

STATE OF OHIO
THE STATE MEDICAL BOARD

CONSENT AGREEMENT
BETWEEN
WILLIAM A. LARRICK, D.O.
AND
THE STATE MEDICAL BOARD OF OHIO

THIS CONSENT AGREEMENT is entered into by and between WILLIAM A. LARRICK, D.O. and THE STATE MEDICAL BOARD OF OHIO, a state agency charged with enforcing Chapter 4731., Ohio Revised Code.

WILLIAM A. LARRICK, D.O. enters into this Agreement being fully informed of his rights under Chapter 119., Ohio Revised Code, including the right to representation by counsel and the right to a formal adjudicative hearing on the issues considered herein.

This Consent Agreement is entered into on the basis of the following stipulations, admissions and understandings:

1. DOCTOR LARRICK ADMITS that beginning at least in September, 1983 and continuing until November, 1986 he did administer by injection, Procaine Hydrochloride, a prescription drug approved for use as a local anesthetic by the United States Food and Drug Administration, and Procainamide Hydrochloride, a prescription drug approved by the United States Food and Drug Administration; for the treatment of cardiac arrhythmias, to patients for treatment of various muskuloskeletal ailments and depression.
2. DOCTOR LARRICK ADMITS that he did employ in his practice a physical therapist who was not at the time licensed by the Occupational and Physical Therapy Board of Ohio.

WHEREFORE, in consideration of the foregoing and mutual promises hereinafter set forth, and in lieu of any formal proceedings at this time, WILLIAM A. LARRICK, D.O., knowingly and voluntarily agrees with THE STATE MEDICAL BOARD OF OHIO (hereinafter BOARD) to the following terms, conditions and limitations:

1. DOCTOR LARRICK shall, effective July 31, 1987, permanently retire from the private practice of medicine as evidenced by the executed retirement notice which is attached hereto and fully incorporated herein.
2. DOCTOR LARRICK shall accordingly sell, transfer or otherwise terminate and close his private practice and shall not reopen a private practice of any kind and shall from the effective date of said retirement refrain from the examination and treatment of patients in any respect.
3. DOCTOR LARRICK acknowledges and agrees that from the effective date of this Agreement until July 31, 1987 his present practice shall be limited and/or otherwise defined in the following respects:
 - A) DOCTOR LARRICK shall immediately and permanently surrender his D.E.A. Certificate as evidenced by the execution of DEA Form #104 which is attached hereto and fully incorporated herein.
 - B) DOCTOR LARRICK agrees that any other prescription written by him in this interim period shall be signed by him on the date and at the time given to the patient and further, that he himself shall present each such prescription to the patient personally.

- C) DOCTOR LARRICK shall, during this interim period, assume no new patients and shall utilize this period to wind-down his practice and to the best of his ability refer his patients to other practitioners without interruption of patient care.
- D) DOCTOR LARRICK shall personally examine, diagnose and treat any patient seen by him during this interim period.

The above described terms, limitations and conditions may be amended or terminated in writing at any time upon the agreement of both parties. Upon the request of either party, the STATE MEDICAL BOARD shall schedule an appearance of WILLIAM A. LARRICK, D.O., before the BOARD at its formal meeting to discuss the appropriateness of modifying or terminating the above stated terms or conditions.

WILLIAM A. LARRICK, D.O. hereby releases the STATE MEDICAL BOARD, its Members, employees, agents and officers jointly and severally from any and all liability arising from the within matter.

If, in the discretion of the Secretary of the STATE MEDICAL BOARD OF OHIO, WILLIAM A. LARRICK, D.O., appears to have violated or breached any terms or conditions of this Agreement, the STATE MEDICAL BOARD OF OHIO reserves the right to institute formal disciplinary proceedings for any and all possible violations or breaches, including but not limited to, alleged violations of the laws of Ohio occurring before the effective date of this Agreement.

Any action initiated by the BOARD based on alleged violations of this Consent Agreement shall comply with the Administrative Procedure Act, Chapter 119., Ohio Revised Code.

It is AGREED AND UNDERSTOOD by and between both parties that this CONSENT AGREEMENT shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code.

The terms and conditions of this Agreement shall become effective immediately upon the parties' signature hereto.

William A. Larrick, D.O.
WILLIAM A. LARRICK, D.O.

June 22 - 1987
DATE

Martha P. Baxter
MARTHA P. BAXTER, Esquire
Attorney for Licensee
(Not a party to this action)

6/17/87
DATE

Henry G. Cramblett
HENRY G. CRAMBLETT, M.D.
Secretary

6/23/87
DATE

William W. Johnston
WILLIAM W. JOHNSTON, Esquire
Supervising Member

25 June 87
DATE

Christopher M. Culley
CHRISTOPHER M. CULLEY, Esquire
Assistant Attorney General

6-22-87
DATE

VOLUNTARY RETIREMENT

FROM THE PRACTICE OF OSTEOPATHIC MEDICINE AND SURGERY

I, WILLIAM A. LARRICK, D. O., am aware of my rights to representation by counsel, the right of being formally charged and having a formal adjudicative hearing, and do hereby freely execute this document and choose to take the actions described herein.

I, WILLIAM A. LARRICK, D. O., do hereby voluntarily, knowingly, and intelligently retire from the private practice of osteopathic medicine and surgery, effective July 31, 1987.

I understand that I am no longer permitted to engage in the private practice of osteopathic medicine and surgery in any form or manner in the State of Ohio.

Signed this 22nd day of June, 1987, in the office of Bricker & Eckler, 100 South Third St. Columbus, OH.

W A Larrick D O
WILLIAM A. LARRICK, D.O.

Helen Marie Gena :
WITNESS

Christina Marie Conrad
WITNESS

Sworn to and signed to me this 22nd day of June, 1987.

Sue A. Wiskiver
Notary Public

SUE A. WYSKIVER
ATTORNEY AT LAW
NOTARY PUBLIC STATE OF OHIO
MY COMMISSION HAS NO EXPIRATION DATE

After being fully advised of my rights, and understanding that I am not required to surrender my controlled substances privileges, I freely execute this document and choose to take the actions described herein.

In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part:

In view of my desire to terminate handling of controlled substances listed in schedule(s) ALL (I through V):

I hereby voluntarily surrender my Drug Enforcement Administration Certificate of Registration, unused order forms, and all my controlled substances listed in schedule(s) ALL (I through V) as evidence of my agreement to relinquish my privilege to handle controlled substances listed in schedule(s) ALL (I through V). Further, I agree and consent that this document shall be authority for the Administrator of the Drug Enforcement Administration to terminate and revoke my registration without an order to show cause, a hearing, or any other proceedings, and if not all controlled substances privileges are surrendered, be issued a new registration certificate limited to schedule(s) ALL (I through V).

I waive refund of any payments made by me in connection with my registration.

I understand that I will not be permitted to order, manufacture, distribute, possess, dispense, administer, prescribe, or engage in any other controlled substance activities whatever, until such time as I am again properly registered.

NAME OF REGISTRANT (Print)
WILLIAM A. LARRICK, D.O.

ADDRESS OF REGISTRANT
117-123 South Ninth Street
Cambridge, Ohio 43725

SIGNATURE OF REGISTRANT OR AUTHORIZED INDIVIDUAL

DATE

DEA REGISTRATION NO.

W A Larrick :

June 27 - 1987

AL2827713

WITNESSES:

NAME AND DATE

Juanita ...
6 22 87

TITLE

NAME AND DATE

Anne Marie Jena *6/22/87*

TITLE