1 450 4201437 12/5/12

JEFFREY DAVID GLAZER

250 E LIBERTY ST SUITE 510

LOUISVILLE KY 40202

2325 cherotee Pkuy Louisville KY 40204

REINSTATEMENT (EXPIRED PAST 3 YEARS)

License Number	Date Expires	Reinstatement Fee Due
. 01045854A	06/30/2003	\$450.00

Please return this page and your renewal fee to: Indiana Professional Licensing Agency, 402 W. Washington Street Rm. W-072, Indianapolis, IN 46204. Checks should be payable to: "Indiana Professional Licensing Agency."

Please answer all the following questions. If you answer "Yes" to any of the questions you must also submit a signed, detailed statement. Please include violation, date and disposition. Letters from Attorneys, insurance companies and/or court documents are not acceptable in lieu of your statement, but may be included with your statement. Please print your name and license number on all correspondence.

The questions below cover the time period of since you last renewed your license.

- YES (NO) 1. Has any Health Profession license, certificate, registration, or permit you hold or have held been disciplined or are formal charges pending?
- YES (NO) 2. Have you been denied a license, certificate, registration or permit in any state?
- YES NO.3. Have you been convicted of, plead guilty to a violation of any Federal, State, or are criminal charges pending or have you entered into a deferral program?
- NO 4. Have you had a maipractice judgment against you or settled a malpractice action? 5 ee euclosed
- YES NO 5. Have you been denied staff membership or privileges in any hospital or health care facility or, have staff membership or privileges been revoked, suspended, or subjected to any restriction, probation, or other type of discipline or limitations?
- YES (NO)6. Have you been excluded from being a Medicare or Medicaid provider?
- YES (NO 7. Have you surrendered your DEA registration at any time or had any limitations or discipline placed on your DEA registration?

DEC 0 5 2012

Indiana Professional Licensing Agency I hereby swear or affirm under the penalties of perjury that I understand and have met the continuing education requirements for renewal and have answered the questions true to the best of my knowledge:

SIGNATURE Affay D

DATE: 12-1-2012

EMAIL ADDRESS:

License # 01045854A

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DEC 0 5 2012

Indiana Professional Licensing Agency

MEDICAL MALPRACTICE CASES AGAINST DR. JEFFREY D. GLAZER INDIANA MEDICAL LICENSE #1045854A

Robin S v. Jeffrey Glazer M.D. Date of claim: 1/10/2003. Date of closure: May/2003. Outcome: Summary judgment in favor of Dr. Glazer. Case Summary: The patient had her baby delivered by Dr. Glazer who was on call for her obstetrician. The baby did well and she filed a suit four years after delivery, for unknown reasons. She would not answer requests for interrogatories or requests to schedule a deposition, and the courts awarded a summary judgment in my favor.

Lisa Wagner V. Jeffrey Glazer M.D. Date of claim 1/6/2006. Date of closure: Feb/2007. Outcome: Dismissal with prejudice. Case summary: The patient underwent a laparoscopic tubal ligation at which time an unrecognized bowel injury occurred. She underwent a bowel resection and made a full recovery. The patient withdrew her claim after discovery.

Teresa Teresa V. Jeffrey Glazer M.D. Date of claim: 6/30/2004 Date of closure: Feb 2011. Outcome: Agreed settlement of \$20,000. Case summary: The patient developed diabetic ketoacidosis following a vaginal hysterectomy and may have suffered a myocardial infarction during that episode. The patient had been cleared and followed by both her endocrinologist and cardiologist (she had had previous myocardial infarctions). She made a full recovery and this settlement was made after 7 years.

Damita See v. Jeffrey Glazer M.D. Date of claim: 3/21/2006. Date of closure: Approximately April 2011. Outcome: Agreed settlement for the limits of my insurance policy for one case (\$1 million). Case summary: The patient underwent an abdominal hysterectomy, and had a prolonged slow recovery in the hospital, and when she developed worsening vital signs a large fluid collection was noted on CT scan. She was taken to the operating room where a presumed bowel injury was diagnosed and the patient was given a colostomy. She made a slow recovery but has recovered fully, but lives with her colostomy.

Brooke More V. Jeffrey Glazer M.D. Date of claim 1/22/2008. Date of closure: January/2010. Outcome: Directed verdict in my favor. Case summary: The patient was seen in 2004 with a large ovarian cyst, she underwent laparoscopy with a laparoscopic ovarian cystectomy and made a satisfactory recovery. She had follow up ultrasounds which showed the ovary was present, but when she developed a cyst on the other ovary, she underwent laparoscopy by a different physician. He did not see the ovary that I operated on, and told her it wasn't there. A suit was filed, and in discovery it was noted that the lawyer did not have an expert witness. After much time the lawyer still could not produce an expert witness and the case was dismissed with the above outcome. The lawyer appealed to the Court of Appeals and the Kentucky Supreme Court who affirmed

the opinion of the lower courts.

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MALPRACTICE CASES RESOLVED SINCE 2002

Name of Case	Date	Resolution
Magazer vs Glazer dismissal by the Court	2011	Summary Judgment and
Damita S vs Glazer limits of insurance policy	2011 / (\$1 Million)	Out of Court settlement for
T vs Glazer \$20,000	2010	Out of Court settlement for
W vs Glazer	2007	Dismissed with Prejudice
S vs Glazer dismissal by the Court	2003	Summary Judgement and

Jeffrey D. Glazer M.D.

PEC 0 5 2012

Indiana Professional
Licensing Agency

WORK HISTORY OF DR. JEFFREY D. GLAZER INDIANA LICENSE NUMBER 01045854

July 1987 to December 2009—Medifem Health P.S.C.--Current address: 2325 Cherokee Parkway, Louisville, KY 40202. Position: Physician, Obstetrics and Gynecology.

August 2008 to present: Veteran's Administration, Louisville, KY.--Address: 800 Zorn Ave. Louisville, KY 40206. Position: Physician, Gynecology.

August 2010 to present: Ft. Knox Ireland Regional and Community Hospital.--Address: 289 Ireland Avenue, Ft. Knox, KY 40121. Position: Physician, Obstetrics and Gynecology.

Jeffrey D. Glazer M.D.

Date: [2-/- 20/2

COMPOSITE STATE BOARD OF MEDICAL EXAMINERS

EXECUTIVE DIRECTOR LaSharn Hughes, MBA



MEDICAL DIRECTOR
Jim H. McNatt, MD

2 Peachtree St., N.W., 36th Floor • Atlanta, Georgia 30303 • Tel: 404.656.3913 • Fax 404.656.9723 http://www.medicalboard.georgia.gov E-Mail: Medbd@dch.ga.gov

December 14, 2012

RE: Jeffrey Glazer, MD

TO WHOM IT MAY CONCERN:

This is to certify that the above has been issued a **Physician** license by the Georgia Medical Board.

It is further certified that:

The license number is 28986 and was issued on October 09, 1986

The current license status is **Inactive**

The license expiration date is December 31, 1993.

Board Actions A review of public records indicates that no public board orders have been docketed.

Certified this day Friday, 14 December, 2012

Composite State Board of Medical Examiners

LaSharn Hughes

Executive Director

LLH/



Kentucky Board of Medical Licensure

310 Whittington Parkway, Suite 1B Louisville, Kentucky 40222 Phone (502)429-7150 Fax (502) 429-7158



Name: Jeffrey D. Glazer M.D.

Address: 2325 Cherokee Pkwy.

City, State, Zip Louisville KY 40204

Phone:

License: 25111

Status: Active Physician **Expiration:** 2/28/2013 0:00:00

Practice County: Meade

*Area of Practice: Obstetrics/Gynecology

Type of Practice: Public Hth/Gov Year Licensed in KY: 4/7/1987 0:00:00

Medical School: University of Louisville School of Medicine

Year Graduated: 1983 Board Action: None

*The Board does not verify current specialties. For more information please see the American Board of Medical Specialties website at: http://www.abms.org to determine if the physician has earned a specialty certification from this private agency.



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December 21, 2012

Indiana Board of Medical Licensure 402 Washington Street, Room W072 Indianapolis, IN 46204

RE: License Certification for Jeffrey David Glazer

To Whom It May Concern:

This is to certify the following information, maintained in the records of the Department of Health, for the above referenced Health Care Practitioner:

PROFESSION:

LICENSE NUMBER:

ORIGINAL CERTIFICATION:

EXPIRATION DATE:

CURRENT STATUS OF LICENSE:

AGENCY ACTION:

Medical Doctor

ME44465

07/27/1984

12/31/1987

AUTHORITY VOID,

No

To expedite the verification process, the above format is the standard format for all healthcare practitioners. If you have questions regarding the status of this license, please call the Customer Contact Center at (850) 488-0595, option 5.

Sincerely,

Licensing and Auditing Services Unit



