



# State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43266-0315 • (614) 466-3934 • Website: [www.state.oh.us/med/](http://www.state.oh.us/med/)

March 11, 1998

Sigmond Harold Nadler, M.D.  
9513 Preston Trail W.  
Ponte Vedra Beach, FL 32082

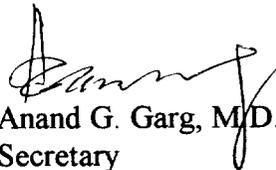
Dear Doctor Nadler:

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 March 11, 1998.

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 233 895 301  
RETURN RECEIPT REQUESTED

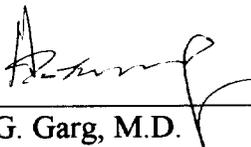
*mailed 3/12/98*

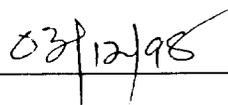
CERTIFICATION

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 March 11, 1998, constitute a true and complete copy of the Findings, Order and Journal Entry in the Matter of Sigmond Harold Nadler, 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

  
\_\_\_\_\_  
Date

**BEFORE THE STATE MEDICAL BOARD OF OHIO**

IN THE MATTER OF

\*

\*

SIGMOND HAROLD NADLER, M.D.

\*

FINDINGS, ORDER AND JOURNAL ENTRY

By letter dated December 3, 1997, notice was given to Sigmond Harold Nadler, 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 last known address of to Sigmond Harold Nadler, M.D., that being 9513 Preston Trail W., Ponte Vedra Beach, Florida, 32082. The notice was returned unclaimed. A second certified mailing to the same address on January 30, 1998 was successful served.

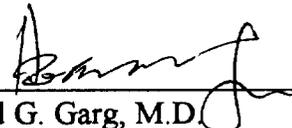
Dr. Nadler timely responded to the Board's notice by letter dated February 3, 1998 and received in the Board offices on February 9, 1998. In that letter, Dr. Nadler indicated that he did not intend to request a hearing.

WHEREFORE, for the reasons outlined in the December 3, 1997 letter of notice, which is attached hereto and incorporated herein, it is hereby ORDERED that the license of to Sigmond Harold Nadler, M.D., to practice medicine and surgery in the State of Ohio be PERMANENTLY REVOKED.

This Order shall become effective IMMEDIATELY.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 11TH day of MARCH, 1998, and the original thereof shall be kept with said Journal.

(SEAL)

  
\_\_\_\_\_  
Anand G. Garg, M.D.  
Secretary

03/12/98  
\_\_\_\_\_  
Date



# STATE MEDICAL BOARD OF OHIO

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

December 3, 1997

Sigmond Harold Nadler, MD  
9513 Preston Trail W.  
Ponte Vedra Beach, FL 32082

Dear Dr. Nadler:

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 February 26, 1997, the State of New York, Department of Health, State Board for Professional Medical Conduct, issued an Order striking your name from the roster of physicians in the State of New York. A copy of the Order is attached hereto and fully incorporated herein. This Order was issued in response to your application to surrender your New York license following the issuance of the Statement of Charges, charging you with gross negligence and gross incompetence in administering improper chemotherapy regimens to six patients.

The Order, as alleged in paragraph (1) above, constitutes "(t)he limitation, revocation, or suspension by another state of a license or certificate to practice issued by the proper licensing authority of that state, the refusal to license, register, or reinstate an applicant by that authority, the imposition of probation by that authority, or the issuance of an order of censure or other reprimand by that authority for any reason, other than nonpayment of fees," 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 (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.

*Mailed 12/4/97  
and Mailing 1/30/98*

Sigmond Harold Nadler, M.D.

Page 2

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,

  
Thomas E. Gretter, M.D.  
Secretary

TEG/par

Enclosures

CERTIFIED MAIL # P152 982 779

RETURN RECEIPT REQUESTED

nadler.doc/transfer disk

SECOND MAILING:

9513 Preston Trail W.

Ponte Vedra Beach, FL 32082

CERTIFIED MAIL RECEIPT NO. Z 233 895 205

RETURN RECEIPT REQUESTED

PS Form 3800, April 1995

2ND MAILING - CITE

Z 233 895 205

Jam

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

Sent to	SIGMOND HAROLD NADLER, M.D.
Street & Number	9513 PRESTON TRAIL W.
Post Office, State, & ZIP Code	PONTE VEDRA BEACH, FL 32082
Postage	\$ 1.24
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$3.69
Postmark or Date	

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:  
 SIGMOND HAROLD NADLER, M.D.  
 9513 PRESTON TRAIL W.  
 PONTE VEDRA BEACH, FL 32082

4a. Article Number  
 2 233 895 205

4b. Service Type  
 Registered  Certified  
 Express Mail  Insured  
 Return Receipt for Merchandise  COD

7. Date of Delivery

5. Received By: (Print Name)

8. Addressee's Address (Only if requested and fee is paid)

6. Signature: (Addressee or Agent)

X

2ND MAILING - CITE

PS Form 3811, December 1994

Domestic Return Receipt

Thank you for using Return Receipt Service.

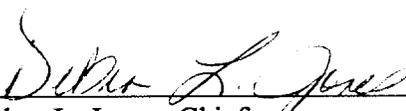
AFFIDAVIT

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 Sigmond Harold Nadler, M.D.;
- 5) That based on such examination, I have found the last known address of record of Sigmond Harold Nadler, M.D., to be:

9513 Preston Trail W.  
Ponte Vedra Beach, FL 32082

- 6) Further, Affiant Sayeth Naught.

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

Sworn to and signed before me, Lauren Lubow, Notary  
Public, this 25<sup>th</sup> day of February, 1998

  
\_\_\_\_\_  
Notary Public

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

December 3, 1997

Sigmond Harold Nadler, MD  
9513 Preston Trail W.  
Ponte Vedra Beach, FL 32082

Dear Dr. Nadler:

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 February 26, 1997, the State of New York, Department of Health, State Board for Professional Medical Conduct, issued an Order striking your name from the roster of physicians in the State of New York. A copy of the Order is attached hereto and fully incorporated herein. This Order was issued in response to your application to surrender your New York license following the issuance of the Statement of Charges, charging you with gross negligence and gross incompetence in administering improper chemotherapy regimens to six patients.

The Order, as alleged in paragraph (1) above, constitutes "(t)he limitation, revocation, or suspension by another state of a license or certificate to practice issued by the proper licensing authority of that state, the refusal to license, register, or reinstate an applicant by that authority, the imposition of probation by that authority, or the issuance of an order of censure or other reprimand by that authority for any reason, other than nonpayment of fees," 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 (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.

*Mailed 12/4/97*

STATE OF NEW YORK : DEPARTMENT OF HEALTH  
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

-----X

IN THE MATTER :  
OF :  
SIGMUND H. NADLER, M.D. :

ORDER  
BPMC # 97-49

-----X

Upon the Application of Sigmund H. Nadler, M.D., to  
Surrender his license as a physician in the State of New York,  
which application is made a part hereof, it is

ORDERED, that the Application and the provisions thereof are  
hereby adopted; it is further

ORDERED, that the name of Respondent be stricken from the  
roster of physicians in the State of New York; it is further

ORDERED, that this Order shall take effect as of the date of  
the personal service of this Order upon Respondent, upon receipt  
by Respondent of this Order via certified mail, or seven days  
after mailing of this Order via certified mail, whichever is  
earliest.

SO ORDERED,

DATED: 26 February 1997

*Charles J. Vacanti*

CHARLES J. VACANTI, M.D.  
Chairperson  
State Board for Professional  
Medical Conduct

RECEIVED  
FEB 26 1997  
STATE BOARD OF MEDICAL EXAMINERS

STATE OF NEW YORK : DEPARTMENT OF HEALTH  
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

-----X

IN THE MATTER : APPLICATION TO  
OF : SURRENDER  
SIGMUND H. NADLER, M.D. : LICENSE

-----X

STATE OF FLORIDA )

ss.:

COUNTY OF DUVAL )

Sigmund H. Nadler, M.D., being duly sworn, deposes and says:

On or about December 31, 1963, I was licensed to practice medicine as a physician in the State of New York having been issued License No. 090330 by the New York State Education Department.

I am not currently registered with the New York State Education Department to practice as a physician in the State of New York.

I understand that I have been charged with One Specification of professional misconduct as set forth in the Statement of Charges, annexed hereto, made a part hereof, and marked as Exhibit "A".

I am applying to the State Board for Professional Medical

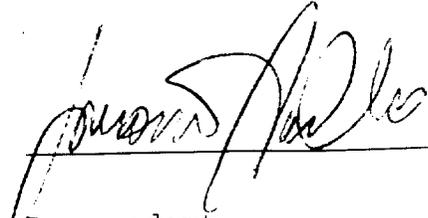
Conduct for permission to surrender my license as a physician in the State of New York on the grounds that I cannot successfully defend against the allegations.

I hereby make this application to the State Board for Professional Medical Conduct and request that it be granted.

I understand that, in the event that the application is not granted by the State Board for Professional Medical Conduct, nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against me, such application shall not be used against me in any way, and shall be kept in strict confidence during the pendency of the professional misconduct disciplinary proceeding; and such denial by the State Board for Professional Medical Conduct shall be made without prejudice to the continuance of any disciplinary proceeding and the final determination by a Committee on Professional Medical Conduct pursuant to the provisions of the Public Health Law.

I agree that in the event the State Board for Professional Medical Conduct grants my application, an order shall be issued striking my name from the roster of physicians in the State of New York without further notice to me.

I am making this Application of my own free will and accord and not under duress, compulsion, or restraint of any kind or manner.

  
Respondent

Sworn to before me this  
13<sup>th</sup> day of February 1997

  
NOTARY PUBLIC



JENNIFER J. GUTHRIE  
COMMISSION # CC 589835  
EXPIRES OCT 1, 2000  
BONDED THRU  
ATLANTIC BONDING CO., INC.

STATE OF NEW YORK : DEPARTMENT OF HEALTH  
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

-----X

IN THE MATTER : APPLICATION TO  
OF : SURRENDER  
SIGMUND H. NADLER, M.D. : LICENSE

-----X

The undersigned agree to the attached application of the Respondent to surrender his license.

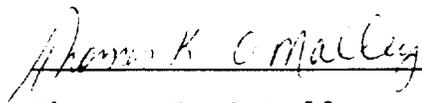
Date: 2/13, 1997

  
\_\_\_\_\_  
Sigmund H. Nadler  
Respondent

Date: \_\_\_\_\_, 1997

\_\_\_\_\_  
, Esq.  
Attorney for Respondent

Date: February 11, 1997

  
\_\_\_\_\_  
Thomas K. O'Malley  
Associate Counsel  
Bureau of Professional  
Medical Conduct

Date: February 24, 1997

Anne Saile

ANNE F. SAILE  
DIRECTOR  
Office of Professional Medical  
Conduct

Date: 26 February, 1997

Charles J. Vacanti

CHARLES J. VACANTI, M.D.  
Chairperson, State Board  
for Professional Medical Conduct

STATE OF NEW YORK : DEPARTMENT OF HEALTH  
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

-----X

IN THE MATTER : STATEMENT  
OF : OF  
SIGMUND H. NADLER, M.D. : CHARGES

-----X

Sigmund H. Nadler, M.D., the Respondent, was authorized to practice medicine in New York State on December 31, 1963, by the issuance of license number 090330 by the New York State Education Department. The Respondent is not currently registered with the New York State Education Department. Respondent's current address is 9513 Preston Trail, Ponte Vedra Beach, Florida 13210.

**FACTUAL ALLEGATIONS**

A. On or about and between 1981 and 1995, Respondent, who is not Board Certified but specialized in Oncology, treated six (6) patients for different stages and types of cancer at his then office located in N.Tonowanda, New York. Said patient names are listed in the attached Appendix. While treating said patients Respondent administered improper chemotherapy regimens including incorrect types, dosages, and durations.