BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Petition for Interim Suspension Order Against:

ROBERT M. KARNS, M.D.,

Physician and Surgeon Certificate No. G 7277,

Respondent.

Agency Case No. 17-2011-215473

OAH Case No. 2011110773

RULING AND ORDER ON PETITION FOR INTERIM SUSPENSION ORDER

Linda K. Whitney (Petitioner), Executive Director of the California Medical Board (Board) petitioned, for issuance of an Interim Suspension Order, suspending the physician and surgeon certificate of Robert M. Karns, M.D. (Respondent).

John E. Rittmayer, Deputy Attorney General, represented Petitioner.

Fenton Nelson, and Benjamin J. Fenton, Esq., represented Respondent. Respondent was not present at the hearing.

Daniel Juárez, Administrative Law Judge (ALJ), Office of Administrative Hearings, Los Angeles, California, read and considered the Petition with supporting documents, the Opposition to the Petition with supporting documents, and heard both parties' oral arguments on December 2, 2011.

The parties submitted the matter for decision on December 2, 2011.

FACTUAL FINDINGS

1. Petitioner filed the Petition in her official capacity on November 8, 2011. Respondent filed his Opposition to the Petition on December 1, 2011.

2. The Board issued physician and surgeon's certificate number G 7277 to Respondent on October 26, 1961; it expires on November 30, 2012, unless renewed.
Respondent's Drug Use

3. On October 10, 2009, Respondent was in an automobile accident. He drove into on-coming traffic and, among other things, broke his clavicle. The police investigating the accident discovered a black medical bag in Respondent's automobile containing a prescription bottle with five tablets of Demerol. The prescription bottle showed that Respondent had prescribed seven tablets of Demerol on that day to Stevie Goetz-Karns, Respondent's ex-wife. The black medical bag also contained a used syringe. Respondent explained to the police that he was taking the prescription to his ex-wife who was hospitalized at the time and that he commonly uses syringes during boxing matches. Since 1992, Respondent has been the Medical Director of the North American Boxing Federation.

4. In an interview with Board Investigator Jaime Sandoval, on July 9, 2010, Respondent admitted that he abused Demerol beginning about March 2010, and stated that he last used Demerol on April 19, 2010. Respondent further admitted entering a rehabilitation facility on April 25, 2010, attending Narcotics Anonymous meetings four times per week, and seeing an addiction specialist who randomly tested him for drug and alcohol use every one to two weeks. He admitted he was in recovery and considered himself a drug addict.

5. Michael Taylor is a consultant hired by Respondent's son, Adam Karns. Adam Karns is a physician who practices together with Respondent. Taylor was hired to consult with Adam Karns regarding the medical practice's financial problems. On May 4, 2011, while looking for billing records in Respondent's desk drawer, Taylor found a used syringe, and a box of 20 100 mg unused Demerol vials. Taylor noticed that the vials showed that Respondent had prescribed the Demerol to Respondent's ex-wife. Taylor took photographs of the vials with his cellular telephone.

6. On May 6, 2011, at approximately noon, Christina Nagami, D.D.S., saw Respondent leave his office and she immediately heard someone enter the adjacent office bathroom. Nagami was aware that Taylor had previously checked (that morning) the bathroom for evidence of Respondent's drug use. Taylor had checked the bathroom because, based on his finding of Demerol in Respondent's desk on May 4, 2011, Taylor and Nagami began to suspect Respondent was abusing Demerol. Nagami was aware that as of the morning of May 6, 2011, pursuant to Taylor's search of the office bathroom, there was no evidence therein of Respondent's drug use. Nagami entered the office bathroom after Respondent returned to his office and saw a used Demerol vial and two syringe caps in the bathroom trashcan. Nagami took photographs of the used vial and syringe caps. According to Nagami, when Respondent was asked about the trash, Respondent answered that he was "cleaning out some old stuff." Nagami is married to Respondent's son, Adam Karns.

7. On May 9, 2011, Miguel Ortega, building maintenance staff at Respondent's office, found a grocery bag with bloody gauze, used Demerol vials, and used syringes in a regular trash dumpster. Security camera footage showed Respondent and another individual
throwing the grocery bag with the gauze, Demerol vials, and used syringes in the trash. When informed that the bag had been found in the trash, Respondent apologized to Ortega.

8. On May 21, 2011, Respondent fell while in his home bathroom; he bled as a result, and required medical attention. Stephen Calhoun, Respondent’s daughter’s domestic partner entered the bathroom and saw blood, open Demerol vials, and syringes in the bathroom.

9. Demerol is a Schedule II controlled substance.

**Expert Opinion Regarding Physician Drug Use**

10. Erich W. Pollak, M.D., a licensed physician and surgeon, provided his opinion in a declaration dated October 27, 2011. Pollak asserted that the standard of care is to only use scheduled narcotic drugs like Demerol for a good medical reason. Pollak opined that to self-prescribe or to procure an addicting drug solely to satisfy a personal addiction is an extreme departure from the standard of care and the effects of Demerol will almost certainly interfere with any physician’s ability to safely practice his profession. Further, Pollak opined that an intoxicated physician departs from the standard of care if he attempts to treat patients and is a danger to the public.

11. Pollak is a Diplomate of the American Board of Surgery. He is part of the teaching staff at the University of California at Davis, University of Missouri, at Kansas City, and Western University for the Health Sciences at Pomona, California. Pollak is a Glendale district medical consultant for the Board; one of his duties is to review questionable medical and surgical practices by licensed physicians and surgeons.

**Respondent's Assertions and Arguments**

12. Respondent filed a declaration, dated November 30, 2011. He admits that approximately three years ago, he began to abuse Demerol to deal with the stress he was experiencing as a result of a difficult marriage.

13. Upon the recommendation of his psychiatrist, Respondent joined the Pacific Assistance Group (PAG) to begin drug addiction rehabilitation, in April 2010. He attended PAG meetings and in April 2010, he entered a week-long drug addiction treatment facility. Nevertheless, he relapsed shortly after leaving the facility due to stressors in his personal life and relationships. He continued to use Demerol after his relapse in April 2010. Respondent asserted that he has not used Demerol since April 12, 2011, and that April 12, 2011, is his date of sobriety. Due to his rehabilitative actions, he asserted that he no longer feels the same level of stress with his life and relationships and credits therapy sessions with his therapist, Charles Kogon (see Factual Finding 28), that began in June 2010. He first began seeing Kogon weekly, and now sees him twice per month.
14. Respondent asserted that due to his therapy with Kogon and James Conway (see Factual Findings 26 and 27), he has learned to deal with stress and issues that would otherwise lead him to abuse Demerol.

15. Regarding the allegations against him, Respondent disputes that he used any of the Demerol found by Taylor in his desk drawer. He presumes the Demerol found was his ex-wife’s prescription for her back pain. He asserted that he did not put Demerol in the office bathroom trash can on May 6, 2011, as Nagami states. He asserted that his fall in his bathroom was not the result of Demerol use and disputed that any Demerol was found therein. He further asserted that his son, Adam Karns pressured Calhoun into drafting the declaration Calhoun filed in the instant matter.

16. Respondent does not dispute Ortega’s declaration. Respondent explained that a patient requested Respondent’s assistance in disposing of used Demerol vials. Respondent asserted that at that time, he was unaware it was improper to dispose of used Demerol vials in regular trash bins. That assertion was not believable and made Respondent suspect. Respondent asserted he was unaware of the impropriety of disposing of Demerol vials, but it is the used syringes and bloody gauze that he also disposed of that adds great concern to his action. It is not believable that a physician practicing for just over 50 years would be unaware that it could not dispose of bloody gauze and used hypodermic syringes in a public trash container. It is also hard to believe that a patient would ask Respondent to dispose of these used items. He regrets having disposed of the vials and syringes; he received a $3,000 fine as a result. Respondent agreed he should not have disposed of the vials, syringes, and gauze in this way and asserted that he would not do it again.

17. Respondent explained that he is in active litigation with Taylor, Nagami, and his son, Adam Karns. The litigation appears to involve the control of Respondent’s medical practice with Adam Karns. Respondent believes Adam Karns, Taylor (the consultant), and his daughter-in-law, Nagami, are attempting to capitalize on his prior Demerol abuse and the instant Board action to obtain an advantage in the civil dispute. There was insufficient evidence to establish Respondent’s assertion of a concerted, improper effort by Taylor, Nagami, and Adam Karns.

18. Through a declaration, dated November 30, 2011, Ronald M. Lebow, a licensed attorney, asserted that he is currently representing Respondent in the suit between Respondent and his son and Taylor. The suit was filed by Respondent in June 2011, with Taylor and Adam Karns as defendants. Lebow describes the litigation as a “bitter” business dispute that is “hotly contested” and “venomous” in nature.

19. Respondent is active in Alcoholics Anonymous/Narcotics Anonymous (AA/NA); he attends meetings on a daily basis. He meets with a PAG therapist on a weekly basis and Kogon bi-monthly. Since September 2011, Respondent has submitted to random drug testing through the Affinity Group. Respondent asserted that he has not missed any tests nor tested positive for any opioids. He did not offer copies of any drug tests. Respondent asserted that he would continue to submit to random drug testing, attend PAG
meetings, sessions with Kogon, and NA/AA meetings. He defined these things as important structures in his life that help him maintain his sobriety.

20. Respondent is an active volunteer for Beit T'Shuvah, a recovery center assisting those with addiction. The evidence did not establish the location of this center. Respondent has been volunteering as an in-house internist for Beit T'Shuvah residents for approximately 30 years.

21. Respondent asserted that an interim suspension order would have a "devastating effect" on his practice, result in the loss of medical staff privileges, his ability to be a provider for a number of insurance companies, and prevent him from being a Medi-Cal provider.

22. Respondent graduated from the University of Illinois, College of Medicine in 1960. He completed a residency in internal medicine at St. Vincent's Hospital in Los Angeles in 1962, and a fellowship in cardiology at St. Vincent's in 1963. He currently has medical staff privileges at Olympia Medical Center, St. Vincent's Medical Center, Good Samaritan Medical Center, and Silverlake Hospital. From 1967 through 1996, he was on the medical staff at Cedars-Sinai Medical Center. In 1994, he was President of the Los Angeles County Medical Association. Since 1992, he has been the Medical Director of the North American Boxing Federation and from 1987 through 1998, he has served as the Chairman of the Physicians Advisory Committee for the California Athletic Commission.

The Opinions of Brian P. Jacks, Psychiatrist

23. In his declaration, dated November 30, 2011, Brian P. Jacks, M.D., FAACP, provided opinions regarding Respondent's addiction and his ability to practice medicine safely. Jacks met with Respondent on November 22, 2011, took a history and administered psychological testing. He prepared a psychiatric report dated November 25, 2011. Jacks administered the Minnesota Multiphasic Inventory Test II (MMPI-II). Pursuant to the results of this test as well as Jacks' overall examination and review of Respondent's history, Jacks opined that Respondent displayed no symptoms or signs of any significant mental disorder, does not have an addictive personality, and further opined that there is no indication from Respondent's past the he would be susceptible or vulnerable to abusing Demerol again. Jacks opined that Respondent does not represent any danger to his patients or the public at this time and does not require restrictions in his ability to practice medicine.

24. Jacks is a licensed psychiatrist. He received his medical degree from the University of Toronto in 1967. He is board certified by the American Board of Psychiatry and Neurology (for adults) in April 1974, and for child and adolescent psychiatry and neurology in March 1976. Jacks is a Clinical Professor of psychiatry at the University of Southern California. He has had a private practice since October 1979. Since May 1996, he has been an expert medical reviewer for the Board. His current private practice is in Beverly Hills, California.
25. Jacks' opinion that there is no indication be susceptible to Demerol abuse is not credited. By Respondent would be 2010, Respondent relapsed after entering a rehabilitation facility, attending AA/NA meetings, and seeing an addiction specialist who subjects him to random drug testing. That relapse is relatively recent and occurred with a number of rehabilitation structures in place. Jacks' overall opinion is therefore given less than full weight.

The Opinions of Respondent's Therapists

26. In his declaration, dated November 29, 2011, James P. Conroy, M.F.T., offered his opinions regarding Respondent's addiction and his ability to practice medicine safely. Conroy first met Respondent in April 2010, when Respondent joined PAG. According to Conroy, Respondent has been a regular and consistent member of PAG, attending weekly meetings and undergoing regular drug testing. Since September 2011, Respondent has undergone random alcohol and drug testing four times per month, and has not missed a test, nor has he tested positive for any opioid use. Conroy asserts that Respondent first became sober approximately 210 days before Conroy's dated declaration. This generally coincides with Respondent's asserted sobriety date. Conroy believes Respondent is solidly in recovery, and opines that he is "very unlikely" to abuse opioids again and is safe to practice medicine, posing no harm to patients. Conroy asserts that Respondent is tested weekly and has tested negative since approximately April 2011. Conroy does not believe any restrictions on Respondent's medical license are appropriate or necessary to protect the public.

27. Conroy has been a licensed marriage and family therapist since 1979. He is a supporter of and monitor with PAG. He assists persons with alcohol and drug rehabilitation. He has worked with California physicians and health care professionals since 2006. From 1996 until 2008, Conroy served as a group facilitator for the Board's diversion program. From 2002 to 2007, he established and facilitated the First California State Bar Lawyers Assistance Program.

28. Charles Kogon, M.F.T., is a licensed marriage and family therapist, who drafted a declaration, dated November 29, 2011. Kogon is Respondent's current treating therapist; he meets with Respondent on a bi-monthly basis. He initially began seeing Respondent in June 2010, on a weekly basis, but over the past few months, that frequency changed to once every other week. Kogon concedes he is not an expert in substance abuse and that their sessions do not generally deal with substance abuse issues and Respondent's recovery, but notes that they have discussed these issues before. Kogon asserted that Respondent has never come to a session impaired; he has always taken their therapy seriously, and has demonstrated a "new commitment" to sobriety and recovery.

Opinions of Respondent's Character and Reputation

29. Nourollah Parham, M.D., FACP, FACR, is a licensed physician who submitted a declaration on Respondent's behalf, dated November 29, 2011. Parham is a
Clinical Professor at the University of Southern California, Keck School of Medicine (since 1999). Parhami is also a Professor of Medicine at Albany Medical College, in New York (since 1995). Parhami has staff privileges at Cedars-Sinai Medical Center and USC/Los Angeles Medical Center. Parhami has known Respondent for approximately five years; they first met during a conference. Parhami routinely refers patients to Respondent and asserts that Respondent is an excellent and highly skilled physician. Parhami is aware that Respondent has struggled with substance abuse in past, but has never known him to be impaired. Parhami received a medical degree from the University of Tehran, in Iran, in 1957. Parhami is board certified in internal medicine by the American Board of Internal Medicine (1983), and in rheumatology by the American Board of Rheumatology (1984). Parhami is also a Fellow of the American College of Rheumatology and the American College of Physicians.

30. Robert Y. Uyeda M.D., J.D, FACS, is a licensed physician with a private practice in Beverly Hills and West Los Angeles (since 1982). He specializes in laparoscopic surgery. He submitted a declaration on Respondent’s behalf, dated November 29, 2011. Uyeda has known Respondent since 1982; Respondent refers patients to him for surgical consultations and procedures. Uyeda also refers patients to Respondent. He asserts that patients are extremely satisfied with Respondent’s care. Uyeda is aware of Respondent’s substance abuse problems in past but asserts that Respondent’s medical evaluations have always been appropriate, proper, timely, and correct. Uyeda has been licensed since 1977. Since 1992, he has been the Medical Director and owner of Nippon Medical Clinic in West Los Angeles. He is board certified by the American Board of Surgery (1982, and recertified in 1992, 2000, and 2010). He is a Fellow of the American College of Surgeons (since 1983), and was Chief of Medical Staff at Beverly Hills Medical Center from 1988 to 1991. He has been attending staff at Cedars-Sinai Medical Center, Department of Surgery, since 1982, and at Saint John’s Health Center, in Santa Monica, since 1998. Uyeda has also had a law practice with the law firm of Ravis and Travis, in Los Angeles, since 2009 (he received his juris doctorate in 2005).

31. Leon I. Bender, M.D. is a licensed physician who drafted a declaration on Respondent’s behalf, dated November 30, 2011. Bender has known Respondent professionally and personally for over 50 years. They first met in college. Bender routinely refers cases to Respondent and considers him a very competent, professional, and dedicated physician. He is aware of Respondent’s past substance abuse; he has never known Respondent to be impaired while treating patients. Bender received his medical degree from the University of Illinois in 1964. He is a Diplomate of American Board of Urology (1971), and is also board certified in extracorporeal shockwave lithotripsy and endourology (1987). Since 1999, Bender has been on the credentials committee at Cedars-Sinai Medical Center, and from 1991 to 1993, he served as Chief of Staff. Since 1982, Bender has served as a Special Consultant to the Board.
Previous Board Discipline

32. Respondent has a history of license discipline by the Board. In 1996, Respondent entered into a Stipulated Settlement and Decision in a case entitled, *In the Matter of the Accusation Against Robert M. Karns, M.D.*, Board case number 05-93-29051, OAH case number L9601232. In the Stipulated Settlement and Decision, effective October 11, 1996, Respondent admitted to violating Business and Professions Code section 2242 (prescribing dangerous drugs without medical justification and a good faith examination) and agreed to accept license discipline by the Board. The Board placed Respondent’s medical license on probation for one year, with a stayed suspension, and other terms and conditions including completing a prescribing practices course, agreeing to maintain a record of all controlled substances prescribed, and agreeing to provide free medical services to a community services program.

33. In 2000, Respondent entered into a Stipulated Settlement and Decision in a case entitled, *In the Matter of the First Amended Accusation Against Robert M. Karns, M.D.*, Board case number 11-1998-86962, OAH case number 1999040526. In the Stipulated Settlement and Decision, effective April 24, 2000, Respondent admitted that he altered two professional boxers’ medical records, for the purpose of deception, to reflect that their hepatitis B test results were negative when in fact the test results were still pending. These were violations of Business and Professions Code section 2262. The Board revoked Respondent’s medical license, stayed the revocation, and placed his license on three years probation with various terms and conditions, including a requirement that Respondent provide free medical services to a community services program and complete an ethics course.

34. In 2003, Respondent entered into a Stipulated Settlement and Disciplinary Order in a case entitled, *In the Matter of the Accusation and Petition to Revoke Probation Against Robert Mitchell Karns, M.D.*, Board case number D1-1998-86962, OAH case number L2002100102. The allegations in that case included gross negligence, repeated negligent acts, incompetence, and general unprofessional conduct in Respondent’s care and treatment of two patients between 1994 and 2000, and his failure to obey all laws in violation of earlier probationary terms and conditions. In the Stipulated Settlement and Disciplinary Order, effective January 5, 2004, Respondent did not admit or deny the truth of the allegations in the First Amended Accusation and Petition to Revoke Probation, but agreed that if the matter went to hearing, Complainant could put on a prima facie case establishing the allegations. Respondent agreed to license discipline. The Board revoked Respondent’s medical license, stayed the revocation for three years starting on March 5, 2003, and imposed various terms and conditions, including serving a 15-day suspension, completing a medical education course, the PACE program, and a record keeping course, and agreeing to have a practice monitor.

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1 PACE is an acronym for the Physician Assessment and Clinical Education program at the University of California at San Diego School of Medicine.
LEGAL CONCLUSIONS

1. The parties disputed the standard of proof to be applied in this proceeding. Respondent argued that the trier of fact must apply the clear and convincing evidence standard and cited in support of his position, *Gray v. Superior Court* (2005) 125 Cal.App.4th 629, 640, and *Silva v. Superior Court* (1994) 14 Cal.App.4th 562, 569. Complainant argued that the proper standard to apply is the preponderance of the evidence standard.

2. As set forth in Legal Conclusion 4, the Legislature has made the standard "[c]onsistent with the burden and standards of proof applicable to a preliminary injunction." (Gov. Code, § 11529, subd. (e).)² Like a preliminary injunction hearing, a proceeding involving an interim suspension order is not a trial on the merits. Thus, the standard of proof is not clear and convincing evidence. Like the standard in a preliminary injunction, the standard of proof in this matter is the reasonable probability standard. The standard of proof here is akin to that of the preponderance of the evidence standard while weighing the reasonable probability that the petitioner will prevail and the likelihood of injury to the public and the licensee if an interim suspension order is or is not issued. (See *IT Corporation v. County of Imperial* (1983) 35 Cal.3d 63, 73, and Gov. Code, § 11529, subd. (e).)

3. Complainant bore the burden of proof.

4. Government Code section 11529 states in part:

(a) The administrative law judge of the Medical Quality Hearing Panel . . . may issue an interim order suspending a license . . . . Interim orders may be issued only if the affidavits in support of the petition show that the licensee has engaged in, or is about to engage in, acts or omissions constituting a violation of the Medical Practice Act . . . or is unable to practice safely due to a mental or physical condition, and that permitting the licensee to continue to engage in the profession for which the license was issued will endanger the public health, safety, or welfare.

[¶] . . . [¶]

(e) Consistent with the burden and standards of proof applicable to a preliminary injunction entered under Section 527 of the Code of Civil Procedure, the administrative law judge shall grant the interim order where, in the exercise of discretion, the administrative law judge concludes that:

(1) There is a reasonable probability that the petitioner will prevail in the underlying action.

(2) The likelihood of injury to the public in not issuing the order outweighs the likelihood of injury to the licensee in issuing the order.


6. The drug paraphernalia found around or on Respondent at the 2009 automobile accident and on the four occasions in May 2011, sufficiently show that Respondent abused Demerol on each of those occasions. To properly consider the risk to the public, these incidences must be seen within the context of Respondent's earlier relapse. Only one year and eight months ago, Respondent had relapsed after entering a rehabilitation facility, attending AA/NA meetings, and seeing an addiction specialist who subjected him to random drug testing. Saliently, these rehabilitation structures are similar to the ones he is currently using. He relapsed due to personal life and relationship stressors. Currently, he is involved in an active, "bitter" legal dispute with his son that Respondent's own attorney described as "hotly contested" and "venomous." That lawsuit would be reasonably described as a life stressor, as well as this and any further Board action against his medical license.

7. Respondent enjoys a good reputation in the medical community, as shown by the three opinions of his character, but these opinions, together with Respondent's assertions denying drug abuse were insufficient to defend against Complainant's declarations and arguments when considered in total.

8. For the reasons set forth in Factual Findings 23 and 25, Jacks' opinions were unpersuasive that Respondent is currently unlikely to abuse Demerol. Respondent's recent past established the contrary. The opinions of Conroy and Kogon, while fully considered, were insufficient to temper the significant concern that Respondent abused Demerol in May 2011, and may be using the drug currently. The Legislature has mandated that, "[p]rotection of the public shall be the highest priority for the [Board] . . . and administrative law judges . . . in exercising their disciplinary authority." (Bus. & Prof. Code, § 2229, subd. (a).)
"[P]rotection of the public, the primary purpose of licensing statutes, does not require harm to a client before licensing discipline can take place." (Griffiths v. Superior Court (2002) 96 Cal.App.4th 757, 773.) Taking into consideration the purpose of this proceeding and the priority that must be kept foremost, the analysis must still further consider whether an outright suspension of Respondent's practice is required or whether the imposition of some limited constraints, like drug testing and abstinence requirements would adequately protect the public while allowing Respondent to continue practicing medicine. In this analysis, less than outright suspension would not assure the public's protection. Respondent relapsed less than two years ago with all of the constraints that the Board would likely require of Respondent if it sought to minimize the interim discipline. Such constraints now could therefore not insure public safety.
9. Thus, solely outright suspension, pending a full administrative hearing, where the parties can present evidence, would protect the public health, safety and welfare, and is therefore warranted.

10. The harm to Respondent in issuing the interim suspension order is outweighed by the harm to the public if Respondent were allowed to continue to practice medicine.

11. There is a reasonable probability that Petitioner will prevail in the underlying action.

ORDER

1. The Petition for an Interim Suspension Order suspending physician and surgeon certificate number G 7277 is granted.

2. Physician and surgeon certificate number G 7277, issued to Respondent Robert M. Karns, M.D., and all licensing rights appurtenant thereto, are suspended pending a full administrative determination of Respondent's fitness to practice medicine.

3. Respondent Robert M. Karns, M.D. shall do no act for which a physician and surgeon certificate is required.

4. Respondent Robert M. Karns, M.D., shall immediately deliver to the California Medical Board, or its agent, for safekeeping pending a final administrative order of the California Medical Board in this matter, all indicia of his licensure as a physician and surgeon, as contemplated by Business and Professions Code section 119, including, but not limited to, his wall certificate and wallet card issued by the California Medical Board, as well as all prescription forms, all prescription drugs not legally prescribed to Respondent by his treating physician and surgeon, all Drug Enforcement Administration Drug Order forms, and all Drug Enforcement Administration registration and permits.

Date: December 15, 2011

DANIEL SUAREZ
Administrative Law Judge
Office of Administrative Hearings