

# WISCONSIN DEPARTMENT OF REGULATION & LICENSING



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STATE OF WISCONSIN  
BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF DISCIPLINARY  
PROCEEDINGS AGAINST

STEVEN GREENMAN, M.D.,  
RESPONDENT.

:  
:  
:  
:

FINAL DECISION  
AND ORDER

The parties to this action for the purposes of section 227.53, Wis. Stats., are:

Steven Greenman, M.D.  
3900 West Brown Deer Road  
Milwaukee, WI 53209

Wisconsin Medical Examining Board  
P. O. Box 8935  
Madison, WI 53708-8935

Department of Regulation and Licensing  
Division of Enforcement  
P. O. Box 8935  
Madison, WI 53708-8935

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final disposition of this matter, subject to the approval of the Board. The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. Steven Greenman, M.D., Respondent herein, date of birth June 1, 1947, is a physician duly licensed and currently registered to practice medicine and surgery in the State of Wisconsin, pursuant to license #18938, which was granted on July 11, 1974.

2. Respondent is engaged in the general practice of internal medicine and has no special formal training in the area of treating patients for drug abuse and addiction. Respondent is not Board certified as an addiction medicine specialist.

COUNT I

3. On March 3, 1980, Patient 1 first presented at Respondent's office and reported that he wanted to "kick his drug habit". Patient 1 stated that he had been on Tussionex since November or December of 1979, and was taking 5 oz. per day. Patient 1 also reported a past history of drug abuse and addiction, including abuse of alcohol, marijuana, Dalmane, Valium, Percodan,

Percocet, amphetamines and Demerol. Respondent recommended that Patient 1 discontinue using Percocet, Dalmane and Tuinal. Respondent wrote a prescription for the patient for Valium, 10 mg., #25, no refill and wrote two prescriptions for Tussionex, 16 oz., no refills, with a recommendation to decrease the dosage to 1½ oz. two times a day.

4. Tussionex contains Hydrocodone and is a Schedule III controlled substance as defined in sections 161.01(4) and 161.18(5)(d), Wis. Stats.

5. Respondent knew at this first office visit on March 3, 1980, that Patient 1 was a probable drug addict, drug abuser or both.

6. On March 10, 1980, Patient 1 presented at Respondent's office and reported that he was having difficulty following the recommended dosage for Tussionex. The patient claimed that he had actually been on about 12 oz. of Tussionex per day. Respondent increased the recommended dosage for the patient to 3½ oz. every a.m. for 5 days and 3 oz. every a.m. for the next 5 days. Respondent noted that the patient reported to have stopped using Percodan, Tuinal, quaaludes and alcohol and had decreased his use of "pot".

7. On March 31, 1980, Respondent recommended that Patient 1 should "try to taper some more on Tussionex" but wrote three prescriptions for Tussionex, 16 oz. From April until August 1980, Patient 1 presented at Respondent's office every one to two weeks. Respondent continued to recommend that Patient 1 should try to decrease his consumption of Tussionex but continued to prescribe approximately 32 oz. of Tussionex per week. On August 18, 1980, Respondent wrote prescriptions for Tussionex for August and September.

8. From October 1980 through June 1982, Patient 1 continued to present at Respondent's office, usually every 3 to 4 weeks. Respondent continued to prescribe Tussionex for the patient. Respondent's usual practice was to write 4 prescriptions for the patient, each prescription for approximately 30 oz. of Tussionex per week.

9. From July 1982 until June 1985, Patient 1 continued to present at Respondent's office approximately every 4 weeks. Respondent continued to prescribe Tussionex for the patient. Respondent's usual practice was to write a prescription for between 46 and 64 oz. of Tussionex, to last for 4 weeks.

10. From July 1985 until December 1986, Patient 1 continued to present at Respondent's office approximately every 4 weeks. Respondent continued to prescribe Tussionex for the patient. Respondent's usual practice was to write a prescription for between 28 and 42 oz. of Tussionex, to last for 4 weeks.

11. During 1987 and 1988, Patient 1 continued to present at Respondent's office approximately every 2 to 4 weeks. Respondent continued to prescribe Tussionex for the patient. Respondent's usual practice was to write a prescription for 16 oz. of Tussionex, to last for 2 to 3 weeks.

12. On May 9, 1988, Respondent was interviewed by an investigator from the Department of Regulation and Licensing, Division of Enforcement, regarding his prescribing of Tussionex to Patient 1. Respondent continued to prescribe Tussionex to Patient 1 until July 27, 1988.

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13. Federal law governing controlled substances provides that "A prescription may not be issued for the dispensing of narcotic drugs listed in any schedule for 'detoxification treatment' or 'maintenance treatment' as defined in Section 102 of the Act (21 U.S.C. 802)." 21 CFR Section 1306.04(c).

14. Respondent prescribed Tussionex to Patient 1 otherwise than in the course of legitimate professional practice in the following respects:

- a. Respondent prescribed Tussionex in excessive amounts and for excessive periods of time without having performed adequate medical examinations of the patient and without having identified any legitimate medical condition which would justify prescribing Tussionex.
- b. Respondent prescribed Tussionex to the patient after he knew that the patient was a probable drug addict, drug abuser, or both, and in the absence of any medical condition which would justify prescribing Tussionex in spite of the patient's history of probable drug addiction and abuse.

15. Respondent's conduct subjected Patient 1 to the unacceptable risks of drug abuse and dependence, or of exacerbating and perpetuating drug abuse and dependence.

16. Respondent's stated purpose in prescribing Tussionex to Patient 1 was to wean the patient off of Tussionex. Although Respondent was not aware of it at the time, Respondent's attempts to wean Patient 1 off of Tussionex violated the federal law which prohibits issuing a prescription for "detoxification treatment" or "maintenance treatment". In addition, Respondent's methods were outside the scope of legitimate professional practice for the treatment of drug abuse and addiction.

#### COUNT II

17. Valium contains Diazepam and is a Schedule IV controlled substance, as defined in Sections 161.01(4) and 161.20(2)(cr), Wis. Stats.

18. Tussionex and Valium are central nervous system depressants and act to depress the respiratory function.

19. Percocet contains Oxycodone Hydrochloride and is a Schedule II controlled substance as defined in Sections 161.01(4) and 161.16(2)(a)11, Wis. Stats.

20. Dalmane contains Flurazepam Hydrochloride and is a Schedule IV controlled substance as defined in Sections 161.01(4) and 161.20(2)(em), Wis. Stats.

21. Tuinal contains Secobarbital Sodium and Amobarbital Sodium and is a Schedule II controlled substance as defined in Sections 161.01(4) and 161.16(7)(a) and (c), Wis. Stats.

22. On March 3, 1980, Respondent told Patient 1 to discontinue using Percocet, Dalmane and Tuinal without doing an adequate history to determine how much of each of those controlled substances the patient was taking and without doing a toxicology screen to determine whether the patient was still using those drugs or any other drugs. Respondent did not provide for careful monitoring of Patient 1's reaction to discontinuing the use of Percocet, Dalmane and Tuinal. Therefore, Respondent was not in a position to determine whether Patient 1 could experience withdrawal symptoms from discontinuing the use of those drugs.

23. Respondent prescribed both Tussionex and Valium to Patient 1 at the same time without adequate monitoring to ensure that Patient 1 would not develop respiratory depression.

24. Respondent prescribed Tussionex to Patient 1 for over eight years without adequate monitoring to ensure that Patient 1 would not develop respiratory depression.

25. Respondent's acts and omissions as set out in this Count of this Complaint, constitute conduct below the level of minimum competence for a physician and exposed Patient 1 to unacceptable risks to which a minimally competent physician would not expose a patient.

#### INVESTIGATIVE FILE 90 MED 273

26. A separate investigation of Respondent is pending before the Medical Examining Board, investigative file #90 MED 273. That investigation involves allegations that Respondent inappropriately prescribed Dilaudid, Percodan, Methadone and Valium to one patient from 1980 to 1987.

#### CONCLUSIONS OF LAW

1. The Wisconsin Medical Examining Board has jurisdiction over this matter pursuant to sec. 448.02(3), Wis. Stats.

2. The Wisconsin Medical Examining Board is authorized to enter into the attached Stipulation pursuant to sec. 227.44(5), Wis. Stats.

3. Respondent's conduct, as set forth in Findings of Fact 3 to 16, constituted prescribing controlled substances, as defined in sec. 161.01(4), Wis. Stats., otherwise than in the course of legitimate professional practice and as otherwise prohibited by law, and thereby constitutes unprofessional conduct within the meaning of sec. 448.02(3), Wis. Stats., and sec. MED 10.02(2)(p), Wis. Adm. Code.

4. Respondent's acts and omissions, as set forth in Findings of Fact 3 to 12 and 17 to 25, are practice and conduct which tend to constitute a danger to the health, welfare and safety of the patient and thereby constitute unprofessional conduct within the meaning of sec. 448.02(3), Wis. Stats., and sec. MED 10.02(2)(h), Wis. Adm. Code.

#### ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED that the attached Stipulation is accepted.

IT IS FURTHER ORDERED that Dr. Steven Greenman's license to practice medicine and surgery in the State of Wisconsin is hereby suspended for 30 days, effective no later than 45 days after the effective date of this Order. Dr. Greenman may elect to have the suspension commence sooner than 45 days after the effective date of this Order, in which case he shall provide the Board with at least 5 days' notice, in writing, of the date on which the suspension will begin.

IT IS FURTHER ORDERED that Dr. Steven Greenman shall surrender his United States Drug Enforcement Agency registration and all controlled substances and unused DEA 222 order forms in his possession or control to the U.S. Drug Enforcement Agency no later than the date on which his license is suspended under the preceding paragraph.

IT IS FURTHER ORDERED that, effective upon completion of the 30-day period of suspension ordered above, Dr. Steven Greenman's license to practice medicine and surgery in the State of Wisconsin shall be limited on the following terms and conditions, which shall remain in effect until removed or modified by the Medical Examining Board:

1. Dr. Greenman shall not order, dispense, prescribe, administer or distribute any controlled substances, as defined in Chapter 161, Wis. Stats.

2. If Dr. Greenman has a patient who he believes requires controlled substances as part of his or her treatment regimen, Dr. Greenman shall immediately advise the patient of this fact and shall inform the patient of the limitation on his license under paragraph 1. If the patient agrees, Dr. Greenman shall immediately transfer the patient to another physician, who shall have been previously approved by the Medical Examining Board, for treatment of the diagnosed condition. The receiving physician shall determine what treatment is appropriate. If the patient prefers to remain under the medical care and treatment of Dr. Greenman despite the limitation under paragraph 1, Dr. Greenman shall advise the Medical Examining Board in writing of the diagnosed condition and the treatment regimen employed in lieu of prescribing controlled substances.

3. No later than one year after the effective date of the limitation on his license under paragraph 1, Dr. Greenman shall attend and successfully complete continuing medical education courses totaling at least 30 Category I credits in the subject area of prescribing controlled substances. Dr. Greenman shall obtain approval for each course from the Medical Examining Board or its Secretary before taking the course. The courses shall be in addition to Dr. Greenman's required continuing medical education credits under sec. 448.13, Wis. Stats. Dr. Greenman shall submit certification of successful completion of each course to the Medical Examining Board within 2 weeks after completion of each course.

4. No sooner than one year after the effective date of the limitation on his license under paragraph 1, Dr. Greenman may petition the Medical Examining Board to modify the limitation on his license under paragraph 1, except that Dr. Greenman shall not petition the Medical Examining Board to allow him to order, dispense, prescribe, administer or distribute any Schedule II controlled substances or any narcotic drugs.

a. If Dr. Greenman petitions the Medical Examining Board under this paragraph to modify the limitation on his license under paragraph 1, the burden of proof shall be on Dr. Greenman to demonstrate that if the requested modification of the limitation on his license is granted, he will not engage in conduct similar to the conduct found herein, that the requested modification of the limitation on his license will not pose any danger to his patients or to the public health, welfare or safety, and that the purposes of deterrence have been satisfied by the discipline imposed to date.

b. It shall be totally within the discretion of the Board to determine whether to modify the limitation under paragraph 1. The Board may modify the limitation on Dr. Greenman's license in a manner different than that requested by Dr. Greenman, including reinstating limited prescribing privileges but requiring his prescribing practice to be monitored by a supervising physician. If the Board determines not to grant Dr. Greenman's petition for modification of the limitation on his license, the Board's decision shall not be considered a denial of a license under secs. 227.01(3)(a) or 227.51, Wis. Stats., and Dr. Greenman shall not be entitled to a hearing on the Board's decision.

5. If the Board enters an Order to reinstate limited prescribing privileges for Dr. Greenman, pursuant to a petition by Dr. Greenman under paragraph 4, then no sooner than 2 years after the effective date of that Board Order, Dr. Greenman may petition the Medical Examining Board to remove or modify the remaining limitation on his license, including a petition to allow Dr. Greenman to order, dispense, prescribe, administer or distribute Schedule II controlled substances and/or narcotic drugs.

a. If Dr. Greenman petitions the Medical Examining Board under this paragraph to remove or modify the remaining limitation on his license, the burden of proof shall be on Dr. Greenman to demonstrate that if the requested removal or modification of the limitation on his license is granted, he will not engage in conduct similar to the conduct found herein, that the requested modification of the limitation on his license will not pose any danger to his patients or to the public health, welfare or safety, and that the purposes of deterrence have been satisfied by the discipline imposed to date. In addition, if the Department of Regulation and Licensing, Division of Enforcement, has any evidence to establish probable cause that Dr. Greenman has not complied with the terms of his limited prescribing privileges under paragraph 4, then the Division of Enforcement may present that evidence to the Board in opposition to Dr. Greenman's petition under this paragraph.

b. It shall be totally within the discretion of the Board to determine whether to remove or modify the remaining limitation on Dr. Greenman's license. The Board may modify the limitation on Dr. Greenman's license in a manner different than that requested by Dr. Greenman, including reinstating some or all of his prescribing privileges but requiring his prescribing practice to be monitored by a supervising physician. If the Board determines not to grant Dr. Greenman's petition for the removal or modification of the limitation on his license, the Board's decision shall not be considered a denial of a license under secs. 227.01(3)(a) or 227.51, Wis. Stats., and Dr. Greenman shall not be entitled to a hearing on the Board's decision.

6. If the Board reinstates some or all of Dr. Greenman's prescribing privileges, pursuant to a petition by Dr. Greenman under paragraph 4 or 5, then Dr. Greenman may petition the U.S. Drug Enforcement Agency to restore his U.S. DEA registration on the same terms.

IT IS FURTHER ORDERED, that Dr. Greenman shall abide by all federal and state statutes and administrative code provisions governing the practice of ordering, dispensing, prescribing, administering or distributing controlled substances.

IT IS FURTHER ORDERED, that partial costs of the proceeding, in the amount of \$1,040, shall be assessed against Dr. Greenman, pursuant to sec. 440.22(2), Wis. Stats. Dr. Greenman shall pay this amount in full to the Department of Regulation and Licensing no later than 30 days after the effective date of this Order.

IT IS FURTHER ORDERED, that pursuant to the authority of sec. 448.02(4), Wis. Stats., and Ch. RL 6, Wis. Adm. Code, should the Wisconsin Medical Examining Board determine that there is probable cause to believe that Steven Greenman, M.D., has violated the terms of the Final Decision and Order of the Medical Examining Board or the Stipulation upon which it is based, the Medical Examining Board may order that the license of Steven Greenman, M.D., to practice medicine and surgery in the State of Wisconsin be summarily suspended pending investigation of the alleged violation.

IT IS FURTHER ORDERED, that investigative file #90 MED 273 is hereby closed by the Medical Examining Board without commencing any formal disciplinary action.

IT IS FURTHER ORDERED, that the effective date of this Order is the date on which it is signed.

Dated this 18 day of October, 1990.

  
Michael P. Mehr, M.D.  
Secretary  
Medical Examining Board

JMO:bmj  
ATY-1240

STATE OF WISCONSIN  
BEFORE THE MEDICAL EXAMINING BOARD

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IN THE MATTER OF DISCIPLINARY :  
PROCEEDINGS AGAINST :  
 : COMPLAINT  
STEVEN GREENMAN, M.D., :  
RESPONDENT. :

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Stuart Engerman, investigator supervisor for the Wisconsin Department of Regulation and Licensing, Division of Enforcement, 1400 East Washington Avenue, Madison, Wisconsin 53703, upon information and belief, complains and alleges as follows:

COUNT I

1. Steven Greenman, M.D., Respondent herein, date of birth June 1, 1947, is a physician duly licensed and currently registered to practice medicine and surgery in the State of Wisconsin pursuant to license #18938, which was granted on July 11, 1974.

2. Respondent is engaged in the general practice of medicine and has no special formal training in the area of treating patients for drug abuse and addiction. Respondent's office is not an "approved treatment facility", as defined in Section 51.01(2), Wis. Stats., such that Respondent's office is not a facility approved by the Wisconsin Department of Health and Social Services for the treatment of drug dependent persons. Respondent is not Board certified as an addiction medicine specialist.

3. On March 3, 1980, Patient 1 first presented at Respondent's office and reported that he wanted to "kick his drug habit". Patient 1 stated that he had been on Tussionex since November or December of 1979, and was taking 5 oz. per day. Patient 1 also reported a past history of drug abuse and addiction, including abuse of alcohol, marijuana, Dalmane, Valium, Percodan, Percocet, amphetamines and Demerol. Respondent recommended that Patient 1 discontinue using Percocet, Dalmane and Tuinal. Respondent wrote a prescription for the patient for Valium, 10 mg., #25, no refill and wrote two prescriptions for Tussionex, 16 oz., no refills, with a recommendation to decrease the dosage to 1½ oz. two times a day.

4. Respondent knew or should have known at this first office visit on March 3, 1980, that Patient 1 was a probable drug addict, drug abuser or both.

5. On March 10, 1980, Patient 1 presented at Respondent's office and reported that he was having difficulty following the recommended dosage for Tussionex. The patient claimed that he had actually been on about 12 oz. of Tussionex per day. Respondent increased the recommended dosage for the patient to 3½ oz. every a.m. for 5 days and 3 oz. every a.m. for the next 5 days. Respondent noted that the patient reported to have stopped using Percodan, Tuinal, quaaludes and alcohol and had decreased his use of "pot".

6. On March 21, 1980, Respondent spoke to Shel Rosen, a pharmacist, who revealed that the patient had written two refills on each prescription for Tussionex and had received 3 pints of Tussionex on March 3, 10 and 17. Respondent confronted Patient 1 about this on March 22, 1980.

7. On March 31, 1980, Respondent recommended that Patient 1 should "try to taper some more on Tussionex" but wrote three prescriptions for Tussionex, 16 oz. From April until August 1980, Patient 1 presented at Respondent's office every one to two weeks. Respondent continued to recommend that Patient 1 should try to decrease his consumption of Tussionex but continued to prescribe approximately 32 oz. of Tussionex per week. On August 18, 1980, Respondent wrote prescriptions for Tussionex for August and September.

8. From October 1980 through June 1982, Patient 1 continued to present at Respondent's office, usually every 3 to 4 weeks. Respondent continued to prescribe Tussionex for the patient. Respondent's usual practice was to write 4 prescriptions for the patient; the first 3 prescriptions would be for 32 oz. of Tussionex per week for the 3 weeks immediately following the office visit and the fourth prescription would be for between 16 and 30 oz. per week for the 4th week following the office visit.

9. From July 1982 until June 1985, Patient 1 continued to present at Respondent's office approximately every 4 weeks. Respondent continued to prescribe Tussionex for the patient. Respondent's usual practice was to write a prescription for between 46 and 64 oz. of Tussionex, to last for 4 weeks.

10. From July 1985 until December 1986, Patient 1 continued to present at Respondent's office approximately every 4 weeks. Respondent continued to prescribe Tussionex for the patient. Respondent's usual practice was to write a prescription for between 28 and 42 oz. of Tussionex, to last for 4 weeks.

11. During 1987 and 1988, Patient 1 continued to present at Respondent's office approximately every 2 to 4 weeks. Respondent continued to prescribe Tussionex for the patient until April 22, 1988. Respondent's usual practice was to write a prescription for 16 oz. of Tussionex, to last for 2 to 3 weeks.

12. On May 9, 1988, Respondent was interviewed by an investigator from the Department of Regulation and Licensing, Division of Enforcement, regarding his prescribing of Tussionex to Patient 1. After that date, Respondent did not prescribe any Tussionex to Patient 1.

13. Tussionex contains Hydrocodone and is a Schedule III controlled substance as defined in Sections 161.01(4) and 161.18(5)(d), Wis. Stats.

14. Federal law governing controlled substances provides that "A prescription may not be issued for the dispensing of narcotic drugs listed in any schedule for 'detoxification treatment' or 'maintenance treatment' as defined in Section 102 of the Act (21 U.S.C. 802)." 21 CFR Section 1306.04(c).

15. Respondent prescribed Tussionex to Patient 1 otherwise than in the course of legitimate professional practice in the following respects:

- a. Respondent prescribed Tussionex in excessive amounts and for excessive periods of time without having performed adequate medical examinations of the patient and without having identified any legitimate medical condition which would justify prescribing Tussionex.
- b. Respondent prescribed Tussionex to the patient after he knew or should have known that the patient was a probable drug addict, drug abuser, or both, and in the absence of any medical condition which would justify prescribing Tussionex in spite of the patient's history of probable drug addiction and abuse.

16. Respondent's conduct subjected Patient 1 to the unacceptable risks of drug abuse and dependence, or of exacerbating and perpetuating drug abuse and dependence.

17. If Respondent's purpose in prescribing Tussionex to Patient 1 was to wean the patient off of Tussionex or to maintain the patient on Tussionex, then Respondent violated the federal law which prohibits issuing a prescription for "detoxification treatment" or "maintenance treatment" and his methods were outside the scope of legitimate professional practice for the treatment of drug abuse and addiction.

18. Respondent's conduct in prescribing Tussionex to Patient 1 constituted prescribing controlled substances as defined in Section 161.01(4), Wis. Stats., otherwise than in the course of legitimate professional practice and as otherwise prohibited by law, and is therefore unprofessional conduct within the meaning of Section 448.02(3), Wis. Stats. and Section MED 10.02(2)(p), Wis. Adm. Code.

#### COUNT II

19. Paragraphs 1 to 18 of Count I are realleged.

20. Valium contains Diazepam and is a Schedule IV controlled substance, as defined in Sections 161.01(4) and 161.20(2)(cr), Wis. Stats.

21. Tussionex and Valium are central nervous system depressants and act to depress the respiratory function.

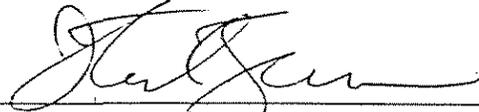
22. Percocet contains Oxycodone Hydrochloride and is a Schedule II controlled substance as defined in Sections 161.01(4) and 161.16(2)(a)11, Wis. Stats.

23. Dalmane contains Flurazepam Hydrochloride and is a Schedule IV controlled substance as defined in Sections 161.01(4) and 161.20(2)(em), Wis. Stats.

24. Tuinal contains Secobarbital Sodium and Amobarbital Sodium and is a Schedule II controlled substance as defined in Sections 161.01(4) and 161.16(7)(a) and (c), Wis. Stats.

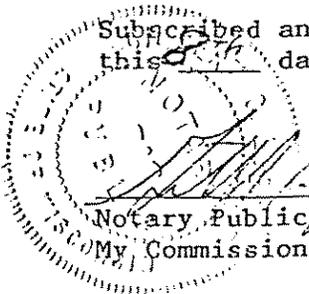


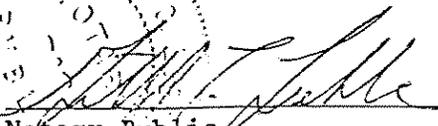
Licensing, Division of Enforcement, and that he has read the foregoing Complaint and knows the contents thereof and that the same is true to his own knowledge, except as to those matters therein stated on information and belief and as to such matters, he believes them to be true.



Stuart Engerman  
State of Wisconsin  
Department of Regulation & Licensing  
Division of Enforcement  
1400 East Washington Avenue  
P.O. Box 8935  
Madison, WI 53708-8935

Subscribed and sworn to before me  
this 8<sup>th</sup> day of March, 1990.



  
Notary Public

Commission is permanent

Judy Mills Ohm  
Attorney for Complainant  
Department of Regulation and Licensing  
Division of Enforcement  
P.O. Box 8935  
Madison, WI 53708-8935

JMO:jrb  
DOEATTY-997