BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of **LAWRENCE E. PRITCHARD, M.D.** Holder of License No. 19260 For the Practice of Allopathic Medicine In the State of Arizona	**No. 04A-19260-MDX** **Case No. MD-04-0057A** **FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER FOR LICENSE REVOCATION, STAYED, AND SUSPENSION**

On October 13, 2004, this matter came before the Arizona Medical Board ("Board") for oral argument and consideration of the Recommended Decision of the Administrative Law Judge ("ALJ") proposed Findings of Fact and Conclusions of Law and Recommended Order. Lawrence E. Pritchard, M.D. ("Respondent") was notified of the Board's intent to consider this matter at the Board's public meeting. Respondent appeared personally and was not represented by counsel. Assistant Attorney General Stephen A. Wolf with the Office of the Arizona Attorney General represented the State. Assistant Attorney General Christine Cassetta with the Solicitor General's Section of the Attorney General's Office was present and available to provide independent legal advice to the Board.

The Board having considered the ALJ's proposed Findings of Fact and Conclusions of Law and Recommended Order and the entire record in this matter, hereby issues the following Findings of Fact and Conclusions of Law and Order.

FINDINGS OF FACT

1. The Board is the duly constituted authority for licensing and regulating the practice of allopathic medicine in the State of Arizona.

2. Respondent is the holder of License No. 19260 issued by the Board for the practice of allopathic medicine in the State of Arizona.

3. Pursuant to the Notice of Hearing issued by the Board, this matter came on for formal hearing before the Office of Administrative Hearings, an independent agency, concerning the Board's Interim Findings of Fact, Conclusions of Law and Order for Summary Suspension of License dated June 4, 2004. The Board summarily suspended Respondent's license "until he has successfully completed an inpatient treatment program approved by Board Staff and enters into a monitoring program."

4. Respondent practiced as an orthopedic surgeon until he retired in May 1997. He had practiced for approximately thirty years. Respondent retired due to a back disability. Respondent has undergone two minor and two major back surgeries.

5. Although retired, Respondent has maintained his active Arizona allopathic medical license.

6. Since his retirement, Respondent has not maintained an office and he does not maintain medical records.

7. A part of his disability settlement with his insurance carrier required that Respondent could not see any patients on any fee-for-service basis.

8. While retired, Respondent wrote prescriptions for the following individuals:

- F.S.
- M.W., F.S's girlfriend, who was prescribed medication for a respiratory infection.
- M.E.
- A.H. received a prescription for Lipitor.

- M., Respondent's friend who lives in North Carolina was prescribed Viagra.

9. Respondent's prescribing of medication to those individuals fell below the standard of care because he failed to perform physical examinations, he failed to maintain medical records and he failed to establish doctor-patient relationships. There is no evidence that Respondent was compensated for those services.

10. Respondent admitted to Board staff that he has self-prescribed medications for years to alleviate pain caused by his back injury. Respondent would obtain large quantities of prescription medications from Henry Schein, a pharmaceutical supplier. Respondent did so because he was inconvenienced by attempting to obtain prescriptions from his physicians. He continued the practice even after one of his physicians pointed out to him that doing so was illegal.

11. On or about December 30, 2003 Henry Schein issued a Box Content List reflecting that the following self-prescribed medications were shipped to Respondent via United Parcel Service: 100/BT of Lomotil tabs 2.5 mg. and 500/BT of APAP with Codeine tablets 60 mg.

12. On January 13, 2004 Board staff met with a complainant who requested anonymity. The complainant alleged that Respondent was self-prescribing medications, that he was prescribing medications to friends locally and out of state, that he did not maintain any medical records, and that he failed to perform physical examinations.

13. On or about January 30, 2004 Respondent provided the Board with his narrative response to the complaint. In that response Respondent acknowledged the allegations, but felt his conduct was appropriate.

14. In January 2004 Respondent separated from his wife after she allegedly assaulted him. Respondent filed a complaint with the police, who later arrested his wife.

15. Respondent appeared at the police department after his wife's arrest. Officer Leal Matthew of the Scottsdale Police Department interviewed Respondent. Officer Matthew wrote: "During our interview Pritchard was extremely moody...[a]t one point he would be crying and the next second he would be yelling extremely loud at officers."

16. Officer Matthew informed Respondent that he would not be permitted to drive his car home because he appeared to be intoxicated. Respondent left the police department in a taxi cab.

17. Before leaving the police department, Respondent insisted on making a written statement. His written statement is incoherent.

18. On April 2, 2004 Respondent, his wife, Dr. Michel Sucher, who practices addiction medicine and whose practice is contracted to operate the Board's Monitored Aftercare Program ("MAP"), and Dr. Bailey, an interventionist, conducted a meeting, Dr. Sucher was invited to attend the meeting by Dr. Bailey. Respondent did not object to Dr. Sucher's presence at that meeting.

19. At the April 2, 2004 meeting, Dr. Sucher recommended that Respondent schedule an evaluation to determine if he is impaired. Dr. Sucher recommended Respondent present to his choice of the Betty Ford Center, Springbrook or Sierra Tucson for the evaluation.

20. On April 7, 2004 Board staff conducted an investigational interview with Respondent. The Board had assigned the case reference MD-04-0057. During that interview Respondent confirmed that he had made arrangements for an evaluation

at the Betty Ford Center. Respondent also stated that he would no longer self-prescribe medications.

21. During the investigational interview, Respondent described a personal history of extended sleeping, literally for days, when he has gotten exhausted.

22. Also during that interview, Respondent admitted that he gets verbally abusive both when he consumes alcohol and when he does not drink.

23. On April 9, 2004 the Board's Executive Director issued an Interim Order for Inpatient Evaluation.

24. By letter dated April 12, 2004 Christi Banys, senior compliance officer at the Board's Monitored Aftercare Program ("MAP"), advised Christopher Knippers, Ph.D., at the Betty Ford Center that Respondent was required by the Interim Order to attend an inpatient evaluation for chemical dependency. A copy of the Interim Order was included with the letter. Ms. Banys also advised Dr. Knippers that Respondent had informed Board staff that he would be at the Center on May 3, 2004.

25. On May 3, 2004 Respondent was admitted to the Betty Ford Center for a three-day evaluation.

26. The evaluation staff was Christopher Knippers, Ph.D., and Garrett O'Connor, M.D.

27. During the assessment, Respondent received a physical examination, psychosocial assessment, addiction medicine assessment, psychiatric evaluation, laboratory testing, psychological evaluation and testing, and a review of collateral information.

28. Respondent's final diagnoses using DSM IV criteria were:

Axis I: Opoid dependence, 304.00. Rule Out Bipolar II disorder

Axis II:	Deferred, Obsessive compulsive features
Axis III:	Chronic back pain
Axis IV:	Psychological stressors, moderate with professional issues, marital issues, pain disorder
Axis V:	GAF 50 to 55

29. The evaluators opined in the Preliminary Professional Assessment Program Discharge Summary ("Discharge Summary") that Respondent met the DSM IV criteria for opioid dependence because of the following factors: "Tolerance; continued use despite consequences of use; important social and recreational activities reduced due to use; and significant time spent in activities to obtain substance, use the substance, and recover from its effects."

30. The Discharge Summary also noted that Respondent "consistently displayed erratic mood swings ranging from tearfulness to rage within seconds throughout the evaluation process."

31. The diagnosis to rule out Bipolar II disorder cannot be done until Respondent completes treatment of his opioid dependence.

32. The evaluators recommended that Respondent receive long-term chemical dependency treatment at inpatient and day treatment levels of care. Respondent agreed to comply with that recommendation by presenting to the Betty Ford Center by June 1, 2004.

33. The evaluators made a return to work recommendation that Respondent "will need to continue on disability and refrain from the practice of medicine for an extended period of time; until further evaluation of his condition can be made."

34. Respondent's Assessment Program Fee charges at the Betty Ford Center were $2,750.00.

35. The Board subsequently sent Respondent a draft copy of an Interim Consent Agreement for Practice Restriction and Inpatient Treatment ("Consent Agreement"). That Consent Agreement provided that Respondent would not practice medicine or prescribe medications until he completed treatment and applied to the Board. The Consent Agreement also provided that Respondent would report for inpatient treatment at the Betty Ford Center, which was Respondent's stated choice of treatment facility, on June 1, 2004.

36. By facsimile dated May 17, 2004 Respondent acknowledged receiving the draft Consent Agreement on May 14, 2004. Respondent outlined changes to the draft that he insisted had to be made prior to his executing the Consent Agreement.

37. The Board's staff then forwarded to Respondent a revised Consent Agreement incorporating some, but not all, of Respondent's requested changes.

38. On May 19, 2004 Board staff conducted an investigational interview with the Respondent. They discussed the revised Consent Agreement. Respondent was informed that if he did not execute the revised Consent Agreement, then his case would be forwarded to the Board for action.

39. The Board's Executive Director issued a Notice & Agenda for Summary Action Teleconference Meeting scheduled to begin at 12:00 p.m. on June 4, 2004 to consider emergency summary action against Respondent in Case No. MD-04-0057A.[1]

[1] The record reflects that Board referenced this case as both Case No. MD-04-0057 and Case No. MD-0057A.

40. Respondent did not present to the Betty Ford Center on June 1, 2004. As of the date of the hearing, he had not presented to either the Betty Ford Center or any other Board approved facility for an inpatient treatment for chemical dependency.

41. On June 4, 2004 the Board met to consider Case No. MD-04-0057A. Respondent was present and addressed the Board in public session. During the meeting the Board went into executive session. When the Board returned to public session, Respondent had left the meeting.

42. On June 4, 2004 the Board voted to summarily suspend Respondent's license.

43. On June 4, 2004 the Board, through its Executive Director, issued Interim Findings of Fact, Conclusions of Law and Order for Summary Suspension of License in Case No. MD-04-0057, which contained the following Order:

> "IT IS HEREBY ORDERED THAT:
>
> 1. Respondent's license to practice allopathic medicine in the State of Arizona, License No. 19260, is summarily suspended until he has successfully completed an inpatient treatment program approved by Board Staff and enters into a monitoring program. Respondent may then reapply to the Board for approval to return to the practice of medicine. This restriction is in place pending a formal hearing before a hearing officer [sic] from the Office of Administrative Hearings.
>
> 2. The Interim Findings of Fact and Conclusions of Law constitute written notice to Respondent of the charges of unprofessional conduct made by the Board against him. Respondent is entitled to a formal hearing to defend these charges as expeditiously as possible after the issuance of this order.
>
> 3. The Board's Executive Director is instructed to refer this matter to the Office of Administrative Hearings for

> scheduling of an administrative hearing to be commenced as expeditiously as possible from the date of issuance of this order, unless otherwise stipulated and agreed upon by Respondent."

44. Mitigating factors supporting efforts to rehabilitate Respondent are that he has never had a malpractice claim nor had any disciplinary action taken against him in either Arizona or the other jurisdictions where he had been licensed.

45. Respondent's concern for the financial burden of the required inpatient treatment and monitored aftercare because he is receiving disability insurance as his sole source of income does not overshadow the need for him, as a licensed physician, to receive such treatment in order to protect the public health, safety and welfare.

46. Respondent's unprofessional conduct and his physical, and possibly mental, inability to safely engage in the practice of medicine warrant both rehabilitative and disciplinary action by the Board in order to protect the public health, safety and welfare.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over the Respondent and the subject matter in this case.

2. The Board is authorized to take disciplinary action against a physician for unprofessional conduct or if the physician is or may be physically or mentally unable to safely engage in the practice of medicine. A.R.S. § 32-1451.

3. The Board complied with the mandatory requirement of A.R.S. § 32-1451(F) that the complainant's identity not be disclosed in this matter because the complainant requested anonymity in the complaint pertaining to Respondent's alcohol and/or drug impairment.

4. A.R.S. § 32-1452(D) requires that a physician who is impaired by alcohol or drugs, such as Respondent, shall either enter into a stipulated order with the Board, or shall be subject to other action by the Board as provided by law.

5. The conduct and circumstances described in the above Findings of Fact constitute unprofessional conduct by Respondent pursuant to A.R.S. § 32-1401(26)(f) ("[h]abitual intemperance in the use of alcohol or habitual substance abuse.").

6. The conduct and circumstances described in the above Findings of Fact constitute unprofessional conduct by Respondent pursuant to A.R.S. § 32-1401(26)(g) ("[u]sing controlled substances except if prescribed by another physician for use during a prescribed course of treatment.").

7. The conduct and circumstances described in the above Findings of Fact constitute unprofessional conduct by Respondent pursuant to A.R.S. § 32-1401(26)(ss) ('[p]rescribing, dispensing or furnishing a prescription medication or a prescription-only device...to a person unless the licensee first conducts a physical examination of that person or has previously established a doctor-patient relationship.").

8. The conduct and circumstances described in the above Findings of Fact constitute unprofessional conduct by Respondent pursuant to A.R.S. § 32-1401(26)(e) ("[f]ailing or refusing to maintain adequate records on a patient.").

9. The evidence of record is more than adequate to establish that Respondent's unprofessional conduct supports the Board's emergency action of issuing the Interim Findings of Fact, Conclusions of Law and Order for Summary Suspension of License summarily suspending Respondent's license in order to protect the public health, safety and welfare pursuant to A.R.S. § 32-1451(D).

10. Based upon the evidence of record, Respondent may be charged the costs of the formal hearing in this matter. A.R.S. § 32-1451(N).

ORDER

Based upon the Findings of Fact and Conclusions of Law as adopted, the Board hereby enters the following Order:

1. The Board's Interim Findings of Fact, Conclusions of Law and Order for Summary Suspension of License in Case No. MD-04-0057 is upheld and affirmed.

2. Respondent's License No. 19260 for the practice of allopathic medicine in the State of Arizona is revoked. However, revocation is stayed and Respondent's license is suspended for a period not to exceed one year from the effective date of this Order ("Effective Date") subject to the following terms, conditions and understandings:

a. Respondent shall successfully complete a Board approved inpatient treatment program and immediately upon completion of that program enter the Board's Monitored Aftercare Program pursuant to the terms outlined in Paragraph 11 below.

b. Respondent is responsible for the costs and expense incurred in complying with these requirements.

3. If one year from the Effective Date the Board has not received written proof that Respondent has successfully completed a Board approved inpatient treatment program and entered the Board's Monitored Aftercare Program, the stay of Respondent's license revocation shall be lifted and Respondent's License No. 19260 shall be revoked.

4. If on or before one year from the Effective Date the Board has received written proof that Respondent has successfully completed the required Board approved inpatient treatment program and entered the Board's Monitored Aftercare Program, the stayed revocation of Respondent's license shall remain in effect, but Respondent's license shall be placed on probation for an additional period of five years from the date of said written notice to the Board, subject to the following terms and conditions:

5. Respondent shall advise the Board within ten days of his treating any patient while he remains on disability.

6. Respondent shall pay the costs associated with the monitoring of his probation as designated by the Board each and every year of probation. Such costs may be adjusted on an annual basis. Costs are payable to the Board no later than 60 days after invoice is sent to Respondent and thereafter on an annual basis. Failure to timely pay these costs constitutes a violation of probation.

7. Upon any violation of a probationary term, after giving notice and an opportunity to be heard, the Board shall terminate the probation and revoke Respondent's license. If an investigation involving an alleged violation of probation is initiated, but not resolved prior to the termination of the probation, the Board shall have continuing jurisdiction and the period of probation shall extend until the matter is final.

8. Respondent shall reimburse the Board for the costs incurred in bringing Respondent's case to formal hearing. Board Staff will notify Respondent of the amount due. Respondent shall pay the costs within one year of the effective date of this Order.

9. Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all conditions of probation. The declarations must be submitted on or before the 15th of March, June, September and December of each year, beginning on or before March 15, 2005.

10. Respondent shall obey all federal, state and local laws, and all rules governing the practice of medicine in Arizona.

11. Respondent shall enroll in and participate in MAP for the treatment and rehabilitation of physicians who are impaired by alcohol or drug abuse. Respondent shall remain in MAP for five years from his date of entry pursuant to the following terms and conditions:

a. **Group Therapy**. Respondent shall attend MAP's group therapy sessions one time per week for the duration of his probation, unless excused by the MAP group therapist for good cause such as illness or vacation. Respondent shall instruct the MAP group therapist to release to the Board, upon its request, all records relating to Respondent's treatment, and to submit monthly reports to the Board regarding attendance and progress. The reports shall be submitted on or before the 10th day of each month.

b. **12 Step or Self-Help Group Meetings**. Respondent shall attend ninety 12-step meetings or other self-help group meetings appropriate for substance abuse and approved by the Board, for a period of ninety days beginning not later than either (a) the first day following Respondent's discharge from chemical dependency treatment or (b) the date his probation commences.

c. Following completion of the ninety meetings in ninety days, Respondent shall participate in a 12-step recovery program or other self-help program appropriate

for substance abuse as recommended by the MAP group therapist and approved by the Board. Respondent shall attend a minimum of three 12-step or other self-help program meetings per week.

d. **Board-Approved Primary Care Physician**. Respondent shall promptly obtain a primary care physician and shall submit the name of the physician to Board Staff in writing for approval. The Board-approved primary care physician ("PCP") shall be in charge of providing and coordinating Respondent's medical care and treatment. Except in an *Emergency*, Respondent shall obtain medical care and treatment only from the PCP and from health care providers to whom the PCP refers Respondent from time to time. Respondent shall request that the PCP document all referrals in the medical record. Respondent shall promptly inform the PCP of Respondent's rehabilitation efforts and provide a copy of this Order to that physician. Respondent shall also inform all other health care providers who provide medical care or treatment that Respondent is participating in the Board's rehabilitation program.

e. **Medication**. Except in an *Emergency*, Respondent shall take no *Medication* unless the PCP or other health care provider to whom the PCP makes a referral *prescribes the Medication*. Respondent shall not self-prescribe any *Medication*.

f. If a controlled substance is prescribed, dispensed, or is administered to Respondent by any person other than PCP, Respondent shall notify the PCP in writing within 48 hours. The notification shall contain all information required for the medication log entry specified in paragraph g. Respondent shall request that the notification be made a part of the medical record. This paragraph does not authorize Respondent to take any *Medication* other than in accordance with paragraph e.

g **Medication Log**. Respondent shall maintain a current legible log of all

Medication taken by or administered to Respondent, and shall make the log available to the Board and its Staff upon request. For *Medication* (other than controlled substances) taken on an on-going basis, Respondent may comply with this paragraph by logging the first and last administration of the *Medication* and all changes in dosage or frequency. The log, at a minimum, shall include the following:

i. Name and dosage of *Medication* taken or administered;

ii. Date taken or administered;

iii. Name of prescribing or administering physician;

iv. Reason *Medication* was prescribed or administered.

This paragraph does not authorize Respondent to take any *Medication* other than in accordance with paragraph e.

h. **No Alcohol or Poppy Seeds.** Respondent shall not consume alcohol or any food or other substance containing poppy seeds or alcohol.

i. **Biological Fluid Collection.** During all times that Respondent is physically present in the State of Arizona and such other times as Board Staff may direct, Respondent shall promptly comply with requests from Board Staff, the MAP group therapist, or the MAP director to submit to witnessed biological fluid collection. If Respondent is directed to contact an automated telephone message system to determine when to provide a specimen, Respondent shall do so within the hours specified by Board Staff. For the purposes of this paragraph, in the case of an in-person request, "promptly comply" means "immediately". In the case of a telephonic request, "promptly comply" means that, except for good cause shown, Respondent shall appear and submit to specimen collection not later than two hours after telephonic notice to appear is given. The Board in its sole discretion shall determine good cause.

j. Respondent shall provide Board Staff in writing with one telephone number that shall be used to contact Respondent on a 24 hour per day/seven day per week basis to submit to biological fluid collection. For the purposes of this section, telephonic notice shall be deemed given at the time a message to appear is left at the contact telephone number provided by Respondent. Respondent authorizes any person or organization conducting tests on the collected samples to provide testing results to the Board and the MAP Director.

k. Respondent shall cooperate with collection site personnel regarding biological fluid collection. Repeated complaints from collection site personnel regarding Respondent's lack of cooperation regarding collection may be grounds for termination from the program.

l. **Payment for Services. Respondent shall pay for all costs, including personnel and contractor costs, associated with participating in MAP at the time service is rendered, or within 30 days of each invoice sent to Respondent.**

m. **Examination.** Respondent shall submit to mental, physical, and medical competency examinations at such times and under such conditions as directed by the Board to assist the Board in monitoring Respondent's ability to safely perform as a physician and Respondent's compliance with the terms of this Order.

n. **Treatment**. Respondent shall submit to all medical, substance abuse, and mental health care and treatment ordered by the Board, or recommended by the MAP Director.

o. **Obey All Laws**. Respondent shall obey all federal, state and local laws, and all rules governing the practice of medicine in the State of Arizona.

p. **Interviews.** Respondent shall appear in person before the Board and

its Staff and committees for interviews upon request, upon reasonable notice.

q. **Address and Phone Changes, Notice.** Respondent shall immediately notify the Board in writing of any change in office or home addresses and telephone numbers. Respondent shall provide Board Staff at least three business days advance written notice of any plans to be away from office or home when such absence would prohibit Respondent from responding to an order to provide a biological fluid specimen or to communications from the Board. The notice shall state the reason for the intended absence from home or office, and shall provide a telephone number that may be used to contact Respondent.

r. **Notice Requirements.**

(i) Respondent shall immediately upon the commencement of his probation provide a copy of this Order to all employers and all hospitals and free standing surgery centers at which Respondent currently has privileges. Within 30 days of the date his probation commences, Respondent shall provide the Board with a signed statement of compliance with this notification requirement. Upon any change in employer or upon the granting of privileges at additional hospitals and free standing surgery centers, Respondent shall provide the employer, hospital or free standing surgery center with a copy of this Order. Within 30 days of a change in employer or upon the granting of privileges at additional hospitals and free standing surgery centers, Respondent shall provide the Board with a signed statement of compliance with this notification requirement.

(ii) Respondent shall immediately upon the commencement of his probation submit to the Board under penalty of perjury, on a form provided by the Board, the name(s) and address(es) of all employers and all hospitals and free standing surgery centers at which Respondent currently holds privileges to practice. Respondent is

further required to, under penalty of perjury, on a form provided by the Board, immediately notify the Board of any changes in employment and of any hospitals and free standing surgery centers at which Respondent gains privileges after the commencement of his probation.

s. **Out-of State.** In the event Respondent resides or practices as a physician in a state other than Arizona, Respondent shall participate in the rehabilitation program sponsored by that state's medical licensing authority or medical society. Respondent shall cause the other state's program to provide written reports to the Board regarding Respondent's attendance, participation, and monitoring. The reports shall be due on or before the 15th day of March and September of each year, until the Board terminates this requirement in writing.

t. **Relapse, Violation.** Upon any relapse or violation of MAP, after giving notice and an opportunity to be heard, the Board shall terminate the probation and revoke Respondent's license. If an investigation involving an alleged violation of probation is initiated, but not resolved prior to the termination of the probation, the Board shall have continuing jurisdiction and the period of probation shall extend until the matter is final.

u. This Order supersedes all previous consent agreements and stipulations between the Board and Respondent.

v. The Board retains jurisdiction and may initiate new action based upon any violation of this Order.

"***Medication***" means "prescription-only drug, controlled substance, and over-the counter preparation, other than plain aspirin and plain acetaminophen."

"***Emergency***" means "a serious accident or sudden illness that, if not treated immediately, may result in a long-term medical problem or loss of life."

RIGHT TO PETITION FOR REHEARING OR REVIEW

Respondent is hereby notified that he has the right to petition for a rehearing or review by filing a petition with the Board's Executive Director within thirty (30) days after service of this Order. A.R.S. § 41-1092.09. The petition must set forth legally sufficient reasons for granting a rehearing. A.C.C. R4-16-102. Service of this order is effective five (5) days after date of mailing. If a motion for rehearing is not filed, the Board's Order becomes effective thirty-five (35) days after it is mailed to Respondent.

Respondent is further notified that the filing of a motion for rehearing is required to preserve any rights of appeal to the Superior Court.

DATED this 18th day of October, 2004.

(SEAL)

ARIZONA MEDICAL BOARD

By: Barry A. Cassidy
Barry A. Cassidy, Ph.D., P.A.-C
Executive Director

Original of the foregoing filed this 18th day of October, 2004, with:

Arizona Medical Board
9545 East Doubletree Ranch Road
Scottsdale, AZ 85258

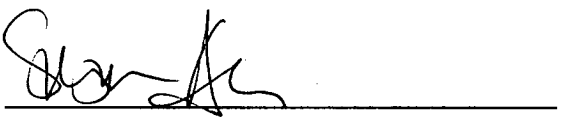
Executed copy of the foregoing faxed and Mailed by Certified Mail this 18th day of October 2004, to:

Cliff J. Vanell, Director
Office of Administrative Hearings

1400 W. Washington, Ste. 101
Phoenix, AZ 85007

Executed copy of the foregoing mailed by Certified Mail this 18th day of October, 2004, to:

Lawrence E. Pritchard, M.D.
(Address of record)

Executed copy of the foregoing mailed By First Class Mail this 18th day of October, 2004, to:

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