NE 0023642

HOOES
741 HIGHWAY 17-SOUTH #142 HERBERT C
ORANGE PARK
FL 32073

Reg 9/2/71

22 Sept 71

FLORIDA STATE BOARD of
MEDICAL EXAMINERS
2717 EAST OAKLAND BOULEVARD
FORT LAUDERDALE, FLORIDA 33306

GENTLEMEN:

PLEASE SEND ME INFORMATION CONCERNING MEDICAL LICENSURE IN THE STATE OF FLORIDA. I AM A 1969 GRADUATE OF THE UNIVERSITY OF KANSAS SCHOOL OF MEDICINE AND POSSESS A CURRENT LICENSE FOR MEDICINE AND SURGERY AFTER HAVING PASSED THE STATE OF KANSAS BOARD EXAMINATIONS.

I AM CURRENTLY ON TWO YEARS ACTIVE DUTY AT THE NAVAL HOSPITAL IN JACKSONVILLE AND WOULD LIKE TO BE ABLE TO WORK OCCASIONALLY IN THE OFFICE OF ONE OF THE LOCAL GENERAL PRACTITIONERS.

THANK YOU,

~~Herbert C. Hodes~~, MD

HERBERT C. HODES, MD
741 HIWAY 17-SOUTH APT. 149
ORANGE PARK, FLORIDA 32073

The University of Kansas

Herbert Charles Hodes

is awarded the degree of

Doctor of Medicine

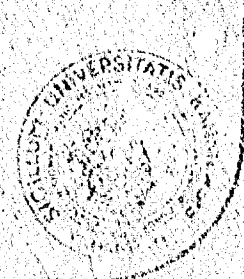
This diploma is conferred at Lawrence Kansas
June 1, 1919

State Board of Regents

President

Secretary

Chancellor



September 28, 1971

RECEIVED
OCT 16 1971
FLA. ST. BD.
MED. EXAM.

To Whom It May Concern:

Re: Herbert C. Hodes, MD

This is to certify that Dr. Herbert C. Hodes satisfactorily completed a Rotating Internship at St. Francis Hospital of one year from June 23, 1969 to June 23, 1970.

Gerald T. Kennedy, M.D.
Gerald T. Kennedy, MD
Assistant Director
Department of Medical Education

GTK:md

St. FRANCIS HOSPITAL
929 NORTH ST. FRANCIS ■ WICHITA, KANSAS 67214 ■ PHONE (316) 262-5211

DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION
STATE BOARD OF MEDICAL EXAMINERS OF FLORIDA
2717 East Oakland Park Boulevard
Fort Lauderdale, Florida 33306

RECEIVED
NOV 1 19
FLA. ST. BD.
MED. EXAM.

TO: University of Kansas Medical Center
39th and Rainbow Blvd.
Kansas City, Kansas 66103

FROM: George S. Palmer, M.D., Executive Director
Florida State Board of Medical Examiners

Will you please complete the form below and return it to this office at your earliest convenience?

This doctor has made application for medical licensure in Florida and states that he was an ~~intern~~ Ob/Gyn resident in your hospital from 7/1/70 - 6/30/71.

Thank you for your cooperation.

Name Herbert Charles Hodes, M.D.

School University of Kansas - 6/1/69

☐ Internship satisfactorily completed.

☐ Residency satisfactorily completed.

☐ Dismissed before completion of training.

Reason

Remarks: Herbert Hodes, M.D. completed one year of residency here at the University of Kansas Medical Center on the dates you list above. He then went on active duty in the U.S. Navy and is no longer a resident here.

SIGNED: Walter R. Gehlbach, Jr.
Walter R. Gehlbach, Director
Student Admissions & Records

Date: October 27, 1971

DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION
STATE BOARD OF MEDICAL EXAMINERS OF FLORIDA
2717 East Oakland Park Boulevard
Fort Lauderdale, Florida 33306

RECEIVED
NOV 16 1971
FLA. ST. BD.
MED. EXAM.

TO: Bureau of Narcotics and Dangerous Drugs
Justice Department
Washington, D. C. 20530

FROM: George S. Palmer, M.D.
Executive Director

APPLICANT'S NAME: Herbert Charles Hodes, M.D.

DATE OF BIRTH: 8/6/43

PLACE OF BIRTH: Kansas City, Missouri

PRESENT ADDRESS: 741 Highway 17-South, Apt. 149, Orange Park, Fla. 32073
Ofc: U.S. Naval Hospital - Jacksonville, Fla.

FORMER ADDRESS:

The subject has applied for medical licensure in Florida *and has filed with this Board a document releasing all persons from responsibility in connection with answering this inquiry.*

Will you please furnish us with a record of any and all arrests, investigations, or complaints, and reasons therefore, involving this physician?

Thank you for your cooperation.

REPLY:

U.S. DEPARTMENT OF JUSTICE
Bureau of Narcotics and
Dangerous Drugs

We have no unfavorable information
regarding the above named individual.

Date NOV 8 1971

DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION
STATE BOARD OF MEDICAL EXAMINERS OF FLORIDA
2717 East Oakland Park Boulevard
Fort Lauderdale, Florida 33306

RECEIVED
OCT 26 1971
KANSAS STATE BOARD OF HEALING ARTS

RECEIVED
NOV 29 1971
FLA. ST. BD. MED. EXAM.

TO: State of Kansas Board of Healing Arts
364 New Brotherhood Bldg.
Kansas City, Kansas 66101

FROM: George S. Palmer, M.D., Executive Director
Florida State Board of Medical Examiners

The following doctor has made application to take the examinations for medical licensure in Florida.

He states that he is licensed to practice medicine in your state. Will you please complete the form below and return it to this office at your earliest convenience?

Thank you for your cooperation

Name: Herbert Charles Rodes, M.D.

Graduated: University of Kansas - 6/1/69

License Number: 14447 Issued: 7-1-70

By written examination X Through Reciprocity

License is in good standing is current

License has been revoked or suspended

Reason:

Derogatory Information:

Remarks:

Signed: [illegible] M.D.
SECRETARY

Date: Oct. 26, 1971

(If additional space is needed please use back of page)

RECEIVED

NOV 17 1971

FLA. ST. BD.
MED. EXAM.

BIOGRAPHICAL DATA ON PHYSICIANS

from the Biographical - Historical files of
American Medical Association
535 N. Dearborn St.
Chicago, Illinois 60610

RECEIVED

NOV 2 1971

Department of
INVESTIGATION

This form is provided for your convenience in making routine inquiries regarding physicians seeking medical licensure in your state, hospital staff privileges or faculty positions. Please enter on this form data you wish verified and mail to the Member Services Unit of the AMA.

Full name of M.D. Herbert Charles Hodes, M.D.

Place of birth Kansas City, Missouri Date of birth 8/6/43

Professional Mailing Address U.S. Naval Hospital - Jacksonville, Fla.

Medical Education:

School Name University of Kansas M.D. Degree 6/1/69 (Year)

Internships:

Hospital	Location	Dates
St. Francis Hospital	Wichita, Kansas	6/2?/69 to 6/?3/70
		to

Residencies and Fellowships:

Hospital	Location	Dates
Kansas U. School of Medicine	Kansas City, Kansas	7/1/70 to 6/30/71
		to

M.D. Licensed to Practice Medicine in the Following States:

State Kansas Year 1970 ; State Year ; State Year

Inquiry Submitted by ~~DEPARTMENT OF PROFESSIONAL & OCCUPATIONAL REGULATION~~ Title
FLORIDA STATE BOARD OF MEDICAL EXAMINERS
2717 EAST OAKLAND PARK BOULEVARD
FORT LAUDERDALE, FLORIDA 33306 City-State
(Affiliation - Licensing Board, Hospital or Medical School)

AMA Department of Investigation MEMBER OF AMA

☒ Our records do not reveal any derogatory information. ..... YES
☐ See attached memo for comments regarding applicant. ..... NO

A check mark (✓) indicates that the data given corresponds to that listed in the AMA Master File of Physicians. Any discrepancies are as noted.

Date 11.15.71

Joan Alvarez
Joan Alvarez,
Member Services Unit

YOUR NUMBER IS: 1508

23642 [redacted]

DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION
STATE BOARD OF MEDICAL EXAMINERS OF FLORIDA
2717 East Oakland Park Boulevard
Fort Lauderdale, Florida 33306

REGISTRATION FOR EXAMINATION

16 JANUARY (Present date) 19 72

Print legibly FULL name (NO INITIALS) and CORRECT mailing address:

HERBERT CHARLES HODES, M.D.
741 HIGHWAY 17 SOUTH, APT. 142
ORANGE PARK, FLORIDA 32073

Birthplace KANSAS CITY, MISSOURI Date 6 AUG 1943

Medical School KANSAS UNIVERSITY SCHOOL OF MEDICINE

Date of Graduation JUNE 1, 1969

Official Signature Herbert Charles Hodes, M.D.

DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION
STATE BOARD OF MEDICAL EXAMINERS OF FLORIDA
2717 East Oakland Park Boulevard
Fort Lauderdale, Florida 33306

RECEIVED
OCT 18 1971
FLA. ST. BD. MED. EXAM.

APPLICATION FOR EXAMINATION

Name in full HERBERT CHARLES HODES, M.D.
(Type or print. Use no initials.)

List all other names you have used NONE

Have you ever legally changed your name? NO If so, enclose certified copy of legal document giving change.

Residence address (at time of filing application) 741 HIGHWAY 17-SOUTH APT 149 ORANGE PARK, FLORIDA 32073

Office address C/O U.S. NAVAL HOSPITAL JACKSONVILLE, FLORIDA

Permanent address (if different from above) 741 HIGHWAY 17-SOUTH APT 149 ORANGE PARK FLORIDA 32073

Place of birth KANSAS CITY, MISSOURI Date of birth 6 AUG 47

Are you a citizen of the United States? YES (If foreign born give date and place of naturalization)

Did you attend a college or university? UNIV. OF MISSOURI COLUMBIA, MO. 4 YRS.
(How long? Give name and location of school)

Do you have any degree other than M.D.? NO
(Degree, date, school)

MEDICAL EDUCATION: Be specific. Account for each year.

KANSAS UNIV. SCHOOL OF MEDICINE from 19 to 19
(Name of medical school, location)

KANSAS CITY, KANS. from 9/5 1965 to 6/9 1969
(Name of medical school, location)

from 19 to 19
(Name of medical school, location)

from 19 to 19
(Name of medical school, location)

Degree of Doctor of Medicine was obtained from UNIV. OF KANSAS SCHOOL OF MEDICINE (Name of medical school, location)
KANSAS CITY, KANSAS (Exact Date) on JUNE 1 1969

INTERNSHIP: Attach proof of satisfactory completion (photocopy or certificate or letter from administrator acceptable).

ST. FRANCIS HOSPITAL WICHITA, KANSAS 6/12/69 → 6/30/70
(Name and address of hospital) (Dates)

ACCOUNT FOR ALL TIME FROM DATE OF GRADUATION TO PRESENT.
List chronologically residency or other post-graduate training. Give name and address of hospitals, exact dates, and specify type of training.

KANSAS UNIV. SCHOOL OF MEDICINE OBSTETRICS & GYNECOLOGY
RESIDENCY 7/1/70 → 6/30/71

U.S. NAVY JACKSONVILLE, FLORIDA DEPT. OF OB-GYN
7/26/71 → PRESENT

List chronologically locations practiced and/or employed. Give addresses, dates, specify type of practice and/or employment.

NONE, EXCEPT PRESENT DUTY WITH
U.S. NAVY, JACKSONVILLE, FLORIDA
DEPT. OF OB-GYN 26 JULY 71 → PRESENT

MILITARY SERVICE: (Attach copy of separation form)

U.S. NAVY MEDICAL CORPS, LIEUTENANT 7/26/71 → PRESENT
(Branch of service, rank, dates)

FOREIGN GRADUATES: ECFMG Standard Certificate No. _____ issued _____ after passing examination. (Attach photocopy of certificate)

In what states are you licensed? List states and dates licensed in each.

KANSAS — 1970 — #14447

If any of the following questions are answered YES give full details on a separate sheet of paper and attach to application. ALL QUESTIONS MUST BE ANSWERED.

Have you ever studied to become, or do you hold a license in any state as a chiropractor, naturopath or osteopath? NO

Have you ever failed a written examination for medical licensure given by any state or territorial licensing agency? NO

Have you ever been denied an application for a license to practice medicine by any state board or other governmental agency of any state or country? NO

Have you ever been called before any licensing agency for a hearing on a charge of violation of the medical practice act, unprofessional or unethical conduct? NO

Have you ever had a license to practice medicine and surgery revoked, suspended, or other disciplinary action taken in any state, territory, or country? NO

Have you ever been convicted of a felony? NO A misdemeanor? NO

Are you now or have you ever been addicted to the use of narcotics? [redacted]
Have you ever been charged with addiction? NO

Have you ever made an offer to compromise in connection with the Harrison Narcotic Law? NO

Have you ever been addicted to the use of barbiturates or any other medication [redacted]
Have you ever been charged with addiction? NO

Have you ever engaged in the excessive use of alcohol or received treatment for alcoholism? [redacted]

[redacted] ever been adjudged mentally incompetent or been voluntarily or involuntarily committed to a mental institution?

MEDICAL SOCIETY AFFILIATIONS: State, county, national including dates and complete address, (street, city, state).

KANSAS MEDICAL SOCIETY - 1970 - 1300 TOPEKA AVE., TOPEKA, KANSAS
WYANDOTTE COUNTY MEDICAL SOCIETY - 1970 - 403 HURON BLDG., KANSAS CITY, KANSAS
AMERICAN MEDICAL ASSOCIATION - 1970 - 535 N. DEARBORN CHICAGO ILLINOIS

If you have been in private practice and not a medical society member, explain why

NO

Has any application for medical society membership been rejected? NO If yes, furnish details.

Has any disciplinary action ever been taken against you by any county, state or national medical society? NO If yes, furnish details.

RECOMMENDATIONS: Furnished by two reputable physicians in the locality where applicant last practiced or served as an intern or resident.

This certifies that I have been personally acquainted with HERBERT CHARLES HODES M.D. for 4 months and know him to be of good moral and professional character and recommend him as worthy to practice as a physician and surgeon in Florida.

Dale L. Ottehey, MD Address Naval Hosp NAS TAX

Graduate U. of Illinois Coll. Med 1966 (School and date) Licensed Florida 1971 (State and date)

☆ ☆ ☆

This certifies that I have been personally acquainted with HERBERT CHARLES HODES M.D. for 4 months and know him to be of good moral and professional character and recommend him as worthy to practice as a physician and surgeon in Florida.

Reginald M. Dallin MD Address Naval Hosp. JAX Fla

Graduate Med. Coll of Georgia 1959 (School and date) Licensed GA 1959 Fla 1962 (State and date)

☆ ☆ ☆

AFFIDAVIT OF APPLICANT:

I, HERBERT CHARLES HODES, M.D., being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents and that the attached photograph is a true likeness of myself.

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Florida State Board of Medical Examiners any information, files or records requested by the Board in connection with the processing of this application. I further authorize the Florida State Board of Medical Examiners to release to the organizations, individuals and groups listed above any information which is material to my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice medicine and surgery in the State of Florida.

Herbert Charles Hodes, M.D.
(Signature of applicant)

COUNTY OF Duval

STATE OF Florida

Subscribed and sworn to before me this 25th day of October 1971

Constance L. Smalley
(Notary Public)

My Commission Expires June 12, 1972
(NOTARY SEAL)

TO BE COMPLETED BY APPLICANT

Date 15 Oct 71

Age 28

Height 5'9" Weight 150

Color of Eyes Green

Color of Hair Brown

Other means of identification Moustache

FOR USE OF SECRETARY ONLY

EXAMINATION RECORD

DATE	[redacted]	
Pediatrics		
Surgery		
Obstetrics and Gynecology		
Forensic Medicine and Medical Ethics		
Medicine		
Anesthesia, Neurology and Psychiatry		
Eye, Ear, Nose, and Throat and Allergy		
Diagnosis and Therapeutics		
Dermatology, Urology, and Venereal Diseases		
Clinical Pathology and Radiology		
AVERAGE		

License Number 23642

Date Issued 2-24-72

Name as it appears on license.

DOCUMENTS SUBMITTED

Medical Diploma ✓

Internship Certificate ✓

Service Separation Form in Maria

ECFMG Certificate

Citizenship

Other

RECORD OF FEES

Receipt 12470 Deposited 10-28-71

EXAMINATION NUMBER 1508

DEPARTMENT OF PROFESSIONAL & OCCUPATIONAL REGULATION
BOARD OF MEDICAL EXAMINERS

APPLICATION FOR CERTIFICATE OF ANNUAL REGISTRATION

(Please Type or Print)

Name HERBERT C. HODES, M.D.

Office Address NAS HOSPITAL JACKSONVILLE, FLORIDA 32214

Home Address 2870 COVERCREST DR. ORANGE PARK, FLORIDA 32073

If in active service give rank, branch of service and service address LT. USNAVY MEDICAL CORPS SERVICE NO. [redacted]

License Number 23642 Issued 24TH day of FEBRUARY, 19 72

Medical degree obtained from UNIVERSITY OF KANSAS Year 1969

Sex MALE Race CAUC Date of Birth 6 AUG 43 Place of Birth KANSAS CITY, MISSOURI

Designate Type of Practice

Specialty OB-GYN * Specialty Board, If any JUNIOR FELLOW AMERICAN COLLEGE OF OB-GYN

General Practice	*	Retired	
Active Private Practice	*	Full Time	*
Institutional Practice	*	Part Tim	

Years In Practice 2

List other locations where you have practiced SHAWNEE-MISSION KANSAS
KANSAS CITY, KANSAS

30 MARCH 72
Date

Signature Herbert C. Hodes MD

State of Florida

County of Duval

Subscribed and sworn to before me this 30 day of March, 19 72

Margaret J. Malley
Notary Public, State of Florida at Large
My Commission Expires Jan. 10, 1976
Official Title
Bonded By American Fire & Casualty Co.

NOTICE: Application and $10 fee due on or before

MENORAH MEDICAL CENTER
4949 ROCKHILL ROAD, KANSAS CITY, MO. 64110 (816) 276-8000

March 15, 1974

George S. Palmer, M.D.
Executive Director
Florida State Board
of Medical Examiners
108 West Pensacola Street
Tallahassee FL 32304

23642
2-24-72

Dear Doctor Palmer:

Herbert C. Hodes, M.D. has recently applied for appointment to the Medical Staff of the Menorah Medical Center.

On his application Dr. Hodes states that he obtained licensure from the State of Florida in 1972, license #023462.

It is our policy to request verification of all statements by applicants, and we are, therefore, asking for confirmation of the above statement.

Thank you for your assistance in this matter.

Sincerely,

Oscar Pinsker

Oscar T. Pinsker, M.D.
Chairman
Qualifications Committee

ski

RECEIVED
MAR 18 1974

STATE OF FLORIDA
Department of
Professional And Occupational Regulation
DIVISION OF PROFESSIONS
BOARD OF MEDICAL EXAMINERS

GEORGE S. PALMER, M.D.
EXECUTIVE DIRECTOR
104 W. FRANKLIN ST.
(904) 224-0768
TALLAHASSEE, FLORIDA 32304

MARJORIANN H. KEEBLER
ADMINISTRATIVE ASSISTANT
1717 E. OAKLAND PARK BLVD.
(305) 532-6466
FT. LAUDERDALE, FLORIDA 33306

March 18, 1974

Oscar T. Pinaker, M.D.
Chairman
Qualifications Committee
Menorah Medical Center
4949 Rockhill Road
Kansas City, Mo. 64110

Dear Doctor Pinaker:

Re: Wilbert Charles Rodos, M.D.

The above named physician is licensed to practice medicine and surgery in the State of Florida. He was issued License Number 23642 on February 24, 1972.

This license is in full force and effect and has never been revoked or suspended.

Sincerely yours,

George S. Palmer, M.D.
Executive Director

GSP:ld

JOHN E. OREBAUGH, M.D., PRESIDENT
ST. PETERSBURG
V. B. AZTLER, M.D., VICE-PRESIDENT
BOYNTON BEACH
C. O. BERRY, M.D., NAPLES
O. D. N. BRYANT, JR., M.D., TALLAHASSEE
J. CHELEDNY, M.D., DAYTONA BEACH
LEO GROSSMAN, M.D., MIAMI BEACH
L. F. HATTAWAY, M.D., PENSACOLA
C. B. McINTOSH, M.D., JACKSONVILLE
C. C. MENDOZA, M.D., JACKSONVILLE
M. H. POPE, M.D., PLANT CITY

1973 NOTICE OF RENEWAL

Herbert C. Hodes, M. D.
9131 West 91st Terrace
Overland Park, Kansas 66212

STATE OF FLORIDA Department of Professional And Occupational Regulation

BOARD OF MEDICAL EXAMINERS

YOUR 1973 MEDICAL CERTIFICATE WILL EXPIRE DECEMBER 31, 1973

PLEASE REMIT BY CHECK OR MONEY ORDER ONLY ON OR BEFORE EXPIRATION DATE ABOVE THE ANNUAL REGISTRATION FEE OF $10.00 AND ANY DELINQUENT FEES TO THE DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION.

310 SOUTH CALHOUN STREET, SUITE 820, TALLAHASSEE, FLORIDA 32301

ME 0039642
HODES HERBERT C
2870 CEDARCREST DRIVE
ORANGE PARK FL 32073

REPORT ONLY THE CHANGES OF NAME OR ADDRESS

LAST NAME	FIRST	MIDDLE INITIAL
Hodes,	Herbert	C.

STREET ADDRESS: 9131 West 91st Terrace

STREET ADDRESS:

CITY: Overland Park, STATE: Kansas ZIP: 66212

IMPORTANT: YOUR RENEWAL CERTIFICATE CANNOT BE PROCESSED UNLESS THIS CARD ACCOMPANIES THE FEE. FAILURE TO RENEW YOUR LICENSE BEFORE EXPIRATION MAY RESULT IN SUSPENSION.

⑈000 1000⑈

NAME: DATE:

CAMERA: 1 ROLL #:

VERIFICATION OF LICENSURE

Q3642

RECEIVED JUN 30 1981

THIS IS NOT AN ENDORSEMENT CERTIFICATION

PLEASE COMPLETE THIS SECTION OF THE FORM AND MAIL TO EACH STATE BOARD IN WHICH YOU ARE NOW OR HAVE EVER BEEN LICENSED TO PRACTICE MEDICINE. IF NEEDED, YOU MAY XEROX THIS FORM FOR ADDITIONAL COPIES.

Dear Sir:

In applying for a license to practice medicine in the State of Arizona, the Medical Board requires this form to be completed by each state wherein I hold or have ever held licensure. This is your authority to release any information in your files, favorable or otherwise, direct to the BOARD OF MEDICAL EXAMINERS, STATE OF ARIZONA, 5060 N. 19th Ave., Suite 300, PHOENIX, ARIZONA 85015. Your early response is appreciated.

Herbert C. Hodes M.D.
(Signature)

Name: HERBERT C. HODES M.D.

Address: 4601 WEST 109TH #330
OVERLAND PARK, KS 66211

My license number is: 23642 2/24/72

DO NOT DETACH

THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE STATE BOARD AND RETURNED DIRECTLY TO THE ARIZONA BOARD OF MEDICAL EXAMINERS

State of: Florida

Full Name of Licensee: Herbert C. Hodes

Graduate of: University of Kansas School of Medicine

License No.: 23642 Issue date: 2-24-72

By: Endorsement/Reciprocity with

By: Your State Board's Written Examination XX

License is current? yes If NO, Why Not?

Has license been suspended or revoked? no If YES, Why?

Has licentiate ever been on probation? no If YES, Why?

Has licentiate ever been requested to appear before your Board? no

If YES, Why?

Derogatory information, if any

Comments, if any

Signed: Marotta J. Dunlevitt

Title: Executive Director

BOARD SEAL

State Board: Florida Board of Medical Examiners

Date: July 13, 1981

(PLEASE USE REVERSE SIDE FOR COMMENTS)

NAME: [illegible] DATE: [illegible]

CAMERA: I ROLL #:

23642

TEXAS STATE BOARD OF MEDICAL EXAMINERS
Southwest Tower - Suite 900
211 East 7th St.
Austin, Texas 78701

_____ Medical Council of Canada

✓ State Board of Medical Examiners of Florida

_____ Commissioner, Drug Enforcement Administration

_____ Federation of State Medical Boards

_____ Police Department

Gentlemen:

We would appreciate knowing if you have any unfavorable information concerning this physician who is applying for a license to practice medicine in Texas:

Herbert Charles Hodes, M.D.
5007 West 112th
Leawood, KS 66211

License No. 23642
Issued: 2-24-72
Verified by: C. Brine
Date: 7-13-81

Date & Place of Birth 8/6/43 - Missouri

School of Graduation Univ. of Kansas - 1969

Licensed: State(s) Kansas (14447); Florida (23642); Missouri (R5071)

Derogatory Information or Other Remarks:

Sincerely,

JG

A. Bryan Spires, Jr., M.D.
Secretary

NAME: [illegible] DATE: [illegible]

CAMERA: I ROLL #: [illegible]

are now or have ever been licensed to practice. If needed, you may make machine copies of this form for additional copies.

23642

RECEIVED JUN 22 1981

RECEIVED JUN 22 1981

Gentlemen: Flo

I am applying for a Louisiana [illegible] Medicine . The Louisiana Board requires that your Board complete this form in order that I may be considered for licensure

This is your authority to release any information in your files, favorable or otherwise, to the Louisiana State Board of Medical Examiners.

Herbert Charles Hodes, M.D.
Please print or type your full name

Signature

23642 — License number

2/72 2/24/72 — Date issued

5007 West 112th
Address

Leawood, KS. 66211
City State ZIP Code

THE SECTION BELOW IS TO BE COMPLETED BY AN OFFICIAL OF THE BOARD

Louisiana State Board of Medical Examiners
830 Union Street, Suite 100
New Orleans, Louisiana 70112

This is to certify that the records of the Board of Medical Examiners of the State of Florida indicate that Herbert Charles Hodes was issued license number 23642 dated 2-24-72 to practice medicine on the basis of State Exam XX FLEX ___ Reciprocity/Endorsement ___ National Boards ___

This license is current and in good standing: yes XX no ___

Derogatory Information ___

Remarks ___

Date July 10, 1981

Signed: [illegible]

Title: Executive Director

State Board: Florida Board of Medical Examiners

BOARD SEAL

THIS IS A VERIFICATION OF LICENSURE, NOT AN ENDORSEMENT