



**New Mexico Medical Board**  
2055 S. Pacheco Street, Bldg. 400  
Santa Fe, NM 87505  
505-476-7220  
Fax: 505-476-7237

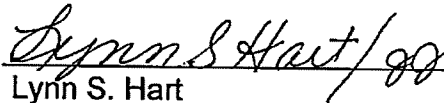
**March 13, 2012**

I, Lynn S. Hart, Executive Director of the New Mexico Medical Board,  
as a custodian of this record, certify that it is a true and exact copy of all  
public records in case number 91-245, accurately recorded, maintained and  
reproduced by this agency. The case involved:

**Sherwood Lynn, Jr., M.D.**  
**License # 91-245**  
**Public File**

IN TESTIMONY WHEREOF, I have hereunto subscribed my name  
and caused the seal of the New Mexico Medical Board to be affixed, the day  
and year first above written.

SEAL



Lynn S. Hart  
Executive Director  
Records Custodian

1. Date of birth 40 Place of birth GEORGIA USA  
(state, country)

2. Citizenship USA by birth yes ☒ no ☐  
USA by naturalization Nat. cert.#

3. Are you in compliance with the Immigration and Naturalization  
Act of 1986? yes ☐ no ☐

4. Is this an application for licensure by (check one)  
Endorsement ☒ Examination ☐

5. List all states or province in which you are now or have ever  
held a license or permit to practice medicine.

State or Province	Lic. #	Date of Issue	Current yes no
<u>TEXAS</u>	<u>E-6484</u>	<u>29 Aug 76</u>	<input checked="" type="checkbox"/> <input type="checkbox"/>
<u>WEST VIRGINIA</u>	<u>15637</u>	<u>12 Sept 88</u>	<input checked="" type="checkbox"/> <input type="checkbox"/>
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> <input type="checkbox"/>
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> <input type="checkbox"/>
<u></u>	<u></u>	<u></u>	<input type="checkbox"/> <input type="checkbox"/>

6. List all hospital staffs on which you have served in the past  
five (5) years. (Use attachment if needed.)

Name	Address	City	State	Zip
<u>St. Mary's</u>	<u>2900 FIRST AVE</u>	<u>HUNTINGTON</u>	<u>WV</u>	<u>25702</u>
<u>CABELL HUNTINGTON</u>	<u>1340 HAL GREER BLVD</u>	<u>HUNTINGTON</u>	<u>WV</u>	<u>25701</u>
<u>HERMANN</u>	<u>1203 ROSS STERLING</u>	<u>HOUSTON</u>	<u>TX</u>	<u>77030</u>
<u>BELLAIRE GENERAL</u>	<u>5314 DASHWOOD</u>	<u>HOUSTON</u>	<u>TX</u>	<u>77081</u>
<u>ST LUKE'S EPISCOPAL</u>	<u>6720 BERTNER</u>	<u>HOUSTON</u>	<u>TX</u>	<u>77030</u>
<u>Park Plaza</u>	<u>1313 HERMANN DR</u>	<u>HOUSTON</u>	<u>TX</u>	<u>77004</u>
<u>Memorial Southwest</u>	<u>7600 BEECHNUT</u>	<u>HOUSTON</u>	<u>TX</u>	<u>77074</u>

7. List all of the following to which you have belonged.  
HMO, PPO, IPA, PRO (Use another sheet if necessary.)

Name	Address	City	State	Zip
<u>SANUS TEXAS Health Plan</u>	<u>3800 BUFFALO SPDRY</u>	<u>HOUSTON</u>	<u>TX</u>	<u></u>
<u>CIGNA Health Plan (PPO only)</u>	<u>1360 POST OAK Blvd</u>	<u>HOUSTON</u>	<u>TX</u>	<u></u>
<u>ALLIANCE Int'l (Defunct)</u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>	<u></u>	<u></u>

8. Have you ever been treated for mental illness? yes ☐ no ☒  
Hospitalized? yes ☐ no ☒ If yes, explain on separate page.

9. Do you have a physical impairment? yes ☐ no ☒  
(If yes, explain on separate page.)

10. Have you ever resigned or withdrawn your application from any  
hospital staff or professional medical group? yes ☒ no ☐  
(If yes, explain on separate page.)

**GRADUATE MEDICAL EDUCATION  
Internship/Residencies/Fellowships**

From	Month/Year	To	Month/Year	Name of hospital	Location
From	<u>July, 1976</u>	To	<u>June, 1980</u>	<u>Hermann/H.Tx.</u>	<u>HOUSTON</u>
From	_____	To	_____	_____	_____
From	_____	To	_____	_____	_____

**AFFIDAVIT**

I received the degree of M.D. from UNIV OF TEXAS MEDICAL SCHOOL located at SAN ANTONIO, TX on the 29th day of May, 1976

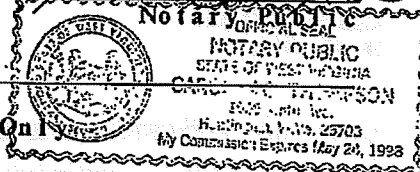
I am the person named in the diploma submitted and am the lawful possessor of same. The photograph attached hereto is a true likeness of myself and was taken within six months prior to the date of this application.

Dated 3 June '91 Signed J.C. Lynn

County of CABELL State of \_\_\_\_\_

In \_\_\_\_\_ said county on this \_\_\_\_\_ day of \_\_\_\_\_ A.D. 19\_\_\_\_, personally appeared before me \_\_\_\_\_ who, being duly sworn, deposes and says that he has read carefully and truthfully answered the above questions and the every statement recorded above is true and correct.

My commission expires May 24, 1998



**Foreign Medical Graduates Only**

For: U.S. Council verification of Medical School Official  
Signature (See front page.\*) or Apostille

**FOR BOARD USE ONLY**

**Application Completed**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Received by: \_\_\_\_\_

Notified by: mail \_\_\_\_\_ Telephone \_\_\_\_\_

Notified on: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Temporary License**

Date Granted \_\_\_\_/\_\_\_\_/\_\_\_\_

Number \_\_\_\_\_

Interviewer \_\_\_\_\_

Entered into  
computer.

Date \_\_\_\_\_

By \_\_\_\_\_

**Regular License**

Date Granted \_\_\_\_/\_\_\_\_/\_\_\_\_

Number \_\_\_\_\_

Entered into  
computer.

Date \_\_\_\_\_

By \_\_\_\_\_

216301

NEW MEXICO BME, P O BOX 20001 SANTA FE, NEW MEXICO 87504  
SECTION B JULY 1, 1992 - JUNE 30, 1995 TRIENNIAL RENEWAL

PLEASE REVIEW INFORMATION PROVIDED, "ANSWER ALL QUESTIONS" AND MAKE CORRECTIONS IN THE SPACE PROVIDED.

FEES - CHECK ENCLOSED \$ 210.00

FEES ARE NON-REFUNDABLE NMSA 61-6-28.

ACTIVE STATUS \$210.00 ☒ I WISH MY LICENSE TO REMAIN ACTIVE.

INACTIVE STATUS \$ 25.00 ☐ I WISH MY LICENSE TO BECOME INACTIVE.

WITH AN INACTIVE LICENSE I UNDERSTAND THAT, I MAY NOT PRACTICE MEDICINE INCLUDING THE WRITING OF PRESCRIPTIONS. (NMSA 61-6-33)

LICENSE #: 90-235 DEA #: \_\_\_\_\_ SSN: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ '40  
NAME: SHERWOOD, LYNNE JR. M.D. \_\_\_\_\_  
BUS-ADDR: FIRST STEP CLINIC  
BUS-ADDR: 2505 S TELSHOR BLVD  
CITY/ST/ZIP: LAS CRUCES NM 88001

BUS-PHONE: 505-521-3045

OUT-OF-STATE PHYSICIANS PRACTICING IN NEW MEXICO, PLEASE PROVIDE NEW MEXICO BUSINESS ADDRESS:

HOME-ADDR: \_\_\_\_\_  
HOME-ADDR: \_\_\_\_\_  
CITY/ST/ZIP: \_\_\_\_\_

HOME-PHONE: \_\_\_\_\_

YOU ARE RESPONSIBLE FOR NOTIFYING THE BOARD OF ANY ADDRESS CHANGE. NMSA 61-6-28.  
HOSPITAL PRIVILEGES: \_\_\_\_\_  
NEW HOSPITAL PRIVILEGES SINCE LAST RENEWAL: \_\_\_\_\_

*Memorial Medical Center  
2450 S. Telshor Blvd  
Las Cruces, NM 88001*

OTHER STATE LICENSES:

ST: TX LIC#: E6484

ST: WV LIC#: 15637

ST: LIC#: \_\_\_\_\_

ST: LIC#: \_\_\_\_\_

ST: LIC#: \_\_\_\_\_

SPECIALITY (1) OBSTETRICS/GYNECOLOGY

SPECIALITY (2) NEUROLOGY *SEL*

ARE YOU BOARD CERTIFIED ☒ YES ☐ NO

ARE YOU BOARD CERTIFIED ☐ YES ☐ NO

LIST ALL PA'S AND/OR NURSE PRACTITIONERS THAT ARE CURRENTLY UNDER YOUR SUPERVISION:

PA: \_\_\_\_\_ NP: \_\_\_\_\_  
PA: \_\_\_\_\_ NP: \_\_\_\_\_

Are you known by any other name(s)? *No* (Specify)

Have you ever been convicted of a misdemeanor or felony? ☐ NO ☒ YES *Speeding tickets*

Has any licensing authority, professional organization, medical institution or other medically related entity ever instituted disciplinary action or proceedings against you ☒ NO ☐ YES

Have you ever surrendered your license privileges or membership to any licensing authority, professional organization, medical institution or other medically related entity?  
☒ NO ☐ YES

"IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS, ATTACH DETAILED EXPLANATION AND DOCUMENTATION."

I verify that all above information is true and accurate.

SIGNATURE: \_\_\_\_\_

(Must be signed by physician)

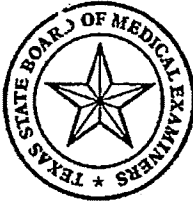
DATE: \_\_\_\_\_

*4-8-92*

210000  
NM BOARD OF  
MEDICAL EXAMINERS  
JUN 1 1992  
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## MALPRACTICE SETTLEMENTS

1. THIRD JUDICIAL DISTRICT, DONA ANA COUNTY, STATE OF NEW MEXICO, CAUSE # CU-94-64,  
-- V. MEMORIAL MEDICAL CENTER AND SHERWOOD LYNN.  
CASE OF FAILED TUBAL LIGATION WITH RESULTANT MULTIPLE FETAL-NEONATAL ANOMALIES. NEW MEXICO RISK MANAGEMENT SETTLED IN NOVEMBER, 1994.
2. CABELL COUNTY, WEST VIRGINIA CIRCUIT COURT CIVIL ACTION # 93-C-891,  
-- V. JOHN MARSHALL MEDICAL SERVICES,  
SHERWOOD LYNN, ALLAN CHAMBERLAIN. CASE OF EARLY ABDOMINAL PREGNANCY TREATED WITH METHOTREXATE WITH RESULTANT STOMATITIS, MYELOSUPPRESSION AND PSYCHOTRAUMA. CASE SETTLED IN MAY, 1995.



# Texas State Board of Medical Examiners

1101 CAMINO LA COSTA, SUITE 201  
P.O. BOX 13562, CAPITOL STATION  
AUSTIN, TEXAS 78711

RECEIVED (512) 452-1078

JUN 17 1991

NEW MEXICO STATE BOARD  
OF MEDICAL EXAMINERS  
LAMY BLDG-OLD SANTA FE TRAIL  
POST OFFICE BOX 20001  
SANTA FE, NM 87504

NM BOARD OF  
MEDICAL EXAMINERS

\*\*\*\*\*

Physician: SHERWOOD C LYNN JR, MD  
License: E6484  
Date Issued: 08-29-76  
Licensed By: Examination  
Date of Birth: 11-40  
Medical School: UNIV OF TEXAS, SAN ANTONIO  
Graduation Year: 1976  
Permit Expires: 11-30-91

This is to certify that the above-named physician is licensed to practice medicine in Texas and that the board has not filed any formal complaints or statements of charges against this physician.

\*\*\*\*\*

*Patricia Pinchot*

Registration Division

Date: JUNE 12, 1991

BOARD SEAL

To expedite the board's verification process, the above format is the standard format prepared for physicians licensed by this agency. If you have any further questions, please contact the Registration Division.

JUN 05 1991

BOARD OF MEDICAL EXAMINERS

491 Old Santa Fe Trail, Lamy Building  
P.O. Box 20001  
Santa Fe, NM 87504  
(505) 827-9933

HOSPITAL AFFILIATION

In applying for a license to practice medicine in New Mexico, the Board of Medical Examiners requires this form to be completed by the Chief of Staff or Administrator in each hospital where I have held privileges, consultation or teaching appointments during the past five years (including internship and/or residency) preceding my application. This form is your authority to release and report any information in your files of record, favorable or otherwise, directly to:

New Mexico Board of Medical Examiners  
Post Office Box 20001  
Santa Fe, New Mexico 87504

SC Lynn, M.D. Date: 3 June 91  
Applicant Signature  
Applicant Name: SHERWOOD C. LYNN, JR  
Address: (O) 1801 Sixth Ave  
Huntington, WV 25703

- \*\*\*\*\*
1. What privileges were extended to the applicant?  
unlimited Ob-Gyn privileges
  2. For how long? not to exceed 2 years
  3. Were limitations imposed on such privileges? No xx Yes      
If yes, please explain: n/a
  4. Were staff privileges ever removed or restricted? No x  
Yes     If yes, please explain:
  5. Derogatory information, if any: None

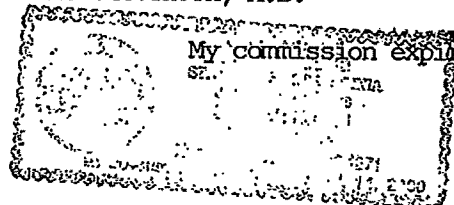
Hospital Name: St. Mary's Hospital  
Address: 2900 First Avenue  
Huntington, WVA 25702

Chief of Staff/for Administrator: MABEL M. STEVENSON, M.D.  
Signature: ASST EXEC DIR - MED AFFRS.  
(Seal) Mabel M. Stevenson Date: JUN 05 1991

DO NOT SUBMIT THIS FORM WITHOUT A HOSPITAL OR NOTARY SEAL  
(Please use reverse side for comments)

STATE OF WEST VIRGINIA  
COUNTY OF CABELL

The foregoing instrument was acknowledged before me this June 5, 1991, by  
Mabel M. Stevenson, M.D.



Sue Woods  
NOTARY PUBLIC

BOARD OF MEDICAL EXAMINERS

491 Old Santa Fe Trail, Lamy Building  
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Santa Fe, NM 87504  
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NM BOARD OF  
MEDICAL EXAMINERS

HOSPITAL AFFILIATION

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New Mexico Board of Medical Examiners  
Post Office Box 20001  
Santa Fe, New Mexico 87504

Applicant Signature  
Applicant Name:  
Address:

, M.D.

Date:

18 July 91

SHERWOOD C. LYNN, JR

- \*\*\*\*\*
1. What privileges were extended to the applicant? Full privileges in OBGyn Department
  2. For how long? 1 year (85/86)
  3. Were limitations imposed on such privileges? No X Yes     
If yes, please explain:
  4. Were staff privileges ever removed or restricted? No X  
Yes    If yes, please explain:
  5. Derogatory information, if any: None.

Hospital Name: Brackenridge Hospital  
Address: 601 East 15th Street  
Austin, Texas 78701

Chief of Staff (or) Administrator: John Dandridge, Jr., Administrator  
Signature: [Signature] Date: 7/19/91  
(Seal)

DO NOT SUBMIT THIS FORM WITHOUT A HOSPITAL OR NOTARY SEAL  
(Please use reverse side for comments)

**BOARD OF MEDICAL EXAMINERS**

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P.O. Box 20001  
Santa Fe, NM 87504  
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NM BOARD OF  
MEDICAL EXAMINERS

**HOSPITAL AFFILIATION**

In applying for a license to practice medicine in New Mexico, the Board of Medical Examiners requires this form to be completed by the Chief of Staff or Administrator in each hospital where I have held privileges, consultation or teaching appointments during the past five years (including internship and/or residency) preceding my application. This form is your authority to release and report any information in your files of record, favorable or otherwise, directly to:

New Mexico Board of Medical Examiners  
Post Office Box 20001  
Santa Fe, New Mexico 87504

SC Lynn, M.D. Date: 3 June 91  
Applicant Signature  
Applicant Name: SHERWOOD C. LYNN JR  
Address: \_\_\_\_\_

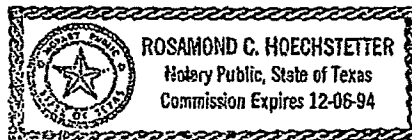
- \*\*\*\*\*
1. What privileges were extended to the applicant? OBSTETRICS & GYNECOLOGY
  2. For how long? 9-4-87 to 1-11-89
  3. Were limitations imposed on such privileges? No XX Yes \_\_\_\_  
If yes, please explain: \_\_\_\_\_
  4. Were staff privileges ever removed or restricted? No XX  
Yes \_\_\_\_ If yes, please explain: \_\_\_\_\_
  5. Derogatory information, if any: No derogatory information  
in file.
- Hospital Name: St. Luke's Episcopal Hospital  
Address: 6720 Bertner, Houston, Texas 77030

Chief of Staff or Administrator: Joan Lawson - Director, Medical Staff Service  
Signature: Joan Lawson Date: 6-21-91  
(Seal)

DO NOT SUBMIT THIS FORM WITHOUT A HOSPITAL OR NOTARY SEAL  
(Please use reverse side for comments)

Subscribed and sworn to me this 21st day of June, 1991.

Rosamond C. Hoechstetter



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BOARD OF MEDICAL EXAMINERS

491 Old Santa Fe Trail, Lamy Building  
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Santa Fe, NM 87504  
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JUN 17 1991

NM BOARD OF  
MEDICAL EXAMINERS

HOSPITAL AFFILIATION MEDICAL STAFF RELATIONS

In applying for a license to practice medicine in New Mexico, the Board of Medical Examiners requires this form to be completed by the Chief of Staff or Administrator in each hospital where I have held privileges, consultation or teaching appointments during the past five years (including internship and/or residency) preceding my application. This form is your authority to release and report any information in your files of record, favorable or otherwise, directly to:

New Mexico Board of Medical Examiners  
Post Office Box 20001  
Santa Fe, New Mexico 87504

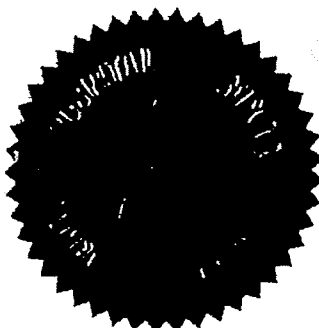
SC Lynn, M.D. Date: 3 June 91  
Applicant Signature  
Applicant Name: SHERWOOD C. LYNN, JR.  
Address: \_\_\_\_\_

- \*\*\*\*\*
1. What privileges were extended to the applicant? Obstetrics/ Gynecology
  2. For how long? 8-7-80 - 11-1-88
  3. Were limitations imposed on such privileges? No XX Yes \_\_\_\_  
If yes, please explain: \_\_\_\_\_
  4. Were staff privileges ever removed or restricted? No XX  
Yes \_\_\_\_ If yes, please explain: \_\_\_\_\_
  5. Derogatory information, if any: \_\_\_\_\_

Hospital Name: HERMANN HOSP (TX MED CTR)  
Address: 6411 FANNIN  
HOUSTON, TX 77030

Chief of Staff or Administrator: Terry K. Satterwhite, M.D.  
Signature: Terry K. Satterwhite, M.D. Date: 6-25-91  
(Seal)

DO NOT SUBMIT THIS FORM WITHOUT A HOSPITAL OR NOTARY SEAL  
(Please use reverse side for comments)



AMA PHYSICIAN PROFILE

AMERICAN MEDICAL ASSOCIATION  
515 NORTH STATE STREET  
CHICAGO, ILLINOIS 60610

DIVISION OF SURVEY AND DATA RESOURCES  
DEPARTMENT OF PHYSICIAN DATA SERVICES

DATE: 06-10-9  
TIME: 8:16 F

NAME: LYNN, SHERWOOD CHANG, JR M.D.  
ADDRESS:

BIRTHPLACE: SAVANNAH, GA

BIRTHDATE: '40

MEMBER OF AMA: 1991 ACTIVE MEMBER

MEDICAL SCHOOL

UNIV OF TX MED SCH AT SAN ANTONIO, SAN ANTONIO TX 78284

YEAR OF GRADUATION: 1976

LICENSES (INITIAL YEAR GRANTED BY STATE):

TX 1976

WV 1988

NATIONAL BOARD CERTIFICATION: NONE REPORTED TO DATE

SPECIALTY BOARD CERTIFICATION: AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY

PHYSICIAN'S PROFESSIONAL ACTIVITIES: OFFICE BASED PRACTICE

SELF DESIGNATED SPECIALTIES

PRIMARY: OBSTETRICS AND GYNECOLOGY

SECONDARY: UNSPECIFIED

TERTIARY: UNSPECIFIED

CURRENT MEDICAL TRAINING: NONE REPORTED TO DATE

PRIOR MEDICAL TRAINING: RESIDENT

HOSPITAL: UNIV TX MEDICAL SCHOOL

HOUSTON TX 77025

DATES OF TRAINING: 07/77-06/80 -- (CONFIRMED)

SPECIALTY: OBSTETRICS AND GYNECOLOGY

SPECIALTY: UNSPECIFIED

PRIOR MEDICAL TRAINING: INTERN

HOSPITAL: BAYLOR COLL MED-AFFIL HOSP

HOUSTON TX 77030

DATES OF TRAINING: 07/76-06/77 -- (CONFIRMED)

SPECIALTY: OBSTETRICS AND GYNECOLOGY

SPECIALTY: UNSPECIFIED

FELLOWSHIP: NONE REPORTED TO DATE

THE FOLLOWING IS HISTORICAL. CHECK WITH PRIMARY SOURCES FOR CURRENT STATUS:

NATIONAL SCIENTIFIC MEDICAL SOCIETIES:

AMERICAN COLLEGE OF OBSTETRICIANS AND GYNECOLOGISTS

PROFESSORIAL APPOINTMENT: NONE REPORTED TO DATE

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FOURTH YEAR 1/21/75 - 5/27/76

Medicine

Pass

Surgery

Pass

Research in Neurochemistry

Satisfactory

11/1/75 - 5/30/76

M.D. DEGREE AWARDED MAY 29, 1976

Obstetrics and Gynecology Residency: University of Texas Affiliated Hospitals  
Houston, Texas

... ..  
... ..  
... ..  
... ..

Resident

1971-72

Registrar

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JUL 25 1991

NM BOARD OF  
MEDICAL EXAMINERS

TO: THE NEW MEXICO STATE BOARD  
OF MEDICAL EXAMINERS

FROM: SHERWOOD C. LYNN, JR.

RE: HOSPITAL AFFILIATIONS /  
NEW MEXICO LICENSURE

IN APPLYING FOR STAFF PRIVILEGES AT MEMORIAL MEDICAL CENTER  
IN LAS CRUCES, I RECALLED TWO OTHER HOSPITALS IN TEXAS AT  
WHICH I HAD PRIVILEGES: BRACKENRIDGE IN AUSTIN AND LAKE  
LIVINGSTON MEDICAL CENTER IN LIVINGSTON.

**BRACKENRIDGE**

WHILE ON THE FULLTIME FACULTY AT THE UNIVERSITY OF TEXAS  
MEDICAL SCHOOL AT HOUSTON, WE HAD A RESIDENCY ROTATION IN  
AUSTIN. WHEN DR. STRINGER RETURNED TO GYN ONCOLOGY TRAINING  
AT THE M.D. ANDERSON HOSPITAL, HE WAS REPLACED AS SATELLITE  
RESIDENCY DIRECTOR BY A MAN WHO HELD THE POSITION FOR ABOUT  
FIVE MONTHS AND WAS FORCED TO STEP DOWN DUE TO HEALTH  
PROBLEMS. DURING THE SPRING AND SUMMER OF 1983, AS UT  
HOUSTON FACULTY AND UNDERGRADUATE EDUCATION DIRECTOR, I WENT  
TO AUSTIN WEEKLY ON THURSDAY AFTERNOONS TO MAKE TEACHING  
ROUNDS, TO "STAFF" THE FRIDAY MORNING CLINIC AND TO LECTURE.  
I ALSO HAD OR PRIVILEGES BUT NO PATIENT WAS EVER ADMITTED  
UNDER MY NAME. IN SEPTEMBER, 1983, DR. PAUL WEINBERG TOOK  
OVER AS DIRECTOR OF THIS PROGRAM AND I CEASED GOING TO  
AUSTIN TO TEACH.

**LAKE LIVINGSTON MEDICAL CENTER**

IN THE SPRING OF 1985, DR. WEINBERG ASKED ME TO TEACH DR.  
RAYMOND LUNA OF LIVINGSTON TO DO LAPAROSCOPIC STERILIZATION.  
DR. LUNA HAD BEEN A STUDENT AND RESIDENT OF DR. WEINBERG'S  
IN SAN ANTONIO AND HAD LIMITED LAPAROSCOPIC EXPERIENCE. WE  
MET ON SEVERAL OCCASIONS IN HOUSTON AND DR. LUNA GAINED THE  
NECESSARY EXPERIENCE FOR OBTAINING PRIVILEGES IN LIVINGSTON.  
THERE WERE NO OTHER GYNECOLOGISTS AT HIS HOSPITAL SO I WENT  
ON STAFF TO HELP RAY SET UP A LAPAROSCOPY PROGRAM, WHICH WE  
DID. OVER THE ENSUING THREE YEARS, I WENT OVER TO  
LIVINGSTON ON SEVERAL FRIDAY/SATURDAY'S TO HELP RAY IN THE  
OPERATING ROOM. NO PATIENT WAS EVER ADMITTED UNDER MY NAME.

HOSPITAL AFFILIATION FORMS HAVE BEEN SUBMITTED TO BOTH OF  
THESE HOSPITALS.

vaginal cream 20X  
**Femstat Prefill**  
(butoconazole nitrate)

*Lake Livingston Medical  
Center has changed  
names to*

*Polk County Memorial Hospital*  
*SCC*