 1, -> Nov 1 1993

RAYMOND ROBINSON MD

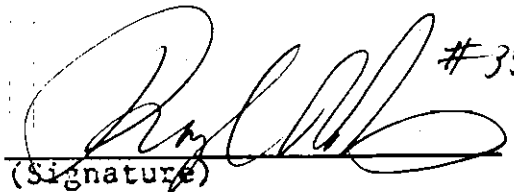
DR. 3

1993

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NN 1 1993 - 1-31-94

I hereby declare, under penalty of perjury, that I have been in compliance with all conditions of probation imposed upon me by the State Medical Board of Ohio.



#3503 5844

(Signature)

13194.

(Date)

STATE MEDICAL BOARD
OF OHIO
94 FEB -2 AM 10:21

RAYMOND ROBINSON, MD
OB-GYN
254 WOODLAND AVE., SUITE G
P.O. BOX 03260
COLUMBUS, OHIO 43203

April 12, 1994

Mr. John Rahol
State Medical Board of Ohio
77 South High Street
17th Floor
Columbus, Ohio 43266-0315

Re: Ohio License Renewal

Dear Mr. Rahol:

Pursuit to our 3-29-94 telephone conversation, please find the enclosed documented material pursuant to my Ohio medical license suspension of 2-1-93 to 8-1-93 and my 3 year subsequent probationary period.

I am also licensed in the state of Virginia and subsequent to my board hearing of Thursday 4-7-94 in Fredericksburg Virginia not any action was taken against my license whatsoever. A letter to that effect is supposed to be sent me within (2) weeks. I informed that I will remain in complete compliance with the consent agreement between me and the state of Ohio and will not work there until my probationary period is over and I have been officially released from the state of Ohio with satisfactory completion thereof.

Since my probation I have been in complete compliance with the terms of same.

My renewal application for Ohio medical license with the \$250.00 fee has been sent to the appropriate address and per your instructions, this letter with the enclosed forms and letters are sent to you.

Sincerely yours,

Raymond Robinson, MD
Raymond Robinson, M.D.

035844

STATE MEDICAL BOARD OF OHIO
91 APR 14 4 12 PM '94

I hereby declare, under penalty of perjury, that I have been in compliance with all conditions of probation imposed upon me by the State Medical Board of Ohio.

Raymond Robinson

(Signature)

4 30 94

(Date)

Perid 21 94 thru 4 30 94

RAYMOND ROBINSON, MD
OB GYN
251 WOODLAND AVE., SUITE G
COLUMBUS, OHIO 43203

Ohio License # 35035844

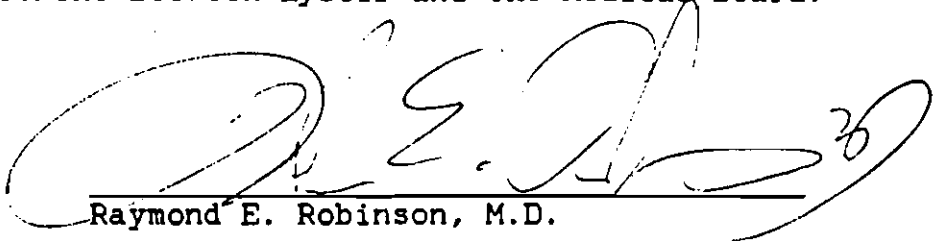
STATE OF OHIO
DEPARTMENT OF HEALTH
DIVISION OF PROFESSIONAL REGULATION
COLUMBUS, OHIO 43260



STATE MEDICAL BOARD OF OHIO

77 South High Street, 17th Floor • Columbus, Ohio 43266-0315 • (614) 466-3934

On this date, I, Raymond E. Robinson, M.D., received my wallet card and wall certificate from the State Medical Board of Ohio, subject, Consent Agreement between myself and the Medical Board.



Raymond E. Robinson, M.D.

8 2 93

Date

Jane Howard
Elizabeth Corvitz

5-184 → 8194
Ohio

I hereby declare, under penalty of perjury, that I have been in compliance with all conditions of probation imposed upon me by the State Medical Board of Ohio.


(Signature)


8194
(Date)

35035844

STATE MEDICAL BOARD
251 WOODLAND AVE., SUITE G
COLUMBUS, OHIO 43203

STATE MEDICAL BOARD
OF OHIO
91 AUG - 1 AM 8:02

I hereby declare, under penalty of perjury, that I have been in compliance with all conditions of probation imposed upon me by the State Medical Board of Ohio.



(Signature)

103194

(Date)

ROBERT D. ROBINSON, MD
1000 W. 10TH AVE., SUITE G
COLUMBUS, OHIO 43260

STATE MEDICAL BOARD
OF OHIO
94 NOV -1 AM 8:38

Ohio Board

I hereby declare, under penalty of perjury, that I have been in compliance with all conditions of probation-imposed upon me by the State Medical Board of Ohio.



(Signature)

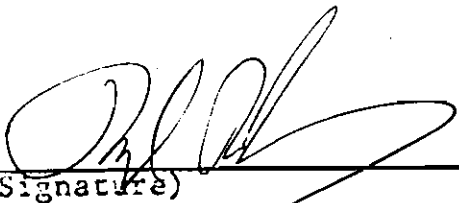
21 95 .

(Date)

RAYMOND ROBINSON, MD
2800 BROADWAY AVE., SUITE G
COLUMBUS, OHIO 43203

Rec'd Nov 194 → 1-3195

I hereby declare, under penalty of perjury, that I have been in compliance with all conditions of probation imposed upon me by the State Medical Board of Ohio.


(Signature)

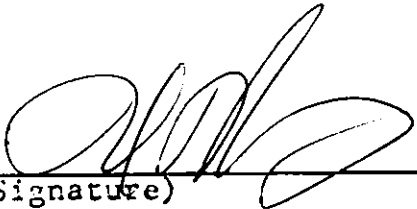
4 30 95
(Date)

Feb 1 1995 → May 1 1995

ROBINSON, MD
2000 BROAD AVE., SUITE G
P.O. BOX 03260
COLUMBUS, OHIO 43203

35 03-5844

I hereby declare, under penalty of perjury, that I have been in compliance with all conditions of probation imposed upon me by the State Medical Board of Ohio.



(Signature)

7/31/95

(Date)

RAYMOND ROBINSON, MD
OB-GYN
254 WOODLAND AVE., SUITE G
P.O. BOX 63260
COLUMBUS, OHIO 43203

35035844

STATE MEDICAL BOARD
OF OHIO
95 AUG - 1 AM 9:11

I hereby declare, under penalty of perjury, that I have been in compliance with all conditions of probation imposed upon me by the State Medical Board of Ohio.



(Signature)

10 3 195

(Date)

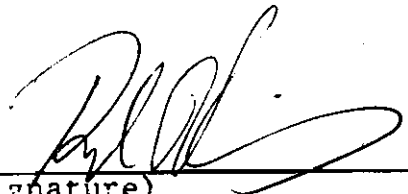
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8 195 → 11 195

10 3 195

10 3 195

I hereby declare, under penalty of perjury, that I have been in compliance with all conditions of probation imposed upon me by the State Medical Board of Ohio.



(Signature)

13/196.

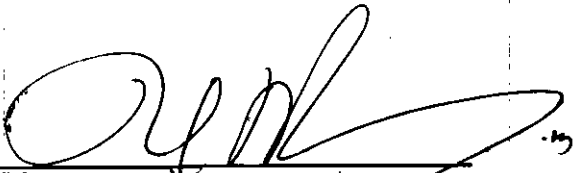
(Date)

RAYMOND ROBINSON, M.D.
OBGYN
900 S. HIGH ST., SUITE D
COLUMBUS, OH 43206

3503 5844

STATE MEDICAL BOARD
OF OHIO
95 JAN 31 PM 4:44

I hereby declare, under penalty of perjury, that I have been in compliance with all conditions of probation-imposed upon me by the State Medical Board of Ohio.


(Signature)

RAYMOND ROBINSON, M.D.
OBGYN
900 S. HIGH ST., SUITE D
COLUMBUS, OH 43206

43096
(Date)

Chris Lewis #
35-035844

J. Paul 2/96 - 5/96

STATE MEDICAL BOARD
OF OHIO
96 MAY - 1 PM 4:23

RAYMOND ROBINSON, M.D.
OBGYN
900 S. HIGH ST., SUITE D
COLUMBUS, OH 43203

August 1, 1996

Ohio State Medical Board
c/o Ms Jan Sussex
77 S. High Street
17th Floor
Columbus, Ohio 43266-0315

Dear Ms Sussex:

Enclosed, please find the following:

- (1) My probation compliance for the final time (5-1-96-8-1-96)
- (2) My current Ohio license
- (3) My consent agreement which terminates as of 8-1-96
- (4) My statement of completion of my suspension from 2-1-93-8-1-93

I would appreciate a written release from the board fully restoring my certificate, as soon as possible.

Appreciatively yours,

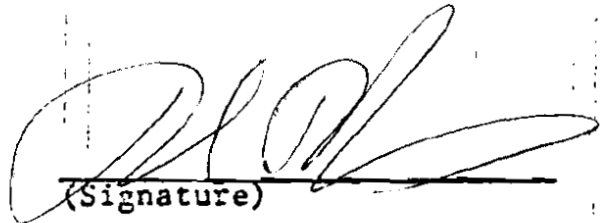


Raymond Robinson, M.D.

35035844

DAVID D. PLEWTON, M.D.
300 S. HOOD ST., SUITE 11
COLUMBUS, OH 43204

I hereby declare, under penalty of perjury, that I have been in compliance with all conditions of probation imposed upon me by the State Medical Board of Ohio.


(Signature)

8/96
(Date)

May 1 1996 - 8/96

License #
35035844

4492159

STATE MEDICAL BOARD
OF OHIO
JAN 12 AM 11:29

CONSENT AGREEMENT
BETWEEN
RAYMOND E. ROBINSON, M.D.
AND
THE STATE MEDICAL BOARD OF OHIO

This CONSENT AGREEMENT is entered into by and between RAYMOND E. ROBINSON, M.D. and THE STATE MEDICAL BOARD OF OHIO, a state agency charged with enforcing Chapter 4731., Ohio Revised Code.

RAYMOND E. ROBINSON, M.D. enters into this 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.

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 Sections 4731.22(B)(2),(3) and (6), 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 for "(f)ailure to use reasonable care discrimination in the administration of drugs," and "(s)elling, prescribing, giving away, or administering drugs for other than legal and legitimate therapeutic purposes," and "(a) departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established."
- B. THE STATE MEDICAL BOARD OF OHIO enters into this CONSENT AGREEMENT in lieu of formal proceedings based upon the violation of Sections 4731.22(B)(2), (3) and (6), Ohio Revised Code, and 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. RAYMOND E. ROBINSON, M.D. is licensed to practice medicine and surgery in the State of Ohio.

CONSENT AGREEMENT
RAYMOND E. ROBINSON, M.D.
PAGE TWO

93 JAN 12 AM 11: 28
STATE MEDICAL BOARD
OF OHIO

- D. RAYMOND E. ROBINSON, M.D. ADMITS that from March 4, 1988, through August 16, 1992, he prescribed at least 5,837 dosage units of Serax 30 mg, a Schedule IV controlled substance, along with various other controlled substances, to a family member without performing physical examinations or maintaining patient records reflecting this prescribing.

Wherefore, in consideration of the foregoing and mutual promises hereinafter set forth, and in lieu of any formal proceedings at this time, RAYMOND E. ROBINSON, M.D. knowingly and voluntarily agrees with THE STATE MEDICAL BOARD OF OHIO, (hereinafter BOARD), to the following terms, conditions and limitations:

1. DOCTOR ROBINSON's certificate to practice medicine and surgery in the State of Ohio shall be suspended for six months, effective February 1, 1993;
2. Upon reinstatement, DOCTOR ROBINSON's certificate shall be subject to the following probationary terms, conditions and limitations for a period of three (3) years;
 - a. DOCTOR ROBINSON shall obey all federal, state and local laws, and all rules governing the practice of medicine in Ohio;
 - b. DOCTOR ROBINSON shall permit quarterly declarations under penalty of perjury stating whether there has been compliance with all the conditions of this CONSENT AGREEMENT;
 - c. In the event that DOCTOR ROBINSON should leave Ohio for three (3) continuous months, or reside or practice outside the State, DOCTOR ROBINSON 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;
 - d. DOCTOR ROBINSON shall refrain from self-treating and from treating any family members, except in the event of a life-threatening emergency.

STATE MEDICAL BOARD
OF OHIO
93 JAN 12 AM 11:29

CONSENT AGREEMENT
RAYMOND E. ROBINSON, M.D.
PAGE THREE

If, in the discretion of the Secretary and Supervising Member of THE STATE MEDICAL BOARD OF OHIO, DOCTOR ROBINSON appears to have violated or breached any terms or conditions of this 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 Agreement.

DOCTOR ROBINSON acknowledges that he has had an opportunity to ask questions concerning the terms of this Agreement and that all questions asked have been answered in a satisfactory manner.

Any action initiated by the BOARD based on alleged violations of this CONSENT AGREEMENT shall comply with the Administrative Procedure Act, Chapter 119., Ohio Revised Code.

Upon successful completion of probation, as evidenced by a written release from the BOARD, DOCTOR ROBINSON's certificate will be fully restored.

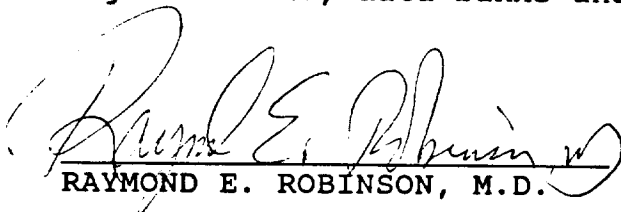
DOCTOR ROBINSON hereby releases THE STATE MEDICAL BOARD OF OHIO, its members, employees, agents, officers and representatives jointly and severally from any and all liability arising from the within matter.

This CONSENT AGREEMENT shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code, and shall become effective upon the last date of signature below.

STATE MEDICAL BOARD
OF OHIO
93 JAN 12 AM 11:29

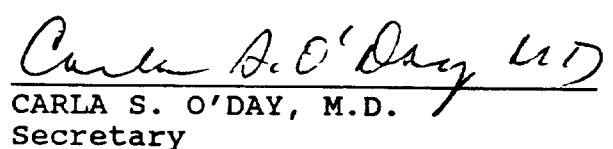
CONSENT AGREEMENT
RAYMOND E. ROBINSON, M.D.
PAGE FOUR

Further, this information may be reported to appropriate organizations, data banks and governmental bodies.


RAYMOND E. ROBINSON, M.D.

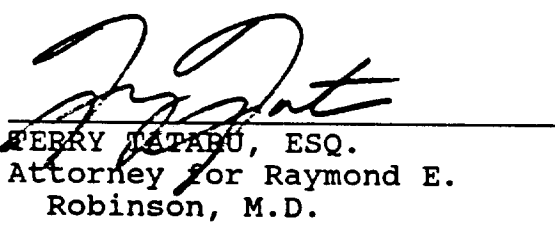
11293

DATE


CARLA S. O'DAY, M.D.
Secretary

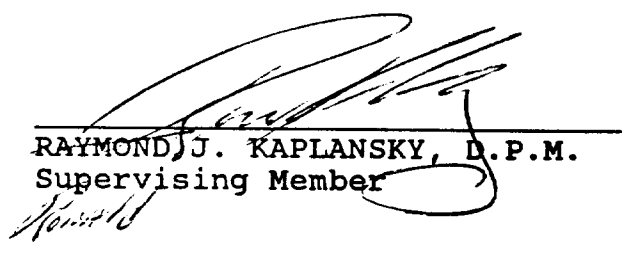
1/13/93

DATE


PERRY TATARU, ESQ.
Attorney for Raymond E.
Robinson, M.D.

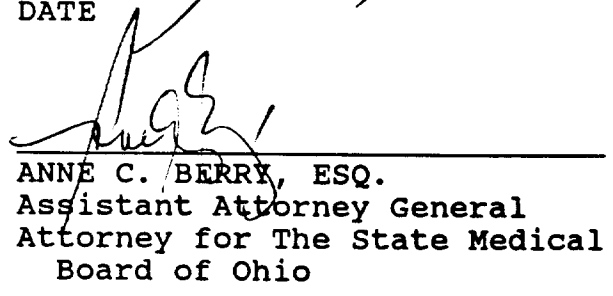
1/12/93

DATE


RAYMOND J. KAPLANSKY, D.P.M.
Supervising Member

Jan 13, 1993

DATE


ANNE C. BERRY, ESQ.
Assistant Attorney General
Attorney for The State Medical
Board of Ohio

Jan 13 1993

DATE