



STATE MEDICAL BOARD OF OHIO

77 South High Street, 17th Floor • Columbus, Ohio 43266-0315 • (614) 466-3934

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF _____ :

WALTER L. HERRMANN, M.D. _____ :

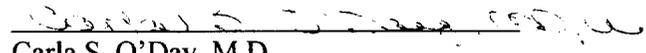
ENTRY OF ORDER

On October 12, 1994, Walter L. Herrmann, M.D., executed a Voluntary Surrender of his Certificate to practice medicine and surgery with a consent to revocation, which document is attached hereto and fully incorporated herein.

In consideration of the foregoing and of Doctor Herrmann's express waiver of the provision of section 4731.22(B), Ohio Revised Code, requiring that six (6) Board members vote to revoke said certificate, it is hereby ORDERED that Certificate No. 35-010350 authorizing Doctor Herrmann to practice medicine and surgery be permanently REVOKED, effective November 9, 1994.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 30 day of November, 1994, and the original thereof shall be kept with said Journal.

(seal)



Carla S. O'Day, M.D.
Secretary

10/12/94

Date

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STATE MEDICAL BOARD
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**STATE OF OHIO
THE STATE MEDICAL BOARD**

**SURRENDER OF CERTIFICATE
TO PRACTICE MEDICINE AND SURGERY**

I, Walter L. Herrmann, M.D., am aware of my rights to representation by counsel and to have a formal adjudicative hearing, and do hereby freely execute this document and choose to take the action described herein.

I, Walter L. Herrmann, M.D., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice medicine and surgery, No. 35-010350, to the State Medical Board of Ohio, thereby relinquishing all rights to practice medicine and surgery in Ohio.

I understand that as a result of the surrender herein that I am no longer permitted to practice medicine and surgery in any form or manner in the State of Ohio.

I agree that I shall be ineligible for, and shall not apply for, reinstatement of certificate to practice medicine and surgery No. 35-010350 or issuance of any other certificate pursuant to Chapters 4730. or 4731., Ohio Revised Code, on or after the date of signing this Surrender of Certificate to Practice Medicine and Surgery. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board. I further agree that I shall not apply for a certificate to practice medicine and surgery, or the equivalent of such, in any state, nor practice medicine in any state on or after the date of signing this Surrender of Certificate to Practice Medicine and Surgery.

I hereby authorize the State Medical Board of Ohio to enter upon its Journal an Order revoking my certificate to practice medicine and surgery, No. 35-010350, in conjunction with which I expressly waive the provision of Section 4731.22(B), Ohio Revised Code, requiring that six (6) Board Members vote to revoke said certificate, and further expressly and forever waive all rights as set forth in Chapter 119., Ohio Revised Code, including but not limited to my right to counsel, right to a hearing, right to present evidence, right to cross-examine witnesses, and right to appeal the Order of the Board revoking my certificate to practice medicine and surgery.

I, Walter L. Herrmann, M.D., hereby release the State Medical Board of Ohio, its members, employees, agents and officers, jointly and severally, from any and all liability arising from the within matter.

This document shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code.

Surrender of Certificate

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Further, this information may be reported to appropriate organizations, data banks and governmental bodies.

I stipulate and agree that I am taking the action described herein in lieu of further formal disciplinary proceedings based on the Notice of Opportunity for Hearing dated September 14, 1994, and issued pursuant to Sections 4731.22(B)(2), (3), (6), (10), and (18). A copy of said Notice of Opportunity for Hearing is attached hereto and fully incorporated herein.

Signed this 12th day of October, 1994.

[Handwritten Signature]
Signature of Physician

[Handwritten Signature]
Witness
[Handwritten Signature]
Witness

Sworn to and subscribe before me this _____ day of _____, 1994.

Notary Public

SEAL

(This form must be either witnessed OR notarized)

Accepted by the State Medical Board of Ohio:

[Handwritten Signature]
Carla S. O'Day, M.D.
Secretary

[Handwritten Signature]
Raymond J. Albert
Supervising Member

11/9/94
Date

11/9/94
Date

10-11-94 10:01 AM
10-11-94 10:01 AM



STATE MEDICAL BOARD OF OHIO

77 South High Street, 17th Floor • Columbus, Ohio 43266-0315 • (614) 466-3934

September 14, 1994

Walter Herrmann, M.D.
1124 Offnere Street
Portsmouth, OH 45662

Dear Doctor Herrmann:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio intends to determine whether or not to limit, revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery, or to reprimand or place you on probation for one or more of the following reasons:

- (1) On or about September 1, 1992, when she presented to your office, you issued a prescription for Fioricet to Patient 1, identified on the attached Patient Key (Key confidential--to be withheld public disclosure), in the name of her friend who was not your patient. You issued the prescription in the friend's name at the request of Patient 1 who informed you that she wanted the prescription issued in his name so that his insurance would pay for it.

During this visit, you spoke to Patient 1 about engaging in sexual intercourse with you. You told her to come back the next day and you would "give her a good screwing".

- (2) On or about September 2, 1992, Patient 1 again presented to your office, and after stating your intent to engage in sexual activity with her that day, you issued a prescription for Soma to Patient 1 in the name of her friend who was not your patient. Shortly thereafter, you showed Patient 1 a picture of a female patient with whom you said you had had sex two or three times a week from the time she was fourteen until she married. Then, after discussing with Patient 1 the type of sexual activity in which you wanted to engage that day, you unfastened and lowered your pants.
- (3) On or about the following dates, you issued prescriptions for the drugs and amounts listed below to Patient 1 in the name of her friend who was not your patient:

Mailed 9/15/94

<u>Date</u>	<u>Drug Prescribed</u>	<u>Amount</u>
05/11/92	Trinalin	30
05/11/92	ampicillin	30
05/11/92	Fioricet	30
05/12/92	(filled as) carisoprodol (generic Soma)	30
05/15/92	Fioricet	25
05/26/92	(filled as) Omnipen	30
05/26/92	(filled as) carisoprodol (generic Soma)	30
05/27/92	Fioricet	30
05/29/92	Fioricet	30
06/09/92	Fioricet	15
06/09/92	Soma	30
06/12/92	(filled as) BUT50/APAP325 /CAFFTABS (generic Fioricet)	25
06/15/92	Soma	30
06/17/92	(filled as) BUT50/APAP325 /CAFFTABS (generic Fioricet)	10
06/19/92	Fioricet	30
06/19/92	Soma	30
06/22/92	Fioricet	30
06/23/92	(filled as) BUT50/APAP325 /CAFFTABS (generic Fioricet)	30
06/23/92	Soma	30
06/26/92	Fioricet	30
06/26/92	Soma	30
06/30/92	Fioricet	30
07/08/92	(filled as) BUT50/APAP325 /CAFFTABS (generic Fioricet)	30
07/08/92	(filled as) carisoprodol (generic Soma)	30
07/15/92	(filled as) BUT50/APAP325 /CAFFTABS (generic Fioricet)	30
07/15/92	(filled as) carisoprodol (generic Soma)	30
07/17/92	Fioricet	30
07/17/92	Soma	30

07/21/92	(filled as) carisoprodol (generic Soma)	20
07/22/92	(filled as) BUT50/APAP325 /CAFFTABS (generic Fioricet)	20
07/27/92	(filled as) carisoprodol (generic Soma)	30
07/31/92	(filled as) BUT50/APAP325 /CAFFTABS (generic Fioricet)	20
07/31/92	(filled as) carisoprodol	30
07/31/92	(filled as) propranolol [sic]	amount unknown
08/05/92	(filled as) BUT50/APAP325 /CAFFTABS (generic Fioricet)	15
08/05/92	(filled as) carisoprodol (generic Soma)	15
08/25/92	Fioricet	30
08/28/92	Fioricet	30
08/28/92	Soma	30

You maintained no patient record for Patient 1's friend. Further, your patient record for Patient 1 fails to reflect the above prescriptions.

- (4) On or about the following dates, you issued prescriptions for the drugs and amounts listed below to Patient 1 in her name:

<u>Date</u>	<u>Drug Prescribed</u>	<u>Amount</u>
01/29/92	Norgesic Forte Tab	30
01/29/92	(filled as) carisoprodol (generic Soma)	30
02/12/92	(filled as) Omnipen	21
02/12/92	(filled as) carisoprodol (generic Soma)	30
02/24/92	Soma	15
02/24/92	(filled as) BUT50/APAP325 /CAFFTABS (generic Fioricet)	15
03/09/92	(filled as) BUT50/APAP325 /CAFFTABS (generic Fioricet)	amount unknown
03/18/92	Soma	20

04/06/92	(filled as) carisoprodol (generic Soma)	30
04/20/92	(filled as) carisoprodol (generic Soma)	25
04/21/92	Soma	30
04/27/92	(filled as) carisoprodol (generic Soma)	25
05/01/92	Fioricet	20
05/05/92	Soma	30
05/08/92	Soma	30
06/08/92	(filled as) carisoprodol (generic Soma)	20
07/01/92	Soma	30
07/06/92	Fioricet	30
07/06/92	Soma	30
07/14/92	Fioricet	15
07/20/92	Fioricet	30
07/24/92	Fioricet	25
07/24/92	Soma	30
07/27/92	Fioricet	30
07/29/92	Soma	30
08/03/92	Fioricet	30
08/03/92	Soma	30
08/14/92	Soma	30
08/14/92	Fioricet	30
08/21/92	Soma	20
08/21/92	Fioricet	20
08/31/92	Fioricet	30
08/31/92	Soma	20

Your patient record for Patient 1 fails to reflect the above prescriptions.

Your acts, conduct, and/or omissions as alleged in paragraphs (1) and (2) above, individually and/or collectively, constitute "(t)he violation of any provision of a code of ethics of a national professional organization as specified in this division," as that clause is used in Section 4731.22(B)(18), Ohio Revised Code, to wit: Sections I, II, III and IV of the American Medical Association Code of Ethics.

Further, your acts, conduct, and/or omissions as alleged in paragraphs (1), (2), (3) and (4) above, individually and/or collectively, constitute "failure to use reasonable care discrimination in the administration of drugs," and/or "failure to employ acceptable scientific methods in the selection of drugs or other modalities for treatment of disease," as those clauses are used in Section 4731.22(B)(2), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraphs (1), (2), (3) and (4) above, individually and/or collectively, constitute "(s)elling, prescribing, giving away, or administering drugs for other than legal and legitimate therapeutic purposes," as that clause is used in Section 4731.22(B)(3), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraphs (1), (2), (3) and (4) above, individually and/or collectively, constitute "(a) departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established," as that clause is used in Section 4731.22(B)(6), Ohio Revised Code, as in effect prior to March 15, 1993.

Further, your acts, conduct, and/or omissions as alleged in paragraph (1), (2) and (3) above, individually and/or collectively, constitute "(c)ommission of an act that constitutes a felony in this state regardless of the jurisdiction in which the act was committed," as that clause is used in Section 4731.22(B)(10), Ohio Revised Code, to wit: Section 2925.23(B), Ohio Revised Code, Illegal Processing of Drug Documents.

Further, your acts, conduct, and/or omissions as alleged in paragraphs (1), (2) and (3) above, individually and/or collectively, constitute "(c)ommission of an act that constitutes a felony in this state regardless of the jurisdiction in which the act was committed," as that clause is used in Section 4731.22(B)(10), Ohio Revised Code, to wit: 4731.22(B)(10), Ohio Revised Code, to wit: Section 4729.61(C), Ohio Revised Code, Fraudulent Certificates; Prohibition.

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty (30) days of the time of mailing of this notice.

You are further advised that you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

In the event that there is no request for such hearing received within thirty (30) days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery or to reprimand or place you on probation.