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STATE OF WISCONSIN
BEFORE THE DENTISTRY EXAMINING BOARD

IN THE MATTER OF THE DISCIPLINARY
PROCEEDINGS AGAINST

JEFFREY TODD SLAVIK, D.D.S.,
RESPONDENT.

FINAL DECISION AND ORDER

ORDER 0000517

[Division of Enforcement Case # 08 DEN 004]
[Division of Enforcement Case # 08 DEN 016]
[Division of Enforcement Case # 08 DEN 042]
[Division of Enforcement Case # 08 DEN 111]
[Division of Enforcement Case # 09 DEN 106]

The parties to this action for the purposes of Wis. Stat. § 227.53 are:

Jeffrey Todd Slavik, D.D.S.
1118 Michigan Street
Sturgeon Bay, WI 54235

Division of Enforcement
Department of Regulation and Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

Wisconsin Dentistry Examining Board
Department of Regulation & Licensing
1400 East Washington Avenue
P.O. Box 8935
Madison, WI 53708-8935

PROCEDURAL HISTORY

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

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

FINDINGS OF FACT

1. Jeffrey Todd Slavik, D.D.S., (D.O.B.: September 19, 1952) is duly licensed as dentist in the state of Wisconsin (license # 5001883-15). This license was first granted on July 11, 1977.
2. Respondent's most recent address on file with the Wisconsin Dentistry Examining Board is 1118 Michigan Street, Sturgeon Bay, Wisconsin 54235.
3. At all times relevant to this action, Respondent was working as a dentist at his office in Sturgeon Bay, Wisconsin.

Allegations Relating to Case # 08 DEN 004

4. On February 6, 2006, Patient M.D. was seen by his periodontist, Paula S. Crum, D.D.S., M.S., for periodontal maintenance therapy and examination.
5. On February 8, 2006, Dr. Crum sent a report to the Respondent regarding her supportive periodontal care for Patient M.D. Dr. Crum noted that Patient M.D. had a large fistula present mesiofacial to #2 and facial to #3. She felt that the fistulas were coming from tooth #3. Her report to Respondent also indicated that there was a fracture in the amalgam on the occlusal surface of #3 and that the patient wished to have root canal treatment on that tooth. Dr. Crum's report also reflected that Patient M.D. was to present to her for his continuing periodontal maintenance and care.
6. On February 27, 2006, Patient M.D. presented to the Respondent for a root canal procedure on tooth # 3. The Respondent took four periapical x-rays and began the root canal procedure. He then fit the cones and plugged them with cotton and cavit, according to his records. The Respondent also dispensed an unknown quantity of 250 mg Pen-VK to Patient M.D. The records do not reflect that a file was broken in tooth #3 during the procedure and does not reflect that Patient M.D. was advised of a broken file lodged in tooth #3.
7. On March 8, 2006, Patient M.D. returned to Respondent for completion of the root canal on tooth #3. The Respondent filled the root canals and took two periapical x-rays. He also dispensed 20 tablets of 250 mg Pen-VK and instructed Patient M.D. to return to the office in a few weeks for an x-ray to re-check tooth #3. The records do not reflect that a file was broken in tooth #3 during the root canal procedure and does not reflect that Patient M.D. was advised of a broken file.
8. On March 31, 2006, Patient M.D. returned in follow up to the Respondent's office with a fistula present in the area of tooth #3. Respondent's notes reflect that he dispensed a refill of Pen-VK to Patient M.D. He also documented that his plan was to re-check Patient M.D. in May at which time Patient M.D. wished to have another crown procedure. The Respondent did not refer Patient M.D. to an endodontist to evaluate the fistula in the area of tooth #3.

9. On June 8, 2006, Patient M.D. presented to Dr. Crum for his regularly scheduled periodontal maintenance. On that date, Dr. Crum prepared a report to the Respondent regarding her treatment of Patient M.D. on that date in which she noted concern with "a large swelling and two fistulas that were still present on the facial of #3." A new periapical x-ray from that date revealed that a file appeared to have broken off and remained in the distal buccal canal. She recommended that Patient M.D. be seen by Tom Witek, D.D.S., for evaluation.

10. On July 17, 2006, Patient M.D. presented to Dr. Witek for endodontic retreatment of tooth #3. Dr. Witek diagnosed him with "endodontic failure secondary to an incompletely debrided and obturated root canal system." The treatment included removing the existing gutta percha root filling material by mechanical and chemical debridement, obturating the root canal system with warm, vertically condensed gutta percha and sealing the coronal access with cavitation over cotton pellet as a temporary restoration. He recommended permanent restoration for tooth #3 with a full coverage crown.

11. Respondent's conduct as described in paragraphs 4-8 fell below the minimum standards of competence established in the profession in the following respects:

- a. Respondent failed to inform Patient M.D. that the file had broken off during the root canal procedure and failed to advise Patient M.D. of treatment options;
- b. Respondent failed document in the records that he had informed Patient M.D. that the file had broken off during the procedure and that he had advised Patient M.D. of treatment options;
- c. Respondent failed to refer Patient M.D. to an endodontist on March 31, 2006 to evaluate the fistula which had developed in the area of tooth #3.

Allegations Relating to Case # 08 DEN 016

Allegations Relating to Patient S.M.

12. On June 2, 2004, Patient S.M. presented to the Respondent for examination and treatment. Patient S.M. was an existing patient at the Respondent's office. The Respondent performed an examination and took x-rays. X-rays revealed caries on teeth #'s 3, 31, 28 and 18. He treated the four teeth and placed amalgam fillings in each tooth.

13. On January 16, 2006, Patient S.M. presented to the Respondent again for treatment. On that, x-rays were taken and revealed that there was decay present under the filling on tooth #31. The Respondent did not document the presence of the decay on tooth #31 and did not re-treat the tooth.

14. Respondent's conduct as described in paragraphs 12 - 13 fell below the minimum standards of competence established in the profession in the following respects:

- a. Respondent failed to document treatment performed on tooth #31 on June 2, 2004;
- b. Respondent failed to diagnose or document caries present on tooth #31 which was evident on the January 16, 2006 x-ray;

Allegations Relating to Patient R.M.

15. On October 21, 2005, Patient R.M. (then 6 years old) presented to the Respondent for examination and treatment. The Respondent performed an examination and took x-rays. X-rays revealed caries on tooth #S. The Respondent treated the tooth and placed an amalgam filling.

16. On July 12, 2006, Patient R.M. presented to the Respondent again for replacement of the amalgam filling on tooth #S.

17. On October 16, 2006, Patient R.M. presented to the Respondent who performed an examination and took x-rays. The x-rays revealed the presence of distal caries on tooth #B. The Respondent failed to diagnose or document the existence of the caries in his records.

18. On November 15, 2007, Patient R.M. presented to Heidi Eggers-Ulve, D.D.S., M.S. On that date, Dr. Eggers-Ulve performed an extensive initial examination and complete diagnostic x-rays. Her exam revealed generalized gross caries, a fistula present at tooth #S and congenitally absent teeth #20 and #24. The x-rays revealed that the amalgam restoration previously placed by the Respondent had been condensed into the pulp chamber of tooth #S, which she felt was the most likely cause of the infection. Dr. Eggers-Ulve recommended extraction of tooth #S which was performed on the following day.

19. Respondent's conduct as described in paragraphs 15 - 18 fell below the minimum standards of competence established in the profession in the following respects:

- a. Respondent placed filling material inside the pulp cavity of tooth #S on July 12, 2006;
- b. Respondent failed to diagnose or document distal caries on tooth #B present on the x-ray of October 16, 2006.

Allegations Relating to Case # 08 DEN 111

20. On December 15, 2008, Patient M.L. (then 14 years old) presented to the Respondent for extraction of wisdom tooth #32. The Respondent attempted to extract the tooth, however he was unable to do so. Instead, he displaced the tooth lingually in Patient M.L.'s jaw. The Respondent sutured the area closed and advised Patient M.L.'s mother that they would need to try to extract the tooth again in six months after the tooth had erupted further.

21. Respondent's treatment notes reflect the following regarding the attempted extraction on December 15, 2008: "#32 ext. proved difficult would have had to remove too much bone after opening it and loosening it so decided to leave it alone until June '09."

22. The Respondent did not take another x-ray following the attempted extraction in order to identify the location of the tooth and to develop an appropriate course of treatment. In addition, the Respondent did not immediately refer Patient M.L. to an oral surgeon for evaluation and treatment.

23. Following the attempted extraction, Patient M.L. developed facial swelling on the right side.

24. On December 18, 2008, Patient M.L. presented to her pediatrician regarding tooth #32 and the facial swelling. The pediatrician immediately referred Patient M.L. to an oral surgeon, Michael J. Schuh, D.D.S.

25. On December 18, 2008, Patient M.L. presented to Dr. Schuh for evaluation of facial swelling. Dr. Schuh performed an examination which revealed moderate facial edema on the right side as well as subcutaneous air in her buccal and vestibular spaces. He took an x-ray at his office which revealed that tooth #32 had been displaced lingually by the Respondent during the extraction attempt. At that time, Dr. Schuh's plan was to remove tooth #32 through an incision in Patient M.L.'s retro-mandibular neck area.

26. Dr. Schuh subsequently performed the extraction of wisdom tooth #32 through Patient M.L.'s mouth and did not have to convert the procedure to a surgical removal through her neck. Patient M.L. has developed a sensitivity to cold in the tooth next to the area where wisdom tooth #32 was removed because the Respondent had pushed it down so that it injured the root, causing the tooth to become sensitive.

27. Respondent's conduct as described in paragraphs 20-26 fell below the minimum standards of competence established in the profession in the following respects:

- a. Respondent failed to take another x-ray after the extraction attempt on wisdom tooth #32 failed;
- b. Respondent failed to develop an adequate treatment plan for Patient M.L. after the failed extraction;
- c. Respondent failed to immediately refer Patient M.L. to an oral surgeon for evaluation and treatment after the failed extraction.

Allegations Relating to Case # 08 DEN 042

28. On November 24, 2007, the Respondent was arrested by Sergeant Brad Moe of the Door County Sheriff's Department for operating a motor vehicle while under the influence of

an intoxicant in the Town of Sevastopol, Door County, Wisconsin. A Preliminary Breath Test at the time indicated a BAC of .086%. The Respondent was then transported to the Door County Memorial Hospital for a legal blood draw. The results of the blood draw revealed that the Respondent blood alcohol level was 0.115 g/100 mL. The Respondent was charged with operating a motor vehicle while intoxicated (third offense¹) and with operating a motor vehicle with a prohibited alcohol concentration (third offense) in Door County Case 2007CT159.

29. On May 9, 2008, the Respondent entered a plea of guilty to the charge of operating a motor vehicle while intoxicated (third offense) in Door County Case 2007CT159 and was sentenced to the following conditions: 1) 55 days jail, with Huber Release; 2) obtain an AODA assessment and comply with any treatment recommendations; 3) pay a fine of \$800.00; 4) license revocation for 27 months; and 5) ignition interlock for 27 months. The charge of operating a motor vehicle with a prohibited alcohol concentration (third offense) was dismissed.

30. On March 30, 2008, the Respondent was cited for possession of marijuana by Officer J. Maxam of the Brown County Sheriff's Department in Brown County Case Number 2008FO270. The citation directed the Respondent to appear in court on June 5, 2008 at 1:00 p.m. Respondent failed to appear on that date and a default judgement was entered ordering him to pay a fine of \$186 in 60 days.

31. On June 3, 2008, the Respondent was arrested by Officer Robert Osborne of the Sturgeon Bay Police Department for operating a motor vehicle after driving privileges had been revoked (due to OWI/PAC) and for misdemeanor theft for attempting to steal tires from a car on the Bergstrom Automotive car lot in the City of Sturgeon Bay, Door County, Wisconsin. He was charged with operating a motor vehicle after revocation, misdemeanor theft and bail jumping in Door County Case 2008CM152.

32. On February 19, 2009, the Respondent entered a plea of no contest to misdemeanor theft and bail jumping in Door County Case 2008CM152 and was sentenced to the following conditions: 1) two years probation, sentence withheld; 2) 60 days jail, with Huber Release; 3) maintain fulltime employment; 4) abstain from any alcohol use; 5) obtain a psychological assessment and comply with treatment recommendations; 6) obtain an AODA assessment and comply with treatment recommendations; and 7) pay a fine of \$100. The charge of operating a motor vehicle after revocation was dismissed.

33. On July 23, 2008, the Respondent was arrested by Deputy Matthew Tassoul of the Door County Sheriff's Department for operating a motor vehicle after driving privileges had been revoked (due to OWI/PAC) and for bail jumping in the Town of Brussels, Door County, Wisconsin. He was charged with operating a motor vehicle after revocation and bail jumping in Door County Case 2008CM206.

34. On February 19, 2009, the Respondent entered a plea of no contest to operating a motor vehicle while privileges revoked (due to OWI/PAC) in Door County Case 2008CM206

¹ The Respondent was convicted of operating while intoxicated on April 22, 1997 in Door County (no case number available) and of operating while intoxicated (second offense) on October 18, 2001 in Door County Case 2001CT112.

and was sentenced to the following conditions, which would run concurrent with those in Door County Case 2008CM152: 1) two years probation, sentence withheld; 2) 60 days jail, with Huber Release; 3) maintain fulltime employment; 4) abstain from any alcohol use; 5) obtain a psychological assessment and comply with treatment recommendations; 6) obtain an AODA assessment and comply with treatment recommendations; and 7) pay a fine of \$100.

35. On May 25, 2009, the Respondent was arrested by Deputy Brad Shortreed of the Door County Sheriff's Department for operating a motor vehicle after driving privileges had been revoked (second offense) in the Town of Nasewaupée, Door County, Wisconsin. He was charged with operating a motor vehicle after revocation (second offense) in Door County Case 2009CT072.

36. On August 13, 2009, the Respondent entered a plea of guilty to operating a motor vehicle while privileges revoked (second offense) in Door County Case 2009CT072 and was sentenced to five days jail, with Huber Release, and a \$250 fine.

37. On July 4, 2009, the Respondent was arrested by Officer Chad Mielke of the Sturgeon Bay Police Department for operating a motor vehicle after driving privileges had been revoked (second offense) in the City of Sturgeon Bay, Door County, Wisconsin. He was charged with operating a motor vehicle after revocation (second offense) and bail jumping in Door County Case 2009CT103.

38. On November 17, 2009, the Respondent entered a plea of no contest to operating a motor vehicle while privileges revoked (second offense) and bail jumping in Door County Case 2009CT103 and was sentenced to forty days jail, with Huber Release, and a \$500 fine.

39. On January 27, 2009, the Respondent underwent an AODA evaluation. The assessor concluded that Respondent met DSM-IV criteria for Alcohol Dependence based on the history provided by the Respondent which demonstrated increased tolerance, unsuccessful efforts to control use, continued use despite negative consequences, and preoccupation with use.

40. The Respondent's conduct in being convicted of crimes of theft and operating a vehicle while intoxicated, which are substantially related to the practice of dentistry, constitutes unprofessional conduct.

Allegations Relating to Case # 09 DEN 106

41. On or about September 21, 2009, employees at the Respondent's dental office (Tracey Gierczak and Barb Draeger) observed the Respondent inhale nitrous oxide gas at the office. The two employees cancelled the rest of the Respondent's appointments with patients on that date.

42. The Respondent's conduct in using nitrous oxide in the office with the intent to treat patients that day constitutes an attempt to practice while his ability to perform services is impaired by drugs.

CONCLUSIONS OF LAW

1. The Wisconsin Dentistry Examining Board has jurisdiction to act in this matter, pursuant to Wis. Stat. § 447.07(3), and is authorized to enter into the attached Stipulation and Order, pursuant to Wis. Stat. § 227.44(5).
2. The conduct of Respondent as described in paragraphs 4 - 8, 12 - 13, 15 - 18, and 20 - 26, above, constitute violations of Wis. Stat. §§ 447.07(3)(a), 447.07(3)(h), and Wis. Admin. Code § DE 5.02(5).
3. The conduct of Respondent as described in paragraphs 28 - 42, above, constitutes a violation of Wis. Stat. §§ 447.07(3)(a) and Wis. Admin. Code § DE 5.02(4).
4. The conduct of Respondent as described in paragraphs 28 - 38, above, constitutes a violation of Wis. Stat. §§ 447.07(3)(a) and Wis. Admin. Code § DE 5.02(15).

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED that:

1. Jeffrey Todd Slavik, D.D.S., is hereby REPRIMANDED.

IT IS FURTHER ORDERED that:

2. Respondent shall, within twelve (12) months from the date of this Order, successfully complete a minimum of four (4) hours of continuing education in the area of extraction techniques and diagnosis; successfully complete a minimum of four (4) hours of continuing education in the area of endodontic technique; successfully complete a minimum of four (4) hours of continuing education in the area of treatment planning; and successfully complete a minimum of four (4) hours of continuing education in the area of radiography. The course(s) attended in satisfaction of this requirement may not be used to satisfy the statutory continuing education requirements for licensure.
3. Respondent shall, within twelve (12) months from the date of this Order, successfully complete the CNA HealthPro Dental Professional Liability Risk Management Program. The course attended in satisfaction of this requirement may not be used to satisfy the statutory continuing education requirements for licensure.
4. Respondent shall be responsible for locating any continuing education program. The Board or its designee must approve all continuing education programs prior to Respondent enrolling in, attending, or completing a continuing education program. Respondent shall send a Certificate of Completion for each continuing education program to the Department Monitor upon successful completion of each continuing education program. Respondent shall be responsible for any and all costs of any continuing education program.

5. Respondent's license shall be LIMITED by the condition that he is not to perform any third molar extractions until further order of the Board on petition of the Respondent demonstrating that he is able to do so within the minimum standards of competence established in the profession.

IT IS FURTHER ORDERED, effective the date of this Order:

6. SUSPENSION

A.1. The license of Jeffrey Todd Slavik, D.D.S., to practice as a dentist in the State of Wisconsin is SUSPENDED for an indefinite period.

A.2 Respondent shall not engage in the practice of dentistry in any capacity unless his suspension is stayed and he is in full compliance with this Order. Respondent shall mail or physically deliver all indicia of registration to the Department Monitor within 14 days of the effective date of this order. The Department shall then issue limited registration credentials to Respondent.

A.3. Upon a showing by Respondent of continuous, successful compliance for a period of at least five (5) years of active practice under the terms of this Order, the Board may grant a petition by the Respondent under paragraph D.5. for return of full licensure.

A.4. The Board may, on its own motion or at the request of the Department Monitor, grant full licensure at any time.

STAY OF SUSPENSION

B.1. The suspension is hereby stayed based upon Respondent providing proof, which has been determined by the Board or its designee to be sufficient, that Respondent is in compliance with the provisions of Sections C and D of this Order.

B.2. The Board or its designee may, without hearing, remove the stay upon receipt of information that Respondent is in substantial or repeated violation of any provision of Sections C or D of this Order. Repeated violation is defined as the multiple violation of the same provision or violation of more than one provision. The Board may, in conjunction with any removal of any stay, prohibit the Respondent for a specified period of time from seeking a reinstatement of the stay under paragraph B.4.

B.3. This suspension becomes reinstated immediately upon notice of the removal of the stay being provided to Respondent either by:

- (a) Mailing to Respondent's last-known address provided to the Department of Regulation and Licensing pursuant to Wis. Stat. § 440.11; or
- (b) Actual notice to Respondent or Respondent's attorney.

B.4. The Board or its designee may reinstate the stay, if provided with sufficient information that Respondent is in compliance with the Order and that it is appropriate for the stay to be reinstated. Whether to reinstate the stay shall be wholly in the discretion of the Board or its designee.

B.5. If Respondent requests a hearing on the removal of the stay, a hearing shall be held using the procedures set forth in Wis. Admin. Code ch. RL 2. The hearing shall be held in a timely manner with the evidentiary portion of the hearing being completed within 60 days of receipt of Respondent's request, unless waived by Respondent. Requesting a hearing does not stay the suspension during the pendency of the hearing process.

CONDITIONS AND LIMITATIONS

Treatment Required

C.1. Respondent shall enter into, and shall continue, in a drug and alcohol treatment program at a treatment facility (Treater) acceptable to the Board or its designee. Professional Recovery Network and its affiliated programs are acceptable treatment facilities. Respondent shall participate in, cooperate with, and follow all treatment recommended by Treater.

C.2. Respondent shall immediately provide Treater with a copy of this Final Decision and Order and all other subsequent orders.

C.3. Treater shall be responsible for coordinating Respondent's rehabilitation, drug monitoring and treatment program as required under the terms of this Order, and shall immediately report any relapse, violation of any of the terms and conditions of this Order, and any suspected unprofessional conduct, to the Department Monitor (See D.1., below). If Treater is unable or unwilling to serve as Treater, Respondent shall immediately seek approval of a successor Treater by the Board or its designee.

C.4. The rehabilitation program shall include individual and/or group therapy sessions at a frequency to be determined by Treater. Therapy may end only upon a determination by the Board or its designee after receiving a petition for modification as required by D.4., below.

C.5. Treater shall submit formal written reports to the Department Monitor on a quarterly basis, as directed by the Department Monitor. These reports shall assess Respondent's progress in the drug and alcohol treatment program. Treater shall report immediately to the Department Monitor any violation or suspected violation of this Order.

Releases

C.6. Respondent shall provide and keep on file with Treater, all treatment facilities and personnel, laboratories and collections sites current releases complying with state and federal laws. The releases shall allow the Board, its designee, and any employee of the Department of Regulation and Licensing, Division of Enforcement to: (a) obtain all urine, blood and hair specimen screen results and patient health care and treatment records and reports, and (b) discuss the progress of Respondent's treatment and rehabilitation. Copies of these releases shall immediately be filed with the Department Monitor.

AA/NA Meetings

C.7. Respondent shall attend Narcotics Anonymous and/or Alcoholic Anonymous meetings or an equivalent program for recovering professionals, at the frequency recommended by Treater. Attendance of Respondent at such meetings shall be verified and reported monthly to Treater and the Department Monitor.

Sobriety

C.8. Respondent shall abstain from all personal use of alcohol.

C.9. Respondent shall abstain from all personal use of controlled substances as defined in Wis. Stat. § 961.01(4), except when prescribed, dispensed or administered by a practitioner for a legitimate medical condition. Respondent shall disclose Respondent's drug and alcohol history and the existence and nature of this Order to the practitioner prior to the practitioner ordering the controlled substance. Respondent shall at the time the controlled substance is ordered immediately sign a release in compliance with state and federal laws authorizing the practitioner to discuss Respondent's treatment with, and provide copies of treatment records to, Treater and the Board or its designee.

C.10. Respondent shall abstain from all use of over-the-counter medications or other substances which may mask consumption of controlled substances or of alcohol, create false positive screening results, or interfere with Respondent's treatment and rehabilitation.

C.11. Respondent shall report all medications and drugs, over-the-counter or prescription, taken by Respondent to Treater and the Department Monitor within 24 hours of ingestion or administration, and shall identify the person or persons who prescribed, dispensed, administered or ordered said medications or drugs. If Respondent has not provided a release as required by C.9 above, within 24 hours of a request by Treater or the Board or its designee, Respondent shall provide releases in compliance with state and federal laws. The releases shall authorize the person who prescribed, dispensed, administered or ordered the medication to discuss Respondent's treatment with, and provide copies of treatment records to, the requester.

Drug and Alcohol Screens

C.12. Respondent shall enroll and begin participation in a drug and alcohol monitoring program which is approved by the Department pursuant to Wis. Adm. Code § RL 7.11 ("Approved Program"). A list of Approved Programs is available from the Department Monitor.

C.13. At the time Respondent enrolls in the Approved Program, Respondent shall review all of the rules and procedures made available by the Approved Program. Failure to comply with all requirements for participation in drug and alcohol monitoring established by the Approved Program is a substantial violation of this Order. The requirements shall include:

(a.) Contact with the Approved Program as directed on a daily basis, including vacations, weekends and holidays.

(b.) Production of a urine specimen at a collection site designated by the Approved Program within five (5) hours of notification of a test.

C.14. The Approved Program shall require the testing of urine specimens at a random frequency of not less than 52 times per year, for the first year of this Order. After the first year, the frequency may be reduced only upon a determination by the Board or its designee after receiving a petition for modification as required by D.5., below.

C.15. If any urine, blood or hair specimen is positive or suspected positive for any controlled substances or alcohol, Respondent shall promptly submit to additional tests or

examinations as the Treater or the Board or its designee shall determine to be appropriate to clarify or confirm the positive or suspected positive test results.

C.16. In addition to any requirement of the Approved Program, the Board or its designee may require Respondent to do any or all of the following: (a) submit additional urine specimens, (b) submit blood, hair or breath specimens, (c) furnish any specimen in a directly witnessed manner.

C.17. All confirmed positive test results shall be presumed to be valid. Respondent must prove by a preponderance of the evidence an error in collection, testing or other fault in the chain of custody.

C.18. The Approved Program shall submit information and reports to the Department Monitor in compliance with the requirements of Wis. Adm. Code § RL 7.11.

Practice Limitations

C.19. Respondent shall furnish a copy of this Order to all present employers immediately upon issuance of this Order, to any hospital at which he has privileges or at which he applies for privileges, and to any prospective employer when Respondent applies for employment as a health care provider. EMPLOYERS WHO ARE DEA REGISTRANTS ARE INFORMED THAT IF RESPONDENT HAS BEEN CONVICTED OF ANY FELONY RELATING TO CONTROLLED SUBSTANCES, THE EMPLOYER MUST RECEIVE A WAIVER OF 21 CFR §1301.76 UNDER 21 CFR §1307.03 BEFORE EMPLOYING RESPONDENT.

C.20. Respondent may work as a dentist or other health care provider in a setting in which Respondent has access to controlled substances. If Treater subsequently recommends restrictions on such access, the Board or its designee may impose such restrictions.

C.21. Respondent shall practice only under the supervision of a Professional Mentor approved by the Board and only in a work setting pre-approved by the Board or its designated agent.

C.21. Respondent is responsible for obtaining a Professional Mentor acceptable to the Board. A Professional Mentor shall have no prior or current business or personal relationship with Respondent, or other relationship that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Department (including but not limited to any bartering relationship, mutual referral of patients, etc.). A Professional Mentor shall be actively practicing in Respondent's field of practice, hold a valid Wisconsin license in the Respondent's field of practice, and shall have read this Final Decision & Order and agree to be Respondent's Professional Mentor.

C.21. Supervision by the Professional Mentor shall include weekly meetings, review of charts selected by the Professional Mentor, and any other actions deemed appropriate by the Professional Mentor to determine that Respondent is practicing in a professional and competent manner.

C.22. Respondent shall arrange for his Professional Mentor to provide formal written reports to the Department Monitor on a quarterly basis, as directed by the Department Monitor. These reports shall assess Respondent's work performance. Respondent's Professional Mentor shall immediately report to the Department Monitor and the Respondent's Supervising Health Care Provider any conduct or condition of the

Respondent which may constitute unprofessional conduct, a violation of this Order, or a danger to the public or patient.

C.23. The Professional Mentor may designate another qualified dentist or other health care provider acceptable to the Board to exercise the duties and responsibilities of the Professional Mentor in an absence of more than three weeks.

C.24. In the event that the Professional Mentor is unable or unwilling to continue to serve as Respondent's professional mentor, the Board may in its sole discretion select a successor Professional Mentor.

C.25. The Professional Mentor shall have no duty or liability to any patient or third party, and the Mentor's sole duty is to the Board.

MISCELLANEOUS

Department Monitor

D.1. Any requests, petitions, reports and other information required by this Order shall be mailed, e-mailed, faxed or delivered to:

Department Monitor
Wisconsin Department of Regulation and Licensing
Division of Enforcement
1400 East Washington Ave.
P.O. Box 8935
Madison, WI 53708-8935
Fax: (608) 266-2264
Telephone: (608) 267-3817
department.monitor@drl.state.wi.us

Required Reporting by Respondent

D.2. Respondent is responsible for compliance with all of the terms and conditions of this Order, including the timely submission of reports by others. Respondent shall promptly notify the Department Monitor of any failures of the Professional Mentor, the Treater, treatment facility, Approved Program or collection sites to conform to the terms and conditions of this Order. Respondent shall promptly notify the Department Monitor of any violations of any of the terms and conditions of this Order by Respondent. Additionally, every three (3) months the Respondent shall notify the Department Monitor of the Respondent's compliance with the terms and conditions of the Order, and shall provide the Department Monitor with a current address and home telephone number.

D.3. Respondent shall report to the Board any change of employment status, residence, address or telephone number within five (5) days of the date of a change.

Change of Treater or Approved Program by Board

D.4. If the Board or its designee determines the Treater or Approved Program has performed inadequately or has failed to satisfy the terms and conditions of this Order, the Board or its designee may direct that Respondent continue treatment and rehabilitation under the direction of another Treater or Approved Program.

Petitions for Modification of Limitations or Termination of Order

D.5. Respondent may petition the Board for modification of the terms of this Order or termination, however no such petition for modification shall occur earlier than one year from the date of this Order and no such petition for termination shall occur other than in compliance with paragraph A.3. Any such petition for modification shall be accompanied by a written recommendation from Respondent's Treater expressly supporting the specific modifications sought. Denial of a petition in whole or in part shall not be considered a denial of a license within the meaning of Wis. Stat. § 227.01(3)(a), and Respondent shall not have a right to any further hearings or proceedings on the denial.

Costs of Compliance

D.6. Respondent shall be responsible for all costs and expenses incurred in conjunction with the monitoring, screening, supervision and any other expenses associated with compliance with the terms of this Order. Being dropped from a program for non-payment is a violation of this Order.

7. Respondent shall, within one hundred eighty (180) days from the date of this Order, pay COSTS of this proceeding in the amount of TWO THOUSAND FIVE HUNDRED FIFTY DOLLARS (\$2,550). Payment shall be made payable to the Wisconsin Department of Regulation and Licensing, and mailed to:

Department Monitor
Division of Enforcement
Department of Regulation and Licensing
P.O. Box 8935
Madison, WI 53708-8935
Telephone (608) 267-3817
Fax (608) 266-2264

8. Violation of any of the terms of this Order may be construed as conduct imperiling public health, safety and welfare and may result in a summary suspension of Respondent's license. The Board in its discretion may in the alternative impose additional conditions and limitations or other additional discipline for a violation of any of the terms of this Order. In the event Respondent fails to timely submit payment of the costs as set forth above, the Respondent's license (# 5001883-15) may, in the discretion of the board or its designee, be SUSPENDED, without further notice or hearing, until Respondent has complied with payment of the costs.

9. This Order is effective on the date of its signing.

Wisconsin Dentistry Examining Board

By: Joni R. Barbeau DDS
A Member of the Board

Date: 11/3/2010