VIRGINIA:

BEFORE THE BOARD OF MEDICINE

IN RE: NORMAN WILLIAM LEVIN, M.D.
License No.: 0101-039712

CONSENT ORDER

The Virginia Board of Medicine ("Board") and Norman William Levin, M.D., as evidenced by their signatures affixed below, agree to enter into this Consent Order affecting the license of Dr. Levin to practice medicine and surgery in the Commonwealth of Virginia.

FINDINGS OF FACT AND CONCLUSIONS OF LAW

The Board adopts the following findings and conclusions in this matter:

1. Dr. Levin was issued license number 0101-039712 by the Board to practice medicine and surgery in the Commonwealth of Virginia on June 30, 1986. Said license is currently active and will expire on June 30, 2010, unless renewed or otherwise restricted.

2. Dr. Levin violated Sections 54.1-2915.A(3), (13) and (16), and 54.1-3303 and 54.1-3408 of the Code, in that, from in or about June 2006 through in or about November 2009, he prescribed 3,120 dosage units of Tylenol #4 (C-III) for Patient A, without performing a physical examination or assessment. By his own admission, Dr. Levin stated he had treated Patient A for vascular headaches since 1990, but had not performed an in-person, physical examination of Patient A since December 8, 2005.

3. Dr. Levin stated in his interview with a Department of Health Professions' investigator on December 29, 2009, that he suspected that Patient A had become dependent on the medication but stated the patient never exceeded the prescribed amount.
CONSENT

I, Norman William Levin, M.D., by affixing my signature hereto, acknowledge that:

1. I have been advised specifically to seek the advice of counsel prior to signing this document;

2. I am fully aware that without my consent, no legal action can be taken against me, except pursuant to the Virginia Administrative Process Act, § 2.2-4000. A et seq, of the Code of Virginia;

3. I have the following rights, among others:
   a. the right to an informal conference before the Board;
   b. the right to appear in person or by counsel, or other qualified representative before the agency; and

4. I waive all rights to an informal conference;

5. I admit the truth of the above Findings of Fact; and

6. I consent to the following Order affecting my license to practice medicine in the Commonwealth of Virginia.

ORDER

WHEREFORE, based on the foregoing Findings of Fact and Conclusions of Law, and with the consent of the licensee, it is hereby ORDERED that the license of Norman William Levin, M.D., be and hereby is, issued a REPRIMAND.

It is further ORDERED that Dr. Levin’s license be placed on the following TERMS AND CONDITIONS:
1. Within six (6) months from entry of this Consent Order, Dr. Levin shall submit a certificate or other evidence satisfactory to the Board verifying that he has completed ten (10) hours of continuing medical education ("CME") in the subject of proper prescribing of controlled substances. Such CME shall be approved in advance of registration by the Executive Director of the Board, and shall be completed through face-to-face, interactive sessions (i.e., no home study, journal or Internet courses). Any CME hours obtained in compliance with this term shall not be used toward compliance with the Board’s continuing education requirements for license renewal.

2. Within thirty (30) days from entry of this Consent Order, Dr. Levin shall certify to the Board that he has read and shall comply with the Drug Laws for Practitioners as published by the Board.

3. Upon verification of compliance with the above terms, the Board authorizes the Executive Director of the Board to close this matter, or refer it to a Special Conference Committee for review and determination.

Violation of this Consent Order shall constitute grounds for the suspension or revocation of the license of Dr. Levin. In the event Dr. Levin violates any of the terms and conditions of this Consent Order, an administrative hearing shall be convened to determine whether such action is warranted.

Pursuant to Section 54.1-2400.2 of the Code, the signed original of this Consent Order shall remain in the custody of the Department of Health Professions as a public record and shall be made available for public inspection and copying upon request.
COMMONWEALTH OF VIRGINIA
COUNTY/CITY OF [REDACTED], TO WIT:

Subscribed and sworn to before me, the undersigned Notary Public, in and for the Commonwealth of Virginia, at large, this 14th day of May, 2010, by Norman William Levin, M.D.

Christine M. Sloan
Notary Public
Registration Number: 281499
My commission expires: March 31, 2013