State Medical Board of Ohio
77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: www.med.ohio.gov

April 12, 2006

Vildan Mullin, M.D.
5231 Gallagher
Whitmore Lake, MI 48189

Dear Doctor Mullin:

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 April 12, 2006.

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

Such an appeal setting forth the Order appealed from and the grounds of the appeal must be commenced by the filing of an original Notice of Appeal with the State Medical Board of Ohio and a copy with the Franklin County Court of Common Pleas. Any such appeal must be filed 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,

Lance A. Talmage, M.D.
Secretary

LAT:jam
Enclosures

CERTIFIED MAIL RECEIPT NO. 7003 0500 0002 4332 6104
RETURN RECEIPT REQUESTED

Duplicate Mailing:
3081 O'Brien Drive
Tallahassee, FL 32308
CERTIFIED MAIL RECEIPT NO. 7003 0500 0002 4332 6111
RESTRICTED DELIVERY, RETURN RECEIPT REQUESTED

Mailed 4-13-06

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 April 12, 2006, constitutes a true and complete copy of the Findings, Order and Journal Entry in the Matter of Vildan Mullin, 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.

Lance A. Talmage, M.D.
Secretary

(SEAL)

April 12, 2006
Date

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF *

*

VILDAN MULLIN, M.D. *

FINDINGS, ORDER AND JOURNAL ENTRY

By letter dated January 11, 2006, notice was given to Vildan Mullin, M.D., that the State Medical Board intended to consider disciplinary action regarding his license to practice medicine and surgery in the State of 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 of Dr. Mullin, that being 5231 Gallagher, Whitmore Lake, Michigan 48189.

After receiving that mailing back unclaimed, the Board attempted delivery of the January 11, 2006, Notice, via certified mail, restricted delivery, to 3081 O'Brien Drive, Tallahassee, Florida 32308. A certified mail receipt signed by Vildan Mullin, M.D., was returned to the Medical Board documenting proper service of the second mailing to the address in Florida. However, no hearing request has been received from Dr. Mullin and more than thirty (30) days have now elapsed since the mailing of that notice.

A signed certified mail receipt was returned to the Medical Board offices documenting proper service of the notice. However, no hearing request has been received from Dr. Mullin and more than thirty (30) days have now elapsed since the mailing of that notice.

WHEREFORE, having reviewed the January 11, 2006, Notice of Opportunity for Hearing, including the October 18, 2005, Final Order of the State of Florida, Board of Medicine, the affidavit of Debra L. Jones, Continuing Medical Education and Renewal Officer, and the affidavit of Jacqueline A. Moore, Disciplinary Information Assistant, which are attached hereto and incorporated herein, the Board hereby finds that there is reliable, probative and substantial evidence to support the allegations as set forth in the notice of opportunity for hearing issued on January 11, 2006. Further, the Board hereby ORDERS that the license of Vildan Mullin, 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 12th day of April 2006 and the original thereof shall be kept with said Journal.

Lance A. Talmage, M.D.
Secretary

(SEAL)

April 12, 2006
Date

State Medical Board Of Ohio
77 S. High Street 17th Floor
Columbus, OH 43215

7003 0500 0002 4330 3525

Vidar Mullin, M.D.
5231 Gallagher
Whitmore Lake, MI 48189

NOT DELIVERABLE AS ADDRESSED, UNABLE TO FORWARD

NOT DELIVERABLE AS ADDRESSED, UNABLE TO FORWARD

NOT DELIVERABLE AS ADDRESSED, UNABLE TO FORWARD

OHIO STATE MEDICAL BOARD
JAN 23 2006

First Notice 1/14 MB
Second Notice
Returned

7003 0500 0002 4330 3518

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	$ 1.83
Certified Fee	2.40
Return Reciept Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.08

CITE DUPLICATE

JAM

COLUMBUS OH 43215 JAN 12 2006 Postmark Here USPS - CPU #18

Sent To Vildan Mullin, M.D.
Street, Apt. No or PO Box No. Tallahassee Neurological Clinic
City, State, ZIP+4 2824-1 Mahan Drive
Tallahassee, FL 32308

PS Form 3800, June 2002 See Reverse for Instructions

7003 0500 0002 4330 3525

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	$ 1.83
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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$ 6.08

CITE

JAM

COLUMBUS OH 43215 JAN 12 2006 Postmark USPS - CPU #18

Sent To Vildan Mullin, M.D.
Street, Apt. No or PO Box No. 5231 Gallagher
City, State, ZIP+4 Whitmore Lake, MI 48189

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Vildan Mullin, M.D.
Tallahassee Neurological Clinic
2824-1 Mahan Drive
Tallahassee, FL 32308

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Sheri Farba ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery 1/18/06

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

JAM

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 7003 0500 0002 4330 3518

CITE-DUPLICATE

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7003 0500 0002 4329 8081

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

2ND MLG CITE

JAM	Postage	$ 1.83
	Certified Fee	2.40
	Return Reciept Fee (Endorsement Required)	1.85
	Restricted Delivery Fee (Endorsement Required)	3.70
	Total Postage & Fees	$ 9.78

USPS COLUMBUS OH 43216-9714 FEB 22 2006 Postmark Here

Sent To: VILDAN MULLIN, M.D
Street, Apt. No.; or PO Box No.: 3081 O'BRIEN DR.
City, State, ZIP+4: TALLAHASSE, FL 32308

PS Form 3800, June 2002 — See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits. JAM

1. Article Addressed to:

VILDAN MULLIN, M.D
3081 O'BRIEN DRIVE
TALLAHASSE, FL 32308

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [signature] ☐ Agent ☐ Addressee

B. Received by (Printed Name): [signature] C. Date of Delivery: [signature]

D. Is delivery address different from item 1? ☐ Yes ☐ No
If YES, enter delivery address below:

TALLAHASSEE, FL 32308
FEB 25 2006

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☒ Yes

2. Article Number (Transfer from service lab): 7003 0500 0002 4329 8081

2ND MLG — CITE

PS Form 3811, February 2004 — Domestic Return Receipt — 102595-02-M-1540

AFFIDAVIT

The State of Ohio
Franklin County, S.S.

I, Jacqueline A. Moore, being duly cautioned and sworn, do hereby depose and say:

1) I am employed by the State Medical Board of Ohio (hereinafter, "The Board").

2) I serve the Board in the position of Disciplinary Information Assistant.

5) In the course of my regular duties, I am responsible for ensuring that Notices of Opportunity for Hearing are mailed to respondents pursuant to Chapter 119., Ohio Revised Code, and that proper service of the Notices is documented in the Board's official records.

4) On January 11, 2006, I mailed a Notice of Opportunity for Hearing, via certified mail, return receipt requested, to Vildan Mullin, M.D., to his address of record with this Board, that being 5231 Gallagher, Whitmore Lake, Michigan 48189.

5) Having received that mailing back unclaimed, I attempted to locate a current address for Dr. Mullin in Florida. I obtained an address of 3081 O'Brien Drive, Tallahassee, Florida 32308, from the Certificate of Service on the October 18, 2005, State of Florida, Board of Medicine, Final Order.

6) On February 22, 2006, I sent a duplicate copy of January 11, 2006, Notice of Opportunity for Hearing via certified mail, restricted delivery, to Dr. Mullin at 3081 O'Brien Drive, Tallahassee, Florida 32308. Thereafter, on March 3, 2006, the Board received a return receipt from this mailing, signed by Vildan Mullin, M.D.

7) As of March 27, 2006, the Board has not received a request for hearing from Dr. Mullin.

8) Further, Affiant Sayeth Naught.

Jacqueline A. Moore
Jacqueline A. Moore
Disciplinary Information Assistant

Sworn to and signed before me, Barbara A. Jacobs, Notary Public, this 27th day of March, 2006.

Barbara A. Jacobs
Notary Public

BARBARA ANN JACOBS, ATTORNEY AT LAW
NOTARY PUBLIC, STATE OF OHIO
My commission has no expiration date.
Section 147.03 R.C.

AFFIDAVIT

The State of Ohio
Franklin County, SS

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

1) I am employed by the State Medical Board of Ohio (hereinafter, "The Board")

2) I serve the Board in the position of Continuing Medical Education and Renewal Officer.

3) 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) I have this day carefully examined the records of the Board pertaining to Vildan Mullin, M.D.

5) Based on such examination, I have found the last known address of record of Vildan Mullin, M.D., to be:

5231 Gallagher
Whitmore Lake, MI 48189

6) Further, Affiant Sayeth Naught.

Debra L. Jones
Continuing Medical Education and Renewal Officer

Sworn to and signed before me, Barbara A. Jacobs, Notary Public, this 22nd day of March, 2006.

Notary Public

BARBARA ANN JACOBS, ATTORNEY AT LAW
NOTARY PUBLIC, STATE OF OHIO
My commission has no expiration date.
Section 147.03 R.C.

State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: www.med.ohio.gov

January 11, 2006

Vildan Mullin, M.D.
5231 Gallagher
Whitmore Lake, MI 48189

Dear Doctor Mullin:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio [Board] 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 you or place you on probation for one or more of the following reasons:

(1) You hold a certificate to practice medicine and surgery in the State of Ohio, which certificate was suspended by operation of law on or about July 1, 2004, based on your failure to comply with the biennial registration requirements of Section 4731.281, Ohio Revised Code.

(2) On or about October 17, 2005, the State of Florida Board of Medicine [Florida Board] issued a Final Order, which approved and adopted a Counter Consent Agreement that imposed a fine of $15,000.00, required you to perform 100 hours of community service, required you to complete five hours of continuing medical education in risk management and a Florida Medical Association medical records course, and reprimanded you. The Final Order further required you to present a one hour lecture/seminar on Wrong Site Surgeries. A copy of the Final Order is attached hereto and incorporated herein.

The Florida Board's Final Order, as alleged in paragraph (2) 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 Section 4731.22(B)(22), Ohio Revised Code.

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 days of the time of mailing of this notice.

Mailed 1-12-06
Second mailing 2-22-06

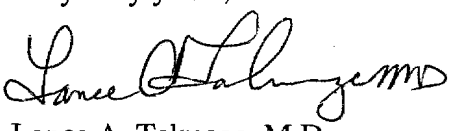
You are further advised that, if you timely request a hearing, you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at 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 you or place you on probation.

Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, 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/blt
Enclosures

CERTIFIED MAIL # 7003 0500 0002 4330 3525
RETURN RECEIPT REQUESTED

Duplicate Mailing: Tallahassee Neurological Clinic
2824-1 Mahan Drive
Tallahassee, FL 32308

CERTIFIED MAIL # 7003 0500 0002 4330 3518
RETURN RECEIPT REQUESTED

Second mailing: 3081 O'Brien Drive
Tallahassee, FL 32308
CERTIFIED MAIL NO. 7003 0500 0002 4329 8081
RETURN RECEIPT REQUESTED
RESTRICTED DELIVERY

Jeb Bush
Governor

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

OHIO STATE MEDICAL BOARD
DEC 2 7 2005

CERTIFICATION

I, **Harmony McClain**, Deputy Agency Clerk and Custodian of Records, HEREBY certify the following to be true and correct as on file with the Department of Health.

Attached is a true and correct copy of the Final Order from, Case Number(s), **200508230** as maintained by the Department of Health. The attached is a regularly received and retained record of the **Board of Medicine** vs **Vildan Mullin**, and is received and retained in the ordinary course of business of the Department of Health.

Harmony McClain
Harmony McClain
Deputy Agency Clerk

Division of Medical Quality Assurance
Central Records Unit, Bin C 01
4052 Bald Cypress Way • Tallahassee, FL 32399-3251

OHIO STATE MEDICAL BOARD

DEC 2 7 2005

Personally appeared before me, the undersigned authority, **Harmony McClain**, Deputy Agency Clerk, Department of Health, Division of Medical Quality Assurance, who being sworn, says that this is a true and correct copy from the official file of the Department of Health.

Harmony McClain
Deputy Agency Clerk

STATE OF FLORIDA
COUNTY OF LEON

Before me, personally appeared **Harmony McClain**, whose identity is personally known to me as Deputy Agency Clerk, and who, acknowledges that his/her signature appears above.

Sworn and subscribed to, before me, this 22nd of December, 2005.

Notary Public-State of Florida

Renada Danzy
Commission # DD370679
Expires November 9, 2008
Bonded Troy Fain - Insurance, Inc. 800-385-7019

Type or Print Name

Final Order No. DOH-05-1735-S -MQA
FILED DATE - 10-18-05
Department of Health
By: Theresa McKown
Deputy Agency Clerk

STATE OF FLORIDA
BOARD OF MEDICINE

OHIO STATE MEDICAL BOARD
DEC 27 2005

DEPARTMENT OF HEALTH,

Petitioner,

vs.

DOH CASE NO.: 2005-08230
LICENSE NO.: ME0086967

VILDAN MULLIN, M.D.,

Respondent.
_____/

FINAL ORDER

THIS CAUSE came before the BOARD OF MEDICINE (Board) pursuant to Sections 120.569 and 120.57(4), Florida Statutes, on October 8, 2005, in Orlando, Florida, for the purpose of considering a Consent Agreement (attached hereto as Exhibit A) entered into between the parties in this cause. Upon consideration of the Consent Agreement, the documents submitted in support thereof, the arguments of the parties, and being otherwise fully advised in the premises, the Board rejected the Consent Agreement and offered a Counter Consent Agreement which was accepted on the record by the parties. The Counter Consent Agreement incorporates the original Consent Agreement with the following amendments:

1. The letter of concern set forth in Paragraph 1 of the Stipulated Disposition shall be deleted.

2. The fine set forth in Paragraph 2 of the Stipulated Disposition shall be increased to $15,000.

OHIO STATE MEDICAL BOARD
DEC 2 7 2005

3. The costs set forth in Paragraph 3 of the Stipulated Disposition shall be set at $852.34.

4. The continuing medical education (CME) set forth in Paragraph 4 of the Stipulated Disposition shall be clarified to require that the CME be pre-approved by the Board's Probation Committee.

5. The community service set forth in Paragraph 6 of the Stipulated Disposition shall be amended to require 100 hours of community service.

6. Respondent shall document completion of the medical records course sponsored by the Florida Medical Association (FMA) within 12 months from the date this Final Order is filed.

7. Respondent shall be and hereby is REPRIMANDED by the Board.

IT IS HEREBY ORDERED AND ADJUDGED that the Consent Agreement as submitted be and is hereby approved and adopted in toto and incorporated herein by reference with the amendments set forth above. Accordingly, the parties shall adhere to and abide by all the terms and conditions of the Consent Agreement as amended.

OHIO STATE MEDICAL BOARD

DEC 2 7 2005

DONE AND ORDERED this 17 day of OCTOBER, 2005.

BOARD OF MEDICINE

Larry McPherson, Jr., Executive Director
for Laurie K. Davies, M.D., Chair

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing Final Order has been provided by U.S. Mail to VILDAN MULLIN, M.D., 3081 O'Brien Drive, Tallahassee, Florida 32308; to Randolph P. Collette, Esquire, FPIC, 1000 Riverside Avenue, Suite 800, Jacksonville, Florida 32204; and by interoffice delivery to Denise O'Brien and Dana Baird, Department of Health, 4052 Bald Cypress Way, Bin #C-65, Tallahassee, Florida 32399-3253 this 18th day of October, 2005.

F:\Users\ADMIN\NANCY\MED\ORD\October 2005\Mullin.CA.wpd

Deputy Agency Clerk

OHIO STATE MEDICAL BOARD

DEC 2 7 2005

STATE OF FLORIDA
DEPARTMENT OF HEALTH

DEPARTMENT OF HEALTH,

Petitioner,

v. DOH Case No. 2005-08230

VILDAN MULLIN, M.D.
Respondent.

CONSENT AGREEMENT

Vildan Mullin, M.D., referred to as the "Respondent," and the Department of Health, referred to as "Department" stipulate and agree to the following Agreement and to the entry of a Final Order of the Board of Medicine, referred to as "Board," incorporating the Stipulated Facts and Stipulated Disposition in this matter.

Petitioner is the state agency charged with regulating the practice of medicine pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes, and Chapter 458, Florida Statutes.

STIPULATED FACTS

1. At all times material hereto, Respondent was a licensed physician in the State of Florida having been issued license number ME 86967.

2. Respondent waived a finding of probable cause as to the alleged violation of Section 456.072(1)(aa), Florida Statutes, contained in the Uniform

OHIO STATE MEDICAL BOARD

DEC 2 7 2005

Complaint filed with the Department. A true and correct copy of the Uniform Complaint is attached hereto as Exhibit A.

3. Respondent neither admits nor denies the allegations of fact contained in the Uniform Complaint for purposes of these proceedings only.

STIPULATED CONCLUSIONS OF LAW

1. Respondent admits that, in his capacity as a licensed physician, he is subject to the provisions of Chapters 456 and 458, Florida Statutes, and the jurisdiction of the Department and the Board.

2. Respondent admits that the facts set forth in the Uniform Complaint, if proven, would constitute a violation of Chapter 456, Florida Statutes.

3. Respondent admits that the Stipulated Disposition in this case is fair, appropriate and acceptable to Respondent.

STIPULATED DISPOSITION

1. **LETTER OF CONCERN.** Respondent shall receive a Letter of Concern from the Board of Medicine.

2. FINE. The Board shall impose an administrative fine in the amount of **ten thousand dollars ($10,000)** against the Respondent, to be paid by Respondent to the Department of Health, HMQAMS/Client Services, P.O. Box 6320, Tallahassee, Florida, 32314-6320, Attention: Board of Medicine Compliance Officer, within **thirty (30) days** of the Final Order accepting this Agreement. All fines

OHIO STATE MEDICAL BOARD
DEC 2 7 2005

shall be paid by check or money order. The Board office does not have the authority to change the terms of payment of any fine imposed by the Board. **THE RESPONDENT ACKNOWLEDGES THAT THE TIMELY PAYMENT OF THE FINE IS HIS LEGAL OBLIGATION AND RESPONSIBILITY AND THE RESPONDENT AGREES TO CEASE PRACTICING IF THE FINE IS NOT PAID AS AGREED TO IN THIS CONSENT AGREEMENT, SPECIFICALLY: IF THE RESPONDENT HAS NOT RECEIVED WRITTEN CONFIRMATION THAT THE FULL AMOUNT OF THE FINE HAS BEEN RECEIVED BY THE BOARD OFFICE WITHIN THIRTY (30) DAYS OF THE FILING OF THIS FINAL ORDER, THE RESPONDENT AGREES TO CEASE PRACTICE UNTIL SUCH WRITTEN CONFIRMATION IS RECEIVED BY THE RESPONDENT FROM THE BOARD.**

3. REIMBURSEMENT OF COSTS. In addition to the amount of any fine noted above, Respondent agrees to reimburse the Department for any administrative costs incurred in the investigation and preparation of this case. The amount of Department costs to be reimbursed in this case is not to exceed one thousand five hundred dollars (1,500.00). Respondent shall pay to the Department of Health, HMQAMS/Client Services, P.O. Box 6320, Tallahassee, Florida, 32314-6320, Attention: Board of Medicine Compliance Officer, within **thirty (30) days** from the entry of the Final Order in this cause. **RESPONDENT ACKNOWLEDGES THAT THE TIMELY PAYMENT OF THE COSTS IS HIS LEGAL OBLIGATION AND RESPONSIBILITY AND RESPONDENT AGREES TO CEASE PRACTICING IF THE COSTS ARE NOT PAID AS AGREED TO IN**

OHIO STATE MEDICAL BOARD
DEC 2 7 2005

THIS CONSENT AGREEMENT, SPECIFICALLY: IF THE RESPONDENT HAS NOT RECEIVED WRITTEN CONFIRMATION THAT THE FULL AMOUNT OF THE COSTS NOTED ABOVE HAS BEEN RECEIVED BY THE BOARD OFFICE WITHIN THIRTY (30) DAYS OF THE FILING OF THIS FINAL ORDER, RESPONDENT AGREES TO CEASE PRACTICE UNTIL SUCH WRIITEN CONFIRMATION IS RECEIVED BY THE RESPONDENT FROM THE BOARD.

4. **CONTINUING MEDICAL EDUCATION.** Within one (1) year of the date of filing of a Final Order in this cause, Respondent shall attend five (5) hours of Continuing Medical Education courses in Risk Management. Respondent shall submit documentation in the form of certified copies of receipts, vouchers, certificates, or other papers, such as physician recognition awards, documenting completion of the continuing medical education within one (1) year of the entry of the Final Order in this matter. All such documentation shall be sent to the Board of Medicine, regardless of whether some or any of such documentation was previously provided during the course of any audit or discussion with counsel for the Department. These hours shall be in addition to those hours required for renewal of licensure. Unless otherwise approved by the Board or the Chairman of the Probation Committee, said continuing medical education courses shall consist of a formal live lecture format.

5. **LECTURE/SEMINAR.** During the first six (6) months following the filing date of a Final Order in this case, Respondent shall present a one (1) hour lecture/seminar on Wrong Site Surgeries. The lecture/seminar shall be presented

OHIO STATE MEDICAL BOARD
DEC 2 7 2005

to staff of an approved medical facility. Respondent shall submit a written plan to the Board for approval prior to performance of said lecture/seminar. Respondent shall also provide written documentation to the Board that said lecture/seminar has been completed within six (6) month of the filing of the Final Order in this case.

6. **COMMUNITY SERVICE** – Respondent shall perform fifty (50) hours of community service within one (1) year of the filing of the Final Order. Community service shall be defined as the delivery of medical services directly to patients, or the delivery of other volunteer services in the community, without fee or cost to the patient or the entity, for the good of the people of the State of Florida. Respondent shall submit a written plan for performance and completion of the community service to the Probation Community for approval prior to performance of said community service. Affidavits detailing the completion of community service requirements shall be filed with the Board as required by the Probation Committee.

7. **MITIGATING FACTORS.** In arriving at this disposition the parties considered the following mitigating factors: Respondent has no prior discipline with Board, there were no legal restraints on Respondent at the time of this single incident, Respondent was honest in his communications with the patient and documentation in the patient records. Additionally, Respondent immediately took remedial measures to prevent another occurrence of a similar nature.

OHIO STATE MEDICAL BOARD
DEC 2 7 2005

STANDARD PROVISIONS

8. **Appearance:** Respondent shall appear before the Board at the meeting of the Board where this Agreement is considered.

9. **No force or effect until final order:** It is expressly understood that this Agreement is subject to the approval of the Board and the Department. In this regard, the foregoing paragraphs (and only the foregoing paragraphs) shall have no force and effect unless a Final Order incorporating the terms of this Agreement is entered by the Board.

10. **Address:** Respondent must keep a current practice address on file with the Board and shall notify the Board within ten (10) days of any change of said address.

11. **Future Conduct:** In the future, Respondent shall not violate Chapters 456, 458 and 893, Florida Statutes, or the rules promulgated pursuant thereto or any other state or federal law, rule, or regulation relating to the practice or the ability to practice medicine. Prior to signing this agreement, the Respondent shall read Chapters 456, 458, and 893, F.S. and the Rules of the Board of Medicine found at Chapter 64B8, Florida Administrative Code.

12. **Violation of terms considered:** It is expressly understood that a violation of the terms of this Agreement shall be considered a violation of a Final Order of the Board, for which disciplinary action may be initiated pursuant to Chapters 456 and 458, Florida Statutes.

OHIO STATE MEDICAL BOARD
DEC 2 7 2005

13. **Purpose of Agreement:** Respondent, for the purpose of avoiding further administrative action with respect to this cause, executes this Agreement. In this regard, Respondent authorizes the Board to review and examine all investigative file materials concerning Respondent prior to or in conjunction with consideration of the Agreement. Respondent agrees to support this Agreement at the time it is presented to the Board. Furthermore, should this Agreement not be accepted by the Board, it is agreed that presentation to and consideration of this Agreement and other documents and matters by the Board shall not unfairly or illegally prejudice the Board or any of its members from further participation, consideration or resolution of these proceedings.

14. **No preclusion of additional proceedings:** Respondent and the Department fully understand that this Agreement and subsequent Final Order incorporating same will in no way preclude additional proceedings by the Board and/or the Department against the Respondent for acts or omissions not specifically set forth in the Uniform Complaint attached as Exhibit A herein.

15. **Waiver of attorney's fees and costs:** Upon the Board's adoption of this Agreement, the parties hereby agree that with the exception of the costs noted above, the parties will bear their own attorney's fees and costs resulting from prosecution or defense of this matter. Respondent waives the right to seek attorney's fees or costs from the Department and the Board in connection with this matter.

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16. **Waiver of further procedural steps:** Upon the Board's adoption of this Agreement, Respondent expressly waives all further procedural steps, and expressly waives all rights to seek judicial review of or to otherwise challenge or contest the validity of the Agreement and the Final Order of the Board incorporating said Agreement.

SIGNED this 11 day of July, 2005.

Vildan Mullin, M.D.

Before me, personally appeared Vildan Mullin, whose identity is known to me by Florida Drivers License (type of identification) and who, under oath, acknowledges that his signature appears above.

Sworn to and subscribed before me this 25 day of July, 2005.

NOTARY PUBLIC

My Commission Expires:

Notary Public State of Florida
Quston M Gelzer
My Commission DD449992
Expires 07/12/2009

APPROVED this 30th day of August, 2005.

John W. Agwunobi, MD, MBA, Secretary
Department of Health

By: Wings S. Benton
Deputy General Counsel
Department of Health

STATE OF FLORIDA
DEPARTMENT OF HEALTH

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DEPARTMENT OF HEALTH,

PETITIONER,

v. **CASE NO. 2005-08230**

VILDAN MULLIN, M.D.,

RESPONDENT.

_____/

ADMINISTRATIVE COMPLAINT

Petitioner, Department of Health, by and through undersigned counsel, files this Administrative Complaint before the Board of Medicine against Respondent, Vildan Mullin, M.D., and in support thereof alleges:

1. Petitioner is the state department charged with regulating the practice of medicine pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 458, Florida Statutes.

2. At all times material to this Complaint, Respondent was a licensed physician within the State of Florida, having been issued license number ME 86967.

3. Respondent's address of record is 3081 O'Brien Drive, Tallahassee, Florida 32308.

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4. Respondent is board certified in pain management.

5. On or about January 21, 2005, Patient E.B., a then 73 year-old male, presented to Respondent with complaints of left hip pain and lateral thigh pain.

6. Respondent's impression of Patient E.B.'s complaints was left-sided low back pain with radiation into the lateral upper leg secondary to possible facet degeneration and degenerative disc disease, but Respondent's belief was it was mostly secondary to facet degeneration.

7. Respondent's recommendation for Patient E.B. was to perform facet blocks at L2, L3, L4, and L5 on the left side for diagnostic purposes, and if that helped Patient E.B., then to perform radiofrequency lesioning.

8. On or about March 4, 2005, Patient E.B. presented to Respondent for a follow-up visit after having undergone medial branch block injections of the left side at L2, L3, L4, and L5 levels.

9. Respondent's impression of Patient E.B. was for radiofrequency lesioning to be performed in the near future.

10. On or about March 31, 2005, Patient E.B. presented to Tallahassee Memorial Hospital (TMH) to undergo radiofrequency lesioning of the left sided lumbar at L2-L3 and L4-L5.

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11. Respondent entered the operating suite and performed a time-out/pause after which Respondent noted that Patient E.B. was not surgically prepped in the manner Respondent practiced.

12. Respondent left the operating suite and returned with additional surgical towels that he used to re-drape Patient E.B. to his standard.

13. Respondent then began the radiofrequency lesioning procedure on Patient E.B.'s right side instead of the left side, without performing another time-out/pause.

14. Respondent completed the radiofrequency lesioning procedure on Patient E.B.'s right side.

15. Respondent realized the error and informed Patient E.B. of the error.

16. Respondent obtained permission from Patient E.B. to perform the left side procedure.

17. Respondent successfully completed the radiofrequency lesioning on Patient E.B.'s left side.

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COUNT ONE

18. Petitioner realleges paragraphs one (1) through seventeen (17) as if fully set forth herein.

19. Section 456.072(1)(aa) Florida Statutes (2004), subjects a licensee to discipline for performing or attempting to perform health care services on the wrong patient, a wrong-site procedure, a wrong procedure, or an unauthorized procedure or a procedure that is medically unnecessary or otherwise unrelated to the patient's diagnosis or medical condition.

20. Respondent performed the wrong surgical procedure when he performed a right sided radiofrequency lesioning on Patient E.B. instead of the left radiofrequency lesioning as consented to by Patient E.B.

19. Based on the foregoing, Respondent has violated Section 456.072 (1)(aa), Florida Statutes (2003), by performing wrong site surgery on Patient E.B.

COUNT TWO

21. Petitioner realleges and incorporates paragraphs one (1) through seventeen (17) as if fully set forth in this count.

22. Section 458.331(1)(nn), Florida Statutes (2004), provides that a physician may be subject to discipline by the Board of Medicine for

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violating any provision of Chapter 458, or Chapter 456, or any rules adopted pursuant thereto.

23. Rule 64B8-9.007, Florida Administrative Code, states in pertinent part:

> (2) This rule is intended to prevent wrong site, wrong side, wrong patient and wrong surgeries/procedures by requiring the team to pause prior to the initiation of the surgery/procedure to confirm the side, site, patient identity, and surgery/procedure.
> (a) Definition of Surgery/Procedure. As used herein, "surgery/procedure" means the incision or curettage of tissue or an organ, insertion of natural or artificial implants, electro-convulsive therapy, and endoscopic procedure. Minor surgeries/procedures such as excision of skin lesions, moles, warts, cysts, lipomas and repair of lacerations or surgery limited to the skin and subcutaneous tissue performed under topical or local anesthesia not involving drug-induced alteration of consciousness other than minimal pre-operative tranquilization of the patient are exempt from the following requirements.
> (b) Except in life-threatening emergencies requiring immediate resuscitative measures, once the patient has been prepared for the elective surgery/procedure and the surgical team has been gathered in the operating room and immediately prior to the initiation of any surgical procedure, the surgical team will pause and the operating physician will verbally confirm the patient's identification, the intended procedure and the correct surgical/procedure site. The operating physician shall not make any incision or perform any surgery or procedure prior to performing this required confirmation. The notes of the procedure

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> shall specifically reflect when this confirmation procedure was completed and which personnel on the surgical team confirmed each item. This requirement for confirmation applies to physicians performing procedures either in office settings or facilities licensed pursuant to Chapter 395, F.S., and shall be in addition to any other requirements that may be required by the office or facility.

24. Respondent failed to comply with Rule 64B8-9.007(2)(b), Florida Administrative Code, by failing to ensure that the "Pause Rule" was properly implemented and followed prior to performing the operative procedure in this matter.

25. Based on the foregoing, Respondent has violated Section 458.331(1)(nn), Florida Statutes (2004), by failing to pause and confirm the correct surgical/procedure site for Patient E.B., in violation of Rule 64B8-9.007(2)(b), Florida Administrative Code.

WHEREFORE, Petitioner respectfully requests that the Board of Medicine enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of Respondent on probation, corrective action, refund of fees

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billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 26th day of August, 2005.

John O. Agwunobi, M.D., M.B.A., M.P.H.
Secretary, Department of Health

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK Theresa McKown
DATE 8-26-05

Lynne A. Quimby-Pennock
Assistant General Counsel
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Florida Bar # 0394572
850.414.8126
850.488.7723 FAX

LAQP/sw

Reviewed and approved by: DKK (initials) 8/25/05 (date)
PCP: Waived PC
PCP Members: NONE

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NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.