BEFORE THE ARIZONA BOARD OF OSTEOPATHIC EXAMINERS

IN MEDICINE AND SURGERY

In the Matter of **LYNNE PIRIE, D.O.** Holder of License No. **1878** For the Practice of Osteopathic Medicine In the State of Arizona.	Case No. DO-08-4058A OAH Case No. 10A-DO-08-4058A-OST **ORDER DENYING MOTION FOR REHEARING OR REVIEW** (Revocation of License)

At its public meeting on January 27, 2011, the Arizona Board of Osteopathic Examiners in Medicine and Surgery ("Board") considered a Motion for Rehearing or Review filed by Lynne Pirie, D.O. ("Respondent"). Respondent requested the Board rehear or review its November 24, 2010, Findings of Fact, Conclusions of Law and Order for Revocation of License in Case No. DO-08-4058A (OAH Case No. 10A-DO-08-4058A-OST). The Board voted to deny the Respondent's Motion for Rehearing or Review upon due consideration of the facts and law applicable to this matter.

ORDER

IT IS HEREBY ORDERED that:

Respondent's Motion for Rehearing or Review is denied. The Board's November 24, 2010, Findings of Fact, Conclusions of Law and Order for Revocation of License Probation in Case no. DO-08-4058A (OAH Case No. 10A-DO-08-4058A-OST is effective and constitutes the Board's final administrative order.

RIGHT TO APPEAL TO SUPERIOR COURT

Respondent is hereby notified that she has exhausted her administrative remedies. Respondent is advised that an appeal to Superior Court in Maricopa County may be taken from this decision pursuant to title 12, chapter 7, article 6 of Arizona Revised Statutes.

DATED this 28th day of January, 2011.

ARIZONA BOARD OF OSTEOPATHIC EXAMINERS
IN MEDICINE AND SURGERY

By: Elaine LeTarte

Elaine LeTarte, Executive Director

ORIGINAL of the foregoing filed this
28th day of January, 2011 with:

Arizona Board of Osteopathic Examiners
In Medicine and Surgery
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Executed copy of the foregoing
mailed by U.S. Mail this 28th day of January 2011 to:

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BEFORE THE BOARD OF OSTEOPATHIC EXAMINERS

IN MEDICINE AND SURGERY

In the Matter of: **LYNNE PIRIE, D.O.** Holder of License No. 1878 For the Practice of Osteopathic Medicine In the State of Arizona	**No. 10A-DO-08-4058A-OST** **FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER FOR REVOCATION OF LICENSE**

On November 20, 2010, this matter came before the Arizona Board of Osteopathic Examiners in Medicine and Surgery ("Board") for oral argument and consideration of the Administrative Law Judge ("ALJ") Brian B. Tully's proposed Findings of Fact and Conclusions of Law and Recommended Order. Dr. Lynne Pirie ("Respondent") was present, and was represented before the Board by legal counsel Pamela Eaton. Assistant Attorney General Camila Alarcon represented the State. Christopher Munns, Assistant Attorney General with the Solicitor General's Section of the Attorney General's Office, was present to provide independent legal advice to the Board.

The Board, having considered the ALJ's decision, the arguments of the parties and the entire record in this matter, hereby issues the following Findings of Fact, Conclusions of Law and Order. The Board adopted the Findings of Fact with the following modifications based on the grounds set forth by the State, which are hereby incorporated by reference: Finding of Fact 5; change date of guilty plea from July 23, 2008 to July 23, 2009 (Exhibit B-14); Finding of Fact 24, change "DEHEA" to "DHEA" (Ex B-6 at 30); Findings of Fact 44 and 48, add periods at end of sentences; Finding of Fact 47, interject "deficiency" between "testosterone" and "syndrome" (Ex B-7); Finding of Fact 63, change "high cholesterol" to "normal cholesterol" (Ex B-10); add new Finding 90; supported by record (Ex B-2 at 25-26, Ex B-12, Tr 72 at ll. 12-17).

The Board adopted the recommended Conclusions of Law and Order, with the modification that the Respondent be assessed the costs of the hearing based on the serious nature of the conduct, the number of violations, and the clear pattern of the conduct.

FINDINGS OF FACT

1. The Arizona State Board of Osteopathic Examiners in Medicine and Surgery ("Board") is the authority for licensing and regulating the practice of osteopathic medicine in the State of Arizona.
2. Lynne Pirie, D.O. is the holder of License No. 1878 issued by the Board for the practice of osteopathic medicine.
3. Dr. Pirie is board-certified in family practice with a subspecialty of sports medicine. Dr. Pirie is also board-certified in anti-aging medicine by the Academy of Anti-Aging Medicine.
4. In March 2008, the Board initiated case number DO-08-4058A after receiving notification that Dr. Pirie was under investigation by the U.S. Drug Enforcement Administration ("DEA").
5. As a result of the DEA's investigation, Dr. Pirie pled guilty to Distribution of Human Growth Hormone ("HGH"), a Class D felony, in the Unites States District Court, District of Arizona, on July 23, 2008. According to Court documents, Dr. Pirie admitted that she knowingly distributed, or possessed with an intent to distribute, HGH for use in humans other than for treatment of a disease or other recognized medical condition authorized by the Secretary of Health and Human Services under 21 U.S.C. § 355. Dr. Pirie prescribed HGH to a patient who did not have any disease or other recognized medical condition that would have authorized Dr. Pirie's treatment in prescribing or administering Somatropin, an HGH, in violation of 21 U.S.C. § 333(e)(1).

6. Pursuant to her plea agreement, Dr. Pirie was placed on supervised probation for approximately 18 months, effective October 14, 2008, and was fined $250.00. Dr. Pirie also agreed to cooperate with the federal government on another case it was investigating.

7. As part of its investigation, the DEA pulled the medical records of 10 of Dr. Pirie's patients, which were reviewed by Thomas Perls, M.D., a federal medical expert. As a result of his review of those patients' files, Dr. Perls alleged that Dr. Pirie committed unprofessional conduct in several areas.

8. John O'Hair-Schattenberg is the Board's investigator who gathered information for the Board's investigation of Dr. Pirie.

9. In 2001, the DEA investigated Cactus Pharmacy concerning HGH. During that investigation, it was discovered that Dr. Pirie was a major purchaser of steroids and HGH from Cactus Pharmacy.

10. Barbara Prah, D.O. is the Board's medical consultant assigned to the Board's investigation. She is board-certified in family practice.

11. Dr. Prah described the standard of care as what a reasonable physician would do in a similar situation.

12. Dr. Prah obtained and reviewed a complete set of medical records from Dr. Pirie for each of the 10 patients whose records were reviewed by Dr. Perls in the DEA's investigation. Those patients were C.A., H.N., G.G., M.J., R.L. #1, R.L. #2, P.N., J.J., S.P., and J.C.

13. As a result of the Board's investigation, the Board issued a Complaint and Notice of Hearing in Case No. 10A-DO-08-4058A-OST on May 20, 2010. The Board charged Dr. Pirie with acts of unprofessional conduct.

14. The Board referred Case No. 10A-DO-08-4058A-OST to the Office of Administrative Hearings, an independent agency, for an evidentiary hearing.

Patient C.A.

15. Patient C.A., at the time a 47-year old male, began seeing Dr. Pirie in September 1997, for an anti-aging program.

16. C.A. had been taking HGH prescribed by another physician since 1996.

17. After a thorough physical examination, Dr. Pirie diagnosed C.A. with adult growth hormone deficiency syndrome by history, subclinical hypothyroidism by history, testicular hypofunction by history, adrenal insufficiency by history, and multiple nutritional deficiencies by history. Dr. Pirie placed C.A. on a treatment plan that included 4 units of synthetic HGH, which she increased to 6 units in the following 2 weeks.

18. Dr. Pirie thereafter saw C.A. sporadically.

19. In 2006, Dr. Pirie diagnosed C.A. with adrenal insufficiency, benign prostatic hypertrophy, drug maintenance therapy, hormone imbalance, hyperlipidemia, hypertension, hypothyroidism, and testicular hypofunction.

20. In 2007, Dr. Pirie diagnosed C.A. with adrenal insufficiency, adult growth hormone deficiency, drug maintenance therapy, hormone imbalance, hyperlipidemia, and testicular hypofunction.

21. After reviewing Dr. Pirie's patient records for C.A., Dr. Prah opined that Dr. Pirie had not performed any growth hormone testing on patient C.A.

22. The standard of care requires that a physician support a patient's diagnosis.

23. Dr. Pirie deviated from the standard of care in that C.A.'s patient records do not support a diagnosis of adrenal insufficiency.

24. Dr. Pirie deviated from the standard of care in that C.A.'s medical records do not support a diagnosis of hypertension because there is no evidence that C.A. had elevated blood pressure and C.A. was not otherwise prescribed any antihypertensive medications.

25. Dr. Pire deviated from the standard of care in that C.A.'s medical records do not support a diagnosis of adult growth hormone deficiency syndrome.

Patient H.N.

26. On June 13, 2002, patient H.N., at the time a 56-year old male, began seeing Dr. Pirie in order to pursue HGH treatment for improving his energy.

27. In October 2002, Dr. Pirie diagnosed H.H. with adult growth hormone deficiency syndrome, sleep apnea, and hyperlipidemia. He was placed on DHEA 50 mg.

28. On or about October 1, 2002, Dr. Pirie started H.N. on HGH. H.N. continued to take HGH until sometime after January 10, 2006.

29. Dr. Pirie deviated from the standard of care in that H.N.'s records do not support a diagnosis of adult growth hormone deficiency syndrome.

Patient G.G.

30. On July 30, 2002, patient G.G., at the time a 54-year old male, began seeing Dr. Pirie. Dr. Pirie did not take a physical examination of G.G., but labs were taken in August 2002.

31. In May 2006, patient G.G. expressed interest in seeking HGH treatment from Dr. Pirie. Dr. Pirie diagnosed G.G. with adrenal insufficiency, drug maintenance therapy, hormone imbalance, adult growth hormone deficiency syndrome, arthritis, benign prostatic hypertrophy, hypothyroidism, multiple nutritional deficiencies, testicular hypofunction, urinary tract infection, hyperlipidemia, and glucose intolerance. Dr. Pirie placed G.G. on testosterone gel, HGH 0.4 mg, HGH 0.2 mg, and DHEA.

32. Dr. Prah opined that Dr. Pirie deviated from the standard of care in that the Dr. Pirie's patient records for G.G. do not support diagnoses of adrenal insufficiency,

anemia, glucose intolerance, hypothyroidism, urinary tract infection, or multiple nutritional deficiencies. [1]

Patient M.J.

33. On February 6, 2003, patient M.J., then a 63-year old male, began seeing Dr. Pirie to discuss an anti-aging program. M.J. was a retired radiologist.

34. Dr. Pirie diagnosed M.J. with testosterone deficiency syndrome, adult growth hormone deficiency syndrome, adrenal insufficiency, hypothyroidism, and history of hyperlipidemia. Dr. Pirie started M.J. on HGH replacement 0.2 mg, DHEA, saw palmetto, and melatonin.

35. Dr. Pirie saw M.J. again March 6, 2006, for a follow-up regarding hormone replacement therapy and his laboratory results, which were not available in his records.

36. Dr. Pirie deviated from the standard of care in that the medical records for M.J. do not support diagnoses of adult growth hormone deficiency syndrome or adrenal insufficiency.

Patient R.L. #1

37. In November or December of 2004, patient R.L. #1, at the time a 47-year old male, began seeing Dr. Pirie to discuss anti-aging and comprehensive hormone replacement therapy.

38. R.L. #1's medical records indicate that he was an athletic, 6'3" tall, 240-pound individual. He admitted to weight training four times a week.

39. After a consultation and a review of laboratory work, Dr. Pirie diagnosed R.L. #1 with adrenal insufficiency, anemia, adult growth hormone deficiency syndrome, benign prostatic hypertrophy, hepatic dysfunction, hormone imbalance,

[1] Dr. Pire testified that she used the code for adrenal insufficiency, but did not intend for it to become a diagnosis for this patient or the other patients in this case.

hyperlipidemia, hypothyroidism, multiple hormone deficiencies, and testicular hypofunction. Dr. Pirie started R.L. #1 on a hormone replacement therapy that included testosterone, HGH, DHEA, and saw palmetto.

40. Dr. Pirie's medical records for R.L. #1 do not support her diagnoses of adult growth hormone deficiency syndrome, adrenal insufficiency, benign prostatic hypertrophy, hypothyroidism, or testicular hypofunction.

41. Dr. Pirie deviated from the standard of care in that she started R.L. #1 on testosterone therapy, which increases cardiovascular risk, even though he had a family history of heart disease.

42. Dr. Pirie deviated from the standard of care in that R.L. #1's medical records do not support diagnoses of adult growth hormone deficiency syndrome, adrenal insufficiency, benign prostatic hypertrophy, hypothyroidism, or testicular hypofunction.

43. Dr. Pirie's medical records for R.L. #1 also contain a diagnosis of menopause, which Dr. Prah opined was an inadvertent error.

Patient R.L. #2

44. On December 14, 2004, patient R.L. #2, at the time a 61-year old male, began seeing Dr. Pirie.

45. R.L. #2 had laboratory work done previously, but the laboratory work was not available in his records.

46. Dr. Pirie performed a physical examination and history of R.L. #2.

47. Without ordering new laboratory work, Dr. Pirie diagnosed R.L. #2 with testosterone deficiency syndrome, adult growth hormone deficiency syndrome, adrenal insufficiency, hyperestrogenima, borderline hyperinsulinemia, hyperlipidemia, low dihydroxytestosterone, family history of CVA, family history

of cancer, status post right shoulder rotator cuff repair, degenerative disc disease, and multiple althralgias.

48. Dr. Pirie started R.L. #2 on Nolvadex, testosterone replacement, saw palmetto, DHEA, HGH, and Crestor.

49. Dr. Pirie deviated from the standard of care in that the medical records for R.L. #2 records do not support diagnoses of adult growth hormone deficiency syndrome or adrenal insufficiency.

50. Dr. Pirie deviated from the standard of care in that her other diagnoses for R.L #2 were not supported because his laboratory results were missing.

Patient P.N.

51. On November 29, 2004, patient P.N., at the time a 37-year old male, started seeing Dr. Pirie.

52. According to his medical records, P.N. was athletic, 6'4" tall, and weighed 236 pounds. P.N. weight trained three to four times a week.

53. Dr. Pirie diagnosed P.N. with testicular deficiency syndrome, fatigue, hormone imbalance, and erectile dysfunction.

54. P.N.'s laboratory work from December of 2004 indicated normal levels for IGF-1, TSH, T3, testosterone, free testosterone, and dihydroxytestosterone. P.N.'s cholesterol was slightly elevated.

55. In 2004, Dr. Pirie started P.N. on HGH and testosterone gel.

56. In January 2006, P.N.'s laboratory results showed elevated dihydroxytestosterone and low DHEA. Dr. Pirie diagnosed P.N. with adrenal insufficiency, fatigue, glucose intolerance, hyperlipidemia, hypothyroidism, multiple nutritional deficiencies, and testicular hypofunction.

57. By letter dated May 31, 2007, P.N. informed Dr. Pirie that there had been a long-term issue in receiving his testosterone cream and HGH from her office after

paying for them, and that he had not received his treatment that he ordered on May 1, 2007.

58. Dr. Pirie deviated from the standard of care in that P.N.'s medical records do not support Dr. Pirie's diagnoses of adrenal insufficiency or testosterone deficiencies. For example, P.N.'s testosterone levels were within normal limits.

59. Dr. Pirie deviated from the standard of care in that her diagnoses of glucose intolerance and hypothyroid were not fully investigated.

Patient J.J.

60. On March 24, 2005, patient J.J., at the time a 53-year old male, started seeing Dr. Pirie for a consultation on HGH.

61. J.J. had more medical problems than the other patients in this case.

62. J.J.'s medical history revealed elevated cholesterol, an increase of abdominal fat, hypertension, and a decreased libido.

63. J.J.'s subsequent laboratory results revealed a normal CBC, normal cholesterol, elevated triglycerides, low HDL, elevated glucose, elevated ALT, elevated TSH, normal IGF-1, high hemoglobin, elevated fasting insulin, normal testosterone, and low DHEA unconjugated.

64. Dr. Pirie did not perform a physical examination of J.J.

65. Dr. Pirie diagnosed J.J. with testosterone deficiency syndrome, adult growth hormone deficiency syndrome, adrenal insufficiency, hyperlipidemia, hepatic dysfunction, diabetes mellitus uncontrolled, hypothyroidism, and a family history of diabetes.

66. Dr. Pirie started J.J. on Avandia, testosterone replacement therapy, Armour thyroid, and HGH.

67. Dr. Pirie deviated from the standard of care in that her diagnoses of and treatment of J.J. for adult growth hormone deficiency and adrenal insufficiency were unsubstantiated.

68. Dr. Pirie deviated from the standard of care in that she diagnosed and treated J.J. for a testosterone deficiency when he had a normal testosterone level.

69. Dr. Pirie deviated from the standard of care when she requested that J.J. follow up in two to three months, and not significantly sooner, when the patient started a new hypoglycemic agent and thyroid replacement.

70. Dr. Pirie deviated from the standard of care by not mentioning J.J.'s obesity or weight loss program in her diagnosis.

71. Dr. Pirie deviated from the standard of care by failing to conduct a physical examination of J.J.

Patient S.P.

72. On March 10, 2003, patient S.P., at the time a 41-year old female, began seeing Dr. Pirie for a consultation of insomnia.

73. Dr. Pirie performed a brief physical examination of S.P.

74. At that time, Dr. Pirie diagnosed S.P. with insomnia and perimenopausal syndrome. Dr. Pirie sent S.P. for laboratory studies.

75. On March 27, 2003, Dr. Pirie saw S.P. again. S.P.'s laboratory results revealed slightly elevated cholesterol, normal DHEA, normal testosterone, normal FSH, low C-reactive protein, normal insulin light growth, normal TSH and free T3.

76. Dr. Pirie diagnosed S.P. with insomnia and adult growth hormone deficiency syndrome. She advised S.P. to take pro-HGH or HGH-3x.

77. At a subsequent visit in June of 2006, S.P. was placed on bioidentical hormones.

78. S.P.'s medical records are unclear as to when S.P. was prescribed Estrase and DHEA.

79. In September of 2006, Dr. Pirie saw S.P. for anti-aging and cosmetic surgery, including CO^2 facial laser treatment, a TCA peel of 30% to her neck, and Botox injections.

80. Dr. Pirie started S.P. on HGH for re-epithelialization.

81. The use of HGH for healing is not an approved use.

82. Dr. Pirie diagnosed S.P. with adrenal insufficiency, anemia, fatigue, hormone imbalance, hyperlipidemia, hypothyroidism, and multiple nutritional deficiencies.

83. Dr. Pirie deviated from the standard of care in that her diagnoses and treatments of S.P. for adult growth hormone deficiency and adrenal insufficiency were unsubstantiated.

84. Dr. Pirie deviated from the standard of care in that her diagnoses of anemia and hypothyroidism for S.P. are unsupported.

85. Dr. Pirie deviated from the standard of care by prescribing S.P. HGH for re-epithelialization when such use is not scientifically or legally approved.

Patient J.C.

86. On November 30 2006, patient J.C., at the time a 41-year old male, began seeing Dr. Pirie for HGH and testosterone. J.C. had been using AndroGel.

87. J.C.'s medical records indicate that he had run four marathons in the past year and was interested in competing in the Iron Man competition.

88. J.C.'s laboratory results revealed normal CBC, lipid profile, glucose, BUN and creatine, electrolytes, liver enzymes, TSH, thyroid studies, PSA, and DHEA. J.C.'s testosterone, dihydroxytestosterone and IGF-1 were elevated.

89. J.C.'s medical records do not indicate that Dr. Pirie performed a physical examination of J.C. Dr. Pirie testified that a physical had been performed, but that the documentation was later found in a "To Be Filed" file in her office.

90. Dr. Pirie diagnosed J.C. with adult growth hormone deficiency, adrenal insufficiency, benign prostatic hypertrophy, drug maintenance therapy, hepatic dysfunction, hormonal imbalance, hyperlipidemia, hypothyroidism, multiple nutritional deficiencies, testicular hypofunction and urinary tract infection.

91. Dr. Pirie deviated from the standard of care in that her diagnoses and treatment of J.C. for adult growth hormone deficiency and adrenal insufficiency were unsubstantiated.

92. Dr. Pirie deviated from the standard of care in that J.C.'s medical records do not support a diagnosis of benign prostatic hypertrophy.

93. Dr. Pirie deviated from the standard of care in that J.C.'s records do not indicate a change in his liver enzymes to support a diagnosis of hepatic dysfunction.

94. Dr. Pirie deviated from the standard of care in that J.C.'s records do not indicate that he had hyperlipidemia or hypothyroidism.

95. Dr. Pirie deviated from the standard of care in that J.C. did not present symptoms, nor was there laboratory work conducted, to support a diagnosis of a urinary tract infection.

96. Dr. Pirie deviated from the standard of care in that she continued to have J.C. on testosterone therapy even though his testosterone levels were elevated.

97. Dr. Pirie deviated from the standard of care in that she did not properly assess whether J.C.'s history indicated that he was seeking hormones to enhance his athletic performance.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over Dr. Pirie and the subject matter of these complaints.

2. Pursuant to A.R.S. § 41-1092.07(G) (2) and A.A.C. R2-19-119(B), the Board has the burden of proof in this matter. The standard of proof is preponderance of the evidence. A.A.C. R2-19-119(A).

3. Dr. Pirie committed unprofessional conduct in violation of A.R.S. § 32-1854(2), which prohibits the following: "Committing a felony, whether or not involving moral turpitude, or a misdemeanor involving moral turpitude. In either case conviction by any court of competent jurisdiction is conclusive evidence of the commission." The evidence of record supports this conclusion. A matter in strong aggravation is that Dr. Pirie's felony conviction pertained to her practice of osteopathic medicine.

4. Dr. Pirie committed unprofessional conduct in violation of A.R.S. § 32-1854(5), which prohibits the following: "Prescribing, dispensing or administering controlled substances or prescription only drugs for other than accepted therapeutic purposes." The evidence of record supports this conclusion.

5. Dr. Pirie committed unprofessional conduct in violation of A.R.S. § 32-1854(6), which prohibits the following: "Engaging in the practice of medicine in a manner that harms or may harm a patient or that the board determines falls below the community standard." The evidence of record supports this conclusion.

6. Dr. Pirie committed unprofessional conduct in violation of A.R.S. § 32-1854(21) (a), which prohibits the following:

> Failing or refusing to establish and maintain adequate records on a patient as follows:
>
> (a) If the patient is an adult, for at least seven years after the last date the licensee provided the patient with medical or health care services.

The evidence of record supports this conclusion.

7. Dr. Pirie committed unprofessional conduct in violation of A.R.S. § 32-1854(38), which prohibits the following: "Any conduct or practice that endangers a patient's or the public's health or may reasonably be expected to do so." The evidence of record supports this conclusion.

8. Dr. Pirie committed unprofessional conduct in violation of A.R.S. § 32-1854(44), which prohibits the following: "Conduct that the board determines constitutes gross negligence, repeated negligence or negligence that results in harm or death of a patient." Dr. Pirie's conduct constituted repeated negligence as described in the above-provided Findings of Fact.

9. Pursuant to A.R.S. 32-1855(I), the Board has the authority to impose discipline upon Dr. Pirie's license for the above-described violations.

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law,

IT IS HEREBY ORDERED:

1. Respondent's license, License No. 1878 for the practice of osteopathic medicine in the State of Arizona is revoked on the effective date of this Order.

2. Respondent is assessed the cost of formal hearing. Those costs shall be paid on or about thirty-five (35) days from the date the Board issues an invoice for those costs, unless that deadline is extended by the Board or Executive Director.

NOTICE OF RIGHT TO REQUEST REVIEW OR REHEARING

Respondent has the right to request a rehearing or review of this matter pursuant to A.R.S. § 41-1092.09. The motion for rehearing or review must be filed with the Arizona Board of Osteopathic Examiners within thirty (30) days. If Respondent files a motion for review or rehearing, that motion must be based on at least one of the eight grounds for review or rehearing that are allowed under A.A.C. R4-22-106(D). Failure to file a motion for rehearing or review within 30 days has the effect of prohibiting Respondent from

seeking judicial review of the Board's decision. Service of this order is effective five (5) days after date of mailing. A.R.S. § 41-1092.09(C). If a motion for rehearing or review is not filed, the Board's Order becomes effective thirty-five (35) days after it is mailed to Respondent.

ISSUED THIS 24th DAY OF November, 2010.

STATE OF ARIZONA
BOARD OF OSTEOPATHIC EXAMINERS
IN MEDICINE AND SURGERY

By: Elaine LeTarte
Elaine LeTarte, Executive Director

Original filed this 24th day of November, 2010 with the:

Arizona Board of Osteopathic Examiners
In Medicine and Surgery
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Copy of the foregoing sent via certified mail, return receipt requested this 24th day of November, 2010 to:

Lynne Pirie
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