Illinois Department of Financial and Professional Regulation

Division of Professional Regulation

Bruce Rauner
Governor

Bryan A. Schneider
Secretary

Jay Stewart
Director
Division of Professional Regulation

CERTIFICATION

I, Jay Stewart, Director of the Division of Professional Regulation, do hereby certify that I have been designated by the Secretary of the Department of Financial and Professional Regulation of the State of Illinois, as the keeper of its records and Seal. Such document(s) attached hereto are certified copies of the records maintained and kept by this Department in the regular course of business as of today's date.

IN WITNESS WHEREOF, I have set my hand and Seal of the Department of Financial and Professional Regulation at Springfield, Sangamon County, Illinois, this 27th day of March, 2015.

[redacted]

Jay Stewart
Director
Division of Professional Regulation

Please contact the *Division of Professional Regulation, Licensure Maintenance Unit*, at 1-800-560-6420 if you have any questions.

Documentation Certification ltr

43084

DO NOT WRITE ON THIS FOLD

No. 4[illegible]

APPLICATION FOR REGISTRATION AS PHYSICIAN AND SURGEON

RECIPROCITY

[redacted]

Preliminary Education approved ____ 19____

Medical Education approved ____ 19____

Diploma verified ____ 19____

Diploma returned ____ 19____

By ____ { Mail / Express }

Application Fee $150.00 received ____ 19____

Certificate issued ____ 19____

Certificate forwarded ____ 19____

Application declined ____ 19____

[illegible]

DO NOT WRITE ON THIS FOLD

EXAMINATION RECORD

Practical Test

SUBJECT	First Examination	Second Examination
Section A		
Section B		
Section C		
Total		
General Average	72.6	71.5

Date of first examination Sept 12 19 69

Date of second examination [illegible] 19 [illegible]

PERSONAL INFORMATION

Applicant Must Fill Following Blanks in Own Handwriting

Name Dr ALLEN PALMER

Postoffice address [redacted]

Is this your first application for a license in Illinois

Name of College issuing diploma: Kansas City College of Osteopathy & Surgery

Date of Graduation May 26 62

Total years of practice 2

If licensed in other states, give facts below.

State Missouri Date 5-24-30-62

" Kentucky " 6-14-62

" " "

" " "

I am not, and have not been an itinerant or advertising physician, and I hereby agree not to become such if a certificate be granted me to practice medicine in Illinois

[redacted]

Signature of Applicant

RECOMMENDATION OF PRESIDENT AND SECRETARY OF COUNTY, DISTRICT OR STATE MEDICAL SOCIETY

Kenneth C Smith D.O., Secretary, and
Edward C Riley D.O., President of the First District - Illinois Osteopathic
Medical Society, certify that Allen Stuart Palmer (Full name of applicant)
is personally known to us, and that he is an ethical practitioner and is of good moral and professional character.

We further certify that the said Dr. Allen Stuart Palmer engaged in the (OB-Gyne Resident - C.D.H.)
regular practice of medicine in the State of Illinois for 1 years
from Aug. 1 19 68 to July 31 19 69, and that he has never been an itinerant or advertising
doctor during the period he has practiced in this state. We have carefully reviewed all the statements made by the applicant
herein and believe them to be true in every respect.

We also certify that the above photograph is the likeness of the said Dr. Allen Stuart Palmer

We hereby recommend the said applicant to the Department of Registration and Education for a license to practice medicine in Illinois.

[redacted] Secretary

(Seal of the Society) [redacted] President

NOTE: If Society has no seal the signature must be acknowledged before a Notary Public.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 22nd July, 1969

[redacted]

NOTARY

DEPARTMENT OF REGISTRATION AND EDUCATION

SPRINGFIELD

APPLICATION FOR A LICENSE TO PRACTICE MEDICINE ON THE BASIS OF RECIPROCITY

I hereby make application for a license to practice Medicine and Surgery in all their branches in the State of Illinois and submit the following statements regarding my educational qualifications

Full name ALLEN STUART PALMER

Present address [redacted]

Intended residence Same

Place of birth [redacted] Date of birth [redacted] Age 27

Are you a citizen of the United States? Yes

Naturalized citizens of U. S. must submit Certificates of Naturalization.

HIGH SCHOOL EDUCATION

Name and location of school attended	Period of attendance
1st year Monticello Jr. High	9-4-51 6-7-54
2d year Cleveland Hts High	9-2-54 6-7-56
3d year	9-5-56 6-7-57
4th year	9-3-57 6-12-58

I was graduated from the Cleveland Hts. High School on the 12 day of June 1958

COLLEGE OR UNIVERSITY EDUCATION

Name and location of institution attended	Period of attendance
1st year Ohio Northern University	September 7 1960 June 4, 1961
2d year Ohio Northern University	September 8, 1961 August 17, 1962
3d year Ohio Northern University	September 7, 1962 June 2, 1963
4th year Ohio Northern University	June 10, 1963 August 16, 1963

I have credit for 227 quarter hrs. of college work. I received the degree of B.S. Pharmacy

(No. of majors, semester-hours, or clock hours)

from Ohio Northern University on the 16 day of August 1963

(College or University)

MEDICAL EDUCATION

I attended four full courses of medical lectures as follows:

At Kansas City College of Osteopathy & Surgery

(Name of Medical College)

from the 9 day of September 1963 to the 29 day of May 1964

At Kansas City College of Osteopathy & Surgery

(Name of Medical College)

from the 8 day of September 1964 to the 28 day of May 1965

At Kansas City College of Osteopathy & Surgery

(Name of Medical College)

from the 30 day of August 1965 to the 20 day of May 1966

At Kansas City College of Osteopathy & Surgery

(Name of Medical College)

from the 22 day of May 1966 to the 26 day of May 1967

Rotating internship served at Martinplace Hospital, 19535 Schoolcraft, Detroit, Mich.

from July 1, 1967 to June 30, 1968

I was granted a diploma as a Doctor of Osteopathy Medicine by Kansas City College of Osteopathy and Surgery

located at Kansas City, State of Missouri, on the May 26, 1967

The diploma presented with this application is the genuine Diploma of said

State of Illinois
County of Cook

Allen Stuart Palmer

duly sworn, says that he is the person referred to in this application and that the statements therein [redacted]

(Signature of Applicant)

Subscribed and sworn to before me this 14th day of August [redacted] 69

My commission expires August 20, 1972

CERTIFICATE OF SECRETARY OF STATE BOARD ISSUING ORIGINAL LICENSE

I, JOHN A. HAILEY Executive Secretary ST BD REG FOR THE HEALING ARTS OF MO
(Official name of Board)

hereby certify that ALLEN STUART PALMER, D. O.

was granted State Certificate No. 31279 to practice Medicine in the State of MISSOURI

on the 24th day of June 19 67, on the basis of ST BD WRITTEN EXAM 5-29-30-67

I further certify that ALLEN STUART PALMER, D. O. in his written examination

(including ... questions) before this Board, obtained a general average of 80.58% in the following branches:

Anatomy-Histology 75; Physiology 80; Chemistry 84; Pathology 80;
Bacteriology 78; Hygiene 80; Diagnosis 81; Practice Medicine 76;
Surgery 81; Obstetrics 86; Gynecology 79; Pediatrics 87.

(Please give grades in each subject)

I further certify that the preliminary and professional education as outlined on Page 1 of this application was verified by this Board prior to the examination of the applicant.

Acting in behalf of the THE STATE BOARD OF REGISTRATION FOR THE HEALING ARTS OF MO
(Official name of Board)

I hereby certify to the reputability of Dr. ALLEN STUART PALMER, D. O. appears of record in this office, and recommend him to the Department of Registration and Education of the State of Illinois as a fit and proper person to receive a license. The State Board of MISSOURI hereby agrees to reciprocate the action of the Department of Registration and Education.

I also certify that the photograph as appears in this application is the likeness of the said Dr. ALLEN STUART PALMER, D. O. and the person named in the above endorsement.

(Seal) [redacted] Executive Secretary
Assistant

Date August 6, 1969

Note: To save time forward a certifying fee to above board when sending this for certification.

CERTIFICATE OF DEAN, SECRETARY OR REGISTRAR OF MEDICAL COLLEGE GRANTING DEGREE

I hereby certify that Allen Stuart Palmer

matriculated in the Kansas City College of Osteopathy & Surgery Medical College on the 9 day of September, 1963 and attended four courses of instruction, graduating with the degree of D. O. on the 26 day of May, 1967

I further certify that the photograph which appears on Page 3 is the likeness of the said Allen Stuart Palmer and the identical person to whom the said diploma was originally issued

(Seal of College) [redacted]
Registrar

DO NOT WRITE ON THIS FOLD

No. [illegible]

Application for Registration

as

PHYSICIAN and SURGEON
under
TEMPORARY CERTIFICATE
OF REGISTRATION

[illegible]

City [illegible]

Street [illegible]

County [illegible]

Preliminary Education
Approved [illegible]

Diploma reviewed [illegible]

Diploma returned [illegible]

By [illegible] Express
First Class Mail

Certificate Fee $25.00 received

[illegible]

Certificate Issued [illegible]

Certificate Re-issued [illegible]

DO NOT WRITE ON THIS FOLD

State or Country
of Licensure [illegible]

Date License Issued [illegible]

APPROVED MAY 23 1968

DENIED [illegible]

INSTRUCTIONS FOR FILING THIS APPLICATION

This blank must be filled out in detail and returned to the Department of Registration and Education, Capitol Building, Springfield, Illinois.

Also include a small, photostatic copy of your M. D. Degree, and documentary proof of registration for the practice of medicine in another state or country, or proof of having passed an examination deemed by the Department to be equivalent to the examination given by the Department for registration in the State of Illinois.

The certificate fee of $25.00 may be filed with the application or forwarded when the applicant is notified that his application is approved.

Note: The certificate granted by the Educational Council For Foreign Medical Graduates is not acceptable in lieu of licensure in another jurisdiction.

Certification by the National Board of Medical Examiners is deemed to be equivalent to the examination given by the Department of Registration and Education.

IF YOUR DIPLOMA [illegible] LICENSE ARE NOT IN ENGLISH LANGUAGE, FORWARD AN OFFICIAL TRANSLATION WITH DOCUMENTS.

CERTIFICATE OF ACCEPTANCE FOR RESIDENCY TRAINING

This is to certify that Allen Stuart Palmer

a graduate of Kansas City College of Osteopathy Medical College

located at Kansas City, Missouri

has been accepted for Specialty or Residency Training in Obstetrics and Gynecology
(Name of specialty)

at Chicago Osteopathic Hospital
(Name of Hospital)

Hospital located [redacted]
(Hospital Location), beginning August 1, 1968
(Date)

and ending July 31, 1969
(Date)

[redacted]
(Name and Title of Superintendent)
President

CERTIFICATE OF MORAL CHARACTER

This is to certify that we, the undersigned, are personally acquainted with Allen Stuart Palmer
(Name of Applicant)

who is applying for a Temporary Certificate of Registration under Section 11a of the Medical Practice Act, and we know him to be of good moral character, and that he is the person referred to in this application, and that the attached photograph and signature are his.

Signed [redacted], M. D.,
(Legal Address)

Signed [redacted], M. D.,
(Name) (Legal Address)

STATE OF ILLINOIS
DEPARTMENT OF REGISTRATION AND EDUCATION
SPRINGFIELD

APPLICATION FOR TEMPORARY CERTIFICATE OF REGISTRATION

I hereby make application for a Temporary Certificate of Registration, under Section 11a of an Act entitled: "The Medical Practice Act" of Illinois.

RECEIVED
MAY 10 1967

Full Name Allan Stuart Felmer

Address [redacted] (Street and Number)

[redacted] (City) (County) Michigan (State)

Place of Birth [redacted] Date of Birth [redacted]

COLLEGE OR UNIVERSITY EDUCATION

Name and Location of School Attended:	Period of Attendance	
1st yr Ohio University	From Sept. 1958	To June 1959
2nd yr	From Sept. 1959	To June 1960
3rd yr Ohio Northern University	From Sept. 1960	To June 1961
4th yr	From Sept. 1961	To June 1962
	Sept. 1962	Aug. 1963

I have credit for 124 Hrs. (No. majors or hours) of College Work. I received the Degree of

B.S. Pharmacy from Ohio Northern University (College or University) Aug. 16, 1963 (Date)

MEDICAL EDUCATION

I attended Kansas City College of Osteopathy and Surgery (Name of Medical College or University)

At Kansas City, Missouri

from Sept. 1963, to June, 19[illegible]

At

from Sept. 1964, to June 1965

At

from Sept. 1965, to June 1966

At

from [illegible] June 1966, to May 1 1967

I was granted the Degree of Doctor of Medicine by Kansas City College of Osteopathy and Surgery (Name of Medical College)

located at Kansas City, State of Missouri, on the

26th day of May, 1967

M-2

CERTIFICATE WITH REGARD TO PRACTICE

I hereby certify that I am the holder of a license for the practice of Medicine and Surgery in Missouri (State or Country)

issued June 2, 1962 (Date) and that it is in force and effect at the present time.

I further certify that I am not a resident of the State of Illinois, and that I do not intend to remain in Illinois for the purpose of engaging in the practice of Medicine after completion of my residency training.

[redacted]
(Signature of Applicant)

APPLICANT'S AFFIDAVIT

State of Missouri } ss.
County of St. Louis }

DR. ALLEN STUART PALMER, being duly sworn, says that he is the person referred to in this application, and that the statements therein contained are true in every respect.

[redacted]
(Signature of Applicant)

Subscribed and sworn to before me this 1st day of May, 1968

[redacted]
(Notary Public)

JOHN R. PIESCHEL, JR.
Notary Public, City of St. Louis, Missouri
My Commission Expires June 19, 1970

Notary Seal

The State Board of Registration for the Healing Arts

By Authority of Law Hereby Licenses

ALLEN STUART PALMER, D. O.

Graduate of

KANSAS CITY COLLEGE OF OSTEOPATHY AND SURGERY

To Practice As

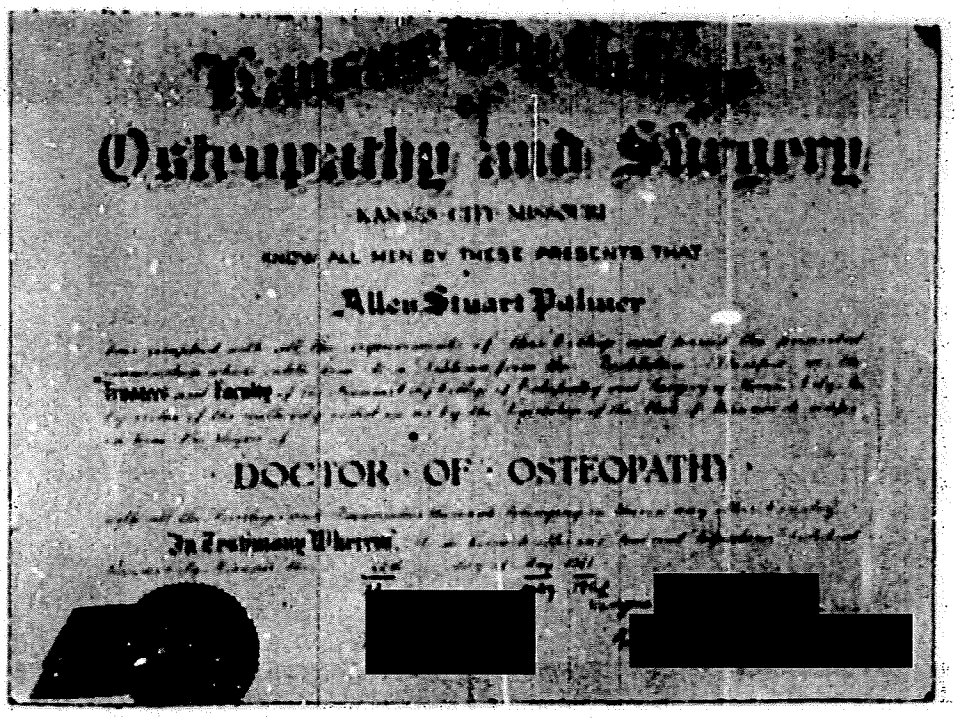
Physician and Surgeon

Given Under the Hands and Seal of the State Board of Registration for the Healing Arts of Missouri

at Jefferson City this twenty-fourth day of June in the year A.D. 1901

[redacted]

[redacted]



[redacted]

Osteopathy and Surgery

KANSAS CITY MISSOURI

KNOW ALL MEN BY THESE PRESENTS THAT

Allen Stuart Palmer

DOCTOR OF OSTEOPATHY

In Testimony Whereof

[redacted]

The Chicago College of Osteopathy
The Chicago Osteopathic Hospital

5200 South Ellis Avenue
Chicago, Illinois 60615
Telephone DO 3-6800

RECEIVED
AUG 29 1969
DEPARTMENT OF REGISTRATION
AND EDUCATION
STATE OF ILLINOIS

Office of the Medical Director

August 26, 1969

Department of Registration & Education
Medical Section
State Of Illinois
Springfield, Illinois 62706

Gentlemen:

This is to certify that Allen S. Fabian, M.D. has satisfactorily completed one year of a four-year residency program in Obstetrics and Gynecological Surgery from August 1, 1968 to July 31, 1969. He began his second year of training August 1, 1969.

Yours very truly,

Joseph L. Perrin, D.O.
Director of Medical Education

mek

April 26, 1968

Allen S Palmer DO
27321 Dequindre apt 25
Madison Heights, Michigan 48071

RECEIVED
DEPARTMENT OF REGISTRATION AND EDUCATION

Dear Sir:

I would like an application for a temporary Licensure in the state of Illinois. I am planning to do a Residency at the Chicago College of Osteopathy beginning Aug 1, 1968. I am a graduate of Kansas City College of Osteopathy and Surgery class of 1967.

Sincerely,

[redacted] D.O.

Mailed 5-2-68

STATE OF ILLINOIS

DEPARTMENT OF REGISTRATION AND EDUCATION

SPRINGFIELD

JOHN C. WATSON
DIRECTOR

JOHN B. HAYES
SUPERINTENDENT OF REGISTRATION

IN REPLY REFER TO: Medical Section

May 15, 1968

Allen Stuart Palmer, MD,
[redacted]

Dear Doctor:

Your application for a Temporary Certificate of Registration is now in complete order and has been placed on file for consideration by the Medical Examining Committee at its next meeting.

In this connection, we wish to call your attention to the fact that your Temporary Certificate will be issued with the understanding it is not to be considered or used as a basis for permanent registration under the Medical Practice Act of the State of Illinois. (Any application for permanent licensure under said Act will be processed under the provisions of the Act, and the Rules and Regulations of the Department of Registration and Education, as applied to all other applicants seeking permanent registration in this State.)

Your Temporary Certificate of Registration will be mailed directly to the Director of Medical Education of the hospital in which you are serving residency training.

Sincerely yours,

[redacted]

John C. Watson
Director

STATE OF ILLINOIS

DEPARTMENT OF REGISTRATION AND EDUCATION

SPRINGFIELD

JOHN C. WATSON
DIRECTOR

JOHN S. HAYES
SUPERINTENDENT OF REGISTRATION

IN REPLY REFER TO: Medical Section

June 12, 1968

Allen Stuart Palmer, M.D.
[redacted]

Dear Doctor:

We are pleased to inform you that the Medical Committee for this Department, at its recent meeting, recommended the approval of your application for a Temporary Certificate of Registration. Upon receipt of your remittance in the amount of $25.00, it will be issued and mailed to the Hospital Director or Superintendent of the hospital where you are in residency training.

In this connection, we wish to call your attention to the fact that your Temporary Certificate of Registration is given with the understanding that it is not to be considered or used as a basis for permanent registration under the Medical Practice Act of the State of Illinois. Any application for permanent registration under said Act will be processed under the provisions of the Act, and the rules and regulations of the Department of Registration and Education, as applied to all other applicants seeking permanent registration in this State.

Sincerely yours,

[redacted]

John C. Watson
D i r e c t o r

mm / jb

STATE OF ILLINOIS

DEPARTMENT OF REGISTRATION AND EDUCATION

SPRINGFIELD

JOHN C. WATSON
DIRECTOR

JOHN B. HAYES
SUPERINTENDENT OF REGISTRATION

IN REPLY REFER TO: Medical Section

July 11, 1968

Allen Stuart
[redacted]

Dear Sir:

We are returning your remittance in the amount of $25.00.

Please advise for what purpose this fee was submitted.

Sincerely yours,

John C. Watson
Director

MM:jk

Medical Section

August 19, 1969

Allen S. Palmer, D.O.

[redacted]

Dear Dr. Palmer:

We are returning your remittance in the amount of $150.00 forwarded for licensure by reciprocity.

The internship you completed at Martin Place Hospital is not approved by this Department. We note you filed a temporary application for residency training in obstetrics and gynecology at Chicago Osteopathic Hospital last year. You were notified under date June 12, 1968 to submit the required $25.00 fee for issuance of this license. However, we did not receive this fee. If you did complete this year of training and will furnish evidence of same, we will submit your application to the Medical Examining Committee for evaluation.

Very truly yours,

William H. Robinson
Director

MM:jk

The Chicago College of Osteopathy
The Chicago Osteopathic Hospital

5200 South Ellis Avenue
Chicago, Illinois 60615
Telephone DO 3-6800

Office of the Medical Director

August 28, 1969

Department of Registration & Education
Medical Section
STate of Illinois
Springfield, Illinois 62706

Gentlemen:

This is to certify that Allen S. Palmer, D.O. has satisfactorily completed one year of a four-year residency program in Obstetrics and Gynecological Surgery from August 1, 1968 to July 31, 1969. He began his second year of training August 1, 1969.

Yours very truly,

[redacted]

Ward E. Perrin, D.C.
Director of Medical Education

mek

The Chicago College of Osteopathy
The Chicago Osteopathic Hospital

5200 South Ellis Avenue
Chicago, Illinois 60615
Telephone DO 3-6800

August 22, 1969

RECEIVED
AUG 22 1969
DIRECTOR OF REGISTRATION AND EDUCATION

Williar H. Robinson, Director
Departı nt of Registration & Education
Medica Section
State · Illinois
Spring ·eld, Illinois 62706

Dear M Robinson:

I am e: iosing a letter from the Director of Medical Education certif ıg my first year of residency training, together with my che for $150 for application for licensure.

I am a: › enclosing a photostatic copy of correspondence regard: ; application for a temporary license last year.

Yours very truly,

[redacted]

Allen S. Palmer, D.O.

mek
Encl.

Miss Kowalsky of the
Director's office that
Dr. Palmer d[illegible] -pleted
a one [illegible] residency
[illegible] Sept.

Medical
Section

September 26, 1969

Allen St rt Palmer, M.D.
[redacted]

Dear Doct :

We regret ou were unsuccessful in the clinical test conducted by this D partment for licensure as physician and surgeon. To be successf an applicant must have obtained a general average of 75 per ce .. You received a general grade of 72.8.

Your appl cation has been placed on file for the next clinical examinati which will be held in Chicago, Illinois, on December 9, 1969. A rd of admission and further instructions will be mailed to you at later date. A fee is not required for retaking the clinical amination.

Please k this Department informed at all times of your recent address i order that you may receive your card of admission.

Very truly yours,

William H. Robinson
D i r e c t o r

MH:nw

To the Board of Registration and Examination of the State of —

ILLINOIS

This is to Certify That ALLEN S. PALMER, D.O.

Address [redacted]

has attended the Educational Course and Convention of the Missouri Association of Osteopathic Physicians and Surgeons, on

MAY 9-12, 19 74

This course was reviewed and approved for post-graduate continuing medical education requirements by the American Osteopathic Association.

[redacted]

Executive Director

Missouri Association of Osteopathic Physicians and Surgeons

RECEIVED

MAY

DIRECTOR OF REGISTRATION AND EDUCATION

Pub file 43089

336-079968

RECEIVED
CASHIER SECTION
JUN 14 2007
IDFPR

(DO NOT USE THIS APPLICATION FOR RENEWAL OF AN EXISTING LICENSE)

IMPORTANT NOTICE Completion of this form is required by 720 ILCS 570/1 et seq. (Illinois Compiled Statutes). Disclosure of information is mandatory. Furnishing by applicant of false or fraudulent information or failure to provide pertinent information constitutes grounds for denying such application or revoking any registration issued pursuant to such application.

APPLICATION FOR STATE CONTROLLED SUBSTANCES REGISTRATION

DO NOT SUBMIT APPLICATION UNTIL A PERMANENT PRACTITIONERS LICENSE HAS BEEN ISSUED! CONTROLLED SUBSTANCES LICENSE WILL NOT BE ISSUED TO A TEMPORARY LICENSE HOLDER!

1 Every person who prescribes or dispenses any controlled substances within the State of Illinois must obtain a license issued by the Department of Financial and Professional Regulation in accordance with the Illinois Controlled Substances Act.

2 A separate controlled substances registration is re[illegible]

b k PALMER, ALLEN STUART
336 Cred #2302247 06/20/2007

3 A By:NON-EXAM
p R SSN:273-32-1775

A Type or print legibly with black ink only.

B The fee is $5 - Make check payable to the Department of Financial and Professional Regulation. THIS FEE IS NOT REFUNDABLE! (Separate application/fee is required for each registration.)

C Disclosure of your U.S. social security number, if you have one, is mandatory, in accordance with 5 Illinois Compiled Statutes 100/10-65 to obtain a license. The social security number may be provided to the Illinois Department of Public Aid to identify persons who are more than 30 days delinquent in complying with a child support order, or to the Illinois Department of Revenue to identify persons who have failed to file a tax return, pay tax, penalty or interest shown in a filed return, or to pay any final assessment or tax penalty or interest, as required by any tax Act administered by the Illinois Department of Revenue, or to other entities for verification of identification.

CHECK A BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION.
(Do not use this form to renew existing Registration)

☐ First Time Applicant ☒ Additional Location (separate office where drugs are stored)

PART I: Application Category Information

1 PROFESSIONAL NAME	2 PROFESSIONAL CODE Check applicable box		3 LICENSURE METHOD	4 FEE
Controlled Substances	☐319 Dentist	☒336 Physician	Registration	$5
	☐316 Podiatrist	☐390 Veterinarian		

PART II: Applicant Identifying Information

1 NAME LAST	FIRST	MIDDLE	2 TITLE (e.g., M.D., O.D., etc.)	3 UNITED STATE SOCIAL SECURITY NO.
Palmer	Allen	Stuart	D.O.	[redacted]

4 PERMANENT MAILING ADDRESS	CITY	STATE/COUNTRY	ZIP CODE	COUNTY
[redacted]				Madison

5 NAME OF BUSINESS AND LOCATION (STREET/CITY /ZIP CODE) WHERE DRUGS ARE STORED AND CONTROLLED SUBSTANCES LICENSE IS TO BE ISSUED
National HealthCare
7405 N University St.
Peoria, IL
IL 61614-1212

6 MAIDEN OR GIVEN SURNAME, OR ANY NAME(S)
N/A

7 TELEPHONE NUMBER WHERE YOU MAY BE REACHED DURING THE DAY
Work (314) 739-8416
Home ([redacted])
Area Code

PART III: Professional Activity

Practitioner - Check and complete one of the following

	Professional License Number
☐Dentist	019
☒Physician	036 043089
☐Podiatrist	016
☐Veterinarian	090

Drug Schedule (Circle the schedules for which you are applying)
(II) (IIN) (III) (IIIN) (IV) (V)

FOR OFFICIAL USE ONLY

FEE $5

BNDD Number: [ ][ ][ ][ ][ ][ ][ ][ ][ ]
Type: [ ]
Suffix: [ ]
Schedule Codes: [ ][ ][ ][ ][ ][ ]
Additional Function: [A]
Card Code: [K]
Issuance Date (Month/Day/Year) [ ][ ]/[ ][ ]/[ ][ ][ ][ ]

IL486-0500 07/04 (LT)

PART IV: Personal History Information *(This part must be completed by all Applicants)*	YES	NO
1 Have you ever been charged or convicted of any drug related criminal offense in any state or in federal court? *If yes, attach a statement for each conviction including dates and place of conviction, nature of the offense and if applicable, the date of discharge from any penalty imposed.*		X
2 Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition, (2) alcohol or other substance abuse, (3) physical disease or condition, that presently interferes with your ability to practice your profession? *If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.*		X
3 Have you been denied a professional license or permit or privilege of taking an examination, or had a professional license or permit ever disciplined in any way by any licensing authority in Illinois or elsewhere? *If yes, attach a detailed explanation.* Previously Reported - Tax Felony 1998	X	
4 Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? *If yes, attach a detailed explanation.*		X
5 Has any previous registration held by the applicant under the Controlled Substances Act been surrendered, suspended, revoked, denied, placed on probation, or is pending action? *If yes, attach a detailed statement for each action, including dates and place of incident, and the nature of the offense.*		

PART V: Child Support and/or Student Loan Information (Every applicant is required by law to respond to the following questions)

1 In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

Are you more than 30 days delinquent in complying with a child support order? Yes ☐ No ☒
(NOTE: If you are not subject to a child support order, answer "no.")

2. In accordance with 20 Illinois Compiled Statutes 2105/2105-(5), "The Department shall deny any license or renewal authorized by the Civil Administrative Code of Illinois to any person who has defaulted on an educational loan or scholarship provided by or guaranteed by the Illinois Student Assistance Commission or any governmental agency of this State, however, the Department may issue a license or renewal if the aforementioned persons have established a satisfactory repayment record as determined by the Illinois Student Assistance Commission or other appropriate governmental agency of this State." (Proof of a satisfactory repayment record must be submitted.)

Are you in default on an educational loan or scholarship provided/guaranteed by the Illinois Student Assistance Commission or other governmental agency of this State? Yes ☐ No ☒

PART VI: Certifying Statement

I hereby apply for an Illinois Controlled Substances Registration in accordance with the Illinois Controlled Substances Act. I certify that I have answered all questions on this application to the best of my knowledge.

6/13/07
Date of Application

Allen S. Palmer D.O.
Print Name of Applicant

[redacted]
Signature of Applicant

I UNDERSTAND THAT FEES ARE NOT REFUNDABLE. My signature above authorizes the Department of Financial and Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than $50.

Application must be completed in its entirety.
If not completed, it will be returned to the address noted on front of application.

NAME (Last, First, MI)

SS#

Profession

REVIEW FOR POSSIBLE INTENT TO DENY/UNLICENSED ACTIVITY

TO:	SANDY	(X)	CHERYL	( )
	KIM	( )	KITTIE	( )
	ALICIA	( )		

FROM: Carol Scott

DATE: June 25, 2007

APPLICANTS NAME: Allen S. Palmer, DO

The attached application is being submitted to you for further review for possible Intent to Deny/Unlicensed Activity procedures due to the following information/documents.

( ) Unlicensed Activity from _____ to _____
( ) Criminal Convection
(X) Positive Personal History
( ) Child Support
( ) Default on Educational Loan/Scholarship

The below information is a brief statement as to the possible action needed:

RECOMMENDATION TO PROCESSOR:

( ) Send to Enforcement for Intent to Deny
(X) Send to Enforcement for Unlicensed Activity
(X) Issue License If Complete

Initialed: SD

Date: 6-26-07

0805000570B 336-058304

IMPORTANT NOTICE: Completion of this form is required by 720 of the Illinois Compiled Statutes (Chap. 56 1/2, of the Ill. Rev. Stat. 1985). Disclosure of information is mandatory. Furnishing by applicant of false or fraudulent information or failure to provide pertinent information constitutes grounds for denying such application or revoking any registration issued pursuant to such application. This form has been approved by the Forms Management Center.

OPTOMETRISTS AND PHYSICIANS
APPLICATION FOR STATE CONTROLLED SUBSTANCES REGISTRATION

DO NOT SUBMIT APPLICATION UNTIL A FEE CONTROLLED SUBSTANCES LICENSE HAS

PALMER, ALLEN S
3026 [illegible] 58279 [redacted]
By: NON-EXAM ASG: UNASSIGN

1. Every person who prescribes or dispenses any controlled substances within the State of Illinois must obtain a license issued by the Department of Professional Regulation in accordance with the Illinois Controlled Substances Act.
2. A separate controlled substances registration is required for each place of professional practice or business where controlled substances are stored or located.
3. A State Controlled Substances Registration is prerequisite to a Federal Controlled Substances Registration.

A. Type or print
B. The fee is $5
C.

336058304

Springfield, Illinois

(DO NOT USE THIS APPLICATION FOR RENEWAL OF AN EXISTING LICENSE)

CHECK A BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION.
(Do not use this form to renew existing Registration)

☐ First Time Applicant ☒ Additional Location (separate office where drugs are stored)

PART I: Application Category Information

1. PROFESSIONAL NAME	2. PROFESSIONAL CODE - Check applicable box	3. LICENSURE METHOD	4. FEE
Controlled Substances	☐ Optometrist 3046 ☑ Physician 336	Registration	$5

PART II: Applicant Identifying Information

1. NAME LAST	FIRST	MIDDLE	2. TITLE (e.g., M.D., D.O., etc.)	3. SOCIAL SECURITY NUMBER
Palmer	Allen	Stuart	DO	[redacted]

4. PERMANENT MAILING ADDRESS [redacted] CITY STATE/COUNTRY ZIP CODE COUNTY

5. NAME OF BUSINESS AND LOCATION (STREET/CITY /ZIP CODE) WHERE DRUGS ARE STORED AND CONTROLLED SUBSTANCES LICENSE IS TO BE ISSUED

The Hope Clinic for Women
1602 21st St.
Granite City
IL 62040+5304

6. MAIDEN OR GIVEN SURNAME, OR ANY NAME(S)

7. TELEPHONE NUMBER WHERE YOU MAY BE REACHED DURING THE DAY

Work (618) 451-5722 (Area Code)
Home (___) ___-____ (Area Code)

PART III: Professional Activity

FOR OFFICIAL USE ONLY — FEE $5

Practitioner - CHECK AND COMPLETE ONE OF THE FOLLOWING

Optometrist 046 - _____ (Professional License Number)
DRUG SCHEDULES IIN IIIN IV 43089

✓ Physician 336 - ~~010817~~ (Professional License Number)
DRUG SCHEDULES (Circle the schedules for which you are applying) (II) (IIN) (III) (IIIN) (IV) (V)

BNDD Number: Type: Suffix:
Schedule Codes: Additional Function: A Card Code: K
Issuance Date (Month/Day/Year)

IL486-1813 12/97 (LT)

REVERSE SIDE MUST BE COMPLETED

INSTRUCTIONS FOR CONTROLLED SUBSTANCE REGISTRATION
- OPTOMETRISTS AND PHYSICIANS -

An Illinois controlled substances registration is required only for those practice location(s) or business(es) where controlled drugs are stored or located in Illinois. A separate application is required for EACH location or business where controlled drugs are stored or located.

1. **Complete all Parts I through VI of application (front and back).**
2. **Submit the appropriate $5 licensure fee. Make check or money order payable to the Department of Professional Regulation - Fee is not refundable.**
3. **Return application and fee to the below noted address.****
4. **Failure to properly complete the application will delay licensure.**

NOTE:
- ❑ **A controlled substances registration will not be issued until your professional license has been issued.**
- ❑ **It is mandatory that all locations or business address(es) be in Illinois addresses (P.O. boxes not acceptable). A controlled substances registration will not be issued to an out of state or to a home address.**
- ❑ **A controlled substances registration will not be issued to individuals holding a temporary license.**

Should you have any questions relative to completing the application, contact:

** **Department of Professional Regulation** **
320 West Washington, 3rd Floor, CMU2
Springfield, Illinois 62786
217/782-0458

A State controlled substances registration is a prerequisite for Federal controlled substances registration. For information concerning Federal registration, you must contact:

Drug Enforcement Administration
230 South Dearborn, Suite 1200
Chicago, Illinois 60604
Telephone: 312/353-7875

PHYSICIANS ONLY - After obtaining both your State and Federal controlled substances registration, you may obtain official triplicate prescription forms for the purpose of prescribing Schedule II "designated product" controlled substances. Triplicate prescription forms may be obtained by contacting:

Illinois Department of Human Services
Triplicate Prescription Unit
222 South College, 2nd Floor
Springfield, Illinois 62704
Telephone: 312/822-9860 - Chicago
217/782-0685 - Springfield

Your state controlled substances registration number will expire at the same time your professional license expires.

Illinois Department of Professional Regulation

Jim Edgar
Governor

Nikki M. Zollar
Director

Medical Investigations Fax

To: SUSAN WILSON, LMU

From: EMMONS P. RUSSELL, MD

Date: 5/4/98

Number of pages including cover sheet: 3

Comments: CS LIC APP FOR NICK VLACHOS
036-058143 STILL PENDING IN LEGAL.
~~HAVE NO RECORD OF RECEIVING CS APP~~
FOR LAWRENCE LERNER 036-048969.

CS APP FOR ALLEN J. PALMER, D.O. OKAY
TO ISSUE

Telephone # 312/814-____ Fax# 312/814-3145

1-31-94

320 West Washington
3rd Floor
Springfield, Illinois 62786
217/785-0800
TDD 217/524-6735

James R. Thompson Center
100 West Randolph
Suite 9-300
Chicago, Illinois 60601
312/814-4500

PART IV: Personal History Information *(This part must be completed by all Applicants)*	YES	NO
1. Have you ever been charged or convicted of any drug related criminal offense in any state or in federal court? *If yes, attach a statement for each conviction including dates and place of conviction, nature of the offense and if applicable, the date of discharge from any penalty imposed.*		✓
2. Have you had or do you now have any disease or condition that interferes with your ability to perform the essential functions of your profession, including any disease or condition generally regarded as chronic by the medical community, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; (3) physical disease or condition, that presently interferes with your ability to practice your profession? *If yes, attach a detailed statement, including an explanation whether or not you are currently under treatment.*		✓
3. Have you been denied a professional license or permit or privilege of taking an examination, or had a professional license or permit ever disciplined in any way by any licensing authority in Illinois or elsewhere? *If yes, attach a detailed explanation.*	✓	
4. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? *If yes, attach a detailed explanation.*		✓
5. Has any previous registration held by the applicant under the Controlled Substances Act been surrendered, suspended, revoked, denied, placed on probation, or is pending action? *If yes, attach a detailed statement for each action, including dates and place of incident, and the nature of the offense.*		✓

PART V: Child Support Information (*This part must be completed by all applicants.*)

In accordance with 5 Illinois Compiled Statutes 100/10-65(c), applications for renewal of a license or a new license shall include the applicant's Social Security number, and the licensee shall certify, under penalty of perjury, that he or she is not more than 30 days delinquent in complying with a child support order. **Failure to certify shall result in disciplinary action, and making a false statement may subject the licensee to contempt of court.**

You **MUST** check one of the following:

- ☐ I am not more than 30 days delinquent in complying with a child support order.
- ☐ I am more than 30 days delinquent in complying with a child support order.
- ☒ I am not currently under any child support order.

PART VI: Certifying Statement

I hereby apply for an Illinois Controlled Substances Registration in accordance with the Illinois Controlled Substances Act. I certify that I have answered all questions on this application to the best of my knowledge.

Allen S. Palmer
First Name of Applicant

[redacted]
Signature of Applicant

3-18-98
Date of Application

My signature above authorizes the Department of Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than $50.

IL486-1813 12/97 (LT)

Application must be completed in its entirety.

If not completed, it will be returned to the address noted on front of application.

GYNECOLOGY — FAMILY PLANNING

[redacted]

WOMENSCARE GYNECOLOGY, INC.

Allen S. Palmer, M.D., F.A.C.O.G.

ATTACHMENT

Question #3

In 1979, my license was placed on probation for a tax related felony. I never had any practice restrictions of any kind. To date; all fines and probation completed and have had no problems since.

[redacted]

Allen S. Palmer D.O.

[redacted]

3304 McKelvey Road, #111, Bridgeton, MO 63044, (314) 739-5416, Fax 739-6450
3979 Manchester Road, #14, Manchester, MO 63011, (314) 394-0099, Fax 394-0417

PORTANT NOTICE: Completion of this form is required by 720 of the Illinois Compiled Statutes (Chap. 56 1/2, of the Ill. Rev. Stat. 1985). Disclosure of information is mandatory. Furnishing by applicant of false or fraudulent information or failure to provide pertinent information constitutes grounds for denying such application or revoking any registration issued pursuant to such application. This form has been approved by the Forms Management Center

APPLICATION FOR STATE CONTROLLED SUBSTANCES REGISTRATION

RECEIVED
HEALTH SERVICES SECTION
MAY 08 1995
DEPARTMENT OF PROFESSIONAL REGULATION

A Controlled Substances license will not be issued until your professional license has been issued.

1. Every person who prescribes or dispenses any controlled substances within the State of Illinois must obtain a license issued by the Department of Professional Regulation in accordance with the Illinois Controlled Substances Act.
2. A separate controlled substance registration is required for each place of professional practice or business where controlled substances are stored or located.
3. A State Controlled Substances Registration is prerequisite to a Federal Controlled Substances Registration.

A. Type or print [illegible] in black ink only.

B. The fee is $5 - Make check payable to the Department of Professional Regulation. The fee is not refundable. (Separate application/fee required for each registration.)

C. Submit application and fee to:

Department of Professional Regulation
320 West Washington, 3rd Floor
Springfield, Illinois 62786

CHECK BOX INDICATING THE APPROPRIATE INFORMATION REGARDING YOUR APPLICATION.
(Do not use this form to renew existing Registration)

☐ First Time Applicant ☐ Additional Location (separate office where drugs are stored)

PART I: Application Category Information

1 PROFESSIONAL NAME	2 PROFESSIONAL CODE	3 LICENSURE METHOD	4 FEE
Controlled Substances	0 0 3	Registration	$5

PART II: Application Identifying Information

1 NAME LAST	FIRST	MIDDLE	2 TITLE (e.g. MD DDS etc.)	3 SOCIAL SECURITY NUMBER
Volcoff	Allen	Stuart	D.O.	[redacted]

4 LOCATION WHERE DRUGS ARE STORED [redacted]

5 STREET [redacted] CITY [redacted] STATE/COUNTRY USA ZIP CODE [redacted] COUNTY [redacted]

6 MAIDEN OR GIVEN SURNAME (if applicable)	7 PLACE OF BIRTH CITY	STATE/COUNTRY	8 DATE OF BIRTH Month Day Year
N/A	[redacted]		[redacted]

9 TELEPHONE NUMBER WHERE YOU MAY BE REACHED DURING THE DAY

Work (618) 451-5383 (Area Code)

Home [redacted] (Area Code)

PART III: Professional Activity

1 CHECK AND COMPLETE ONE OF THE FOLLOWING

Practitioner *(Give Professional License No.)*

- ☒ Physician 036 - 43089-1
- ☐ Dentist 019 - _____
- ☐ Podiatrist 016 - _____
- ☐ Veterinarian 090 - _____

TOPS 6/27/95

RECEIVED
[illegible] 1995
BUSINESS SERVICES

2 DRUG SCHEDULES (Circle the schedules for which you are applying)

(II) (IIN) (III) (IIIN) (IV) (V)

IL486-0500 6/93 (CS)

REVERSE SIDE MUST BE COMPLETED

PART IV: Personal History Information *(This part must be completed by all Applicants)*	YES	NO
1. Have you ever been charged or convicted of any drug related criminal offense in any state or in federal court (other than minor traffic violations)? *If yes, attach a statement for each conviction including dates and place of conviction, nature of the offense and if applicable, the date of discharge from any penalty imposed.*		✓
2. Do you now suffer, have you suffered from, been diagnosed as having, or been treated for any disease or condition which is generally regarded by the medical community as chronic, i.e., (1) mental or emotional disease or condition; (2) alcohol or other substance abuse; and (3) physical disease or condition that could interfere with your ability to practice your profession? *If yes, attach a detailed statement, including a statement whether or not you are currently under treatment.*		✓
3. Have you been denied a professional license or permit or privilege of taking an examination, or had a professional license or permit ever disciplined in any way by any licensing authority in Illinois or elsewhere? *If yes, attach a detailed explanation.*	✓	
4. Have you ever been discharged other than honorably from the armed service or from a city, county, state or federal position? *If yes, attach a detailed explanation.*		✓
5. Has any previous registration held by the applicant under the Controlled Substances Act been surrendered, suspended, revoked, denied, placed on probation, or is pending action? *If yes, attach a detailed statement for each action, including dates and place of incident, and the nature of the offense.*		✓

PART V: Certifying Statement

I hereby apply for an Illinois Controlled Substances Registration in accordance with the Illinois Controlled Substances Act. I certify that I have answered all questions on this application to the best of my knowledge.

ALLEN S. PALMER
Print Name of Applicant

[redacted]
Signature of Applicant

4/28/95
Date of Application

My signature above authorizes the Department of Professional Regulation to reduce the amount of this check if the amount submitted is not correct. I understand this will be done only if the amount submitted is greater than the required fee hereunder, but in no event shall such reduction be made in an amount greater than $50.

IL486-0500 6/93 (CS)

Application must be completed in its entirety.

If not completed, it will be returned to the address noted on front of application.

Illinois Department of Professional Regulation

Nikki M. Zollar
Director

Jim Edgar
Governor

Telefax No.: (312) 814-1837

TO: MARY WRIGHT / JODY ATTORNEY

FROM: L. Simmons / T. Russon

DATE: 6-28-96

TIME: 0830 No. of Pages (including Cover) 3

RE: 036-43089 — F.T.D.

COMMENTS (IF ANY): O.S. —

No Action To Be Taken By Investigations.

320 West Washington
3rd Floor
Springfield, Illinois 62786
217/785-0800
TDD 217/524-6735

State of Illinois Center
100 West Randolph
Suite 9-300
Chicago, Illinois 60601
312/814-4500

Professional Regulation
Nikki M. Zollar
Director

Jim Edgar
Governor

RECEIVED

M E M O R A N D U M

TO: EMMONS RUSSELL
CHIEF MEDICAL INVESTIGATIONS

FROM: MARY WRIGHT, MANAGER
HEALTH SERVICES SECTION

DATE: JUNE 23, 1995

RE: ALLEN STUART PALMER
ILLINOIS CONTROLLED SUBSTANCE LICENSE
INTENT TO DENY
NON-EXAMINATION
036-043089

The required documentation for licensure has been submitted, and the applicant is currently eligible for licensure but for the problem below.

Application was sent to Jeff Atterberry, Special Investigations, and once reviewed, he recommended taht this application be forwarded to your, for further review. Also, attached is a copy of the Consent Order and Modified Consent Order relating to this matter.

MW:RJS:mfz

MARY WRIGHT.

cc: Michael Favia

6-27-95 — NO ACTION TO BE TAKEN BY ENFORCEMENT. OK TO ISSUE LICENSE IF ALL OTHER REQUIREMENTS ARE MET.

Thomas P. Russell

cc: JODY ATTERBERRY
M. FAVIA.

320 West Washington
3rd Floor
Springfield, Illinois 62786
217/785-0800
TDD 217/524-6735

James R. Thompson Center
100 West Randolph
Suite 9-300
Chicago, Illinois 60601
312/814-4500

Illinois Department of Professional Regulation

Nikki M. Zollar
Director

Jim Edgar
Governor

M E M O R A N D U M

TO: EMMONS RUSSELL
CHIEF MEDICAL INVESTIGATIONS

FROM: MARY WRIGHT, MANAGER
HEALTH SERVICES SECTION

DATE: JUNE 23, 1995

RE: ALLEN STUART PALMER
ILLINOIS CONTROLLED SUBSTANCE LICENSE
INTENT TO DENY
NON-EXAMINATION
036-043089

The required documentation for licensure has been submitted, and the applicant is currently eligible for licensure but for the problem below.

Application was sent to Jeff Atterberry, Special Investigations, and once reviewed, he recommended taht this application be forwarded to your, for further review. Also, attached is a copy of the Consent Order and Modified Consent Order relating to this matter.

MW:RJS:mfz

cc: Michael Favia

320 West Washington
3rd Floor
Springfield, Illinois 62786
217/785-0800
TDD 217/524-6735

James R. Thompson Center
100 West Randolph
Suite 9-300
Chicago, Illinois 60601
312/814-4500

Illinois Department of Professional Regulation

Nikki M. Zollar
Director

Jim Edgar
Governor

June 23, 1995

Allen Stuart Palmer, M.D.
[redacted]

Dear Dr. Palmer:

The Illinois Department of Professional Regulation acknowledges receipt of your application for Illinois controlled substance license.

Your application for licensure is now complete and has been referred to our Chicago office, Enforcement Division, for further evaluation.

Every effort will be made to expedite your application. You will be notified by the Enforcement Division if additional information will be required or if there are problems regarding the application. If you have not received further information within two weeks of receipt of this letter, you may contact the following person regarding the status of your application:

Emmons Russell
312/785-5089

Please do not attempt to contact the above-named Department representative prior to the two-week period, as time must be allowed for receipt and review of the documents.

Very truly yours,

Mary Wright, Manager
Health Services Section

MW:RJS:mhz

320 West Washington
3rd Floor
Springfield, Illinois 62786
217/785-0800
TDD 217/524-6711

James R. Thompson Center
100 West Randolph
Suite 9-300
Chicago, Illinois 60601
312/814-4500

Illinois Department of Professional Regulation

Nikki M. Zollar
Director

Jim Edgar
Governor

M E M O R A N D U M

TO: MARY WRIGHT
MANAGER/HEALTH SERVICES SECTION

FROM: JEFF ATTERBERRY
SUPERVISOR/SPECIAL INVESTIGATIONS

DATE: JUNE 8, 1995

RE: ALLEN STUART PALMER
LICENSE NO. 036-043089

Attached please find a copy of Dr. Allen Palmer's Controlled Substance application that was sent to the Special Investigations Unit for review.

Be advised that the Special Investigations Unit has reviewed Dr. Palmer's criminal history, and have found no criminal information that would preclude him from licensure. However, due to the fact that Dr. Palmer's medical license has been disciplined previously, I would recommend this application be forwarded to the appropriate committee for review. I have attached a copy of the Consent Order and Modified Consent Order relating to this matter.

Should you require further information, please contact the Special Investigations Unit at 782-8477.

Thank you.

JLA:nb

Attachment

320 West Washington
3rd Floor
Springfield, Illinois 62786
217/785-0800
TDD 217/524-6735

James R. Thompson Center
100 West Randolph
Suite 9-300
Chicago, Illinois 60601
312/814-4500

WomensCare Gynecology Inc

In 1979, I was convicted for filing a false corporate tax return. The state of Missouri placed my license on probation with no practice restrictions. None of my narcotic licenses were affected in any way, nor have I had any other problems or restrictions.

[redacted]

3) 1979 Tax Related Felony. The state of Missouri placed my license on probation with no practice restrictions. If I ever decided to practice in the state of Illinois they would place my license on probation, based on Missouri's action. I appealed this decision for the state of Illinois and the case was dismissed.

[redacted]

STATE OF ILLINOIS

DEPARTMENT OF PROFESSIONAL REGULATION

DEPARTMENT OF PROFESSIONAL REGULATION of the State of Illinois, Complainant v. ALLEN STUART PALMER, D.O. License No. 036-043089, Respondent	)))))	No. 89- 886 LEG

CONSENT ORDER

The Department of Professional Regulation by Marianne Savaiano Fleisner, one of its attorneys, and Allen Stuart Palmer, D.O., Respondent, hereby agree to the following:

STIPULATIONS

Allen S. Palmer, D.O., is licensed as a Physician and Surgeon in the State of Illinois, holding License No. 036-043089. At all times material to the matter set forth in this Consent Order, the Department of Professional Regulation of the State of Illinois had jurisdiction over the subject matter and parties herein.

Information has come to the attention of the Department that Respondent plead guilty to filing a false corporate return in Missouri. The Missouri Osteopathic Medical Board placed his license on Probation from January 30, 1981 to January 30, 1986. Dr. Palmer's license to practice osteopathic medicine was reinstated full and unrestricted at that time. Pursuant to Sister State Statutes, the Florida Department of Professional Regulation Reprimanded Respondent's license, fined him One Thousand ($1,000.00) Dollars and required him to give ninety (90) days notice before beginning any medical practice.

Such action by Respondent, if proven to be true, would constitute grounds for suspending or revoking Respondent's license

as a Physician and Surgeon, on the authority of Illinois Revised Statutes (1987), Chapter 111, paragraph 4400-22(12)

Respondent has been advised of the right to have the pending allegations reduced to written charges, the right to a hearing, the right to contest any charges brought, and the right to administrative review of any order resulting from a hearing. Respondent knowingly waives each of these rights, as well as waiving any right to administrative review of this Consent Order.

Respondent and the Department have agreed, in order to resolve this matter, that Allen S. Palmer, D.O., be permitted to enter into a Consent Order with the Department, providing for the imposition of disciplinary measures which are fair and equitable in the circumstances and which are consistent with the best interests of the people of the State of Illinois.

CONDITIONS

WHEREFORE, the Department, through Marianne Savaiano Fleisher, its attorney, and Allen S. Palmer, D.O., agree:

A. Respondent's license No. 036-043089 shall be Reprimanded.

B. Respondent shall be fined One Thousand ($1,000.00) Dollars, payable within thirty (30) days of the date of this Consent Order.

C. Respondent shall advise the Board ninety (90) days in advance of his intention to practice in the State of Illinois.

D. Respondent shall appear before the Board prior to practicing in Illinois.

E. Respondent shall be put on Probation for the first year of his practice in Illinois. Conditions of that Probation shall be decided by the Board.

F. Any violation by Respondent of the terms and conditions of this Consent Order shall be grounds for the Department to immediately file a Complaint to revoke the Respondent's license to practice as a Physician and Surgeon in the State of Illinois.

G. This Consent Order shall become effective immediately after it is approved by the Director of the Department.

DEPARTMENT OF PROFESSIONAL REGULATION
of the State of Illinois

[redacted]

Marianne Savaiano Fleisner
Attorney for the Department

2/6/90
DATE

[redacted]

Allen Stuart Palmer, D.O.
Respondent

2/5/90
DATE

[redacted]

Member, Medical Disciplinary Board

3/7/90
DATE

The foregoing Consent Order is approved in full.

DATED THIS 27th day of April, 1990.

DEPARTMENT OF PROFESSIONAL REGULATION
of the State of Illinois

[redacted]

KEVIN K. WRIGHT
DIRECTOR

RCT:MSF:var

STATE OF ILLINOIS

DEPARTMENT OF PROFESSIONAL REGULATION

DEPARTMENT OF PROFESSIONAL REGULATION
of the State of Illinois, Complainant
v.
ALLEN STUART PALMER, D.O.
License No. 036-043089, Respondent

No. 89-8862-LEG

MODIFIED CONSENT ORDER

The Department of Professional Regulation by Jackie B. Friedman, one of it's attorneys, and Allen Stuart Palmer, D.O., Respondent, hereby agree to the following:

STIPULATIONS

Allen Stuart Palmer, D.O., is licensed as a Doctor of Osteopathic Medicine in the State of Illinois, holding license No. 036-043089. At all times material to the matter set forth in this Consent Order, the Department of Professional Regulation of the State of Illinois had jurisdiction over the subject matter and parties herein.

Information has come to the attention of the Department that Respondent entered into a Consent Order based on a sister state discipline which became effective on November 1990. The Consent Order provides in paragraph E, that if the Respondent intends to practice in Illinois he must notify the Department and be on Probation for a period of one (1) year. The Respondent has notified the Department of his intent to practice in the State of Illinois. The basis of the discipline was not related to patient care.

As a result of the foregoing allegation(s), the Department held an Informal Conference at the offices of the Department, 100 West Randolph Street, Suite 9-300, Chicago, Illinois 60601 on July 15, 1992. Respondent appeared in person on that date, represented by Mr. Richard Cosby. Dr. Brosius appeared as a member of the Medical Disciplinary Board of the State of Illinois and Jackie B. Friedman appeared as an attorney for the Department.

Respondent's license is unrestricted in Missouri and has been unrestricted since January 1986.

Respondent has been advised of the right to have the pending allegation(s) reduced to written charges, the right to a hearing, the right to contest any charges brought, and the right to administrative review of any order resulting from a hearing. Respondent knowingly waives each of these rights, as well as any right to administrative review of this Modified Consent Order.

Respondent and the Department have agreed, in order to resolve this matter, that Stuart Palmer, D.O., be permitted to enter into a modified Consent Order with the Department, providing that his permanent license not be probational in the State of Illinois.

CONDITIONS

WHEREFORE, the Department, through Jackie B. Friedman, its attorney, and Allen Stuart Palmer, D.O., agree:

A. That paragraph "E" of the Consent Order No. 89-886 which became effective on April 27, 1990 be deleted, so that the Respondent's license will not be on Probation.

B. This Modified Consent Order shall become effective upon signature of the director.

DEPARTMENT OF PROFESSIONAL REGULATION
of the State of Illinois

[redacted]

DATE August 17 1992

Jackie B. Friedman
Attorney for the Department

[redacted]

DATE 8/17/92

Allen Stuart Palmer
Respondent

[redacted]

DATE 8/14/92

Richard Cosby
Attorney for the Respondent

[redacted]

DATE 8/19/92

Member, Medical Disciplinary Board

The foregoing Consent Order is approved in full.

DATED THIS 17th day of September, 1992.

DEPARTMENT OF PROFESSIONAL REGULATION
of the State of Illinois

[redacted]

NIKKI M. ZOLLAR
DIRECTOR

NMZ:JBF:lag

REF: License No. 036-043089
Case No. 89-8862-LEG

Quest Diagnostics

Report Status: Final

NEWMAN, TROY

Patient Information	Specimen Information	Client Information
NEWMAN, TROY **DOB: 06/11/1966 AGE: 48** Gender: M Phone: 316.841.1700 Patient ID: 53320	Specimen: KS310426C Requisition: 0714496 Lab Ref #: 3129 Collected: 03/27/2015 / 09:21 CDT Received: 03/27/2015 / 23:56 CDT Reported: 03/28/2015 / 15:31 CDT	Client #: 33009782 MAIL992 PALOMINO, MICHAEL ATLASMD CONCIERGE FAMILY PRACT Attn: STE 200 10500 E BERKELEY SQUARE PKWY WICHITA, KS 67206-6815

Test Name	In Range	Out Of Range	Reference Range	Lab
DHEA SULFATE		691 H	70-495 mcg/dL	KS

DHEA-S values fall with advancing age.
For reference, the reference intervals for 31-40 year old patients are:

Male: 106-464 mcg/dL
Female: 23-266 mcg/dL

ESTRADIOL	35		< OR = 39 pg/mL	KS

Reference range established on post-pubertal patient population. No pre-pubertal reference range established using this assay. For any patients for whom low Estradiol levels are anticipated (e.g. males, pre-pubertal children and hypogonadal/post-menopausal females), the Quest Diagnostics Nichols Institute Estradiol, Ultrasensitive, LCMSMS assay is recommended (order code 30289).

PERFORMING SITE:

KS QUEST DIAGNOSTICS LENEXA, 10101 RENNER BLVD, LENEXA, KS 66219-9752 Laboratory Director: WILLIAM J. BECKER,DO,MPH, CLIA: 17D0648226

Quest Diagnostics

Report Status: Final

NEWMAN, TROY

Patient Information	Specimen Information	Client Information
NEWMAN, TROY **DOB: 06/11/1966 AGE: 48** Gender: M Phone: 316.841.1700 Patient ID: 53320	Specimen: KS310421C Requisition: 0714366 Lab Ref #: 3127 Collected: 03/27/2015 / 08:46 CDT Received: 03/27/2015 / 23:43 CDT Reported: 04/01/2015 / 00:34 CDT	Client #: 33009782 MAIL992 NUNAMAKER, DOUGLAS ATLASMD CONCIERGE FAMILY PRACT Attn: STE 200 10500 E BERKELEY SQUARE PKWY WICHITA, KS 67206-6815

Test Name	In Range	Out Of Range	Reference Range	Lab
LIPID PANEL				
CHOLESTEROL, TOTAL	163		125-200 mg/dL	KS
HDL CHOLESTEROL	51		> OR = 40 mg/dL	KS
TRIGLYCERIDES	130		<150 mg/dL	KS
LDL-CHOLESTEROL	86		<130 mg/dL (calc)	KS
Desirable range <100 mg/dL for patients with CHD or diabetes and <70 mg/dL for diabetic patients with known heart disease.				
CHOL/HDLC RATIO	3.2		< OR = 5.0 (calc)	KS
NON HDL CHOLESTEROL	112		mg/dL (calc)	KS
Target for non-HDL cholesterol is 30 mg/dL higher than LDL cholesterol target.				
COMPREHENSIVE METABOLIC PANEL				KS
GLUCOSE		**121 H**	65-99 mg/dL	
			Fasting reference interval	
UREA NITROGEN (BUN)	11		7-25 mg/dL	
CREATININE	1.29		0.60-1.35 mg/dL	
eGFR NON-AFR. AMERICAN	65		> OR = 60 mL/min/1.73m2	
eGFR AFRICAN AMERICAN	75		> OR = 60 mL/min/1.73m2	
BUN/CREATININE RATIO	NOT APPLICABLE		6-22 (calc)	
SODIUM	137		135-146 mmol/L	
POTASSIUM	4.5		3.5-5.3 mmol/L	
CHLORIDE	104		98-110 mmol/L	
CARBON DIOXIDE	22		19-30 mmol/L	
CALCIUM	9.5		8.6-10.3 mg/dL	
PROTEIN, TOTAL	7.0		6.1-8.1 g/dL	
ALBUMIN	4.7		3.6-5.1 g/dL	
GLOBULIN	2.3		1.9-3.7 g/dL (calc)	
ALBUMIN/GLOBULIN RATIO	2.0		1.0-2.5 (calc)	
BILIRUBIN, TOTAL	0.7		0.2-1.2 mg/dL	
ALKALINE PHOSPHATASE	111		40-115 U/L	
AST		**49 H**	10-40 U/L	
ALT	43		9-46 U/L	
HEMOGLOBIN A1c	5.6		<5.7 % of total Hgb	KS

According to ADA guidelines, hemoglobin A1c <7.0% represents optimal control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes-2013. Diabetes Care. 2013;36:s11-s66

For the purpose of screening for the presence of diabetes

<5.7%	Consistent with the absence of diabetes
5.7-6.4%	Consistent with increased risk for diabetes (prediabetes)
>or=6.5%	Consistent with diabetes

This assay result is consistent with a decreased risk

Patient Information	Specimen Information	Client Information
NEWMAN, TROY **DOB: 06/11/1966 AGE: 48** Gender: M Patient ID: 53320	Specimen: KS310421C Collected: 03/27/2015 / 08:46 CDT Received: 03/27/2015 / 23:43 CDT Reported: 04/01/2015 / 00:34 CDT	Client #: 33009782 NUNAMAKER, DOUGLAS

Test Name	In Range	Out Of Range	Reference Range	Lab
of diabetes.				
Currently, no consensus exists for use of hemoglobin A1c for diagnosis of diabetes for children.				
TSH		5.11 H	0.40-4.50 mIU/L	KS
T4, FREE	1.1		0.8-1.8 ng/dL	KS
T3, FREE	3.2		2.3-4.2 pg/mL	KS
CBC (INCLUDES DIFF/PLT)				KS
WHITE BLOOD CELL COUNT	7.0		3.8-10.8 Thousand/uL	
RED BLOOD CELL COUNT	5.33		4.20-5.80 Million/uL	
HEMOGLOBIN	16.3		13.2-17.1 g/dL	
HEMATOCRIT	48.5		38.5-50.0 %	
MCV	91.0		80.0-100.0 fL	
MCH	30.6		27.0-33.0 pg	
MCHC	33.6		32.0-36.0 g/dL	
RDW	13.6		11.0-15.0 %	
PLATELET COUNT	170		140-400 Thousand/uL	
ABSOLUTE NEUTROPHILS	4389		1500-7800 cells/uL	
ABSOLUTE LYMPHOCYTES	2177		850-3900 cells/uL	
ABSOLUTE MONOCYTES	301		200-950 cells/uL	
ABSOLUTE EOSINOPHILS	112		15-500 cells/uL	
ABSOLUTE BASOPHILS	21		0-200 cells/uL	
NEUTROPHILS	62.7		%	
LYMPHOCYTES	31.1		%	
MONOCYTES	4.3		%	
EOSINOPHILS	1.6		%	
BASOPHILS	0.3		%	
TESTOSTERONE, TOTAL,				KS
MALES (ADULT), IA	579		250-827 ng/dL	
PSA, TOTAL	1.4		< OR = 4.0 ng/mL	KS
This test was performed using the Siemens chemiluminescent method. Values obtained from different assay methods cannot be used interchangeably. PSA levels, regardless of value, should not be interpreted as absolute evidence of the presence or absence of disease.				

PERFORMING SITE:

KS QUEST DIAGNOSTICS LENEXA, 10101 RENNER BLVD, LENEXA, KS 66219-9752 Laboratory Director: WILLIAM J. BECKER,DO,MPH, CLIA: 17D0648226

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