

Karl E. Lee, D.M.D.
211 Market Street West
Gaithersburg, Maryland 20878

Arthur C. Jee, D.M.D.
Board President
Maryland State Board of Dental Examiners
Spring Grove Hospital Center
Benjamin Rush Building
55 Wade Avenue/Tulip Drive
Catonsville, Maryland 21228

RE: Surrender of License to Practice Dentistry
License Number: 8328
Case Number: 2015-197

Dear Dr. Jee and Members of the Board:

Please be advised that I have decided to **SURRENDER** my license to practice dentistry in the State of Maryland, License Number 8328, effective January 2, 2018. I understand that upon the Board's acceptance and the effective date of this letter of surrender, I may not represent myself to the public by title, by description of services, methods, procedures, or otherwise that I am a licensed to practice dentistry in Maryland, as it is defined in the Maryland Dentistry Act (the "Act"), Md. Code Ann., Health Occ. I ("Health Occ. I") § 4-101.

I agree and affirm that prior to the effective date of this Letter of Surrender, I will not provide patient care or practice clinical dentistry in any form, including, but not limited to, diagnosis, treatment planning, restoration and rendering of dental treatment. I understand that I can continue to operate my dental practice until the effective date of this Letter of Surrender so long as I retain a Maryland licensed dentist to provide patient care.

I understand that upon the Board's acceptance, this Letter of Surrender becomes a **FINAL ORDER** of the Board. I understand that the surrender of my license means that I am in the same position as an unlicensed individual.

My decision to surrender my license to practice dentistry in Maryland was prompted by the Maryland State Board of Dental Examiners' (the "Board's") investigation of my license and my intent to retire from the practice of dentistry. The Board's investigation resulted in its subsequent issuance of disciplinary charges (the "Charges") against me, dated August 16, 2017. The Board based its Charges on grounds that I violated the following provisions of the Act: practices dentistry in a professionally incompetent manner or in a grossly incompetent manner, in violation of Health Occ. I § 4-315(a)(6); behaves dishonorably or unprofessionally, or violates a

professional code of ethics pertaining to the dentistry profession, in violation of § 4-315(a)(16); and violates any rule or regulations adopted by the Board, *i.e.* Md. Code Regs. ("COMAR") 10.44.23.01B, C(2) and (8), COMAR 10.44.30.02K(2), COMAR 10.44.30.03A(5) and (18) and COMAR 10.44.30.05. **A copy of the Charges is attached hereto and incorporated herein.**

The Board's investigation determined that during a practice review of seven patient charts, my care and treatment of six of the patients were deficient for reason including, but not limited to: failing to diagnose and treat new and recurrent caries identifiable on radiographs; failing to entirely remove decay prior to placement of restorations; administering inadequate and ill-fitting restorations; placing inadequate crowns with open margins; and failing to keep adequate dental records.

I have decided to surrender my license due to my plan to retire and to avoid prosecution of these disciplinary charges. I acknowledge that if the Board were to proceed with an evidentiary hearing in this matter, the State would be able to prove by a preponderance of the evidence that I violated the foregoing provisions of the Act. I acknowledge for all purposes relevant to my licensure, that the allegations of fact contained in the Charges against me will be treated as proven.

I wish to state clearly that I have voluntarily, knowingly, and freely chosen to submit this Letter of Surrender. I understand that, by the execution of this Letter of Surrender, I am waiving the right to contest the Charges in a formal evidentiary hearing at which I would have the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf and to all other substantive and procedural protections provided by law, including the right to appeal.

I acknowledge that upon the effective date of this Letter of Surrender, I shall surrender to the Board my Maryland dental license, number 8328, including any wall certificate, renewal certificates and wallet-sized renewal cards in my possession. I understand that the Board will advise the National Practitioner Data Bank of this Letter of Surrender, and in any response to inquiry, that I have surrendered my license in lieu of disciplinary action under the Act as resolution of the matters pending against me. I also understand that in the event I would apply for licensure in any form in any other state or jurisdiction, that this Letter of Surrender, and all underlying documents, may be released or published by the Board to the same extent as a final order that would result from disciplinary action pursuant to Md. Code Ann., General Prov. §§ 4-101 *et seq.* (2014).

I further recognize and agree that by submitting this Letter of Surrender, my license in Maryland will remain surrendered for a minimum of one (1) year and until such time as I apply for reinstatement and comply with the terms and conditions set forth in this letter and those determined by the Board.

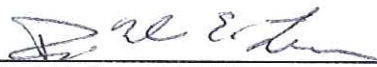
I also understand that if I apply for reinstatement in Maryland or for a new Maryland license that I bear the burden of demonstrating to the Board that I meet all the

qualifications to obtain a dental license under the Act. I understand that when applying for reinstatement or a new Maryland license, my petition or application may be accepted or denied by the Board in its sole discretion without a hearing.

I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason whatsoever. I understand the nature and effect of both the Board's actions and this Letter of Surrender fully. I acknowledge that I understand the language, meaning, terms, and effect of this Letter of Surrender. I acknowledge that I had the opportunity to consult with an attorney, but decided not to consult an attorney, before signing this Letter of Surrender and I make this decision knowingly and voluntarily and without any duress.

Sincerely yours,

11. 22. 17
Date


Karl E. Lee, D.M.D.

NOTARY PUBLIC

STATE OF MARYLAND
CITY/COUNTY OF MONTGOMERY

I HEREBY CERTIFY that on this 22 day of October, 2017, before me, a Notary Public of the State and City/County aforesaid, personally appear Karl E. Lee, D.M.D., and declared and affirmed under the penalties of perjury that signing the foregoing Letter of Surrender was his voluntary act and deed.

AS WITNESS my hand and Notarial seal.

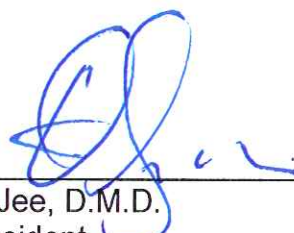

Notary Public

My Commission expires: Eileen B. Coe
Notary Public State of Maryland
Montgomery County
My Commission Expires August 6, 2021



ACCEPTANCE

On this 6th day of December, 2017, I, Arthur C. Jee, D.M.D., on behalf of the Maryland State Board of Dental Examiners, accept Karl E. Lee's **PUBLIC SURRENDER** of his license to practice dentistry in the State of Maryland.



Arthur C. Jee, D.M.D.
Board President
Maryland State Board of Dental Examiners

IN THE MATTER OF

*

BEFORE THE

KARL E. LEE, D.M.D.

*

MARYLAND STATE BOARD

Respondent

*

OF DENTAL EXAMINERS

License Number: 8328

*

Case Number: 2015-197

* * * * *

CHARGES UNDER THE MARYLAND DENTISTRY ACT

The Maryland State Board of Dental Examiners (the "Board") hereby charges **KARL E. LEE, D.M.D.** (the "Respondent"), License Number 8328, with violating the Maryland Dentistry Act (the "Act"), Md. Code Ann., Health Occ. I ("Health Occ. I") §§ 4-101 *et seq.* (2014 Repl. Vol.) and Md. Code Regs. ("COMAR") 10.44 *et seq.*

Specifically, the Board charges the Respondent with violating the following provisions of the Act under Health Occ. I § 4-315 and COMAR 10.44 *et. seq.*:

Health Occ. I § 4-315. Denials, reprimand, probations, suspension, and revocations— Grounds.

(a) *License to practice dentistry* – Subject to the hearing provisions of § 4-318 of this subtitle, the Board may ... reprimand any licensed dentist, place any licensed dentist on probation, or suspend or revoke the license of any licensed dentist, if the ... licensee:

- (6) Practices dentistry in a professionally incompetent manner or in a grossly incompetent manner;
- (16) Behaves dishonorably or unprofessionally, or violates a professional code of ethics pertaining to the dentistry profession; [and]
- (20) Violates any rule or regulation adopted by the Board[.]

The pertinent provisions of the Board's regulations, including regulations pertaining to unprofessional or dishonorable conduct, provide:

COMAR 10.44.23.01 Unprofessional or Dishonorable Conduct

- B. A dentist . . . may not engage in unprofessional or dishonorable conduct.
- C. The following shall constitute unprofessional or dishonorable conduct in the practice of dentistry . . .:
 - (2) Engaging in conduct which is unbecoming a member of the dental profession; [and]
 - (8) Committing any other unprofessional or dishonorable act or omission in the practice of dentistry . . .[.]

COMAR 10.44.30.02 General Provisions for Handwritten, Typed and Electronic Health Records.

- K. Dental records shall:
 - (2) Be detailed.

COMAR 10.44.30.03 Clinical Charts.

- A. Each patient's clinical chart shall include at minimum the following:
 - (5) Diagnosis and treatment notes; [and]
 - (18) Details regarding referrals and consultations[.]

COMAR 10.44.30.05 Violations.

Failure to comply with this chapter constitutes unprofessional conduct and may constitute other violations of law.

ALLEGATIONS OF FACT¹

The Board bases its charges on the following facts that the Board has reason to believe are true:

I. BACKGROUND

1. At all times relevant, the Respondent was licensed to practice dentistry in the State of Maryland. The Respondent was initially licensed to practice dentistry in Maryland on or about April 26, 1984, under License Number 8328. The Respondent's license is current through June 30, 2018.²

2. At all times relevant, the Respondent practiced general dentistry at a dental practice (the "Practice")² in Gaithersburg, Maryland.

II. COMPLAINT

3. On or about April 17, 2015, the Board received a formal written complaint from the spouse of the Respondent's patient ("Patient A"), on behalf of Patient A.

4. The complaint alleged that the Respondent provided dental care to Patient A from or around 2001 to 2014, during which time the Respondent provided inadequate treatment, causing considerable complications and requiring corrective treatment.

III. BOARD INVESTIGATION

5. The Board initiated an investigation as a result of the filing of the above complaint.

¹ The allegations set forth in these charges are intended to provide the Respondent with notice of the Board's action. They are not intended as, and do not necessarily represent, a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent in connection with these charges.

² To protect confidentiality, the name of the Complainant, patients, other dentists or dental practices will not be identified by name in this document. The Respondent may obtain the identity of all individuals/entities referenced herein by contacting the assigned administrative prosecutor.

6. In the course of its investigation, the Board subpoenaed Patient A's dental records and a narrative regarding Patient A's dental treatment from the Respondent and two subsequent treating dentists.

7. The Board further subpoenaed six additional patient dental records from the Respondent and submitted them to a licensed dentist (the "Board Expert") who specialized in general dentistry for a practice review. Based on his review, the Board Expert determined that the Respondent was "professionally incompetent regarding his diagnostic skills and practices in a grossly incompetent manner."

A. Summary of Deficiencies

8. The Respondent's care and treatment of Patients A through F were deficient for reasons including:

- a. Failing to diagnose and treat new and recurrent caries identifiable on radiographs;
- b. Failing to entirely remove decay prior to placement of restorations;
- c. Administering inadequate and ill-fitting restorations; and
- d. Placing inadequate crowns with open margins.

B. Patient-Specific Allegations

Patient A

9. Patient A, a male born in the 1960s, received dental care from the Respondent from in or about 2001 to 2014. Patient A initially presented to the Respondent on or about December 15, 2001, for an initial examination and dental prophylaxis. The Respondent took two bitewing radiographs and noted presence of caries on teeth #18, 19, 30 and 31.

Tooth #18

10. A review of radiographs taken of Patient A on or about December 15, 2001, revealed deep mesial³ decay on Tooth #18. On or about December 17, 2001, the Respondent placed a two surface restoration on Tooth #18.

11. On or about October 1, 2002, Patient A returned for an emergency examination on Tooth #18. After crown preparation, on or about December 13, 2002, the Respondent placed a porcelain-fused-to-metal ("PFM") dental crown on Tooth #18.

12. On or about August 11, 2003, Patient A saw the Respondent for examination and prophylaxis. The Respondent noted that radiograph findings were within normal limit, but a review of them showed the crown on Tooth #18 was ill-fitted with an open margin.

13. Subsequently, annual bitewing radiographs of Patient A for the next ten years from 2004 to 2014 continued to show open mesial margin with recurrent caries on Tooth #18, which the Respondent failed to treat. The open margin allowed for contamination of the tooth from the oral environment.

14. On or about April 15, 2014, Patient A saw the Respondent for an emergency examination as a result of fractured crown on Tooth #18. After preparation, the Respondent placed a new PFM crown on Tooth #18 on or about July 11, 2014. Patient A returned on or about October 30, 2014, for a limited evaluation. The radiograph exposed during this visit showed that the new crown on Tooth #18 was again ill-fitted with poor marginal integrity.

³ Throughout this document, the following abbreviations will be used to reference certain tooth surfaces: buccal (B), distal (D), facial (F), lingual (L), mesial (M) and occlusal (O).

Tooth #19

15. The Respondent initially noted questionable caries on Tooth #19 during Patient A's initial visit on or about December 15, 2001. Subsequent annual bitewing radiographs taken from 2005 through 2014 all revealed progressively deepening decay on Tooth #19, which the Respondent failed to treat.

16. On or about October 30, 2014, a periapical radiograph taken showed deepening decay in Tooth #19, which the Respondent treated with intermediate restorative materials. On or about November 3, 2014, the Respondent initiated crown treatment including a crown build up of Tooth #19.

17. On or about November 8, 2014, the Respondent saw Patient A for an emergency examination based on his complaint of sensitivity associated with Tooth #19. The Respondent referred Patient A for a endodontic consultation. Patient A subsequently received root canal therapy from an endodontist on or about January 14, 2015. On or about February 24, 2015, the Respondent placed a P2Z crown on Tooth #19.

Teeth #30 and 31

18. The Respondent initially noted caries on Teeth #30 and 31 during Patient A's initial visit on or about December 15, 2001. On or about January 15, 2002, the Respondent placed restorations with composite resin on Teeth #30 and 31. A bitewing radiograph taken on or about August 11, 2003, showed some original and recurrent decay.

19. Subsequent annual bitewing radiographs taken from 2004 through 2012 showed evident decay on Teeth #30 and 31, which the Respondent failed to treat. On

or about January 12, 2012, the Respondent placed composite resin restoration in Teeth #30 and 31.

20. On or about January 11, 2013, Patient A saw the Respondent for an examination and prophylaxis. Two bitewing radiographs taken that day showed recurrent decay on Teeth #30 and 31, and an open margin on Tooth #31. The Respondent initiated crown treatment of Tooth #30 on or about January 17, 2013, and cemented a PFM crown on or about February 5, 2013.

21. Subsequent radiographs taken on January 17, 2014, and July 8, 2014, showed an ill-fitted crown with open margin on Tooth #30 and recurrent decay and open margin of the restoration in Tooth #31, both of which the Respondent failed to treat.

22. The Respondent's care and treatment of Patient A as described above were deficient for reasons including, but not limited to:

- a. Failing to adequately diagnose caries and deepening decay, which were continuously revealed in annually taken radiographs; and
- b. Failing to perform proper dental restorations and crown fitting, which resulted in open margins that allowed for contamination of the teeth from the oral environment resulting in recurrent decay.

Patient B

23. Patient B initially presented to the Respondent on or about May 15, 2012, with complaints of dry mouth from taking medications. The Respondent performed an oral examination, dental prophylaxis and took two bitewing radiographs. The Respondent noted caries on Teeth #18, 31 and 3 but failed to document periodontal diagnosis, soft tissue findings and oral cancer findings.

Tooth #31

24. The Respondent noted that Patient B had caries on Teeth #31 at B's initial examination on May 15, 2012.

25. On or about July 3, 2012, the Respondent performed a three-surface restoration - MOD - on Tooth #31.

26. Bitewing radiographs exposed on June 7, 2013, revealed large amounts of decay secondary to the restoration on Tooth #31, which the Respondent failed to treat.

27. On or about February 5, 2014, Patient B complained of severe discomfort with Tooth #31, and the Respondent referred her to an oral surgeon. The Respondent's subsequent progress notes indicated that an oral surgeon extracted Tooth #31 on or about February 17, 2014.

Tooth #3

28. On or about December 12, 2012, the Respondent diagnosed Patient B with caries on Tooth #3. On this date, the Respondent performed a three-surface restoration - MOL - on Tooth #3.

29. On or about November 25, 2013, the Respondent saw Patient B due to fracture of the restoration on Tooth #3. The Respondent initiated crown treatment on or about January 8, 2014, and cemented a PFM crown on Tooth #3 on or about February 5, 2014.

30. On or about August 1, 2014, Patient B presented to the Respondent with complaints of pain in the upper right quadrant. Periapical radiograph exposed showed the crown on Tooth #3 to be ill-fitting with open margins. The Respondent diagnosed Patient B with "possible perio infection" and prescribed Peridex oral rinse.

31. On or about January 3, 2015, Patient B presented with complaints of pain to the upper right quadrant. The Respondent took a periapical radiograph, which showed M decay secondary to the previously placed crown. The Respondent referred Patient B for root canal therapy ("RCT") on Tooth #3, which another dentist completed on or about January 23, 2015. Subsequently on or about July 15, 2015, an oral surgeon extracted Tooth #3.

32. The Respondent's care and treatment of Patient B were deficient for reasons including:

- a. Failing to document periodontal diagnosis, soft tissue findings and oral cancer findings at the initial visit on or about May 15, 2012; and
- b. Failing to timely diagnose caries and provide proper restorative treatments on Tooth #31 and 3.

Patient C

33. Patient C initially presented to the Respondent on or about April 26, 2011, for an oral examination and dental prophylaxis. The Respondent took two bitewing radiographs and noted that Patient C had caries on Teeth #29 and #30. The Respondent subsequently placed restorations in both teeth on or about May 3, 2011.

Tooth #30

34. Patient C reported discomfort associated with Tooth #30 from on or about May 5, 2011 to on or about June 15, 2011. Periapical film exposed on May 24, 2011 showed the restoration in Tooth #30 to have poor marginal adaptation, not sealing the tooth from the oral environment. Another dentist performed RCT on Tooth #30 on or about August 3, 2011, and the Respondent cemented a crown on or about August 29, 2011.

35. Bitewing radiographs from on or about April 19, 2012, April 16, 2013, and October 14, 2015, all indicated that the crown placed on Tooth #30 had open margins on the distal surface.

36. The Respondent's care and treatment of Patient C were deficient for reasons including:

- a. Providing substandard quality of care in the direct restoration and subsequent crown placement on Tooth #30, which failed to adequately seal the tooth from the oral environment.

Patient D

37. Patient D initially presented to the Respondent on or about May 9, 2006, for an oral examination and dental prophylaxis.

Teeth #2 and #13

38. On or about January 11, 2007, Patient D saw the Respondent for periodic examination and dental prophylaxis. The Respondent took two bitewing radiographs, which revealed, among others, caries in Teeth #2 and #13. The Respondent failed to diagnose and document the caries in the progress notes and failed to formulate treatment plans to address the caries.

39. On or about June 12, 2008, the Respondent took two left-sided bitewing radiographs, which again revealed, among others, caries on Tooth #13. The Respondent subsequently restored Tooth #13 with composite resin on or about June 18, 2008.

40. On or about December 4, 2008, the Respondent saw Patient D due to pain in Tooth #2.⁴ As a result, Patient D was referred to an endodontist, who performed a RCT. Radiographs exposed on or about June 16, 2009, October 6, 2010, and

⁴ Tooth #2 remained untreated since the January 11, 2007 radiographs revealed decay.

October 6, 2011, revealed deepening caries on Tooth #13. The Respondent failed to diagnose and document the caries in the progress notes for those dates and failed to formulate a treatment plan to address the caries.

Tooth #14

41. Bitewing radiographs taken on or about January 11, 2007, revealed caries on Tooth #14, which the Respondent failed to document and treatment plan.

42. Additional bitewing radiographs exposed on or about June 12, 2008, June 16, 2009, October 6, 2010 and October 6, 2011, all revealed deepening caries on Tooth #14, which the Respondent failed to diagnose and document in the progress notes and which he failed to formulate a treatment plan to address.

43. The Respondent failed to provide any treatment to Tooth #14 until on or about September 6, 2012, when he referred Patient D to a dental specialist who later extracted Tooth #14 due to pulpitis.

Tooth #20

44. Bitewing radiographs taken on or about January 11, 2007, and June 12, 2008, revealed, among others, caries on Tooth #20, which the Respondent failed to diagnose and document, and which he failed to formulate a treatment plan to address.

45. On or about September 11, 2008, the Respondent performed an occlusal restoration on Tooth #20 but left an area of distal decay untreated. The untreated decay was visible in the bitewing radiographs taken on or about June 16, 2009.

46. On or about August 26, 2009, Respondent saw Patient D due to pain in Tooth #20. Periapical radiograph indicated decay secondary to the existing restoration from September 11, 2008, which the Respondent again failed to treat.

47. On or about October 6, 2010, Patient D saw the Respondent complaining of pain. Bitewing radiographs exposed that date revealed the untreated caries on Tooth #20. On or about October 19, 2010, the Respondent performed a restoration with composite resin on Tooth #20 and referred Patient D to an endodontist for root canal therapy.

Teeth #30

48. On or about June 16, 2008, the Respondent performed a restoration on Tooth #30 with composite resin. On or about June 16, 2009, the restoration dislodged and the Respondent cemented a PFM crown on or about August 26, 2009.

49. The crown became dislodged on or about December 29, 2009, and December 31, 2010, and the Respondent re-cemented it.

50. The crown on Tooth #30 became dislodged and was re-cemented again on or about August 30, 2011.

51. Radiographs exposed on or about October 6, 2011, revealed the crown of Tooth #30 to be missing. The Respondent referred Patient D to an oral surgeon, who extracted Tooth #30 on or about November 8, 2011.

Tooth #31

52. Bitewing radiographs exposed on or about October 6, 2010, and October 6, 2011, revealed caries on Tooth #31, which the Respondent failed to diagnose, document and treat.

53. On or about August 22, 2013, Patient D presented for an emergency examination for a possible fracture of Tooth #31. The Respondent referred Patient D to an endodontist, who performed a RCT on Tooth #31.

54. On or about November 27, 2013, the Respondent prepped Tooth #31 and cemented a PFM crown on or about February 1, 2014.

55. The Respondent's care and treatment of Patient D were deficient for reasons including, but not limited to:

- a. Failing to diagnose, document and treat new and recurrent caries that were identifiable on radiographs; and
- b. Failing to diagnose and treat caries on Teeth # 13, 14 and 30 in a timely manner, which resulted in their eventual extraction.

Patient E

56. Patient E presented to the Respondent on or about July 8, 2000, for discomfort associated with Tooth #6. Tooth #6 was subsequently treated with root canal therapy and crown placement.

Teeth #11, 12 and 13

57. Bitewing radiographs taken on or about June 3, 2009, and March 1, 2011, revealed deepening caries on Teeth #11, 12 and 13. The Respondent failed to diagnose, document and treat those caries.

58. On or about March 10, 2011, the Respondent place composite resin restorations on Teeth #11 and 12. The restoration on Tooth #11 was removed and replaced on or about April 14, 2011, due to a patient complaint of sensitivity.

59. On or about September 7, 2011, the Respondent placed a crown on Tooth #12. The Respondent documented in the progress notes that Patient E had a prior RCT. However, Patient E's progress notes did not show a prior referral for RCT.

60. A restoration on Tooth #11, placed on or about April 14, 2011, was dislodged and the Respondent replaced it on or about February 22, 2012. On or about

November 19, 2012, the Respondent referred Patient E for RCT on Tooth #11 after the patient reported thermal sensitivity on the tooth. A periapical radiograph revealed caries on Tooth #11 that either re-occurred or were not thoroughly removed previously.

61. Bitewing radiographs taken on or about April 4, 2013, showed Tooth #13 being present. Approximately a year later, bitewing radiographs taken on April 17, 2014, showed Tooth #13 missing with no documentation as to the circumstances surrounding the extraction.

62. The Respondent's care and treatment of Patient E ere deficient for reasons including but not limited to:

- a. Failing to diagnose, document and treat caries that were identifiable on radiographs in a timely manner;
- b. Failing to provide adequate restorative treatment, which resulted in the necessity for RCT; and
- c. Failing to document referrals for RCT.

Patient F

Tooth #15

63. Patient F initially presented to the Respondent on or about September 9, 1999, with complaints concerning the existing crown on Tooth 9. The Respondent replaced and cemented a new crown on Tooth #9 on or about October 18, 1999.

64. Bitewing radiographs exposed on or about September 14, 2009, September 15, 2010, September 14, 2011, September 19, 2012, and March 20, 2013 revealed caries on Tooth #15. The Respondent did not restore Tooth #15 until September 10, 2013, four years after initial documentation of caries.

65. The Respondent's care and treatment of Patient F were deficient in that he failed to timely diagnose and provide treatment for caries on Tooth #15, which was revealed in radiographs exposed four years prior to eventual treatment.

IV. GROUNDS FOR DISCIPLINE

66. The Respondent's care and treatment of Patients A through F, as described above, constitute: practicing dentistry in a professionally incompetent manner or in a grossly incompetent manner, in violation of Health Occ. I § 4-315(a)(6); behaving dishonorably or unprofessionally, or violating a professional code of ethics pertaining to the dentistry profession, in violation of Health Occ. I § 4-315(a)(16); and violating any rule or regulation adopted by the Board, *i.e.* COMAR 10.44.23.01B and C(2) and (8), COMAR 10.44.30.02K(2), COMAR 10.44.30.03A(5) and (18), and COMAR 10.44.30.05, in violation of Health Occ. I § 4-315(a)(20).

NOTICE OF POSSIBLE SANCTIONS

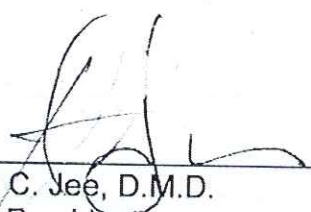
If, after a hearing, the Board finds that the Respondent violated the Maryland Dentistry Act, Health Occ. I §§ 4-315(a)(6), (16) and/or (20), and/or COMAR 10.44.23.01 B and C(2) and/or (8), COMAR 10.44.30.02K(2), COMAR 10.44.30.03A(5) and (18), and/or COMAR 10.44.30.05, the Board may impose disciplinary sanctions against the Respondent's license in accordance with the Board regulations under COMAR 10.44.31.01 *et seq.*, including reprimanding the Respondent, placing the Respondent on probation, or suspend or revoke the Respondent's license, and/or may impose a monetary penalty.

NOTICE OF CASE RESOLUTION CONFERENCE

A case resolution conference ("CRC") has been scheduled for **WEDNESDAY, OCTOBER 4, 2017, at 10:45 a.m.**, at the Board's Office, Spring Grove Hospital Center, Benjamin Rush Building, 55 Wade Avenue/Tulip Drive, Catonsville, Maryland 21228.

The nature and purpose of the CRC is described in the attached letter to the Respondent. If this case is not resolved at the CRC, an evidentiary hearing will be scheduled.

08/16/2017
Date



Arthur C. Jee, D.M.D.
Board President
Maryland State Board of Dental Examiners