

STATE OF MAINE  
BOARD OF LICENSURE IN MEDICINE

IN RE: )  
JOHN F. ANDREWS, M.D. ) CONSENT AGREEMENT

This document is a Consent Agreement, effective when signed by all parties, regarding a license to practice medicine in the State of Maine held by John F. Andrews, M.D. The parties to this Agreement are John F. Andrews, M.D. (the "Licensee"), the State of Maine Board of Licensure in Medicine (the "Board") and the Maine Department of Attorney General. This Consent Agreement is issued pursuant to 10 M.R.S.A. § 8003(5)(A-1)(1) and 32 M.R.S.A. § 3282-A.

STATEMENT OF FACTS

At all relevant times, Dr. Andrews has held a license to practice medicine in the State of Maine. Dr. Andrews came to the Board's attention in August, 1997 because of self-prescribing practices. Pharmacy profiles revealed that Dr. Andrews had been prescribing Dexadrine, Benzodiazapines, pain medications and other medications for himself for several years. The Board ordered a neuropsychiatric evaluation which was performed by Carlyle B. Voss, M.D. on January 28, 1998. Dr. Voss did not find any evidence of a substance abuse or psychiatric disorder. In September, 1997, the Board issued a complaint on its own motion in order to investigate self-prescribing by Dr. Andrews.

AGREEMENT

In lieu of proceeding to an adjudicatory hearing, the parties agree to the

following:

1. Dr. Andrews will not prescribe any medications for himself and he will obtain all medications from his primary physician, Dana J. Webster, D.O. He will not prescribe any medications for his family which are listed in Schedules II through IV of the Controlled Substances Act. If Dr. Andrews does prescribe medications for his family, he will maintain a medical record which documents the diagnosis and treatment prescribed.

2. Dr. Andrews will not take Dexadrine for any purpose.

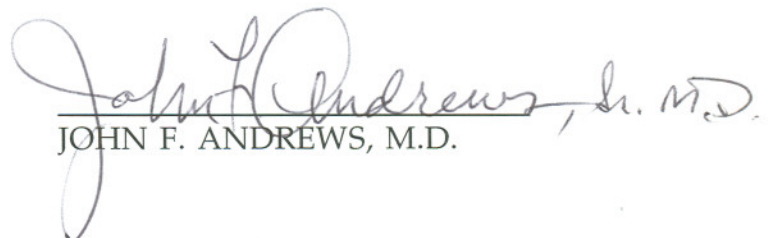
3. Dr. Andrews will participate in an educational program, approved by the Board, which addresses issues in current prescribing practices.

4. Dr. Andrews has been advised by legal counsel with respect to the negotiation of this Consent Agreement.


5. Dr. Andrews waives his right to a hearing before the Board or any Court regarding all terms and conditions of this Consent Agreement.

**I, JOHN F. ANDREWS, M.D., HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT. I UNDERSTAND THAT BY SIGNING IT, I WAIVE CERTAIN RIGHTS. I SIGN IT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND.**

Dated: 04/24/98

  
JOHN F. ANDREWS, M.D.

Dated: 5/12/98

  
EDWARD S. DAVID, M.D.  
State of Maine  
Board of Licensure in Medicine

Dated: 5/12/98

  
RUTH E. McNIFF  
Assistant Attorney General