

10/19/97

NOTICE OF LICENSURE/REGISTRATION SANCTION **RECEIVED**

Reprimand, Restitution, Fine, Probation

OCT 21 1997

Authority: 1978 P.A. 368, as amended

DEPT. OF CONSUMER AND
INDUSTRY SERVICES -
LEGAL RESOURCES DIVISION

This completed form serves as notification to you that the licensee/registrant named below has had his or her professional license/registration sanctioned for violating one or more provisions of the Michigan Public Health Code. This licensee/registrant is not prohibited from practicing his or her profession as long as such practice is in accordance with the sanction(s) set forth below. This notification is required by law.

TYPE OR PRINT IN INK ONLY

NAME OF SANCTIONED LICENSEE/REGISTRANT <i>RICHARD H. GOLDFINE, M.D.</i>		
BUSINESS ADDRESS (Enter street address, not a P.O. Box) <i>29425 NORTHWESTERN HWY. SUITE 125</i>		
CITY <i>SOUTHFIELD</i>	STATE <i>MI</i>	ZIP CODE <i>48034</i>
TYPE OF LICENSE/REGISTRATION (Profession) <i>M.D.</i>	MICHIGAN LICENSE/REGISTRATION NUMBER <i>30023</i>	
TYPE(S) OF SANCTION(S) <input checked="" type="checkbox"/> REPRIMAND <input type="checkbox"/> RESTITUTION IN THE AMOUNT OF \$ _____ TO BE PAID BY _____ (Date) <input checked="" type="checkbox"/> FINED IN THE AMOUNT OF \$ <i>1,000</i> TO BE PAID BY <i>NOV. 22, 1997</i> (Date) <input type="checkbox"/> PROBATION UNTIL _____ (Date) WITH THE FOLLOWING CONDITIONS: (Attach Sheet[s], if necessary)		
EFFECTIVE DATE OF SANCTION <i>SEPT 23, 1997</i>	DATE TRANSMITTED TO EMPLOYER <i>OCT. 13, 1997</i>	
DATE SENT TO HOSPITAL(S) <i>OCT 13, 1997</i>	DATE SENT TO THE DEPARTMENT <i>OCT. 20 1997</i>	
SIGNATURE OF SANCTIONED LICENSEE/REGISTRANT <i>Richard H. Goldfine</i>		DATE SIGNED <i>10-13-97</i>

AFFIDAVIT

I, being the undersigned, do hereby state that:

- 1. I have reviewed the completed Notice of Licensure/Registration Sanction (hereafter "Notice") on the opposite side of this Affidavit for correctness.
- 2. I have personally signed the completed Notice.
- 3. I have transmitted a copy of the signed, completed Notice to each hospital in which I am admitted to practice and to my employer within 10 days after the date of the Final Order imposing the sanction; OR
- 4. I do not meet the criteria set forth in Section 16241(7) of the Public Health Code, as delineated in Item #3 above.

Please check box for either #3 or #4.

I swear or affirm that the contents of this Affidavit are true to the best of my knowledge. I understand that falsification of this Affidavit may result in the imposition of further administrative sanctions against my license(s).

RICHARD H. GOLDFINE, M.D.

Print or Type Name

Richard H. Goldfine

Signature of Affiant

10-13-97

Date Signed

STATE OF MICHIGAN)

)ss.

COUNTY OF *Oakland*)

Signed and sworn to before me this *20th* day of *October*, 199*7*.

NANCY B. VALVONA
Notary Public, Oakland County, MI
My Commission Expires Apr. 4, 2000

Nancy B. Valvona

Notary Public

4-4-00

Date Commission Expires

