## IN AND BEFORE THE OKLAHOMA STATE BOARD **OF MEDICAL LICENSURE AND SUPERVISION** STATE OF OKLAHOMA

STATE OF OKLAHOMA	, FILED
EX REL. THE OKLAHOMA BOARD	ý
OF MEDICAL LICENSURE	) NOV - 7 2013
AND SUPERVISION,	)
Plaintiff,	) OKLAHOMA STATE BOARD OF MEDICAL LICENSURE & SUPERVISION
	)
v.	) Case No. 13-04-4718
BERNARD FIORAVANTI, M.D.	)
LICENSE NO. MD 11797	)
	)
Defendant.	)
VOLUNTARY SURRE	NDER OF LICENSE

## IN LIEU OF PROSECUTION

State of Oklahoma	)
Oklahoma County	)

.

I, Bernard Fioravanti, M.D., being of lawful age and after first being duly sworn, depose and state as follows:

- 1. I hereby voluntarily surrender my medical license no. 11797.
- 2. The surrender of my license is freely and voluntarily made. I have not been subject to any coercion or duress, and I am fully aware of the consequences of the surrender of my license.
- 3. I am the subject of an investigation by the Oklahoma State Board of Medical Licensure and Supervision involving allegations that, if proven, would constitute grounds for disciplinary action by the Board.
- 4. I ordered and had delivered to my residence the following:

## 2,800 Hydrocodone 10/500 tabs;

3,300 Diazepam 10 mg tabs; 1,600 Alprazolam 1.0 mg tab; and 9,000 Phentermine, 37.5 mg tabs

- 5. On January 4, 2013, during an inventory of my residence, 766 tabs of Phentermine and 910 tabs of Diazepam were found. There were no Hydrocodone or Alprazolam tablets found on the premises. I subsequently voluntarily surrendered my DEA drug permit.
- 6. On May 7, 2013 I met with Board Investigator SW. I told SW that I ordered and personally used the CDS for "legitimate medical conditions." I told SW that I have peripheral neuropathy and prescribed the meds as I thought it was best to treat this condition.
- On May 9, 2013 I emailed Board Investigator SW advising I would be going to Talbott Recovery Center (Talbott) in June of 2013 for the purposes of an assessment. After said assessment was completed, I told Board Investigator SW that I was not in agreement with Talbott's opinions and/or recommendations.
- 8. I understand the Talbott report states, in part:

"It is the opinion of this facility's assessment team that Dr. Fioravanti *cannot practice medicine with safety* in regard to chemical dependence."

And further states:

"It is the opinion of this facility's assessment team that Dr. Fioravanti is a candidate for and *should attend treatment for chemical dependency...*"

- 9. The allegations to which I have pled guilty are as follows:
  - a. Habitual intemperance or the habitual use of habit-forming drugs in violation of Title 59 O.S. §509.4;
  - Failure to keep complete and accurate records of purchase and disposal of controlled drugs or of narcotic drugs in violation of Title 59 O.S. §509.10;
  - c. The inability to practice medicine with reasonable skill and safety to patients by reason of age, illness, drunkenness, excessive use of drugs, narcotics, chemicals, or any other type of material as a result of any mental or physical condition in violation of Title 59 O.S. §509.15;
  - d. Purchasing or prescribing any regulated substance in Schedule I through V, as defined by the Uniform CDS Act, for the physician's

personal use in violation of Oklahoma Administrative Code Title 435:10-7-4(5);

- e. Prescribing, administering, distributing, ordering, or giving any drug legally classified as a controlled substance or recognized as an addictive dangerous drug to himself in violation of Oklahoma Administrative Code Title 435:10-7-4(26);
- f. The inability to practice medicine with reasonable skill and safety to patients by reason of age, illness, drunkenness, excessive use of drugs, narcotics, chemicals, or any other type of material or as a result of any mental or physical condition in violation of Oklahoma Administrative Code Title 435:10-7-4(40).
- 10. I hereby submit my wallet card and wall certificate as evidence of my intent to surrender my license.
- 11. I hereby agree that I will not apply for reinstatement of my Oklahoma medical license for a minimum of one year from the entry of the Order Accepting Voluntary Surrender in Lieu of Prosecution, and that if the Board ever reinstates my Oklahoma medical license, it will be under terms of probation to be set by the Board at the time of reinstatement.
- 12. As a condition to accepting my surrender of license in lieu of prosecution, I acknowledge that the Board may require me to pay all costs expended by the Board for any legal fees and costs and any investigation, probation and monitoring fees, including but not limited to staff time, salary and travel expense, witness fees and attorney fees.

DATED this <u>41</u> day of <u>November</u>, 2013.

Bernard Fioravanti, MD 11797

Subscribed and sworn before me this  $4t^{t}$  day of <u>November</u> 2013.

Un Mard

Notary Public



## ACCEPTED:

-1/

Gerald C. Zumwalt, M.D. Secretary Oklahoma State Board of Medical Licensure and Supervision

Date: 11-7-13