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STATE OF TENNESSEE
DEPARTMENT OF HEALTH
OFFICE OF GENERAL COUNSEL
26th Floor of the William R. Snodgrass Tennessee Tower
312 8th Avenue North
Nashville, Tennessee 37243
(615) 741-1611 / Facsimile: (615) 532-7749

PHIL BREDESEN
GOVERNOR

KENNETH S. ROBINSON, M.D.
COMMISSIONER

CERTIFIED MAIL
Board of Medical Examiners

David Karl Patzer, M.D.
119 Mason Avenue, Apt. K
Nashville, TN 37203

July 20, 2005

Dear Dr. Patzer:

As you are aware, the Board made a final decision on your licensure application. That decision was based on documentation compiled in the application process and your response to questions posed by the Board that indicated that you had a serious substance abuse problem. Those facts constitute grounds for the action taken on your licensure application pursuant to T.C.A. 63-6-214 (b)(5). Consequently, the Board took the following action:

Granted you a license restricted to practice only in conjunction with Dr. Gary and the Davidson County Drug Court Program contingent upon execution of a five (5) year advocacy contract with the Tennessee Medical Foundation. Any loss of advocacy of that Foundation will be grounds to revoke your restricted license. At the end of the five (5) year advocacy period you must petition the Board for an Order of Compliance pursuant to rule 0880-2-.12(2) before that advocacy requirement can be lifted.

You will be granted this restricted license upon receipt in the Board's administrative office of a copy of a five (5) year advocacy contract with the Tennessee Medical Foundation.

If you agree with the action of the Board, you must sign and date this document in the spaces provided below and return it to me in such a manner that it is received at the office address listed below on or before the thirtieth (30th) after you received this notice. Upon receipt of this signed document and the contract with the Tennessee Medical Foundation mentioned earlier, your restricted license to practice medicine will be issued. This letter has the full force and effect as an Order issued by the Board for purposes of Tennessee Code Annotated, Section 63-6-214(b)(2).

I, the undersigned, accept the restrictions and/or conditions listed above that were placed on my license by the Board and agree to abide by them.

Applicant's Signature

Date

Dr. Patzer Letter
July 20, 2005
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If you do not accept the restrictions and/or conditions listed above and you wish to contest the Board's decision you are entitled to a contested case hearing pursuant to the Tennessee Administrative Procedures Act (T.C.A. §§4-5-101 et. seq. through 4-5-301 et. seq). If you wish to pursue this matter, a written request for a hearing to contest this action must be addressed to and received by the office listed below on or before the thirtieth (30th) day after you received this notice. That office will process your request for a hearing. All contact concerning the denial should be addressed to that office and not to the Board.

If you wish to have legal representation you may be eligible for free or low cost counsel from a legal services organization in your area.

Yours truly,

Robert J. Kraemer, Jr.
Assistant General Counsel
Office of General Counsel
Department of Health
26th Floor, W.R. Snodgrass Building
312 8th Avenue North
Nashville, TN 37247-0120

cc: Rosemarie Otto- BME Executive Director
Lea Phelps – HRB Disciplinary Coordinator

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STATE OF TENNESSEE
DEPARTMENT OF HEALTH
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PHIL BREDESEN
GOVERNOR

SUSAN R. COOPER, MSN, RN
COMMISSIONER

CERTIFIED MAIL
Board of Medical Examiners

David Karl Patzer, M.D.
119 Mason Avenue, Apt. K
Nashville, TN 37203

January 23, 2007

Dear Dr. Patzer:

As you are aware, the Board made a final decision on your licensure application in 2005. That decision was based on documentation compiled in the application process and your response to questions posed by the Board that indicated that you had a serious substance abuse problem. Those facts constituted grounds for the action taken on your licensure application pursuant to T.C.A. 63-6-214 (b)(5). You agreed to the restrictions placed on your license upon its issuance which were that your license was restricted to practice only in conjunction with Dr. Gary and the Davidson County Drug Court Program contingent upon execution of a five (5) year advocacy contract with the Tennessee Medical Foundation. Any loss of advocacy of that Foundation will be grounds to revoke your restricted license. At the end of the five (5) year advocacy period you must petition the Board for an Order of Compliance pursuant to rule 0880-2-.12(2) before that advocacy requirement can be lifted.

The Board's Medical Director has recommended at your request and upon Dr. Gray's recommendation and the Board has agreed that this restricted license shall be extended so that you can provide services to patients that are referred to you from the Davidson County Drug Court pursuant to its collaboration with the Davidson County Mental Health Court.

If you agree with the action of the Board, you must sign and date this document in the spaces provided below and return it to me in such a manner that it is received at the office address listed below on or before the thirtieth (30th) after you received this notice. Upon receipt of this signed document you may commence providing the services to the patients of the Davidson County Mental Health Court. This letter has the full force and effect as an Order issued by the Board for purposes of Tennessee Code Annotated, Section 63-6-214(b)(2).

I, the undersigned, accept the restrictions and/or conditions listed above that were placed on my license by the Board and agree to abide by them.

Applicant's Signature

Date

Dr. Patzer Letter
January 23, 2007
Page 2

If you do not accept the restrictions and/or conditions listed above and you wish to contest the Board's decision you are entitled to a contested case hearing pursuant to the Tennessee Administrative Procedures Act (T.C.A. §§4-5-101 et. seq. through 4-5-301 et. seq). If you wish to pursue this matter, a written request for a hearing to contest this action must be addressed to and received by the office listed below on or before the thirtieth (30th) day after you received this notice. That office will process your request for a hearing. All contact concerning the denial should be addressed to that office and not to the Board.

If you wish to have legal representation you may be eligible for free or low cost counsel from a legal services organization in your area.

Yours truly,

David L. Cunningham, M.D., President
Tennessee Board of Medical Examiners

cc: Rosemarie Otto- BME Executive Director
Lea Phelps – HRB Disciplinary Coordinator



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
OFFICE OF GENERAL COUNSEL

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PHIL BREDESEN
GOVERNOR

SUSAN R. COOPER, MSN, RN
COMMISSIONER

Writer's email: shiva.bozarth@state.tn.us

April 7, 2009

David Patzer, M.D.
119 Mason Avenue
Apartment K
Nashville, Tennessee 37203

Re: Tennessee Medical License

As you are aware, the Tennessee Board of Medical Examiners made a final decision on your licensure application. That decision was based upon documentation compiled in the application process and your response to questions posed by the Board which indicates that you have a history of substance abuse. Those facts constitute grounds for the action taken on your licensure application pursuant to Tenn. Code Ann. Sect. 63-6-209(b). The action taken by the Board was as follows:

Your license to practice medicine is granted and immediately placed upon PROBATION for a period of five (5) years contingent upon your compliance with the following restrictions;

You shall sign a five (5) year contract with the Tennessee Medical Foundation and comply with any recommendations made by the Foundation upon the conclusion of that contract, including entering into a new contract. During the term of your TMF contract, you must maintain their advocacy **and** one hundred (100%) percent compliance with your contract.

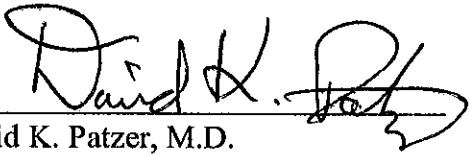
You will comply with all of the terms of the attached Arizona Medical Board, Consent Agreement that you entered into with the Arizona Medical Board on February 10, 2009.

You will immediately report any violation of the February 10, 2009, Arizona Medical Board, Consent Agreement.

If you agree with the action by the Board you must sign and date this document in the spaces provided below and return it in such a manner that it is received at the office address

listed above within thirty (30) days of the date of this letter. Upon receipt of this signed document the Board's administrative staff will issue your license.

I, the undersigned, accept the restrictions and/or conditions listed above that were placed on my license by the Board of Medical Examiners and agree to abide by them.




David K. Patzer, M.D.

Apr. 13, 2009
Date

Thank you for your attention to this matter and please feel free to contact me if you have any questions.

Sincerely,


Shiva K. Bozarth, Esq.
Deputy General Counsel
Tennessee Department of Health

cc: Licensure file
Rosemarie A. Otto, Executive Director Board of Medical Examiners