

**CONSENT AGREEMENT  
BETWEEN  
PATRICIA A. SEILER, M.D.  
AND  
THE STATE MEDICAL BOARD OF OHIO**

This Consent Agreement is entered into by and between Patricia A. Seiler, M.D., and the State Medical Board of Ohio [Board], a state agency charged with enforcing Chapter 4731., Ohio Revised Code.

Dr. Seiler enters into this Consent Agreement being fully informed of her 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.

**BASIS FOR ACTION**

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

- A. The Board is empowered by R.C. 4731.22(B), to limit, revoke, suspend a certificate, refuse to register or reinstate an applicant, or reprimand or place on probation the holder of a certificate for any of the enumerated violations.
- B. The Board and Dr. Seiler enter into this Consent Agreement in lieu of further formal proceedings based upon the allegations set forth in the Notice of Opportunity for Hearing issued on October 8, 2003, attached hereto as Exhibit A and incorporated herein by this reference. The Board expressly reserves the right to institute additional formal proceedings based upon any other violations of R.C. Chapter 4731., whether occurring before or after the effective date of this Consent Agreement.
- C. Dr. Seiler is licensed to practice medicine and surgery in the State of Ohio. Dr. Seiler also holds an active license to practice medicine and surgery in Michigan.
- D. Dr. Seiler admits that on April 2, 2003, the Michigan Board of Medicine (Michigan Board) adopted a Consent Order and Stipulation reprimanding her, finding that her conduct in the treatment of a patient constituted negligence in violation of Section 16221a, Michigan Public Health Code, as set forth in the Notice of Opportunity for Hearing issued by the Board on October 8, 2003. Dr. Seiler further admits that the Michigan Board Consent Order and Stipulation constitutes a violation of R.C. 4731.22(B)(22).

### **AGREED CONDITIONS**

Wherefore, in consideration of the foregoing and mutual promises hereinafter set forth, and in lieu of further formal proceedings at this time, Dr. Seiler knowingly and voluntarily agrees with the Board to the following terms, conditions and limitations:

### **REPRIMAND**

1. Dr. Seiler is hereby REPRIMANDED for her conduct as set forth in Paragraph D, above.

### **Required Reporting By Licensee**

2. Within thirty days of the effective date of this Consent Agreement, Dr. Seiler shall provide a copy of this Consent Agreement by certified mail, return receipt requested, to the proper licensing authority of any state or jurisdiction in which she currently holds any professional license. Further, for a period of one year following the effective date of this Consent Agreement, Dr. Seiler agrees to provide a copy of this Consent Agreement by certified mail, return receipt requested, at the time of application to the proper licensing authority of any state in which she applies for any professional license or reinstatement of any professional license. Further, Dr. Seiler shall provide this Board with a copy of the return receipt as proof of notification within thirty days of receiving that return receipt.
3. Within thirty days of the effective date of this Consent Agreement, Dr. Seiler shall provide a copy of this Consent Agreement to all employers or entities with which she is under contract to provide health care services or is receiving training; and the Chief of Staff at each hospital where she has privileges or appointments. Further, for a period of one year following the effective date of this Consent Agreement, Dr. Seiler shall provide a copy of this Consent Agreement to all employers or entities with which she contracts to provide health care services, or applies for or receives training, and the Chief of Staff at each hospital where she applies for or obtains privileges or appointments.

### **FAILURE TO COMPLY**

If, in the discretion of the Secretary and Supervising Member of the Board, Dr. Seiler appears to have violated or breached any term or condition of this Consent Agreement, the Board 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 Consent Agreement.

**ACKNOWLEDGMENTS/LIABILITY RELEASE**

Dr. Seiler acknowledges that she has had an opportunity to ask questions concerning the terms of this Consent Agreement and that all questions asked have been answered in a satisfactory manner.

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

Dr. Seiler hereby releases the Board, its members, employees, agents, officers and representatives jointly and severally from any and all liability arising from the within matter.

This Consent Agreement shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code, and may be reported to appropriate organizations, data banks, and governmental bodies. Dr. Seiler agrees to provide her social security number to the Board and hereby authorizes the Board to utilize that number in conjunction with that reporting.

**EFFECTIVE DATE**

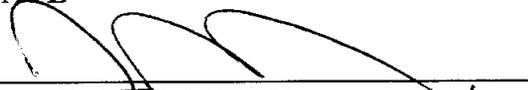
It is expressly understood that this Consent Agreement is subject to ratification by the Board prior to signature by the Secretary and Supervising Member and shall become effective upon the last date of signature below.

  
\_\_\_\_\_  
PATRICIA A. SEILER, M.D.

  
\_\_\_\_\_  
LANCE TALMAGE, M.D.  
Secretary

2-24-04  
\_\_\_\_\_  
DATE

3-10-04  
\_\_\_\_\_  
DATE

  
\_\_\_\_\_  
JAMES MCGOVERN  
Attorney for Dr. Seiler

  
\_\_\_\_\_  
RAYMOND J. ALBERT  
Supervising Member

3/10/04  
\_\_\_\_\_  
DATE

  
\_\_\_\_\_  
REBECCA J. ALBERS  
Senior Assistant Attorney General

3/11/04  
\_\_\_\_\_  
DATE



# State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: [www.state.oh.us/med/](http://www.state.oh.us/med/)

October 8, 2003

Patricia A. Seiler, M.D.  
1535 Alexander S. E.  
Grand Rapids, Michigan 49506

Dear Doctor Seiler:

In accordance with R.C. Chapter 119., you are hereby notified that the State Medical Board of Ohio intends to determine whether or not to limit, revoke, permanently 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) Effective April 2, 2003, the Michigan Board of Medicine (Michigan Board) Consent Order and Stipulation reprimanded you, finding that your conduct in the treatment of patient K.C. constituted negligence in violation of Section 16221a, Michigan Public Health Code.

Your underlying conduct is set forth in detail in the Michigan Board Consent Order and Stipulation dated April 2, 2003, and Administrative Complaint dated April 16, 2002, copies of which are attached hereto and incorporated herein.

The Michigan Board Consent Order and Stipulation, as alleged in paragraph one (1) above, constitutes “[a]ny of the following actions taken by the agency responsible for regulating the practice of medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or the limited branches of medicine in another jurisdiction, for any reason other than the nonpayment of fees: the limitation, revocation, or suspension of an individual’s license to practice; acceptance of an individual’s license surrender; denial of a license; refusal to renew or reinstate a license; imposition of probation; or issuance of an order of censure or other reprimand,” as that clause is used in R.C. 4731.22(B)(22).

Pursuant to R.C. Chapter 119., 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 days of the time of mailing of this notice.

You are further advised that, if you timely request a hearing, 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,

*Mailed 10-9-03*

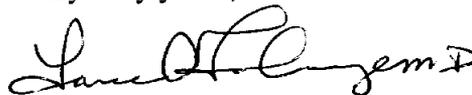
or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

In the event that there is no request for such hearing received within thirty 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, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery or to reprimand or place you on probation.

Please note that, whether or not you request a hearing, R.C. 4731.22(L), provides that “[w]hen the board refuses to grant a certificate to an applicant, revokes an individual’s certificate to practice, refuses to register an applicant, or refuses to reinstate an individual’s certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a certificate to practice and the board shall not accept an application for reinstatement of the certificate or for issuance of a new certificate.”

Copies of the applicable sections are enclosed for your information.

Very truly yours,



Lance A. Talmage, M.D.  
Secretary

LAT/jag  
Enclosures

CERTIFIED MAIL # 7000 0600 0024 5150 6035  
RETURN RECEIPT REQUESTED

1142 44<sup>th</sup> SE  
Kentwood, Michigan 49508

CERTIFIED MAIL # 7000 0600 0024 5150 6028  
RETURN RECEIPT REQUESTED

STATE OF MICHIGAN  
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES  
BUREAU OF HEALTH SERVICES  
BOARD OF MEDICINE  
DISCIPLINARY SUBCOMMITTEE

In the Matter of

PATRICIA A. SEILER, M.D.  
\_\_\_\_\_ /

Complaint No. 43-01-0169-00  
CONSENT ORDER AND STIPULATION

CONSENT ORDER

An Administrative Complaint was filed with the Disciplinary Subcommittee of the Board of Medicine on April 16, 2002, charging Patricia A. Seiler, M.D., (Respondent), with having violated sections 16221(a) and (b)(i) of the Public Health Code, 1978 PA 368, as amended; MCL 333.1101 *et seq.*

By Stipulation contained in this document, Respondent does not admit but does not contest the allegations of fact and law in the Complaint with the exception of Count II, which shall be dismissed pursuant to the entry of this Consent Order and Stipulation. Respondent understands that by pleading no contest she does not admit the truth of the allegations but agrees that the Disciplinary Subcommittee may treat the allegations as true for resolution of the Complaint. For the purpose of resolution of the Complaint, Respondent agrees that the Disciplinary Subcommittee may enter an Order treating the allegations as true.

By Stipulation contained in this document, the parties have agreed that the Disciplinary Subcommittee shall dismiss with prejudice Count II of the Complaint alleging a violation of section 16221(b)(i) of the Public Health Code.

*[Faint, illegible text, likely a signature or stamp]*

The Disciplinary Subcommittee has reviewed the Stipulation contained in this document and agrees that the public interest is best served by resolution of the outstanding Complaint.

Therefore, the Disciplinary Subcommittee finds that the allegations of fact contained in the Complaint are true and constitute a violation of section 16221(a) of the Public Health Code.

Accordingly,

IT IS ORDERED that for the violation Respondent is REPRIMANDED.

IT IS FURTHER ORDERED that Count II of the Complaint is DISMISSED with prejudice.

IT IS FURTHER ORDERED that should Respondent violate any term or condition set forth here, it may be determined that Respondent has violated an Order of the Disciplinary Subcommittee, 1996 AACS, R 338.1632, and section 16221(h) [formerly section 16221(g)] of the Public Health Code.

IT IS FURTHER ORDERED that this Order shall be effective on the date signed by the Disciplinary Subcommittee or its authorized representative, as set forth below.

*[Faint, illegible text, possibly a signature or stamp]*

Signed this 2nd day of April, 2003.

MICHIGAN BOARD OF MEDICINE

By   
Chairperson, Disciplinary Subcommittee

STIPULATION

The parties stipulate and agree as follows:

1. Respondent does not admit but does not contest the allegations set forth in the Complaint with the exception of Count II, which shall be dismissed with prejudice pursuant to the entry of this Order, and agrees that the Disciplinary Subcommittee may treat the allegations of fact and law as true, which finding shall have the same force and effect for purposes of this Consent Order as if evidence and argument were presented in support of the allegations. Further, Respondent understands and intends that by so stating she is not admitting the truth of the allegations but is agreeing that the Disciplinary Subcommittee may enter its Order treating the allegations as true for purpose of resolution of the Complaint.

2. Respondent understands and intends that by signing this Stipulation she is waiving the right pursuant to the Public Health Code, rules promulgated thereunder, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 *et seq.*, to require the State to prove the charges set forth in the Complaint by presentation of evidence and legal authority, and to appear with an attorney and such witnesses as

MICHIGAN BOARD OF MEDICINE  
1000 WEST WASHINGTON AVENUE  
ANN ARBOR, MICHIGAN 48106-1500  
PHONE: 734-769-2000  
FAX: 734-769-2001  
WWW.MICHIGANBOARDOFMEDICINE.MI

Respondent may desire to present a defense to the charges before the Disciplinary Subcommittee or its authorized representative.

3. Count II of the Complaint shall be dismissed with prejudice by Order of the Disciplinary Subcommittee.

4. Factors taken into consideration when determining the proposed sanction include the following:

A. Respondent has cooperated fully in the resolution of this matter.

B. Respondent and her medical staff were very conscientious in the clinical care and follow up of the patient's abnormal pap smears. Their office records system and Dr. Seiler's professional standards are evident in the records and in her deposition.

C. Respondent has completed a five-credit AAFP Home Study course on Common Breast Problems. The course objectives for this course were as follows: describe the anatomy of the breast; differentiate the common causes of mastalgia; compare management options for patients with fibrocystic breast disease; contrast the significance of different kinds of nipple discharges; list common causes of galactorrhea; prescribed appropriate antibiotics for patients with mastitis; outline the management of a woman with a breast mass; analyze the recommendations on breast cancer screening of various national professional groups; and describe the system for staging breast cancers and its relevance to treatment and prognosis.

D. Respondent has completed a CD-ROM program from the Texas Medical Association entitled Breast Cancer: Early Detection and Control. This course offered up to two hours of AMA PRA Category 1 credit and had the following course objectives: describe the relation between the incidence and death rate among women due to breast cancer in the last 15 years; list major risk factors for breast cancer; list physician-directed methods for early detection and screening for breast cancer and describe their use in clinical practice; define the importance of patient-directed techniques for breast cancer and list resources for teaching breast self-examination; describe the typical clinical presentation of most breast

lesions; recall the procedures for assessing masses that are presumed benign; recall procedures for assessing masses that are presumed to be cancer; list the characteristics used to stage breast cancer and classify a lesion based on those characteristics; and describe treatments for breast cancer and relate them to the four stages of breast cancer.

E. Respondent participated in the 2<sup>nd</sup> Annual Breast Cancer Symposium: What Primary Care Physicians Need to Know, a 4.00 credit (AAFP Prescribed credits) course sponsored by the Texas Medical Association, in December 2002.

F. Respondent has become familiar with new diagnostic techniques that have become available since the time of this incident, e.g. ductogram, high-resolution ultrasound, nuclear studies, positron emission tomography, MRI, and genetic testing.

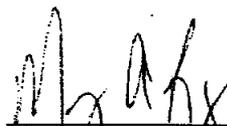
5. The Board's conferee, Ali Moiin, M.D., who has indicated support of this proposal, and the undersigned Assistant Attorney General are free to discuss this matter with the Disciplinary Subcommittee and recommend acceptance of the resolution set forth in the Consent Order.

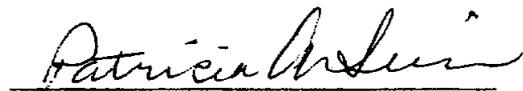
6. This Consent Order is approved by the respective parties and may be entered as the Final Order of the Disciplinary Subcommittee in this cause.

7. This proposal is conditioned upon its acceptance by the Disciplinary Subcommittee, the parties expressly reserving the right to further proceedings without prejudice should the Consent Order be rejected.

AGREED TO BY:

AGREED TO BY:

  
Merry A. Rosenberg (P32120)  
Assistant Attorney General  
Attorney for Complainant  
Dated: 1/31/03

  
Patricia A. Seiler, M.D.  
Respondent  
Dated: January 24, 2003

State of Michigan )  
County of Kent )ss

On the 24<sup>th</sup> day of January, 2003, Patricia A. Seiler, M.D., signed this Consent Order and Stipulation in front of me.

**JENNIFER FISHER**  
Notary Public, Kent County, MI  
My Commission Expires May 28, 2003

  
Notary Public, Kent County  
State of Michigan  
My commission expires: May 28, 2003

I have reviewed and approved  
the foregoing document both  
as to form and substance.

  
Richard C. Kraus (P27553)  
Attorney for Respondent

This is the last and final page of a Consent Order and Stipulation in the matter of Patricia A. Seiler, M.D., pending before the Disciplinary Subcommittee of the Michigan Board of Medicine, and consisting of six pages, this page included.

dr.cases.mar03.seiler.md.seiler p cos

STATE OF MICHIGAN  
DEPARTMENT OF CONSUMER & INDUSTRY SERVICES  
BUREAU OF HEALTH SERVICES  
BOARD OF MEDICINE  
DISCIPLINARY SUBCOMMITTEE

In the Matter of

PATRICIA A. SEILER, M.D.  
\_\_\_\_\_ /

Complaint No. 43-01-0160-00

ADMINISTRATIVE COMPLAINT

Attorney General Jennifer M. Granholm, through Assistant Attorney General Merry A. Rosenberg, on behalf of the Department of Consumer & Industry Services, Bureau of Health Services, (Complainant), files this Complaint against Patricia A. Seiler, M.D., (Respondent), alleging upon information and belief as follows:

1. The Board of Medicine, (Board), an administrative agency established by the Public Health Code, (Code), 1978 PA 368, as amended; MCL 333.1101 *et seq*, is empowered to discipline licensees under the Code through its Disciplinary Subcommittee (DSC).
2. Respondent is currently licensed to practice medicine pursuant to the Public Health Code. At all times relevant to this Complaint, Respondent was board certified in family practice.

3. Section 16221(a) of the Code provides the DSC with authority to take disciplinary action against Respondent for a violation of general duty and/or any conduct, practice, or condition which impairs, or may impair, her ability to safely and skillfully practice medicine.

4. Section 16221(b)(i) of the Code provides the DSC with authority to take disciplinary action against Respondent for incompetence, defined at section 16106(1) to mean “[A] departure from, or failure to conform to, minimal standards of acceptable and prevailing practice for the health profession, whether or not actual injury to an individual occurs.”

5. Section 16226 of the Code authorizes the DSC to impose sanctions against persons licensed by the Board if, after opportunity for a hearing, the DSC determines that a licensee violated one or more of the subdivisions contained in section 16221 of the Code.

6. K.C., (initials will be used to protect patient confidentiality), d/o/b July 18, 1955, presented to Respondent’s office on February 8, 1995, for a physical. One of the reasons for the visit was a discharge from her nipples for the prior one and one-half years that was sometimes clear, sometimes white, and sometimes like old blood. Respondent performed a breast exam and noted no discharge at that time. She also ordered a mammogram.

7. The radiologist interpreted the February 24, 1995, mammogram to show: “[V]ery dense fibroglandular tissue bilaterally, which somewhat limits radiographic sensitivity, but no definite evidence of malignancy is seen or significant change in the appearance of the

mammograms since an exam from Butterworth Hospital of 4/3/91." Respondent noted that the mammogram was normal.

8. K.C. next saw Respondent on April 3, 1995, still reporting discharge from her nipples. Respondent performed a breast exam and found no spontaneous discharge, no masses, and no induration. However, K.C. was able to express whitish discharge from both nipples, which Respondent sent for evaluation. Respondent also ordered a prolactin level to evaluate for the presence of a pituitary adenoma.

9. A cytology report from the breast discharge identified red blood cells and occasional macrophages, but concluded that the specimen was negative for mammary ductal cells or malignant cells. The prolactin level was normal.

10. K.C. next saw Respondent on August 16, 1995, for a pap smear only. She did not perform a breast exam. Respondent testified in the underlying medical malpractice action brought by K.C. that she planned to do breast exams every two years and that she did not perform a breast exam at every visit because K.C. had not identified an ongoing concern about her breasts. In contrast, K.C. testified that she asked Respondent about the discharge at every visit where a pap smear was performed.

11. K.C. next saw Respondent on December 20, 1995, for pap, pelvic and breast examinations. However, although Respondent performed the pap and pelvic examinations, she did not perform a breast examination. According to her testimony, she did not examine K.C.'s

breasts because the purpose for the visit was to address an abnormal pap smear and because K.C. did not raise an issue about her breasts that day.

12. K.C. next saw Respondent on March 15, 1996, for a pap examination only, no breast examination was performed. According to Respondent's deposition, K.C. did not mention anything about her breasts during this visit.

13. K.C. next saw Respondent on July 8, 1996, for pap, pelvic and breast examinations. The pap examination was performed, but a breast examination was not. According to Respondent's deposition, K.C. did not mention anything about her breasts during this visit.

14. K.C. next saw Respondent on December 6, 1996, for pap, pelvic and breast examinations. At that visit, K.C. reported that she noted a change in the shape of her right breast, *to-wit*, that it was becoming concave on top and that the top edge of the nipple was inverting. Respondent performed a breast examination and noted that the right nipple was tipped to 9:00, that it was not retracted, and that there were no masses. She ordered a mammogram which the radiologist interpreted to show no significant interval change from the prior mammogram of February 24, 1995. The radiologist described the breasts as dense and showing a large amount of fibroglandular tissue, which limited mammographic sensitivity and which could obscure an underlying mass. No dominant or spiculated masses were seen and no suspicious calcifications were noted. Respondent noted that the mammogram was normal.

15. During the deposition in the underlying malpractice case, Respondent testified that there were no acceptable tests to be done on a patient where a thorough breast exam did not find any discharge or palpable abnormality and, while a biopsy could determine the cause of the breast changes if the tissue were taken from a location where there was cancer, a negative biopsy would not have been more reassuring than the data that she already had. Her plan as of December 1996 was to continue to observe K.C.'s right breast because the nipple was completely soft and flexible and could easily be manipulated into normal position, there was no induration of the nipple, the areola or the breast tissue, there was no palpable mass, and no discharge was present.

16. K.C. returned to Respondent on June 25, 1997, for pap, pelvic, and breast examinations. According to Respondent's medical chart, K.C. reported a three-month history of change in the architecture of the right breast that occurred "almost overnight." Since then slow change of nipple becoming inverted." Respondent's examination found a firm outer quadrant, .0.5 cm, round mass at 11:00 o'clock in the areolar margin, retracted right nipple, which was fixed and pointed toward 9:00 to 10:00 o'clock. The entire upper outer quadrant was "firm to hard" and "very abnormal" to palpation. Her diagnosis was "rule out cancer" and she referred K.C. for a mammogram.

17. In contrast, K.C. testified that Respondent did not apprise her at that time that this could be cancer and that she, in fact, had to ask Respondent to order the mammogram.

18. A mammogram was performed on July 14, 1997, which showed evidence of nipple retraction on the right breast which was new when compared with the December 17, 1996, study, otherwise no mammographic evidence of malignancy as identified. The radiologist suggested further workup.

19. An ultrasound was performed that same day which showed "[A]bnormal heterogeneous echogenicity with shadowing diffusely in the upper outer quadrant of the right breast in the region of palpable abnormality. No definite discrete masses are identified."

20. Respondent saw K.C. after the ultrasound and referred her to surgeon Lowell Bursch, M.D., who saw K.C. on July 25, 1997. Dr. Bursch noted:

On exam, the patient's entire upper quadrant is rock hard, retracted and on exam an obvious malignancy with significant nipple retraction. This is both palpable and visible. There are no palpable axillary nodes. I told C.K. that this is very suspicious for malignancy. We need to do a biopsy as soon as possible and we will get this scheduled within the next week.

21. Dr. Bursch performed a biopsy of the mass on August 1, 1997. The pathology report confirmed a diagnosis of infiltrating lobular carcinoma, classical type. K.C. was referred to oncologist Timothy O'Rourke, M.D., for chemotherapy to shrink the mass before proceeding with a mastectomy.

22. Dr. Bursch performed a right modified radical mastectomy with axillary dissection on November 14, 1997. The pathology report diagnosed the mass as "infiltrating lobular carcinoma (3 cm), grade 1, with lobular carcinoma in situ." Additionally, three of twenty-two axillary lymph nodes were involved with metastatic lobular carcinoma.

COUNT I

23. Respondent's conduct described above constitutes negligence, in violation of section 16221(a) of the Public Health Code.

COUNT II

THEREFORE, Complainant requests that this Complaint be served upon Respondent and that Respondent be offered an opportunity to show compliance with all lawful requirements for retention of the aforesaid license. If compliance is not shown, Complainant further requests that formal proceedings be commenced pursuant to the Public Health Code, rules promulgated pursuant to it, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 *et seq*; MSA 3.560(101) *et seq*.

RESPONDENT IS HEREBY NOTIFIED that, pursuant to section 16231(7) of the Public Health Code, Respondent has 30 days from receipt of this Complaint to submit a written response to the allegations contained in it. The written response shall be submitted to the Bureau of Health Services, Department of Consumer & Industry Services, P.O. Box 30670, Lansing, Michigan, 48909, with a copy to the undersigned Assistant Attorney General. Further, pursuant to section 16231(8), failure to submit a written response within 30 days shall be treated as an

admission of the allegations contained in the Complaint and shall result in transmittal of the Complaint directly to the Board's Disciplinary Subcommittee for imposition of an appropriate sanction.

Respectfully submitted,

JENNIFER M. GRANHOLM  
Attorney General



Merry A. Rosenberg (P32120)  
Assistant Attorney General  
Health Professionals Division  
P.O. Box 30217  
Lansing, Michigan 48933  
Tel: (517) 373-1146  
Fax: (517) 241-1997

Dated: April 16, 2002

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