



**TARGET SHEET**

**Board: Medicine**

**Licensee Full Name:**  
KAROLINE SUZANNE PUDER

**License No:**  
TMD003690

3338469\_LIC\_1\_06/24/2015

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS  
STATE BOARD OF MEDICINE  
P. O. Box 2649  
Harrisburg, PA 17105-2649  
[www.dos.pa.gov](http://www.dos.pa.gov)

June 24, 2015

KAROLINE SUZANNE PUDER  
CAMP STONE



SUGAR GROVE PA 16350

**TEMPORARY AUTHORITY TO PRACTICE**

**CLASSIFICATION:** Temporary MD License Camp Physician  
**TEMPORARY LICENSE #:** TMD003690  
**DATE OF APPROVAL:** 06/23/2015  
**EXPIRATION DATE:** 08/31/2015

\_\_\_\_\_

Signature – Temporary Practice Holder

Acting Commissioner  
Bureau of Professional and Occupational Affairs

SEAL

# ALL OTHER APPLICATIONS

4/13

<b>EVALUATOR:</b>	ADRIENNE BOTTA		<b>SS#:</b>	AB
<b>APPLYING FOR:</b>	<input type="checkbox"/> RCP <input checked="" type="checkbox"/> TEMP MD			
<b>APPLICANT'S NAME:</b>	KAROLINE SUZANNE PUDER			
<b>LICENSED IN OTHER STATE(S):</b>	NY, MI			
<b>NAME OF EDUCATIONAL PROGRAM:</b>	MT SINAI SCHOOL OF MEDICINE			
<b>DATE OF GRADUATION:</b>	6/1/1988			
<b>TYPE OF EXAM:</b>				
<b>EXAM COMPLETED DATE:</b>				
<b>DISCIPLINARY INFORMATION:</b>	<b>ANSWERED YES TO QUESTION(S):</b>	13		
<b>SUBMITTED COPIES OF:</b>	<input checked="" type="checkbox"/> COURT DOCUMENTS			
	<input checked="" type="checkbox"/> CIVIL COMPLAINT(S)	<b># Attached</b>	1	
	<input type="checkbox"/> ACTION TAKEN BY ANOTHER JURISDICTION			
	<input checked="" type="checkbox"/> NPDB/HIPDB			
<b>REASON FOR BOARD REVIEW:</b>	TWO CIVIL COMPLAINTS WITH SETTLEMENTS, APPLICANT			
STATES SHE COULD NOT OBTAIN COPIES OF ONE COMPLAINT AND THEY WERE SETTLED				
FOR BUSINESS PURPOSES				
<b>BOARD MEETING REVIEW:</b>	<input checked="" type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED	<b>BOARD MEETING DATE:</b> 6/23/15	
<b>COMMENTS:</b>				
<b>ADMINISTRATOR'S SIGNATURE:</b>	Suzanne Zerke		<b>DATE:</b>	6/23/15

(M)

TMD003690

6/1-8/31

(12/2014)

**Regular Mailing Address**  
 STATE BOARD OF MEDICINE  
 P.O. BOX 2649  
 HARRISBURG, PA 17105-2649  
 717-783-1400/717-787-2381  
 Email: [st-medicine@pa.gov](mailto:st-medicine@pa.gov)

**Courier Delivery Address**  
 STATE BOARD OF MEDICINE  
 2601 NORTH THIRD STREET  
 HARRISBURG, PA 17110

**APPLICATION FOR A TEMPORARY LICENSE**

**APPLICATION FEE:** \$45 fee. Check or money order, made payable to the "Commonwealth of Pennsylvania."  
**FEES ARE NOT REFUNDABLE.** Note: A processing fee of \$20 will be charged for any check or money order returned unpaid by your bank, regardless of the reason for non-payment.

**APPLICANT INFORMATION**  
 (Please Print or Type)

<b>NAME:</b>	Last <i>Puder</i>	First <i>Kardine</i>	Middle <i>Suzanne</i>
<b>ADDRESS:</b>	Street [REDACTED]		
City <i>Southfield</i>	State <i>MI</i>	ZIP <i>48034</i>	
<b>DATE OF BIRTH:</b>	Month [REDACTED]	<b>SOCIAL SECURITY NUMBER:</b>	[REDACTED]
<b>EMAIL ADDRESS:</b> [REDACTED]			
<b>NAME OF MEDICAL SCHOOL ATTENDED:</b>	<i>Mt. Sinai School of Medicine</i>		
<b>DATE OF GRADUATION:</b>	Month <i>June</i>	Day <i>1</i>	Year <i>1988</i>
<b>CURRENT STATE LICENSE BEING USED TO APPLY FOR A TEMPORARY LICENSE IN PA:</b>	<i>Michigan 4301059142</i>		

**NAME AND ADDRESS OF PENNSYLVANIA HEALTH CARE FACILITY, CAMP OR ORGANIZATION**

<b>NAME OF ORGANIZATION:</b>	<i>Camp Stone</i>		
<b>ADDRESS:</b>	Street <i>2145 Deer Run Rd.</i>		
City <i>Sugar Grove</i>	State <i>PA</i>	ZIP <i>16350</i>	

**NAME AND ADDRESS OF BACK-UP PHYSICIAN, SUPERVISOR OR AGENCY HEAD**

<b>NAME:</b>	Last <i>MATLAGA</i>	First <i>ROMAN</i>	Middle
<b>ADDRESS:</b>	Street [REDACTED]		
City <i>HAWLEY</i>	State <i>PA</i>	ZIP <i>18428</i>	

MAY 12 2015

*mskipar*



### LEGAL QUESTIONS

You must answer the following questions. If you answer "YES" to #2 through #13, provide complete details on a separate sheet as well as certified copies of relevant documents.

		Yes	No
1	Do you hold or have you ever held a license, certificate, permit, registration or other authorization to practice a profession or occupation in any state or jurisdiction? <b>If you answered yes, provide the profession and state or jurisdiction.</b> LIST: <u>New York Michigan - Medicine</u>	✓	
2	Have you withdrawn an application for a professional or occupational license, certificate, permit or registration, had an application denied or refused, or for disciplinary reasons agreed not to apply or reapply for a professional or occupational license, certificate, permit or registration in any state or jurisdiction?		✓
3	Have you had disciplinary action taken against a professional or occupational license, certificate, permit, registration or other authorization to practice a profession or occupation issued to you in any state or jurisdiction or have you agreed to voluntary surrender in lieu of discipline?		✓
4	Do you currently have any disciplinary charges pending against your professional or occupational license, certificate, permit or registration in any state or jurisdiction?		✓
5	Have you been convicted (found guilty, pled guilty or pled nolo contendere), received probation without verdict or accelerated rehabilitative disposition (ARD), as to any criminal charges, felony or misdemeanor, including any drug law violations? Note: You are not required to disclose any ARD or other criminal matter that has been expunged by order of a court.		✓
6	Do you currently have any criminal charges pending and unresolved in any state or jurisdiction?		✓
7	Have you ever had practice privileges denied, revoked, suspended, or restricted by a hospital or any health care facility?		✓
8	Have you had your DEA registration denied, revoked or restricted?		✓
9	Have you had provider privileges denied, revoked, suspended or restricted by a Medical Assistance agency, Medicare, third party payor or another authority?		✓
10	Have you been charged by a hospital, university, or research facility with violating research protocols, falsifying research, or engaging in other research misconduct?		✓
11	Have you engaged in, the intemperate or habitual use or abuse of alcohol or narcotics, hallucinogenics or other drugs or substances that may impair judgment or coordination?		
12	If you answered "Yes" to question 11, are you currently participating in the Pennsylvania Professional Health Monitoring Program?		✓
13	Have you been the subject of a civil malpractice lawsuit? <b>If yes, please submit a copy of the entire Civil Complaint, which must include the filing date and the date you were served. Submit a statement which includes complete details of the complaints that have been filed against you.</b> <b>**If you previously reported the complaint to the Board provide the docket number</b>	✓	

### SIGNED STATEMENT

NOTICE: Disclosing your Social Security Number on this application is mandatory in order for the State Boards to comply with the requirements of the Federal Social Security Act pertaining to Child Support Enforcement, as implemented in the Commonwealth of Pennsylvania at 23 Pa.C.S. § 4304.1(a). At the request of the Department of Human Services, the licensing boards must provide to the Department of Human Services information prescribed by the Department of Human Services about the licensee, including the social security number. In addition, Social Security Numbers are required in order for the Board to comply with the reporting requirements of the U.S. Department of Health and Human Services, National Practitioner Data Bank.

I verify that this application is in the original format as supplied by the Department of State and has not been altered or otherwise modified in any way. I am aware of the criminal penalties for tampering with public records or information under 8 Pa. C.S. Section 4911. I verify that the statements in this application are true and correct to the best of my knowledge, information and belief. I understand that false statements are made subject to the penalties of 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) and may result in the suspension, revocation or denial of my license, certificate, permit or registration.

\_\_\_\_\_  
Signature of Applicant

5/1/15  
Date

Karolina Puder  
Printed Name of Applicant

Magdalena Mozga

---

**From:** Karoline Puder [REDACTED]  
**Sent:** Thursday, April 23, 2015 9:09 AM  
**To:** Magdalena Mozga  
**Subject:** Malpractice

Dear Maggie ,

I have no active malpractice cases. The two cases noted in the Data Bank were settled for business purposes and I have a non consent policy.

Thank you.

Karoline Puder

MAY 12 2015

**Botta, Adrienne**

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**From:** Magdalena Mozga [REDACTED]  
**Sent:** Tuesday, May 19, 2015 9:02 PM  
**To:** Botta, Adrienne  
**Subject:** Fwd: as requested by PA  
**Attachments:** letterregarding nocomplaints.doc; ATT00001.htm; statement regarding litigation2.docx; ATT00002.htm

Begin forwarded message:

**From:** [REDACTED]  
**Date:** May 19, 2015 at 8:30:53 PM EDT  
**To:** Magdalena Mozga [REDACTED]  
**Subject:** as requested by PA

Hi Maggie-

I spoke with Adrienne at the licensing board. I have attached the statement regarding the two cases and a separate letter stating that I am unable to obtain copies of the original complaints. She said they are aware that I may not be able to obtain copies, but that I need to submit a letter describing my attempt. Please forward these to her, so that we know they are received.

Many Thanks!

Karoline Puder

May 19, 2015

To Whom it May Concern:

I have received the request for full copies of the medical malpractice complaints, in order to process my temporary Pennsylvania license, so that I am able to serve as camp Doctor at Camp Stone in Sugar Grove, PA for my 7th summer. As requested, I have attempted to obtain copies of the complaints. Both of these cases settled, one in 2003 and one in 2013. I do not personally have copies of either, as I moved offices about a year ago and shredded any inactive papers. I have contacted both risk management and the law firm who represented me (and the hospital) for these matters. Neither is able to provide copies of these complaints for me.

I have provided a separate personal statement regarding these two cases. I would be happy to answer any questions regarding these cases, if needed.

Thank you.

Sincerely,

Karoline Suzanne Puder, MD

MAY 20 2015

**Personal Statement Regarding Prior Medical Malpractice**  
**Karoline Suzanne Puder, MD**

I have been in academic practice in Detroit, Michigan since completing my fellowship in Maternal-Fetal Medicine, in 1994. In that time period, two cases have been settled in which I was a named party. In both cases, the hospital/medical center was a co-defendant and dictated decisions regarding settlement.

The first case settled in 2003 and was related to a tubal ligation failure. The postpartum tubal ligation was performed in the usual manner and segments of the tubes were sent to pathology for exam. Review of the results showed that one tube may not have been ligated. The patient was contacted and informed. She was told to use alternative contraception and to come for follow up. She did not return, but did come to the emergency department stating that she had been told of this concern. She was instructed to follow-up in the gynecology office for further management, which she did not do. She then became pregnant, chose to have a termination, and ultimately had a laparoscopic tubal ligation. The case was settled for business purposes and I have a non-consent policy.

The second case in which I was named, I served as a consultant and not the primary caregiver. That case settled in 2013 and is referenced in the DataBank report. This matter is related to a diagnosis of vasa previa made in the midtrimester. The patient was counseled by me and her care was otherwise performed by her primary obstetrician. She had a hospital admission for preterm contractions. She was discharged from the hospital by her OB and with follow up with her OB. She agreed to discharge and outpatient follow up. She reported that she lived near the hospital, had transportation, had another adult in the house, and wished to be at home. She did not follow up with me, as recommended and presented with bleeding. Her child subsequently has developmental delay. The DataBank report is inaccurate, because the child was still alive at the time of the litigation (and I have no knowledge of a change in status). I was included as a defendant because I did not force her to stay in the hospital. I was not the discharging physician. Standard of care did not dictate inpatient management. This case was settled for business purposes due to hospital corporate concerns about excessive award at trial due to the child's developmental delay and the prevailing malpractice environment in the area. I had a non-consent policy for this, as well.

STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

MICHELE BREECH, as Next Friend  
of KELVIN BREECH, JR., a Minor,

Plaintiff,

BREECH, MICHELE, As Next Friend ,  
Hon. Isidore Torres 03/23/2009

vs.



09-006715-NI

LISA LYNN CARDWELL, M.D.,  
DMC PRIMARY CARE SERVICE II  
d/b/a NORTHWEST WOMEN'S CARE,  
KAROLINE PUDER, M.D.,  
GAGANDEEP BRAR, M.D.,  
KEY-CHYANG LIANG, M.D.  
SINAI HOSPITAL OF GREATER DETROIT  
D/B/A SINAI-GRACE HOSPITAL and  
THE DETROIT MEDICAL CENTER,  
Jointly and Severally,

Defendants.


BRIAN J. McKEEN (P34123)  
McKEEN & ASSOCIATES, P.C.  
Attorneys for Plaintiff  
645 Griswold Street, Suite 4200  
Detroit, Michigan 48226



EX-PARTE ORDER APPOINTING NEXT FRIEND

At a session of said Court held in the City  
of Detroit, County of Wayne, State of Michigan  
on MAR 23 2009

PRESENT: ISIDORE B. TORRES  
CIRCUIT COURT JUDGE

UPON THE READING AND FILING of the Motion of Petition of Michele Breech,  
requesting to be appointed as Next Friend of  Jr., a Minor, for the purpose of

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MAY 26 2015

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instituting proceedings in the Wayne County Circuit Court for the recovery from the Defendants herein for damages sustained by [REDACTED] Jr., a Minor;

THE WRITTEN CONSENT of Michele Breech having been endorsed, whereby she agrees to serve as Next Friend and to be responsible for the costs of the action;

IT IS HEREBY ORDERED that Michele Breech is appointed Next Friend of the Minor [REDACTED] Jr., for the purpose of instituting suit in this Court to recover damages from the Defendants for damages sustained to [REDACTED] Jr., a Minor.

**ISIDORE B. TORRES**

CIRCUIT COURT JUDGE

A TRUE COPY  
CATHY M. GARRETT  
WAYNE COUNTY CLERK  
BY *R. Arcilla*  
DEPUTY CLERK

MAY 26 2015

STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

MICHELE BREECH, as Next Friend  
of [REDACTED] JR., a Minor,

Plaintiff,

Case No. 09- NH

vs.

Hon.

LISA LYNN CARDWELL, M.D.,  
DMC PRIMARY CARE SERVICE II  
d/b/a NORTHWEST WOMEN'S CARE,  
KAROLINE PUDER, M.D.,  
GAGANDEEP BRAR, M.D.,  
KEY-CHYANG LIANG, M.D.  
SINAI HOSPITAL OF GREATER DETROIT  
D/B/A SINAI-GRACE HOSPITAL and  
THE DETROIT MEDICAL CENTER,  
Jointly and Severally,

Defendants.

---

BRIAN J. McKEEN (P34123)  
McKEEN & ASSOCIATES, P.C.  
Attorneys for Plaintiff  
645 Griswold Street, Suite 4200  
Detroit, Michigan 48226  
[REDACTED]

---

EX-PARTE MOTION FOR APPOINTMENT  
OF NEXT FRIEND

PETITIONER, Michele Breech, hereby states as follows:

1. That she is the mother of the Minor Plaintiff, [REDACTED] Jr., whose date of birth is December 21, 2004.




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2. That on behalf of said Minor, Michele Breech has instituted an action in this Court for the recovery from the above named Defendants for damages sustained by said Minor.

3. That [REDACTED] Jr. has no Guardian or Conservator of his Estate.

4. That under the terms of Rules 2.201(E) of the Michigan Court Rules, it is necessary that a Next Friend be appointed to represent said Minor.

WHEREFORE, Michele Breech hereby requests that she be appointed Next Friend for the purpose of instituting the within action.

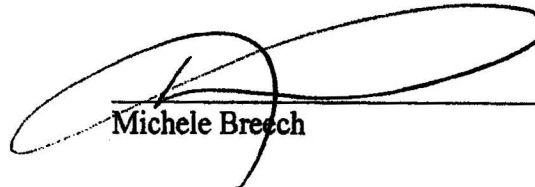
  
Michele Breech

Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_, 2009

Notary Public \_\_\_\_\_ County, MI  
My commission expires: \_\_\_\_\_

**CONSENT**

I, Michele Breech, hereby consent to be appointed Next Friend of [REDACTED] Jr., a <sup>him</sup> Minor, in the within matter and to appear for <sup>her</sup> in all matters relating to this action. I acknowledge that by accepting this appointment, I become responsible for the costs of this action.

  
Michele Breech

Dated: 3/18/09

JURY FEE PAID  
MAR 23 2009

STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF WAYNE

MICHELE BREECH, as Next Friend  
of [REDACTED] a Minor,

Plaintiff,

BREECH, MICHELE, As Next Friend,  
Hon. Isidore Torres 03/23/2009

vs.

[Barcode]  
09-006715-NI

LISA LYNN CARDWELL, M.D.,  
DMC PRIMARY CARE SERVICE II  
d/b/a NORTHWEST WOMEN'S CARE,  
KAROLINE PUDER, M.D.,  
GAGANDEEP BRAR, M.D.,  
KEY-CHYANG LIANG, M.D.  
SINAI HOSPITAL OF GREATER DETROIT  
D/B/A SINAI-GRACE HOSPITAL and  
THE DETROIT MEDICAL CENTER,  
Jointly and Severally,

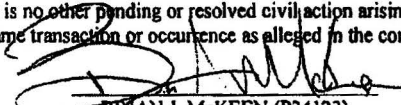
Defendants.

BRIAN J. McKEEN (P34123)  
McKEEN & ASSOCIATES, P.C.  
Attorneys for Plaintiff  
645 Griswold Street, Suite 4200  
Detroit Michigan 48226

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COMPLAINT AND DEMAND FOR JURY TRIAL

There is no other pending or resolved civil action arising out of the  
same transaction or occurrence as alleged in the complaint.

  
BRIAN J. McKEEN (P34123)

NOW COMES Plaintiff, Michele Breech, as Next Friend of [REDACTED] a Minor,  
by and through counsel, McKEEN & ASSOCIATES, P.C., and for her Complaint against  
the Defendants herein, states as follows:

MAY 26 2015