



State Medical Board of Ohio

77 S. High Street, 17th Floor • Columbus, Ohio 43266-0315 • 614/ 466-3934 • Website: www.state.oh.us/med/

July 14, 1999

Richard Donald Snyder, M.D.
P. O. Box 3045
Terre Haute, IN 47803

Dear Doctor Snyder:

Please find enclosed a certified copy of the Findings, Order and Journal Entry approved and confirmed by the State Medical Board meeting in regular session on July 14, 1999.

Section 119.12, Ohio Revised Code, may authorize an appeal from this Order. Such an appeal may be taken to the Franklin County Court of Common Pleas only.

Such an appeal setting forth the Order appealed from the grounds of the appeal must be commenced by the filing of a Notice of Appeal with the State Medical Board of Ohio and the Franklin County Court of Common Pleas within fifteen (15) days after the mailing of this notice and in accordance with the requirements of Section 119.12 of the Ohio Revised Code.

Very truly yours,

Anand G. Garg, M.D.
Secretary

AGG:jam
Enclosures

CERTIFIED MAIL RECEIPT NO. Z 233 839 311
RETURN RECEIPT REQUESTED

Mailed 7/15/99

CERTIFICATION

I hereby certify that the attached copy of the Findings, Order and Journal Entry, approved by the State Medical Board, meeting in regular session on July 14, 1999, constitute a true and complete copy of the Findings, Order and Journal Entry in the Matter of Richard Donald Snyder, M.D., as it appears in the Journal of the State Medical Board of Ohio.

This Certification is made by the authority of the State Medical Board of Ohio in its behalf.

(SEAL)


Anand G. Garg, M.D.
Secretary

JULY 14, 1999
Date

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF

*

*

RICHARD DONALD SNYDER, M.D.

*

FINDINGS, ORDER AND JOURNAL ENTRY

By letter dated May 12, 1999, notice was given to Richard Donald Snyder, M.D., that the State Medical Board intended to consider disciplinary action regarding his license to practice medicine and surgery in Ohio, and that he was entitled to a hearing if such hearing was requested within thirty (30) days of the mailing of said notice. In accordance with Section 119.07, Ohio Revised Code, said notice was sent via certified mail, return receipt requested, to the address of record, that being P.O. Box 790, Grove City, OH 43123. A second mailing was made to P.O. Box 3045, Terre Haute, IN 47803.

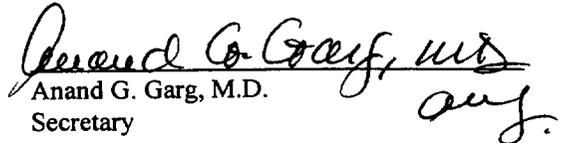
Dr. Snyder did not request a hearing, and more than thirty (30) days having elapsed since the mailing of the aforesaid notice.

WHEREFORE, for the reasons outlined in the letter of notice, which is attached hereto and incorporated herein, it is hereby ORDERED that the license of Richard Donald Snyder, M.D., to practice medicine and surgery in the State of Ohio be REVOKED.

This Order shall become effective IMMEDIATELY.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 14th day of JULY 1999, and the original thereof shall be kept with said Journal.

(SEAL)


Anand G. Garg, M.D.
Secretary

JULY 14, 1999
Date

AFFIDAVIT

I, Debra Jones, being duly cautioned and sworn, do hereby depose and say:

- 1) That I am employed by the State Medical Board of Ohio (hereinafter, "The Board")
- 2) That I serve the Board in the position of Chief, Continuing Medical Education, Records, and Renewal;
- 3) That in such position I am the responsible custodian of all public licensee records maintained by the Board pertaining to individuals who have received certificates issued pursuant to Chapter 4731., Ohio Revised Code;
- 4) That I have this day carefully examined the records of the Board pertaining to Richard Donald Snyder, M.D.
- 5) That based on such examination, I have found the last known address of record of Richard Donald Snyder, M.D. to be:

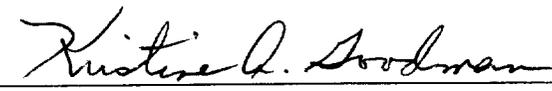
P. O. Box 790
Grove City, OH 43123

- 6) Further, Affiant Sayeth Naught.



Debra L. Jones, Chief
Continuing Medical Education,
Records and Renewal

Sworn to and signed before me, Kristine A. Goodman, Notary
Public, this 28th day of June, 1999



Notary Public



KRISTINE A. GOODMAN
Notary Public, State of Ohio
My Commission Expires
11/9/2002

CITE JAM

Z 395 591 027

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to	RICHARD DONALD SNYDER, M.D.
Street & Number	P.O. Box 790
Post Office, State, & ZIP Code	GROVE CITY, OH 43123
Postage	\$ 1.40
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom & Date Delivered	1.25
Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.80
Postmark or Date	APR 13 1998

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
RICHARD DONALD SNYDER, M.D.
P.O. Box 790
GROVE CITY, OH 43123

4a. Article Number
Z 395 591 027

4b. Service Type

Registered Certified

Express Mail Insured

Return Receipt for Merchandise COD

7. Date of Delivery
6-7-94

5. Received By: (Print Name)
Dennis Atkins

6. Signature: (Addressee or Agent)
X [Signature]

8. Addressee's Address (Only if requested and fee is paid)
PO Bx 3045
CITE TERRE HAUTE 47803

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

CITE-ZND ADD JAM

Z 395 591 028

US Postal Service
Receipt for Certified Mail
No Insurance Coverage Provided.
Do not use for International Mail (See reverse)

Sent to	RICHARD DONALD SNYDER, M.D.
Street & Number	P.O. Box 3045
Post Office, State, & ZIP Code	TERRE HAUTE, IN 47803
Postage	\$ 1.21
Certified Fee	1.40
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.25
Return Receipt Showing to Whom & Date Delivered	1.25
Date, & Addressee's Address	
TOTAL Postage & Fees	\$ 3.80
Postmark or Date	APR 13 1998

PS Form 3800, April 1995

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
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- Print your name and address on the reverse of this form so that we can return this card to you.
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- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
RICHARD DONALD SNYDER, M.D.
6 Ms. DONNA ATKINS
P.O. Box 3045
TERRE HAUTE, IN 47803

4a. Article Number
Z 395 591 028

4b. Service Type

Registered Certified

Express Mail Insured

Return Receipt for Merchandise COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
X [Signature]

8. Addressee's Address (Only if requested and fee is paid)
CITE-ZND ADD

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.



State Medical Board of Ohio

77 S. High Street, 17th Floor • Columbus, Ohio 43266-0315 • 614/466-3934 • Website: www.state.oh.us/med/

May 12, 1999

Richard Donald Snyder, M.D.
P.O. Box 790
Grove City, OH 43123

Dear Doctor Snyder:

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 April 13, 1998, at the PharMor Pharmacy in Columbus, Ohio, you presented a document that you purported to be a prescription that was, in fact, a list of eight medications that had been transcribed on a prescription blank by your treating physician. The list was for your reference only, and was not intended for your use as a prescription. Your treating physician created the list pursuant to your request because you were having difficulty tracking your various medications.

The medications that were listed in the document were Coumadin, Lasix, Lanoxin, Hytrin, Depakote, Capoten, Xanax, and K-Dur. The document that you presented to the pharmacy was altered in that dosages and quantities were added to the Coumadin and Depakote, and that quantities were added to the Lanoxin, Lasix, Hytrin, Capoten, and Xanax.

- (2) In connection with your acts on April 13, 1998, as described in paragraph (1) above, on or about March 1, 1999, in the Franklin County Court of Common Pleas, Franklin County, Ohio, you pleaded guilty to and were found guilty of three (3) misdemeanor counts of Attempted Deception to Obtain a Dangerous Drug, in violation of Section 2925.22, Ohio Revised Code.

Your acts, conduct, and/or omissions as alleged in paragraph (1) 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 2925.22, Ohio Revised Code, Deception to Obtain a Dangerous Drug.

Further, your guilty plea and the judicial finding of guilt as alleged in paragraph (2) above, constitutes "[s]elling, prescribing, giving away, or administering drugs for other than legal and legitimate therapeutic purposes or a plea of guilty to, or a judicial finding of guilt of, a

Mailed 5/13/99

Richard Donald Snyder, M.D.

Page 2

violation of any federal or state law regulating the possession, distribution, or use of any drug," as that clause is used in Section 4731.22(B)(3), Ohio Revised Code, as in effect prior to March 9, 1999.

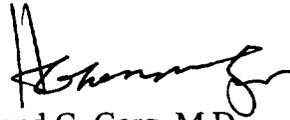
Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty (30) days of the time of mailing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

Copies of the applicable sections are enclosed for your information.

Very truly yours,



Anand G. Garg, M.D.
Secretary

AGG/bjs
Enclosures

CERTIFIED MAIL #Z 395 591 027
RETURN RECEIPT REQUESTED

duplicate mailing to: P.O. Box 3045
Terre Haute, IN 47803

CERTIFIED MAIL #Z 395 591 028
RETURN RECEIPT REQUESTED