STATE OF VERMONT - BOARD OF MEDICAL PRACTICE 1996 - 1998 PHYSICIAN LICENSE RENEWAL APPLICATION, PAGE ONE OF EIGHT

I hereby apply for the renewal of my LICENSE AS A PHYSICIAN for the period from 12/01/96 to 11/30/98. **TWO YEAR RENEWAL FEE:** \$300.00.

Enclose a check in the amount of \$300.00 made payable to the Vermont Board of Medical Practice.

Philip F. Waterman 650 Del Prado Blvd, Suite 100 Cape Coral, FL 33990 NOV 1996 Vermont Board of Medical Practice

Important:

- Please print legibly or type your answers.
- Answer all questions completely it is not adequate to state that the Board already has the information. Use the enclosed Form A to provide explanations to "yes" answers in Section II.
- Make a copy of this form and all attachments for your own records.
- Do not delegate this important task to an employee, as false statements on this form are grounds for unprofessional conduct.
- Do not remove any pages from this document.
- -Thank you for your cooperation.

SECTION I

(Section I contains general information of interest to both the Board of Medical Practice and the Department of Health.)

1. Name: Philip F. Waterman II, M.D.		
2. Vermont License Number: 42-5419		
3. Other Name(s), if any, under which you were lice	ensed in Vermont and elsewher	re since your last renewal:
4. Home Address:	300	
City, State, Zip Code: _		
5. Office Address: 650 Del Prado Blvd, Suite 100		
City, State, Zip Code: Cape Coral, FL 33990		
Note: Circle either "Home Address" or "Office A	Address" as your preferred m	nailing address.
6. Daytime Telephone Number;		
7. Date of Birth: _		
8. Sex (M/F): M		
9. Are you currently active in clinical practice in Ve	ermont?YesNo	

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE 1996 - 1998 PHYSICIAN LICENSE RENEWAL APPLICATION, PAGE TWO OF EIGHT

SECTION I CONTINUED

10. Licensing Examination Taken - Check:National BoardsFLEXState Examination-Identify State:USMLEOther Examination Specify:
11. Undergraduate Degree: (B.A., B.S., etc.): BA Year of Graduation: 1970
Major Course of Study: <u>Economics</u>
Degree Granting Institution: UNIV. OF MICHIGAN
Location: ANN ARBOR, MICHIGAN
First Institution (If transfer): NORTHWESTERN UNIV.
Location: EVANSTON, /LLINOIS
12. Medical Degree: (M.D. or Other, please specify): M) Year of Graduation: 1974
Degree Granting Medical School: WIV. OF MICHIGAN
Location: ANN ARBOR, MICHIGAN
First Medical School (If transfer):
Location:
13. Do you have hospital privileges in Vermont?Yes
(a)
(b)
(c)
(d)
(e)
14. Other states where you hold an active license to practice: FLORIDA, NEW YORK
15. States where you were previously licensed to practice: MICHIGAN

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE 1996 - 1998 PHYSICIAN LICENSE RENEWAL APPLICATION, PAGE THREE OF EIGHT

SECTION I CONTINUED

16. Please list your specialty(ies) and indicate if you are American Board of Medical Specialties certified in those specialties:

	Specialty Code	Specialty Name	Board Certified ([Y]es/[N]o)	Year Certified/Recertified
(a)	1101	OBSTETRICS + GYNECOLOGY	Y	1981 1
(b)				/
(c)				1

17. Please list the institutions where you have had residency or fellowship training:

	Residency Institution #1	Residency Institution #2	Residency Institution #3
Institution Name	MEDICAL CENTER HOSPITAL OF VERMONT		
City	BURLINGTON		
State	VERMONT		
Country	USA		
Specialty Code (See list)	1101		
Specialty Name	OBSTETRICS + GYNECOLOGY	E VIEDERUHIERIEN DES	
Year Residency Completed	1978		

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE 1996 - 1998 PHYSICIAN LICENSE RENEWAL APPLICATION, FOUR OF EIGHT

This page intentionally left blank.

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE 1996 - 1998 PHYSICIAN LICENSE RENEWAL APPLICATION, PAGE FIVE OF EIGHT

SECTION II: PLEASE CHECK YES OR NO.

A "YES" ANSWER REQUIRES AN EXPLANATION ON THE ENCLOSED FORM A.

(Section II is for the reporting of information, which is retained solely by the Board of Medical Practice and is **not** part of the data base maintained by the Department of Health.)

During the past two years:

1. Have you had any organic illness, emotional disturbance or mental illness which has impaired your abil to function as a student of medicine, resident or fellow?	ity to practice	e medicine or
2. Have you been a defendant in any criminal proceeding other than minor traffic offenses?	YES	NO
3. Are you currently under investigation for a criminal act?		
4 Have you been dependent upon alcohol or drugs?		V -
5. Are any formal disciplinary charges pending or has any disciplinary action been taken against you by a by any hospital or health care facility, or by any professional medical association (international, national,		
6. Has any medical malpractice claim been made against you (whether or not a lawsuit was filed in relational claim/complaint/demand for damages)?)n to the	
7. Have you had staff privileges, employment or appointment in a hospital or other health care institution or revoked, resigned from a medical staff in lieu of disciplinary action or resigned from a medical staff afteries action has been initiated against you?		
8. Have you voluntarily surrendered or resigned a license to practice medicine or any healing art in lieu of	disciplinary YES	action? NO
9. Has your privilege to possess, dispense or prescribe controlled substances been suspended, revoked, desurrendered by any jurisdiction or federal agency at any time?	nied, restricte YES	d or NO
10. Have you been denied the right to participate or enroll in any system whereby a third party pays all or	part of a pati	ient's bill?
11. Have you withdrawn an application for a medical license or been denied a medical license for any reasonable.	son? YES	<u></u> ✓NO
12. Have you been turned down for coverage by a malpractice insurance carrier?	YES	NO
13. Have you been notified as a responsible party of a confirmed quality concern (quality of hospital care patients) by the Peer Review Organization (PRO) in Vermont or elsewhere?	provided to I	Medicare NO
14. Have you been the subject of an investigation by any other licensing board?		

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE 1996 - 1998 PHYSICIAN LICENSE RENEWAL APPLICATION, PAGE SIX OF EIGHT

SECTION II CONTINUED

그는 그는 그는 그는 그는 그는 그는 그를 가는 사람들이 되었다면 하는 것이 되었다면 그를 가는 것이 되었다면 그를 가지 않는데 그를 가지 않는데 그를 가게 되었다면 하는데 없었다. 그는 그를 다는			/
15. Have you been dismissed or asked to leave a residency training program(s) before completion?	YES	V	_NO

IMPORTANT NOTE REGARDING THE QUESTIONS ABOVE AND ON THE PREVIOUS PAGE:

Except for questions 1 and 4, "Yes" answers on past license renewals must be updated on Form A. For example, if a previously reported malpractice action has been dismissed, please indicate that on Form A. You have a continuing obligation to update the Board during the 1996-1998 period if the answer to any of the questions above changes from "No" to "Yes".

1.

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE 1996 - 1998 PHYSICIAN LICENSE RENEWAL APPLICATION, PAGE SEVEN OF EIGHT

SECTION III

Applicant's Statement Regarding Child Support, Taxes, Unemployment Compensation Contributions

IMPORTANT: WITHOUT EXCEPTION, ALL LICENSEES <u>MUST</u> COMPLETE (1), (2), (3), (4) AND (5) BELOW OR THE LICENSE WILL NOT BE RENEWED. THANK YOU FOR YOUR COOPERATION.

Regarding Child Support

Title 15 § 795 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. "Good standing" means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or, the licensing authority determines that immediate payment of support would impose an unreasonable hardship. (15 V.S.A. § 795)

You must check one of the two statements below regarding child support regardless whether or not you have children:

V	I hereby certify that as of the date of this application: (a) I am not subject to any support order or (b) I am subject to a support order and I am in good standing with respect to it, or (c) I am subject to a support order and I am in full compliance with a plan to pay any and all child support due under that order.
	cinia support due under that order.
	or
1.120	I hereby certify that I am <u>NOT</u> in good standing with respect to child support due as of the date of this application and I hereby request that the licensing authority determine that immediate payment of child support would impose an unreasonable hardship. Please forward an "Application for Hardship".
	carte a minoring the same of t
	Regarding Taxes
m: 1 20	2 § 3113 requires that: A professional license or other authority to conduct a trade or business may not be issued or renewed unless the person
certifies	s that he or she is in good standing with the Department of Taxes. "Good Standing" means that no taxes are due, the tax liability is on appeal, payer is in compliance with a payment plan approved by the Commissioner of Taxes, or the licensing authority determines that immediate int of taxes would impose an unreasonable hardship. (32 V.S.A. § 3113)
2.	You must check one of the two statements below:
V	I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to or in full compliance with a plan to pay any and all taxes due to the State of Vermont as of the date of this application. (The maximum penalty for perjury is fifteen years in prison, a \$10,000.00 fine or both).
	or
	I hereby certify that I am <u>NOT</u> in good standing with respect to taxes due to the State of Vermont as of the date of this application and I hereby request that the licensing authority determine that immediate payment of taxes would impose an unreasonable hardship. Please forward an "Application for Hardship".

(continued on page 8)

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE 1996 - 1998 PHYSICIAN LICENSE RENEWAL APPLICATION, PAGE EIGHT OF EIGHT

SECTION III CONTINUED

Regarding Unemployment Compensation Contributions

Title 21 § 1378 requires that: No agency of the state shall grant, issue or renew any license or other authority to conduct a trade or business (including a license to practice a profession) to, or enter into, extend or renew any contract for the provision of goods, services or real estate space with any employing unit unless such employing unit shall first sign a written declaration, under the pains and penalties of perjury, that the employing unit is in good standing with respect to or in full compliance with a plan to pay any and all contributions or payments in lieu of contributions due as of the date such declaration is made. For the purposes of this section, a person is in good standing with respect to any and all contributions or payments in lieu of contributions payable if: (1) no contributions or payments in lieu of contributions are due and payable; (2) the liability for any contributions or payments in lieu of contributions due and payable is on appeal; (3) the employing unit is in compliance with a payment plan approved by the Commissioner; or (4) in the case of a licensee, the agency finds that requiring immediate payment of contributions or payments in lieu of contributions due and payable would impose an unreasonable hardship.

3.	You <u>must</u> check one of the two statements below regarding unemployment contributions or payments in lieu of unemployment contributions:
	I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to or in full compliance with a payment plan approved by the Commissioner of Employment and Training to pay any and all unemployment contributions or payments in lieu of unemployment contributions to the Vermont Department of Employment and Training due as of the date of this application. (The maximum penalty for perjury is fifteen years in prison, a \$10,000.00 fine or both).
	You must cheek one of the recent of the recent line of a support of each term not you have children; "
7	I hereby certify that I am <u>NOT</u> in good standing with respect to unemployment contributions or payments in lieu of unemployment contributions due to the to the Vermont Department of Employment and Training as of the date of this application and I hereby request that the licensing authority determine that requiring immediate payment of unemployment contributions or payments in lieu of unemployment contributions would impose an unreasonable hardship. Please forward an "Application for Hardship"

4. SOCIAL SECURITY NUMBER:

DATE OF BIRTH:

* The disclosure of your social security number is mandatory, is solicited by the authority granted by 42 U.S.C. § 405(c)(2)(C), and will be used by the Department of Taxes and the Department of Employment and Training, in the administration of tax laws, to identify individuals affected by such laws, and by the Office of Child Support.

5. STATEMENT OF APPLICANT

I further certify that all information contained in this renewal application (including all pages and attachments) is true and accurate to the best of my knowledge. Failure to provide truthful and accurate information may constitute grounds for denial of license renewal or disciplinary action.

Date: 11-4-96

Signature

Vermont Board of Medical Practice

(Return envelope enclosed)

Return the completed form and fee to:

109 State Street

Montpelier, Vermont 05609-1106

QUESTIONS?: (802) 828-2673

IMPORTANT: Please be sure to write your license number on your check. Check for the correct spelling of your name and proper address on the page one label. Print any changes in the adjoining space. Sign and date the application. Enclose the correct fee of \$300.00* in check or money order payable to the Vermont Board of Medical Practice.

*Note: Physicians 80 years of age or older are exempt from payment of a renewal fee; however the physician license renewal application must be completed and submitted.

VERMONT DEPARTMENT OF HEALTH SURVEY

SECTION IV

(Section IV is especially for the needs of health care access planning/physician recruitment and retention efforts in Vermont)

1.	(a) Check all of the activities that describe your current status as a physician:Active in clinical practice in Vermont
	Active in clinical practice outside Vermont
	Administration
	Teaching
	Research
	Retired
	Other
	(b) How many hours per week do you spend on administration, teaching and research?hours
2.	Postgraduate training in Vermont:
	(a) Are you currently in a postgraduate training program in Vermont as a resident or clinical fellow?
	Yes No Note: If you answered YES, please answer questions (b) and (c)
	(b) Are you aResidentClinical FellowResearch Fellow?
	(c) What is the medical school that you are affiliated with for this training?
	University of VermontOther (Please specify)
**	* Note: If you are providing patient care in Vermont, <u>CONTINUE</u> .
	Otherwise, STOP and return this survey with your relicensing application.
3.	What is the date you started practicing medicine (excluding residency or fellowship training)? (Month/Year)
4.	What is the date you started practicing medicine in Vermont (excluding residency or fellowship training)? (Month/Year)
5.	Do you plan to retire or reduce your patient care hours in the next 12 months?YesNo

VERMONT DEPARTMENT OF HEALTH SURVEY

SECTION IV

Instructions for completing this portion:

- * Estimate if exact figures are not available.
- * Please complete a WORK SITE section for each location where you provide patient care.
- * Do <u>not</u> include, as a separate site, hospitals and nursing homes where you provide care to patients normally seen in an outpatient/office setting.
- * Be as detailed as possible.
- * Use the enclosed yellow sheet to make selections for the Specialty Code and Specialty Name columns.
- * Do not remove any pages from this document.

6(b). WORK SITE: NUMBER T	<u>wo</u>		, a		
Town:			County:		
(*Note: Enter the town and county	in which the sit	e is located, no		Post Office box.)	of the Control
Check the <u>ONE</u> practice setting fro	m the selection	s below that mo	E SETTINGS	your practice at this site:	
Solo Fractice Group Practice Community Health Cent Hospital Outpatient Clin School or College Health Business or Work Site	ic	on-Hospital)	Hospital Inpa	ntient re Facility / Nursing Home	
				Average hours per week that yo providing DIRECT PATIENT (AMBULATORY CARE and Hopatients who originate from this on-call hours.	CARE. Include both OSPITAL CARE of
Please complete one full line for ea	ch SPECIALTY	Y that YOU pra	ctice at this site:	The SETS among the marketic	some a colonia Visco
field	Specialty Code		Specia	alty Name	Hours Per Week
Primary Specialty at this Site				3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3	e glantise de minima
Secondary Specialty at this Site				File Silver	let set officer
Other Specialty at this Site			1.119	eng air	THE THEOLOGIC MICH.
Do you plan to continue practice at Will you accept new patients at this Will you accept new Medicaid patie	s site?Yes ents at this site?	No	No		
Will you accept new Medicare patie Are you working with physician's a			No oners at this site?	YesNo	
If yes, enter the number of: Physici	an's Assistants	Nurse	Practitioners		
For FAMILY and GENERAL PRA care services to adolescents (ages 1				18 (primary care): Do you pr	ovide primary
For FAMILY and GENERAL PRA site?Prenatal care and deliv		: Which of the fenatal care only	following obstetrical s	services do you provide to pa rical services provided	itients from this

Instructions for completing this portion:

- * Estimate if exact figures are not available.
- * Please complete a WORK SITE section for each location where you provide patient care.
- * Do <u>not</u> include, as a separate site, hospitals and nursing homes where you provide care to patients normally seen in an outpatient/office setting.
- * Be as detailed as possible.

Prenatal care and delivery

- * Use the enclosed yellow sheet to make selections for the Specialty Code and Specialty Name columns.
- * Do not remove any pages from this document.

Town:		County:		
(*Note: Enter the town and county i	n which the site is			of polymer of 1919/17
Check the ONE practice setting from Solo Practice Group Practice Community Health Cente Hospital Outpatient Clini School or College Health Business or Work Site	er or Clinic (Non- c	PRACTICE SETTINGS — Hospital Em — Hospital Inpa	ergency Room atient re Facility / Nursing Home	
			Average hours per week that you providing DIRECT PATIENT C AMBULATORY CARE and HC patients who originate from this on-call hours.	ARE. Include both OSPITAL CARE of
Please complete one full line for eac	h SPECIALTY th	at YOU practice at this site:	united the second the bar	ing complete con-
	Specialty Code	Specia	alty Name	Hour Per Week
Primary Specialty at this Site				and a series of the series
Secondary Specialty at this Site			The Committee of the Co	ISLANDER COLOR
Other Specialty at this Site			The state of the s	and the state of the state of
Do you plan to continue practice at the Will you accept new Medicaid patients. Will you accept new Medicaid patients. Will you accept new Medicare patients. Are you working with physician's as If yes, enter the number of: Physician.	site?Yes nts at this site? nts at this site? ssistants and/or no n's Assistants	_No _YesNo _YesNo _rese practitioners at this site?Nurse Practitioners	YesNo	west roused to vote to
For FAMILY and GENERAL PRAC care services to adolescents (ages 10			(primary care): Do you pro	ovide primary

Prenatal care only

No obstetrical services provided

Instructions for completing this portion:

- * Estimate if exact figures are not available.
- * Please complete a WORK SITE section for each location where you provide patient care.
- * Do <u>not</u> include, as a separate site, hospitals and nursing homes where you provide care to patients normally seen in an outpatient/office setting.
- * Be as detailed as possible.
- * Use the enclosed yellow sheet to make selections for the Specialty Code and Specialty Name columns.
- * Do not remove any pages from this document.

6(c). WORK SITE: <u>NUMBER T</u>	<u>HREE</u>			AND SERVICE SERVICE
Town:	process.	County:		ms/ i
(*Note: Enter the town and county	in which the site is located	, not a mailing address or	Post Office box.)	
Check the ONE practice setting fro		at most accurately reflects of TICE SETTINGS	your practice at this site:	
 Solo Practice Group Practice Community Health Cent Hospital Outpatient Clin School or College Health Business or Work Site 	er or Clinic (Non-Hospital	Hospital EmeHospital InpaExtended Car	ergency Room tient re Facility / Nursing Home	
			Average hours per week that you spe providing DIRECT PATIENT CARE AMBULATORY CARE and HOSPI patients who originate from this site. on-call hours.	E. Include both TAL CARE of
Please complete one full line for ea	ch SPECIALTY that YOU	practice at this site:	L DEFENORS on smith posts	of state of the st
191	Specialty Code		ılty Name	Hours Per Week
Primary Specialty at this Site		Two is I	5) (2. 210) 200 (20)	pascel of the first
Secondary Specialty at this Site	The state of the s	l declination of secondary of	The state of the s	sq2 Alb c.s2
Other Specialty at this Site			olik, son hay	(University to It C.)
Do you plan to continue practice at Will you accept new patients at this		onths?YesNo		
Will you accept new Medicaid pati		No		
Will you accept new Medicare pati	ents at this site?Yes	No		
Are you working with physician's a If yes, enter the number of: Physician's	assistants and/or nurse practan's Assistants N	ctitioners at this site?	YesNo	
For FAMILY and GENERAL PRA care services to adolescents (ages 1			TS (primary care): Do you provide	de primary
For FAMILY and GENERAL PRA			services do you provide to patien	its from this

Instructions for completing this portion:

- * Estimate if exact figures are not available.
- * Please complete a WORK SITE section for each location where you provide patient care.
- * Do <u>not</u> include, as a separate site, hospitals and nursing homes where you provide care to patients normally seen in an outpatient/office setting.
- * Be as detailed as possible.

_Prenatal care and delivery _

- * Use the enclosed yellow sheet to make selections for the Specialty Code and Specialty Name columns.
- * Do not remove any pages from this document.

6(c). WORK SITE: NUMBER F	<u>OUR</u>				
Town:			County:		
(*Note: Enter the town and county	in which the site	e is located, not	a mailing address or	Post Office box.)	v dahan Lare da
Check the ONE practice setting from Solo Practice Group Practice Community Health Cent Hospital Outpatient Clin School or College Health Business or Work Site	er or Clinic (No ic	PRACTICE	SETTINGS Hospital Eme Hospital Inpa	ergency Room atient re Facility / Nursing Home	
				Average hours per week that y providing DIRECT PATIENT AMBULATORY CARE and I patients who originate from th on-call hours.	CARE. Include both HOSPITAL CARE of
Please complete one full line for each	ch SPECIALTY	that YOU pract	tice at this site:	JAIDARE ROOM SHOULD	Omalelana (1)
	Specialty Code		Specia	ulty Name	Hours Per Week
Primary Specialty at this Site	0000		бреск	arty reame	W CCK
Secondary Specialty at this Site				Sale entra	Alpeso Propins
Other Specialty at this Site					SEA STREET, OF SERVICE
Do you plan to continue practice at Will you accept new patients at this Will you accept new Medicaid patie Will you accept new Medicare patie	site?Yes ents at this site?	No YesN			
Are you working with physician's a If yes, enter the number of: Physicia	ssistants and/or m's Assistants _	nurse practition Nurse F	ers at this site?	YesNo	
For FAMILY and GENERAL PRAC care services to adolescents (ages 10	CTITIONERS, 20-20) at this site	PEDIATRICIAI ?Yes	NS and INTERNIST No	'S (primary care): Do you p	rovide primary
For FAMILY and GENERAL PRA	CTITIONERS:	Which of the fol	llowing obstetrical se	ervices do you provide to p	atients from this

___Prenatal care only

No obstetrical services provided

FORM A - PLEASE PROVIDE EXPLANATIONS TO SECTION II "YES" ANSWERS ON THIS FORM

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE 1996-1998 PHYSICIAN LICENSE RENEWAL APPLICATION - PAGE ONE OF SIX

SECTION A: MEDICAL MALPRACTICE CLAIM (QUESTION 6) You will need TABLE I on Page 3 to complete this section. Please supply the following information regarding each instance of alleged malpractice: This form should be photocopied and filled out separately for each claim. Additional sheets may be attached if necessary. Please type claim. Additional sheets may be attached if necessary. Please type claim. Additional sheets may be attached if necessary. Please type claim. Additional sheets may be attached if necessary. Please insurer: Claimant N Description of Alleged Basis (es) of Claim (Allegations Only: This does not constitute an admission of fault or liability.) See Code: Basis Code: Basis Code: Basis Code: 1) Patient's condition at point of your involvement; 2) Patient's condition at end of treatment; 3) The nature and extent of your involvement with the patient; and 4) Your degree of responsibility for the course of treatment in leading to the claim. If the incident resulted in patient's death, indicate cause of death according to autopsy or patient chart:	Your Name: Philip F. Waterman II, M.D. Vermont L	icense Number: 42 - 541
Claimant N Description of Alleged Basis(es of Claim (Allegations Only: This does not constitute an admission of fault or liability.) See Codes on TAB Basis Code: Basis Code: Basis Code: Basis Code: 2) Patient's condition at end of treatment; 3) The nature and extent of your involvement with the patient; and 4) Your degree of responsibility for the course of treatment in leading to the claim.	this section. Please supply the following information regarding each instance of al should be photocopied and filled out separately for each claim. Additional sheets n	lleged malpractice: This form
Description of Alleged Basis(es) of Claim (Allegations Only: This does not constitute an admission of fault or liability.) See Codes on TAB Basis Code: Basis Code: Basis Code: Basis Code: Basis Code: 1) Patient's condition at point of your involvement; 2) Patient's condition at end of treatment; 3) The nature and extent of your involvement with the patient; and 4) Your degree of responsibility for the course of treatment in leading to the claim.		
Description of Alleged Basis(es) of Claim (Allegations Only: This does not constitute an admission of fault or liability.) Basis Code: Additional Descriptive Information - Please indicate: 1) Patient's condition at point of your involvement; 2) Patient's condition at end of treatment; 3) The nature and extent of your involvement with the patient; and 4) Your degree of responsibility for the course of treatment in leading to the claim.		
Basis Code: Basis Code: Basis Code: Basis Code: Basis Code: Basis Code: Additional Descriptive Information - Please indicate: 1) Patient's condition at point of your involvement; 2) Patient's condition at end of treatment; 3) The nature and extent of your involvement with the patient; and 4) Your degree of responsibility for the course of treatment in leading to the claim.		
Basis Code:Basis Code: Additional Descriptive Information - Please indicate: 1) Patient's condition at point of your involvement; 2) Patient's condition at end of treatment; 3) The nature and extent of your involvement with the patient; and 4) Your degree of responsibility for the course of treatment in leading to the claim.	or liability.) See Codes on TAB	stitute an admission of fault
Additional Descriptive Information - Please indicate: 1) Patient's condition at point of your involvement; 2) Patient's condition at end of treatment; 3) The nature and extent of your involvement with the patient; and 4) Your degree of responsibility for the course of treatment in leading to the claim.		
1) Patient's condition at point of your involvement; 2) Patient's condition at end of treatment; 3) The nature and extent of your involvement with the patient; and 4) Your degree of responsibility for the course of treatment in leading to the claim.	Basis Code: Basis Code:	
Settlement and release at "speaking with committee and the sentimenter and the sentime	Patient's condition at point of your involvement; Patient's condition at end of treatment; The nature and extent of your involvement with the patient; and	
Settlement and release of "speakings in commercial water to exempt the meanwhite seamon to be a from your	The second secon	dicat he store a man't
Settlement and release of "speakings in commercial water to exempt the meanwhite seamon to be a from your		no harrish and
settlement and release of "speaking and sent is not sent in the month of the sentimers." I sent your		
settlement and release of "speaking and sent is not sent in the month of the sentimers." I sent your	A SA CAMPAGE STATE OF THE SAME	
settlement and release of "speakers the common is not considered to be incompanied to be a first your		
settlement and release of "speakers the common is not considered to be incompanied to be a first your	ACTION 1	Settled we see the
settlement and release of "speakers the common is not considered to be incompanied to be a first your		s en elitez istat
settlement and release of "speakers the common is not considered to be incompanied to be a first your		The second second
settlement and release of "speakers the common is not a condition of the settlement is not a condition."		3475 10 21 1000
If the incident resulted in patient's death, indicate cause of death according to autopsy or patient chart:	. A strateging a residence of the second of	to consist bill memblies
If the incident resulted in patient's death, indicate cause of death according to autopsy of patient chart.	to the state of death according to	autoney or nationt chart:
	If the incident resulted in patient's death, indicate cause of death according to	autopsy of patient chart.

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE FORM A CONTINUED - 1996-1998 PHYSICIAN LICENSE RENEWAL APPLICATION, PAGE TWO OF SIX

SECTION A: MEDICAL MALPRACTICE CLAIM (QUESTION 6) CONTINUED

Your Role (circle one): 10 Anesthesiologist 11 PGY 4 22 Primary Care Physician 13 PGY 5 03 Referring Physician 14 PGY 7 05 Consultant Specialist 15 Workmen's Compensation Evaluator 06 Surgeon 16 Court Psychiatrist 17 On-Call Physician 18 PGY 1 18 Group Practitioner/Partner 19 PGY 2 19 Other: Specify 10 PGY 3 20 Unknown Legal Representative (leglands pages address) Legal Representative (leglands pages pages) Legal Representative (leglands pages pages) Legal Representative (leglands pages) Legal Representative (leglands pages pages) Legal Representative (leglands pages) Legal Representative (01 Anesthesiologist 11 PGY 4 ©2 Primary Care Physician 12 PGY 5 03 Referring Physician 13 PGY 6 04 Attending Physician 14 PGY 7 05 Consultant Specialist 15 Workmen's Compensation Evaluator 06 Surgeon 16 Court Psychiatrist 07 Fellow 17 On-Call Physician 08 PGY 1 18 Group Practitioner/Partner 09 PGY 2 19 Other: Specify 10 PGY 3 20 Unknown 17 On-Call Physician 19 PGY 3 20 Unknown 10 PGY 3 20 Unkn	OT Anesthesiologist 11 PGY 4 Primary Care Physician 12 PGY 5 03 Referring Physician 13 PGY 6 04 Attending Physician 14 PGY 7 05 Consultant Specialist 15 Workmen's Compensation Evaluator 06 Surgeon 16 Court Psychiatrist 07 Fellow 17 On-Call Physician 08 PGY 1 18 Group Practitioner/Partner 09 PGY 2 19 Other: Specify 10 PGY 3 20 Unknown Legal Penrosentative (isolude page address and talanham) Nam Firm Addi City, Tele Indiana Secretary Appear, Settlement, Dismissar. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / Jet your case was settled, indicate the following:	
03 Referring Physician 14 PGY 7 05 Consultant Specialist 15 Workmen's Compensation Evaluator 06 Surgeon 16 Court Psychiatrist 17 On-Call Physician 18 Group Practitioner/Partner 19 PGY 2 19 Other: Specify 10 PGY 3 20 Unknown Legal Personatative (isolude pages) address and Islanding Pages 10 PGY 3 20 Unknown Legal Personatative (isolude pages) address and Islanding Pages 10 PGY 3 20 Unknown Legal Personatative (isolude pages) address and Islanding Pages 10 PGY 3 20 Unknown Legal Personatative (isolude pages) address and Islanding Pages 10 PGY 3 20 Unknown Legal Personatative (isolude pages) address and Islanding Pages 10 PGY 3 20 Unknown Legal Personatative (isolude pages) address and Islanding Pages 10 PGY 3 20 Unknown Legal Personatative (isolude pages) address and Islanding Pages 10 PGY 3 20 Unknown Legal Personatative (isolude pages) address and Islanding Pages 10 PGY 3 20 Unknown Legal Personatative (isolude pages) address and Islanding Pages 10 PGY 3 20 Unknown Legal Personatative (isolude pages) address and Islanding Pages 10 PGY 3 20 Unknown Legal Personatative (isolude pages) address and Islanding Pages 10 PGY 3 20 Unknown Legal Personatative (isolude pages) address and Islanding Pages 20 Unknown Legal Personatative (isolude pages) address and Islanding Pages 20 Unknown Legal Personatative (isolude pages) address and Islanding Pages 21 PGY 3 22 Unknown Addition Pages (isolude pages) and Islanding Pages 22 Unknown Legal Personatative (isolude pages) and Islanding Pages 23 PGY 3 24 PGY 3 25 PGY 3 26 PGY 3 26 PGY 3 27 PGY 3 28 PGY 3 29 Unknown Legal Personatative (isolude pages) and Islanding Pages 29 PGY 3 20 Unknown Legal Personatative (isolude pages) and Islanding Pages 20 Unknown Legal Personatative (isolude pages) and Islanding Pages 29 PGY 3 20 Unknown Legal Personatative (isolude pages) and Islanding Pages 20 Unknown Legal Personatative (isolude pages) and Islanding Pages 20 Unknown Legal Personatative (isolude pages) and Islanding Pages 20 Unknown Legal Personatative (isolude	03 Referring Physician 14 PGY 7 05 Consultant Specialist 15 Workmen's Compensation Evaluator 06 Surgeon 16 Court Psychiatrist 17 On-Call Physician 08 PGY 1 18 Group Practitioner/Partner 09 PGY 2 19 Other: Specify 10 PGY 3 20 Unknown Legal Peroceptative (locked name address and blocked name) Nam Firm Addi City, Tele Indiess Section, Appear, Settlement, Brainssal. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / If your case was settled, indicate the following: Settlement amount paid on your behalf: Total settlement amount: Case dismissed against you Against all defendants Important: In addition to the above information, please attach a copy of the complaint and final judgme settlement and release, or other final disposition of the claim. This information can be obtained from y legal representative.	03 Referring Physician 14 PGY 6 04 Attending Physician 15 Workmen's Compensation Evaluator 16 Surgeon 16 Court Psychiatrist 17 On-Call Physician 18 Group Practitioner/Partner 19 PGY 2 19 Other: Specify 10 PGY 3 20 Unknown Legal Poprocentative (include pages address and telephone) Nam Firm Addi City, Tele Indicate Secretary, Appear, Settlement, Sismissal. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / Jet your case was settled, indicate the following:	
13 PGY 6 4 Attending Physician 14 PGY 7 50 Consultant Specialist 15 Workmen's Compensation Evaluator 16 Surgeon 17 On-Call Physician 18 Group Practitioner/Partner 19 PGY 2 19 Other: Specify 10 PGY 3 20 Unknown Legal Representative (include name addressed to the following: Firm Addi City. Tele Indiested Several Partner Firm Addi City. Tele Indiested Several Partner Form Addi City. Tele Indiested Several Partner Firm Addi City. Tele Indiested Several Partner In	13 PGY 6 40 Attending Physician 14 PGY 7 50 Consultant Specialist 15 Workmen's Compensation Evaluator 16 Surgeon 16 Court Psychiatrist 17 On-Call Physician 18 Group Practitioner/Partner 18 Group Practitioner/Partner 19 PGY 2 19 Other: Specify 20 Unknown Legal Papersentative (isolude name address and telephone) Nam Firm Addi City. Tele Indiese Section, Appeal, Sectionary, Papeal, Sectionary, Pape	03 Referring Physician 04 Attending Physician 14 PGY 7 05 Consultant Specialist 15 Workmen's Compensation Evaluator 16 Surgeon 16 Court Psychiatrist 17 On-Call Physician 18 Group Practitioner/Partner 19 PGY 2 10 PGY 3 20 Unknown Legal Paracentative (include same address and telephonomy) Nam Firm Addi City, Tele Indiana Section, Appear, Settlement, Plantage. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / Joate Appeal Decided: / If your case was settled, indicate the following:	
04 Attending Physician 05 Consultant Specialist 05 Consultant Specialist 15 Workmen's Compensation Evaluator 16 Court Psychiatrist 07 Fellow 17 On-Call Physician 08 PGY 1 18 Group Practitioner/Partner 19 PGY 2 19 Other: Specify 20 Unknown Legal Parassentative (include page of the complaint and final judgment settlement and release, or other final disposition of the claim. This information can be obtained from you gagl representative.	04 Attending Physician 05 Consultant Specialist 15 Workmen's Compensation Evaluator 16 Surgeon 16 Court Psychiatrist 17 On-Call Physician 08 PGY 1 18 Group Practitioner/Partner 19 PGY 2 19 Other: Specify 20 Unknown Legal Porcesontative (isoluda pages address and tolorium) Nam Firm Addi City, Tele Indiente Source Paper (Check one): Judge Jury Arbitration Panel Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: f your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / f your case was settled, indicate the following: Date Appeal Filed (Month, Day, Year) / f your case was settled, indicate the following: Settlement amount paid on your behalf: Case dismissed against you Against all defendants Important: In addition to the above information, please attach a copy of the complaint and final judgmentettlement and release, or other final disposition of the claim. This information can be obtained from your geal representative.	04 Attending Physician 05 Consultant Specialist 06 Surgeon 16 Court Psychiatrist 07 Fellow 17 On-Call Physician 08 PGY 1 18 Group Practitioner/Partner 09 PGY 2 19 Other: Specify 10 PGY 3 20 Unknown Legal Paperscentative (include pages address and taleshore) Nam Firm Addi City, Tele Indicate Section, Appear, Settlement, Dismissia. of a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: f your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / f your case was settled, indicate the following:	
15 Workmen's Compensation Evaluator 06 Surgeon 16 Court Psychiatrist 17 On-Call Physician 08 PGY 1 18 Group Practitioner/Partner 19 PGY 2 19 Other: Specify 10 PGY 3 20 Unknown Legal Pearseantative (include page of the complaint and final judgmen settlement and release, or other final disposition of the claim. This information can be obtained from you egal representative.	15 Workmen's Compensation Evaluator 06 Surgeon 16 Court Psychiatrist 17 On-Call Physician 08 PGY 1 18 Group Practitioner/Partner 19 PGY 2 19 Other: Specify 10 PGY 3 20 Unknown Legal Porcesontative (isolude constituted in the properties of the pr	15 Workmen's Compensation Evaluator 16 Surgeon 16 Court Psychiatrist 17 On-Call Physician 18 Group Practitioner/Partner 19 PGY 2 19 Other: Specify 10 PGY 3 20 Unknown Legal Popus entative (include name address and telephone Firm Addi City, Tele Indicate Desirent, Appear, Settlement, Dishinstan. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / Date Appeal Decided: / / If your case was settled, indicate the following:	
16 Court Psychiatrist 17 On-Call Physician 18 Group Practitioner/Partner 19 PGY 2 19 Other: Specify 20 Unknown Legal Personative (include pages address and blockers) Legal Personative (include pages address and blockers) Nam Firm Addi City, Tele Indiese Section, Appear, Settlement, Bismissar. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / Date Appeal Decided: / If your case was settled, indicate the following: Settlement amount paid on your behalf: Total settlement amount: Date of Settlement: (Month, Day, Year) / Case dismissed against you Against all defendants Important: In addition to the above information, please attach a copy of the complaint and final judgmen settlement and release, or other final disposition of the claim. This information can be obtained from you gegal representative.	16 Court Psychiatrist 17 On-Call Physician 18 Group Practitioner/Partner 19 PGY 2 19 Other: Specify 20 Unknown Legal Personatative (include page address and telephone) Nam Firm Addi City, Tele Indiexe Section, Appear, Sectioner, Johnson. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / Date Appeal Decided: / If your case was settled, indicate the following: Settlement amount paid on your behalf: Total settlement amount: Date of Settlement: (Month, Day, Year) / Case dismissed against you Against all defendants Important: In addition to the above information, please attach a copy of the complaint and final judgmesettlement and release, or other final disposition of the claim. This information can be obtained from your gegal representative.	16 Court Psychiatrist 17 Fellow 17 Fellow 17 On-Call Physician 18 Group Practitioner/Partner 19 PGY 2 19 Other: Specify 20 Unknown Legal Poprosentative (include name address and telephone Nam Firm Addi City, Tele Indieste Session, Appear, settlement, Sismissar. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / If your case was settled, indicate the following:	
18 Group Practitioner/Partner 19 PGY 2 19 Other: Specify 10 PGY 3 20 Unknown Legal Representative (include some address and totals) Nam Firm Addi City, Tele India Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / If your case was settled, indicate the following: Settlement amount paid on your behalf: Total settlement: (Month, Day, Year) / Case dismissed against you Against all defendants Important: In addition to the above information, please attach a copy of the complaint and final judgmen settlement and release, or other final disposition of the claim. This information can be obtained from you egal representative.	18 Group Practitioner/Partner 19 PGY 2 19 Other: Specify 10 PGY 3 20 Unknown Legal Representative (isolade some additional black and bl	18 Group Practitioner/Partner 19 PGY 2 19 Other: Specify	
18 Group Practitioner/Partner 19 PGY 2 19 Other: Specify 10 PGY 3 20 Unknown Legal Representative (include some address and totals) Nam Firm Addi City, Tele India Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / If your case was settled, indicate the following: Settlement amount paid on your behalf: Total settlement: (Month, Day, Year) / Case dismissed against you Against all defendants Important: In addition to the above information, please attach a copy of the complaint and final judgmen settlement and release, or other final disposition of the claim. This information can be obtained from you egal representative.	18 Group Practitioner/Partner 19 PGY 2 19 Other: Specify 10 PGY 3 20 Unknown Legal Representative (isolade some additional black and bl	18 Group Practitioner/Partner 19 PGY 2 19 Other: Specify	
19 PGY 2 10 PGY 3 20 Unknown Legal Panasantative (isolade come address addres	19 PGY 2 10 PGY 3 20 Unknown Legal Percentative (include some address and toler to the source of the source of toler to the source of toler tol	19 PGY 2 10 PGY 3 20 Unknown Legal Perrosentative (include pages address and telephone aways) Nam Firm Addi City, Tele Indiente Sesteren, Appear, Settlement, Dishinssal. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / If your case was settled, indicate the following:	
Legal Porcecutative (looked pages address and tolockers) Nam Firm Addi City, Tele Indident society, Appear, Settlement, Dismission. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / If your case was settled, indicate the following: Settlement amount paid on your behalf: Total settlement amount: Date of Settlement: (Month, Day, Year) / Case dismissed against you Against all defendants Important: In addition to the above information, please attach a copy of the complaint and final judgmen settlement and release, or other final disposition of the claim. This information can be obtained from you egal representative.	Legal Pennscontative (legistrate and telephone and telepho	Legal Perrocentative (include name address and telephone number) Nam Firm Addi City, Tele Indiente Serioren, Appear, Settlement, Dishinssan. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) // Date Appeal Decided: // If your case was settled, indicate the following:	
Nam Firm Addi City, Tele Indience Society, Appear, Settlement, Dishinstal. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / Date Appeal Decided: / / If your case was settled, indicate the following: Date Appeal Filed (Month, Day, Year) / Settlement amount paid on your behalf: Total settlement amount: Date of Settlement: (Month, Day, Year) / Case dismissed against you Against all defendants Important: In addition to the above information, please attach a copy of the complaint and final judgment settlement and release, or other final disposition of the claim. This information can be obtained from you legal representative.	Nam Firm Addi City, Tele Indident Society, ppul, Settement, Damissa. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / Date Appeal Decided: / If your case was settled, indicate the following: Settlement amount paid on your behalf: Total settlement amount: Date of Settlement: (Month, Day, Year) / Case dismissed against you Against all defendants Important: In addition to the above information, please attach a copy of the complaint and final judgmesettlement and release, or other final disposition of the claim. This information can be obtained from yolegal representative.	Nam Firm Addi City, Tele Indicate Joseph Paper, Settlement, Dishinsan. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / If your case was settled, indicate the following:	
Nam Firm Addi City, Tele Indicate Society, Appear, Settlement, Dishinstal. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / Date Appeal Decided: / If your case was settled, indicate the following: Settlement amount paid on your behalf: Total settlement amount: Date of Settlement: (Month, Day, Year) / Case dismissed against you Against all defendants Important: In addition to the above information, please attach a copy of the complaint and final judgment settlement and release, or other final disposition of the claim. This information can be obtained from you legal representative.	Nam Firm Addi City, Tele Indisers society, repeat, settlement, primisal. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / Date Appeal Decided: / If your case was settled, indicate the following: Settlement amount paid on your behalf: Total settlement amount: Date of Settlement: (Month, Day, Year) / Case dismissed against you Against all defendants Important: In addition to the above information, please attach a copy of the complaint and final judgmesettlement and release, or other final disposition of the claim. This information can be obtained from you legal representative.	Nam Firm Addi City, Tele Indicate Decision, Appear, Settlement, Dismission. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / / If your case was settled, indicate the following:	
Addi City, Tele Indicate Sester, Appear, Settlement, Dismissar. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / If your case was settled, indicate the following: Settlement amount paid on your behalf: Total settlement amount: Date of Settlement: (Month, Day, Year) / Case dismissed against you Against all defendants Important: In addition to the above information, please attach a copy of the complaint and final judgment settlement and release, or other final disposition of the claim. This information can be obtained from you egal representative.	Addi City, Tele Indicate Section, Appear, Settlement, Sismissar. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / If your case was settled, indicate the following: Settlement amount paid on your behalf: Total settlement amount: Date of Settlement: (Month, Day, Year) / Case dismissed against you Against all defendants Important: In addition to the above information, please attach a copy of the complaint and final judgme settlement and release, or other final disposition of the claim. This information can be obtained from years a settlement and release, or other final disposition of the claim. This information can be obtained from years are settlement and release, or other final disposition of the claim.	Addi City, Tele Indicate Section, Appear, Settlement, Dismissar. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / Date Appeal Decided: / / If your case was settled, indicate the following:	
Addi City, Tele Indicate Society, Appear, Settlement, Dismissar. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / If your case was settled, indicate the following: Settlement amount paid on your behalf: Total settlement amount: Date of Settlement: (Month, Day, Year) / Case dismissed against you Against all defendants Important: In addition to the above information, please attach a copy of the complaint and final judgment settlement and release, or other final disposition of the claim. This information can be obtained from you egal representative.	City, Tele Indicate Section, Appear, Settlement, Sishinssar. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / If your case was settled, indicate the following: Settlement amount paid on your behalf: Total settlement amount: Date of Settlement: (Month, Day, Year) / Case dismissed against you Against all defendants Important: In addition to the above information, please attach a copy of the complaint and final judgment and release, or other final disposition of the claim. This information can be obtained from your geal representative.	Addi City, Tele Indicate Seciolon, Appear, Settlement, Dismissar. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / Date Appeal Decided: / / If your case was settled, indicate the following:	
City, Tele Indicate Sestion, Appear, Settlement, Dismissia. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / If your case was settled, indicate the following: Settlement amount paid on your behalf: Total settlement amount: Date of Settlement: (Month, Day, Year) / Case dismissed against you Against all defendants Important: In addition to the above information, please attach a copy of the complaint and final judgment settlement and release, or other final disposition of the claim. This information can be obtained from you gegal representative.	City, Tele Indiests Section, Appear, Settlement, Dishinstal. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / Date Appeal Decided: / / If your case was settled, indicate the following: Settlement amount paid on your behalf: Total settlement amount: Date of Settlement: (Month, Day, Year) / Case dismissed against you Against all defendants In addition to the above information, please attach a copy of the complaint and final judgme settlement and release, or other final disposition of the claim. This information can be obtained from your gegal representative.	City, Tele Indicate Section, Appear, Settlement, Bishinstan. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / Date Appeal Decided: / / If your case was settled, indicate the following:	
City, Tele Indicate society, Appear, Settlement, Dishinstal. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / Date Appeal Decided: / / If your case was settled, indicate the following: Settlement amount paid on your behalf: Total settlement amount: Date of Settlement: (Month, Day, Year) / Case dismissed against you Against all defendants Important: In addition to the above information, please attach a copy of the complaint and final judgment settlement and release, or other final disposition of the claim. This information can be obtained from you egal representative.	City, Tele Indiests addition to the above information, please attach a copy of the complaint and final judgme gegal representative.	City, Tele Indicate Section, Appear, Settlement, Bishinsan. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / Date Appeal Decided: / / If your case was settled, indicate the following:	
Indicate Section, Appear, Settlement, Dishinstal. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / If your case was settled, indicate the following: Settlement amount paid on your behalf: Total settlement amount: Date of Settlement: (Month, Day, Year) / Case dismissed against you Against all defendants Important: In addition to the above information, please attach a copy of the complaint and final judgment settlement and release, or other final disposition of the claim. This information can be obtained from you geal representative.	Indicate Section, Appear, Settlement, Brainsan. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one):	Indicate Decision, Appear, Settlement, Dishinstal. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / Date Appeal Decided: / /	
Indicate Section, Appear, Settlement, Dishinstal. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / If your case was settled, indicate the following: Settlement amount paid on your behalf: Total settlement amount: Date of Settlement: (Month, Day, Year) / Case dismissed against you Against all defendants Important: In addition to the above information, please attach a copy of the complaint and final judgment settlement and release, or other final disposition of the claim. This information can be obtained from you geal representative.	Indicate Section, Appear, Settlement, Brainsan. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one):	Indicate Decision, Appear, Settlement, Dishinstal. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / Date Appeal Decided: / /	
Indicate Section, Appear, Settlement, Sismissar. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / Date Appeal Decided: / / If your case was settled, indicate the following: Settlement amount paid on your behalf: Total settlement amount: Date of Settlement: (Month, Day, Year) / Case dismissed against you Against all defendants Important: In addition to the above information, please attach a copy of the complaint and final judgments and release, or other final disposition of the claim. This information can be obtained from you egal representative.	Indients Societies, Appear, Settlement, Brainssan. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / Date Appeal Decided: / / If your case was settled, indicate the following: Settlement amount paid on your behalf: Total settlement amount: Date of Settlement: (Month, Day, Year) / Case dismissed against you Against all defendants Important: In addition to the above information, please attach a copy of the complaint and final judgments and release, or other final disposition of the claim. This information can be obtained from your egal representative.	Indicate Section, Appear, Settlement, Bishinsal. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / If your case was settled, indicate the following:	
Indicate Section, Appear, Settlement, Sismissar. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / Date Appeal Decided: / / If your case was settled, indicate the following: Settlement amount paid on your behalf: Total settlement amount: Date of Settlement: (Month, Day, Year) / Case dismissed against you Against all defendants Important: In addition to the above information, please attach a copy of the complaint and final judgments and release, or other final disposition of the claim. This information can be obtained from you egal representative.	Indients Societies, Appear, Settlement, Brainssan. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / Date Appeal Decided: / / If your case was settled, indicate the following: Settlement amount paid on your behalf: Total settlement amount: Date of Settlement: (Month, Day, Year) / Case dismissed against you Against all defendants Important: In addition to the above information, please attach a copy of the complaint and final judgments and release, or other final disposition of the claim. This information can be obtained from your egal representative.	Indicate Section, Appear, Settlement, Bishinsal. If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / If your case was settled, indicate the following:	
If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one):	If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / / Date Appeal Decided: / / If your case was settled, indicate the following: Settlement amount paid on your behalf: Total settlement amount: Date of Settlement: (Month, Day, Year) / / Case dismissed against you Against all defendants Important: In addition to the above information, please attach a copy of the complaint and final judgments and release, or other final disposition of the claim. This information can be obtained from your egal representative.	If a Court or Arbitration Panel heard your case, indicate the following: Decision determined by (Check one): Judge Jury Arbitration Panel Decision: Award: If your case was appealed, indicate the following: Date Appeal Filed (Month, Day, Year) / Date Appeal Decided: / / If your case was settled, indicate the following:	
Date Appeal Decided:// If your case was settled, indicate the following: Settlement amount paid on your behalf: Total settlement amount: Date of Settlement: (Month, Day, Year)/ Case dismissed against you Against all defendants Important: In addition to the above information, please attach a copy of the complaint and final judgment settlement and release, or other final disposition of the claim. This information can be obtained from you egal representative.	Date Appeal Decided:// If your case was settled, indicate the following: Settlement amount paid on your behalf: Total settlement amount: Date of Settlement: (Month, Day, Year)/ Case dismissed against you Against all defendants Important: In addition to the above information, please attach a copy of the complaint and final judgments and release, or other final disposition of the claim. This information can be obtained from your goal representative.	Date Appeal Decided://	
Date Appeal Decided:// If your case was settled, indicate the following: Settlement amount paid on your behalf: Total settlement amount: Date of Settlement: (Month, Day, Year)/ Case dismissed against you Against all defendants Important: In addition to the above information, please attach a copy of the complaint and final judgment settlement and release, or other final disposition of the claim. This information can be obtained from you egal representative.	Date Appeal Decided:// If your case was settled, indicate the following: Settlement amount paid on your behalf: Total settlement amount: Date of Settlement: (Month, Day, Year)/ Case dismissed against you Against all defendants Important: In addition to the above information, please attach a copy of the complaint and final judgments settlement and release, or other final disposition of the claim. This information can be obtained from your egal representative.	Date Appeal Decided://	
Settlement amount paid on your behalf:	Settlement amount paid on your behalf:	If your case was settled, indicate the following:	
Settlement amount paid on your behalf: Total settlement amount: Date of Settlement: (Month, Day, Year)/ Case dismissed against you Against all defendants Important: In addition to the above information, please attach a copy of the complaint and final judgment settlement and release, or other final disposition of the claim. This information can be obtained from you legal representative.	Settlement amount paid on your behalf: Total settlement amount: Date of Settlement: (Month, Day, Year) / Case dismissed against you Against all defendants Important: In addition to the above information, please attach a copy of the complaint and final judgments settlement and release, or other final disposition of the claim. This information can be obtained from your goal representative.		
Total settlement amount:Date of Settlement: (Month, Day, Year) //	Total settlement amount:Date of Settlement: (Month, Day, Year) /	Settlement amount paid on your behalf:	
Case dismissed against you Against all defendants mportant: In addition to the above information, please attach a copy of the complaint and final judgmen settlement and release, or other final disposition of the claim. This information can be obtained from you egal representative.	Case dismissed against you Against all defendants mportant: In addition to the above information, please attach a copy of the complaint and final judgment and release, or other final disposition of the claim. This information can be obtained from you egal representative.	Total autilian autilian autilian de la company de la compa	
mportant: In addition to the above information, please attach a copy of the complaint and final judgmen settlement and release, or other final disposition of the claim. This information can be obtained from you egal representative.	mportant: In addition to the above information, please attach a copy of the complaint and final judgment settlement and release, or other final disposition of the claim. This information can be obtained from years are segal representative.	Date of Settlement: (Month, Day, Year)/	
mportant: In addition to the above information, please attach a copy of the complaint and final judgmen settlement and release, or other final disposition of the claim. This information can be obtained from you egal representative.	mportant: In addition to the above information, please attach a copy of the complaint and final judgment settlement and release, or other final disposition of the claim. This information can be obtained from years are segal representative.	Case dismissed against you Against all defendants	
settlement and release, or other final disposition of the claim. This information can be obtained from you egal representative.	settlement and release, or other final disposition of the claim. This information can be obtained from year and the company of the claim. This information can be obtained from year and the company of the claim.		
settlement and release, or other final disposition of the claim. This information can be obtained from you legal representative.	settlement and release, or other final disposition of the claim. This information can be obtained from your grant of the claim. This information can be obtained from your grant of the claim.	mportant: In addition to the above information, please attach a copy of the complaint and final	l judamer
egai representative.	egai representative.	settlement and release, or other final disposition of the claim. This information can be obtained	from vo
Additional information, if any:	Additional information, if any:	egal representative.	
Additional information, if any:	Additional information, if any:		
		Additional information, if any:	
			L วกไ ธศัก
			it onlast
			L วกไ ธศัก
			il miser
			น วกไรต์ว

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE FORM A CONTINUED - 1996-1998 PHYSICIAN LICENSE RENEWAL APPLICATION - PAGE FOUR OF SIX

SECTION B: CRIMINAL INVESTIGATION - PROCEEDING (QUESTIONS 2 AND 3) - ATTACH DOCUMENTS _____Charge:_______Date:_____ Description: Status: Conviction?: _____ Date: _____ Date: ______ Plea?: _____ SECTION C: DISCIPLINARY CHARGES OR ACTION (QUESTION 5) - ATTACH DOCUMENTS Name of Organization Involved Duration: Circumstances: SECTION D: PRIVILEGE TO PRESCRIBE CONTROLLED SUBSTANCES (QUESTION 9) - ATTACH DOCUMENTS Name of Organization Involved: Type of Restriction: _____ Date:_____ Circumstances of restriction:

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE FORM A CONTINUED - 1996-1998 PHYSICIAN LICENSE RENEWAL APPLICATION - PAGE FIVE OF SIX

SECTION E: WITHDRAWAL OR DENIAL OF LICENSE (QUESTION 11) - ATTACH DOCUMENTS

State:	00	Year:
Circumstances und	der which license was withdraw	vn or denied (revoked, not renewed, or otherwise terminated):
SECTION F: INVE	STIGATION BY ANY OTHER I	LICENSING BOARD (QUESTION 14) - ATTACH DOCUMENTS
Name of Licensing	Board:	Date:
Location of Licensi	ng Board:	Ye issyring
		SECTION O: DISCHELINARY CHARGES OF ACTUAL (QUEST)
A September 1		The second of th
		soft a tell
SECTION G: RESI	DENCY TRAINING PROGRAM	(S) NOT COMPLETED (QUESTION 15) - ATTACH DOCUMENTS
Residency Training	Program(s):	No even some services of the s
		Year:
		de financia de la contracta de
ALCOHOL OR DRI	UG DEPENDENCY (QUESTIO	DISTURBANCE OR MENTAL ILLNESS, ORGANIC ILLNESS, NS 1 AND 4)
		Literatura En Transconti
Telephone: () 100	
		SECTION OF CONTRACT OPERSONING CONTROL (O SUBS
Type of Condition a	and Treatment:	bevious making or one emission
	ole G	Fune of Farcerture
		Torkarten of Castamoral Control of Castamora
Dates of Illness/Dep	pendency:	
Dates of Treatment		

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE FORM A CONTINUED - 1996-1998 PHYSICIAN LICENSE RENEWAL APPLICATION - PAGE SIX OF SIX

QUESTION 7) - ATTACH DO		alla over in the
	4 4 4 4 4 5 11 4 4 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1	
Date:	(L. 9)	Shirty and the
Circumstance <u>s:</u>	THE STATE OF THE S	e alta t
	15 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = - 1 = -	per programme to a second seco
		and vise-graficing to git gate Diffe
SECTION J: VOLUNTARILY	SURRENDERED OR RESIGNED A LICEN	
State:	Year:	gay Pitti Vitalian nigeri in the second
	e Sair C Sair C	Subfact to
- Joseph Service - Joseph	Tight in a Pissyr a Octopa our a Pissyr a Octopa	
ATTACH DOCUMENTS Third Party Payer:	RIGHT TO PARTICIPATE OR ENROLL - 1	ear:
	10 1 P	
SECTION L: TURNED DOV	WN FOR COVERAGE BY MALPRACTICE	INSURANCE CARRIER (QUESTION 12
SECTION L: TURNED DOV	WN FOR COVERAGE BY MALPRACTICE	INSURANCE CARRIER (QUESTION 12
SECTION L: TURNED DOV ATTACH DOCUMENTS Malpractice Insurance Carrie	WN FOR COVERAGE BY MALPRACTICE	INSURANCE CARRIER (QUESTION 12
SECTION L: TURNED DOV ATTACH DOCUMENTS Malpractice Insurance Carrie Circumstances: SECTION M: CONFIRMED	WN FOR COVERAGE BY MALPRACTICE er: QUALITY CONCERN NOTICE BY PEER RE	INSURANCE CARRIER (QUESTION 12
SECTION L: TURNED DOVATTACH DOCUMENTS Malpractice Insurance Carrie Circumstances: SECTION M: CONFIRMED (QUESTION 13) ATTACH D	WN FOR COVERAGE BY MALPRACTICE er: QUALITY CONCERN NOTICE BY PEER RE DOCUMENTS	INSURANCE CARRIER (QUESTION 12 Year: EVIEW ORGANIZATION (PRO)
SECTION L: TURNED DOVATTACH DOCUMENTS Malpractice Insurance Carrie Circumstances: SECTION M: CONFIRMED (QUESTION 13) ATTACH D	WN FOR COVERAGE BY MALPRACTICE BY MALPRACTICE BY MALPRACTICE BY PEER REDOCUMENTS	Year: Year: VIEW ORGANIZATION (PRO) Year:
SECTION L: TURNED DOVATTACH DOCUMENTS Malpractice Insurance Carrie Circumstances: SECTION M: CONFIRMED (QUESTION 13) ATTACH D	WN FOR COVERAGE BY MALPRACTICE er: QUALITY CONCERN NOTICE BY PEER REDOCUMENTS	Year: Year: VIEW ORGANIZATION (PRO) Year:
SECTION L: TURNED DOVATTACH DOCUMENTS Malpractice Insurance Carrie Circumstances: SECTION M: CONFIRMED (QUESTION 13) ATTACH D PRO: Location of PRO:	WN FOR COVERAGE BY MALPRACTICE BY MALPRACTICE BY MALPRACTICE BY PEER REDOCUMENTS	Year:Year:Year:Year:Year:Year:Year:Year:Year:Year:Year:Year:Year:Year:
SECTION L: TURNED DOVATTACH DOCUMENTS Malpractice Insurance Carrie Circumstances: SECTION M: CONFIRMED (QUESTION 13) ATTACH D PRO: Location of PRO:	WN FOR COVERAGE BY MALPRACTICE er: QUALITY CONCERN NOTICE BY PEER RE DOCUMENTS	Year:Year:Year:Year:Year:Year:Year:Year:Year:Year:Year:Year:Year:Year:

STATE OF VERMONT - BOARD OF MEDICAL PRACTICE FORM A CONTINUED - 1996-1998 PHYSICIAN LICENSE RENEWAL APPLICATION - PAGE THREE OF SIX TABLE I - BASIS CODES - ALLEGATIONS ONLY

DIAGNOSIS RELATED D01 Delay in Diagnosis	Improper Treatment: Medication Related
	T21 Failure to obtain informed consent/exceeding consent obtained
Failure to Diagnose:	T22 Failure to take adequate patient history
D02 Abdominal Problems (other than appendicitis or ulcer)	T23 Failure to diagnose drug related problem(s) (other than addiction)
D03 AIDS/AIDS Related Complex D04 Allergy	T24 Failure to diagnose drug addiction
D05 Appendicitis	T25 Prescribing to a known addict
D06 Arthritis	T26 Wrong medication ordered
D07 Bladder Problem	T27 Wrong dose of medication ordered
D08 Bowel Problem	T28 Improper route of administration
	T29 Drug side effect
D09 Breast Cancer	T30 Failure to prescribe
D10 Cancer (other than breast)	T31 Drug toxicity/overdose
D11 Cardiac Disorder/Illness/Problem (not myocardial infarction)	T32 Other Specify:
D12 Circulatory Problem	
D13 Diabetes	Improper Treatment: Mental Illness Related
D14 Fracture/Dislocation	T33 Failure to obtain informed consent/exceeding consent obtained
D15 Gall Bladder Disorder	T34 Failure to diagnose mental disorder/illness/problem
D16 Genetic Disorder	T35 Improper medication prescribed
D17 Hemorrhage	T36 Improper commitment
D18 Hernia	T37 Improper discharge
D19 Implanted Foreign Body	T38 Improper monitoring
D20 Infection	T39 Improper use of seclusion/restraints
D21 Kidney Disorder	T40 Suicide/Suicide attempt by inpatient
D22 Liver Disorder	T41 Suicide/Suicide attempt by outpatient
D23 Meningitis	T42 Other Specify:
D24 Myocardial Infarction	
D25 Neurological Disorder	Improper Treatment: Obstetrics-Gynecology Related
D26 Orthopaedic Problem (other than fracture/dislocation)	T43 Failure to obtain informed consent/exceeding consent obtained
D27 Pneumonia/Pneumothorax	T44 Failure to diagnose pregnancy, normal
D28 Poisoning	T45 Failure to diagnose pregnancy related problem
D29 Respiratory Problem	T46 Failure to diagnose ectopic pregnancy
D30 Tendon Injury	T47 Failure to diagnose endometriosis
D31 Thrombosis	T48 Failure to diagnose fetal distress
D32 Tumor	T49 Failure to identify mother-fetus blood problem
D33 Ulcer or Complication(s) of Ulcer	T50 Improper performance of abortion
D34 Other Specify:	T51 Improper management of pregnancy
	T52 Improper management of delivery
D35 Failure to Obtain Consent for Diagnostic Procedures/Exceeding consent obtained	T53 Improperly performed vaginal delivery
D36 Misdiagnosis	T54 Improperly performed C-section
D37 Ordering/Performing Unnecessary Diagnostic Tests/Procedures	T55 Delay in performing C-section
D38 Failure to Perform Diagnostic Test(s)	T56 Delay in treating fetal distress
D39 Other Diagnosis Related Injury	T57 Failed sterilization
and the state of t	T58 Wrongful life/birth
EQUIPMENT	T59 Fetal death/stillborn
E01 Equipment: Misuse	T60 Maternal death related to delivery
E02 Equipment: Malfunction	T61 Other Specify:
E03 Equipment: Other Specify:	To Fother Specify.
	Improper Treatment: Surgery Related
IMPROPER TREATMENT	T62 Failure to obtain informed consent/exceeding consent obtained
T01 Delay in Treatment	T63 Improper performance
T02 Failure to Obtain Informed Consent/Exceeding Consent Obtained	
T03 Improper Choice of Treatment	T64 Failure to diagnose post-operative complications
T04 Infection	T65 Improper treatment of post-operative complications
T05 Fracture/Dislocation	T66 Retained foreign bodies (e.g. needle, sponge, instrument, etc.) T67 Delay in surgery
T06 Chronic Vegetative State Resulting from Medical Intervention	T68 Unnecessary surgery
Improper Treatment: Anesthesia Related	T69 Wrong body part
T07 Failure to obtain informed consent/exceeding consent obtained	T70 Laceration or penetration not within scope of surgery
T08 Failure to take adequate patient history	T71 Death in the course of/resulting from surgery
T09 Failure to monitor	T72 Other Specify:
T10 Failure to test equipment/improper use of equipment	POWERLANDS PART A PROTECTION
T11 Improper intubation	Improper Treatment: Specified Procedures
T12 Improper positioning	T73 Angiography
	T74 Arteriography
T13 Wrong amount/type of anesthesia prescribed	T75 CAT scan
T14 Allergic/adverse reaction	T76 Catheterization
T15 Teeth damage	T77 Colonoscopy
T16 Other Specify:	T78 Cryosurgery
TRANSFURIOU	T79 Discogram
TRANSFUSION	T80 Electroconvulsive Therapy
TR17 Mismatch	T81 Endoscopy
TR18 Caused AIDS	T82 Esophageal Dilatations
TR19 Caused Hepatitis	T83 Injection/Immunization
TR20 Other Specify:	T84 Laparoscopy
	T85 Lasers, used in treatment
	T86 Myelography

Regarding # 5. Section II

FON.

STATE OF FLORIDA DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION BOARD OF MEDICINE

DEPARTMENT OF BUSINESS AND PROFESSIONAL REGULATION,

PETITIONER.

VS.

CASE NO. 93-11602:...

PHILIP F. WATERMAN, II, M.D.,

RESPONDENT.

ADMINISTRATIVE COMPLAINT

COMES NOW the Petitioner, Department of Business and Professional Regulation, hereinafter referred to as "Petitioner," and files this Administrative Complaint before the Board of Medicine against Philip F. Waterman, M.D., hereinafter referred to as "Respondent," and alleges:

- 1. Petitioner is the state agency charged with regulating the practice of medicine pursuant to Section 20.165, Florida Statutes; Chapter 455, Florida Statutes; and Chapter 458, Florida Statutes.
- 2. Respondent is and has been at all times material hereto a licensed physician in the State of Florida, having been issued license number ME 0033129. Respondent/s last known address is 650.

 Del Prado: Boulevard; Suite: 100; Caper Coral; Florida 3399012/00/2004
- 3. Respondent: is board certified win wobstatrics and and grade gynecology.

- 4. On or about April 11, 1990, Patient a thirty (30) year-old female, presented to Respondent with complaints of a lump in her right breast.
- 5. Respondent examined Patient and did not find a right breast lump.
- 6. During his examination of Patient Respondent neither recommended that Patient undergo further study of her breast lump nor that she return for a follow-up visit.
- 7. On or about April 11, 1991, Patient presented to a partner of Respondent for her routine gynecological examination.
- 8. Patient complained of the right breast mass to the physician.
- 9. Patient subsequently underwent an aspiration, a biopsy and a mammogram of the mass. Said tests revealed the mass to be an infiltrating ductal carcinoma.
- 10. On or about May 17, 1991, Patient underwent a right radical mastectomy.
- 11. Following the mastectomy, Patient underwent chemotherapy and Tamoxifen therapy.
- 12. In or about May 1991, Patient requested a copy of her medical records from Respondent. Included in said medical records was accopy of Respondent spinitial records of his April 112, 1990, examination of Patient which consisted of a handwritten note: which stated "no mass found-somewhat fibrous: ""
- of her medical records for insurance purposes. Included in said

medical records was a copy of Respondent's initial handwritten record of his April 11, 1990, examination of Patient as well as an additional typewritten record concerning said examination of patient

- Patient: right breast and could not find a mass. In:

 addition, the entry stated Respondent instructed Patient to return if she again felt the breast lump:
- 16. The typewritten entry was added to Patient medical record by Respondent subsequent to his visit with Patient and subsequent to his initial handwritten record of his visit with Patient

count one

- 17. Petitioner realleges and incorporates Paragraphs one (1) through sixteen (16) as if fully set forth herein this Count One.
- 18. Respondent is guilty of making deceptive, untrue, or fraudulent representations in or related to the practice of medicine or employing a trick or scheme in the practice of medicine in that Respondent altered Patient medical records after his April 11, 1990 examination of her by adding an undated typewritten entry to the medical records concerning, said physical examination.
- 19. Based on the foregoing, Respondent violated Section 458.331(1)(k), Florida Statutes, making deceptive, untrue, fraudulent representations in or related to the practice of

medicine or employing a trick or scheme in the practice of medicine.

Count Two

- 20. Petitioner realleges and incorporates Paragraphs one 91)
 through sixteen (16) and eighteen (18) as if fully set forth herein this Count Two.
- 21. Respondent is guilty of failing to keep written medical records justifying the course of treatment of the patient in that Respondent's initial medical record concerning his examination of Patient which occurred on or about April 11, 1990, only contained one sentence and did not adequately outline his examination of Patient and in that Respondent altered Patient medical records after the fact by adding a typewritten entry to the records.
- 22. Based on the foregoing, Respondent violated Section 458.331(1)(m), Florida Statutes, failing to keep written medical records justifying the course of treatment of the patient, including, but not limited to, patient histories; examination results; test results; records of drugs prescribed, dispensed, or administered; and reports of consultations and hospitalizations.

Count Three

- 23.... Petitioner: real leges: and incorporates Paragraphs one (1) (1) the through sixteen: (16); eighteen: (18); and twenty-one: (21); as: /if. (21); fully set forth herein this Count Two...
- 24. Respondent is guilty of gross or repeated malpractice or the failure to practice medicine with that level of care, skill,

and treatment which is recognized by a reasonably prudent similar physician as being acceptable under similar conditions and circumstances in that Respondent failed to maintain adequate medical records concerning his care and treatment of Patient Respondent altered Patient medical records after the fact; and Respondent failed to recommend follow-up examinations and or treatments for Patient in response to her complaints of a right breast lump which Respondent was unable to palpate upon examination.

25. Based on the foregoing, Respondent violated Section.
458.331(1)(t), Florida Statutes, gross or repeated malpractice or the failure to practice medicine with that level of care, skill, and treatment which is recognized by a reasonably prudent similar physician as being acceptable under similar conditions and circumstances.

WHEREFORE, the Petitioner respectfully requests the Board of Medicine enter an Order imposing one or more of the following penalties: permanent revocation or suspension of the Respondent's license, restriction of the Respondent's practice, imposition of an administrative fine, issuance of a reprimand, placement of the

Respondent on probation, and/or any other relief that the Board to Board the Board to Board the Board to Board

SIGNED this. 3/ day of

May 1994...

George Stuarty Secretary

Larry G. McPherson, Jr...... Chief Medical Attorney

COUNSEL FOR DEPARTMENT!

Larry G. McPherson, Jr.
Chief Medical Attorney
Department of Business and Professional Regulation
1940 North Monroe Street
Tallahassee, Florida 32399-0792
Florida Bar #788643
RPC/sdb
PCP: May 26, 1994
Murray, Slade, and Varn

POPER TIMENT OF Business and Professional Regulation AGENCY CLERK

elerk Sarah 2. Wachungan

STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION BOARD OF MEDICINE

AGENCY FOR HEALTH CARE ADMINISTRATION, PETITIONER,

VS.

CASE NO. 93-10435

PHILIP F. WATERMAN, II, M.D., RESPONDENT.

ADMINISTRATIVE COMPLAINT

COMES NOW the Petitioner, Agency for Health Care Administration, hereinafter referred to as "Petitioner," and files this Administrative Complaint before the Board of Medicine against Philip F. Waterman, II, M.D., hereinafter referred to as "Respondent," and alleges:

- 1. Petitioner is the state agency charged with regulating the practice of medicine pursuant to Section 20.165, Florida Statutes; Section 20.42, Florida Statutes, Chapter 455, Florida Statutes; and Chapter 458, Florida Statutes.
- 2. Respondent is and has been at all times material hereto a licensed physician in the State of Florida, having been issued license number ME 0033129. Respondent's last known address is 650 Del Prado Boulevard, Suite 100, Cape Coral, Florida 33990.
 - 3. Respondent is Board Certified in Obstetric and Gynecology.
- 4. Patient had been a patient of Respondent from June 1984.
- 5. Patient a forty-six (46) year old female at approximately eight weeks pregnant, presented to Respondent on or

about October 20, 1992, for a prenatal visit, and underwent an ultrasound.

- 6. Respondent determined there was sufficient amniotic fluid for an amniocentesis, which is the extracting of fluid from the amniotic sac for evaluation.
- 7. Respondent attempted an amniocentesis on Patient but was unsuccessful.
- Respondent failed to obtain proper consultation for Patient amniocentesis, early amniocentesis is a very difficult procedure that is not widely performed or recommended, and should be performed by a Maternal-Fetal medicine physician who does them of a routine basis.
- 9. Respondent did not document informed consent and consultation of risks involved from the procedure with a signed consent from Patient for the amniocentesis.
- 10. On or about October 27, 1992, Patient presented Respondent approximately nine (9) weeks pregnant and underwent another amniocentesis attempt, which was unsuccessful.
- 11. Respondent did not obtain a signed consent from Patient for the amniocentesis.
 - 12. Patient subsequently developed vaginal bleeding.
- 13. On or about November 10, 1992, Patient presented Respondent at approximately ten (10) weeks, and underwent a successful amniocentesis.

- 14. Respondent inappropriately performed amniocentesis on Patient who had uterine bleeding, increasing the risk of spontaneous abortion when there was no urgent time factor involved.
- 15. On or about November 17, 1992, Patient presented to Respondent with complaints of vaginal bleeding, and was diagnosed with ruptured membranes.
- 16. Respondent prescribed bedrest and antibiotics for Patient
- 17. On or about December 9, 1992, Patient presented to Respondent with complaints of vaginal bleeding and cramps.
- 18. An ultrasound of Patient did not show any fetal heart tones, and fetal parts were seen in the open cervix.
- 19. Respondent performed a dilation and curettage (D & C) on Patient for evacuation of the uterus.
- 20. On or about December 17, 1992, Patient presented to Respondent for a postoperative check-up, which reported normal results.
- 21. On or about December 22, 1992, Patient presented another physician with complaints of persistent vaginal bleeding.
- 22. Patient was diagnosed with retained products of conception after a D & C.
- 23. Patient underwent a repeat D & C performed by the subsequent physician to evacuate the remaining material from the uterus.

Count One

- 24. Petitioner realleges and incorporates paragraph one (1) through twenty-three (23) as if full set forth herein this Count One.
- 25. Respondent is guilty of failing to keep written medical records justifying the course of treatment of the patient, including, but not limited to, patient histories; examination results; test results; records of drugs prescribed, dispensed, or administered; and reports of consultations and hospitalization, in that Respondent failed to record notes documenting counseling and failed to obtain signed consent forms from Patient documenting informed consent for the first two amniocentesis.
- 26. Based on the foregoing, Respondent violated Section 458.331(1)(m), Florida Statutes, and is guilty of failing to keep written medical records justifying the course of treatment of the patient, including, but not limited to, patient histories; examination results; test results; records of drugs prescribed, dispensed, or administered; and reports of consultations and hospitalization.

Count Two

- 27. Petitioner realleges and incorporates paragraph one (1) through twenty-three (23) and twenty-five (25) as if set full forth herein this Count Two.
- 28. Respondent is guilty of performing professional services which have not been duly authorized by the client, or his legal

representative, in that Respondent performed two (2) amniocentesis on Patient without written consent.

29. Based on the foregoing, Respondent violated Section 458.331(1)(p), Florida Statutes, and is guilty of performing professional services which have not been duly authorized by the client, or his legal representative, except as provided in s. 743.064, s. 766.103, or s. 768.13.

Count Three

- 30. Petitioner realleges and incorporates paragraph one (1) through twenty-three (23), twenty-five (25) and twenty-eight (28) as if full set forth herein this Count Three.
- 31. Respondent is guilty of gross or repeated malpractice or the failure to practice medicine with that level of care, skill, and treatment which is recognized by a reasonably prudent similar physician as being acceptable under similar conditions and circumstances, in that Respondent failed to refer Patient to proper consultation for amniocentesis and inappropriately attempted amniocentesis too early and inappropriately attempted a third amniocentesis on Patient
- 32. Based on the foregoing, Respondent violated section 458.331(1)(t), Florida Statutes, and is guilty of gross or repeated malpractice or the failure to practice medicine with that level of care, skill, and treatment which is recognized by a reasonably prudent similar physician as being acceptable under similar conditions and circumstances.

WHEREFORE, the Petitioner respectfully requests the Board of Medicine enter an Order imposing one or more of the following penalties: permanent revocation or suspension of the Respondent's license, restriction of the Respondent's practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, and/or any other relief that the Board deems appropriate.

SIGNED this 16 day of

econles , 1994.

Douglas M. Cook, Director

Larry G. McPherson, Jr. Chief Medical Attorney

COUNSEL FOR AGENCY:

Larry G. McPherson, Jr.
Chief Medical Attorney
Agency for Health Care Administration
1940 North Monroe Street
Tallahassee, Florida 32399-0792
Florida Bar #788643
RPC/kjh
PCP: December 15, 1994
Murrau, Slade and Varn

HEALTH CARE ADMINISTRATION
DEPUTY CLERK
CLERK Grand Grand
DATE 12-19-94

.45PM FROM LUTZ WEBB PARTRIDGE

TO 18135748928

P004/007

Regarding # 6

: