



BOARD OF DENTISTRY

Steven L. Beshear
Governor

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David J. Beyer
Executive Director

July 31, 2014

John F. Fritz, Jr., D.M.D.
9014 Lyndon Lakes Place
Louisville, Kentucky 40242

*** PERSONALLY SERVED ***

Re: **Order and Notice of Immediate Temporary
Suspension of Kentucky License to Practice Dentistry**
Agency Case #13-029

Dear Dr. Fritz:

Effective immediately, your license to practice dentistry is suspended pursuant to KRS 313.085 and KRS 13B.125. The Kentucky Board of Dentistry, through its Law Enforcement Committee, has a pending investigation against you and has considered information establishing violations of KRS Chapter 313 that you committed. This suspension is being issued as a result of your practice of dentistry creating an immediate danger to the health, welfare, and safety of any patient or the general public.

The Law Enforcement Committee made the following preliminary findings of fact, which have been supplemented with additional investigative information and documentation:

1. On December 27, 2012, you provided dentistry to Patient Charles Greenwell. During the dentistry, you disregarded the patient safety while delivering rotary instrumentation during a basic restorative procedure that resulted in an overextension of access prep and a nick of tooth #30's pulp horn and a cut to the patient's tongue.
2. On May 28, 2013, you provided dentistry to Patient Anthony Storey where you restored teeth #18 and 19, and extracted tooth #20. On June 11, 2013, you attempted to extract tooth #5's root tip and gouged the opposing hard palate as well as fractured off the crown of tooth #4. You were subsequently unable to seat a new crown. On June 18, 2013, you provided dentistry to Patient Storey and provided restoration to teeth #18 and #19. Film dated November 13, 2013 revealed very poor restorations on teeth #18 and #19 compared with film dated May 28, 2013. On January 22, 2014, Patient Storey presented with severe pain. On January 27, 2014, he presented with throbbing pain in his lower left area that awakens him at

night. Patient Storey stated that the pain started after you provided restoration to tooth #18 and tooth #19. A periapical revealed tooth #18 with deep fillings and an open mesial margin.

3. On September 3, 2013, your records indicated that restored teeth #18 and #19 of Patient Melvin Cobble. On September 12, 2013, Patient Cobble presented at the emergency room with throbbing pain in the lower left side of mouth. The records indicate that tooth #18 had been prepped with no restoration. On September 17, 2013, Patient Cobble returned to the emergency room presenting with continued throbbing pain in the lower left side of mouth. Films taken that day revealed significant voids in the restoration of tooth #19.
4. On May 13, 2013, you provided dentistry to Patient Chellbie Strobel where you were severely excessive in the root canal therapy access prep resulting in a mesial perforation of tooth #30.
5. On April 11, 2013, you provided dentistry to Patient Maranda Gibson in placing restorations in the upper right posterior quadrant, which was excessively deep compared with the pretreatment radiographs that were of poor quality. Tooth #4 was asymptomatic. On May 2, 2013, Patient Maranda Gibson presented for an initial evaluation. On May 2, 2013, you restored teeth #2, #3, #4, and #5 with a composite. On May 10, 2013, Patient Gibson presented with throbbing pain in upper right posterior quadrant and lower teeth that increased on biting. On May 16, 2013, she returned presenting with throbbing pain in tooth #4 and tooth #5 has a slight radiolucency at the apex. On May 24, 2013, in spite of radiolucency in tooth #5, you initiated a root canal therapy access and canal preparation on tooth #4 and perforated the tooth during the procedure. On May 31, 2013, Patient Gibson presented at the emergency room with throbbing pain in the lower and upper right side post filling and root canal of tooth #4. Dr. Saba Aburob wanted to monitor teeth #4 and #30. On June 6, 2013, Patient Gibson again presented at the emergency room with throbbing pain and swelling in the lower right side. Periapical radiograph and a clinical evaluation showed tooth #30 with deep prep and perforation of MB canal and PA abscess. Tooth #30 was later extracted. Pre-ops films in your records revealed that neither tooth #4 nor tooth #30 appear to have a significant need for restoration. Tooth #4 wound up with deep prep, endo, perforation. Your records failed to note that tooth #30 was restored but had a deep restoration which resulted in severe pain to Patient Gibson. Additionally, your records are void of the PA radiolucencies with tooth #31 or impacted tooth #6.
6. On June 26, 2013, Patient Miyoka Johnson presented with apparent proximal caries in the lower right quadrant. She had significant caries and restorative history. You provided treatment of the lower right quad only involving the proximal surfaces on tooth #30. On July 3, 2013, you completed restoration of teeth #28, #29, #30, and #31. On July 12, 2013, Patient Johnson returned with pain in the area of teeth #28, #29, #30, and #31. The area had multiple occlusal prematurities. You performed an occlusal adjustment. On July 17, 2013,

Patient Johnson returned presenting with unremitting pain and tooth #31 was extracted. On July 23, 2013, she returned with a dry socket.

7. On November 14, 2012, Patient Irvin Lyons presented for an initial evaluation. On December 5, 2012, you restored teeth #12, #13, #14, and #15 with a composite. You also extracted tooth #16. On December 17, 2012, Patient Lyons presented having sensitivity in the maxillary left quadrant, especially sensitive to air. Your notes state that a small piece of bone was protruding from the maxillary alveolus distal to tooth #2. Your occlusal examination revealed several prematurities so you performed an enameloplasty to remove the prematurities. On December 26, 2012, Patient Lyons reported still having pain and being in discomfort. On February 21, 2013, Patient Lyons presented with generalized sensitivity to hot and cold stimuli. An occlusal exam of Patient Lyons revealed several prematurities so you performed an enameloplasty on the maxillary and mandibular left. A periapical radiograph revealed that tooth #2 may have a crack in it extending from the furcation area to the occlusal surface. On March 13, 2013, you restored teeth #17, #19, #20, and #21 with a composite. On March 28, 2013, Patient Lyons called reporting he was still experiencing sensitivity and intermittent pain. Without conducting a physical examination of the patient, you prescribed Norco 10/325 mg to Patient Lyons. On April 4, 2013, you restored teeth #2, #3, #4, #5, #6, #29, #30, #31 and #32 with a composite. On April 12, 2013, Patient Lyons presented with throbbing pain in right upper teeth that increased with biting. Several prematurities were again noted and adjusted. On April 26, 2013, you attempted an adult prophylaxis but were stopped by Patient Lyons after only six teeth due to sensitivity. On January 8, 2014, a serious perio involvement was noted. Patient reports that occlusal adjustments seem to have caused front teeth to shift.
8. On February 5, 2013, Patient Arellono Maria Perez presented with pain in tooth #8. On February 12, 2013, you initiated root canal therapy on tooth #8. The access prep was severely excessive and misdirected. You noted that you came close to perforating the side of tooth #8. The crown was damaged during access and came off during the procedure. You noted that you will need to do a core build-up and re-impress for construction of a new crown. On March 5, 2013, the periapical radiograph revealed an apparent and significant perforation. Moreover, the film dated October 24, 2012 found in Patient Perez's records appear to not be film taken of her teeth.
9. On September 5, 2012, you provided dentistry to Patient Samuel Gividen. On February 6, 2013, you placed a crown on tooth #5. On April 3, 2013, Patient Gividen presented with a crown fracture at the gum line. Tooth #5 was extracted. On June 13, 2013, you restored teeth #10, #11, and #20. According to your notes, you extracted root tip of tooth #13 and initiated root canal therapy on tooth #13. On June 21, 2013, while extracting tooth #12, you severely cut into the tooth structure of tooth #11 causing damage to it.

10. On May 2, 2013, Patient Pamela Bradley presented for an initial evaluation with no pain. On May 6, 2013, you restored teeth #6, #7, #12, and #15 with a composite. On May 24, 2013, Patient Bradley called complaining of pain. You prescribed Norco 10/325 mg to Patient Bradley without conducting a physical examination of the patient. On May 30, 2013, she presented to Dr. Sana Aburob with throbbing upper left pain and complaining that teeth #14 and #15 were very sensitive to percussion. Tooth #15 was subsequently extracted.
11. On July 11, 2014, you entered into an Agreed Order with the Board. On July 17, 2014, you subsequently moved to withdraw the Agreed Order alleging you were under duress when you entered into it.

Based on the foregoing findings, the Board made the following conclusions of law by invoking KRS 313.085:

With due regard for the totality of the circumstances, the Board hereby orders that your license to practice dentistry in Kentucky be immediately and temporarily suspended for the reasons set forth above as necessary to protect the health, safety, and welfare of the public for your alleged violations of KRS 313.080(2)(a)(c) and (d). The violation of KRS 313.080(2)(a) is based on you prescribing controlled substances to patients in violation of the procedures set forth in 10` KAR 8:540, Section 4.

These violations involved: (1) your acting negligently in a manner inconsistent with the practice of dentistry; (2) your inability to practice dentistry with reasonable skill or safety or are unfit or incompetent to practice a discipline regulated by the Board; and (3) prescribing a controlled substance without a physical examination of the patient.

KRS 313.085 authorizes the Board to issue an emergency order for the immediate temporary suspension of your license if it believes that an immediate danger to the health, welfare, and safety of any patient or the general public exists, the Law Enforcement Committee may take emergency action. As a result of the above findings, the Board has determined that there is a necessity for the emergency order of immediate temporary suspension. Since you are immediately, temporarily suspended, you shall make appropriate professional arrangements to refer your dental patients currently scheduled, if any, to other dentists for follow-up dental treatment by contacting those patients to provide a referral, by placing an appropriate written notice in your dental office, if any, or window visible to the public, and by staffing your dental office, if any, for a reasonable time starting August 1, 2014, so that an office staff person is available to make continued referrals in person. If you are no longer employed by the dental practice where you practiced dentistry, you may satisfy these obligations by notifying your former employer or business owner of the above with a written request that the former employer or business owner carry out the above on your behalf, and providing a copy of this document to the former employer or business owner.

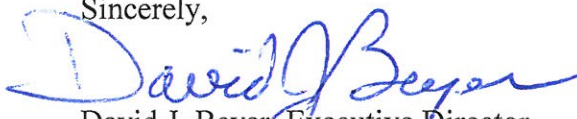
You are directed to cease the practice of dentistry **IMMEDIATELY**. You may not practice dentistry as defined in KRS 313.010(11) and this suspension shall remain in full force and effect, until modified or vacated by the Law Enforcement Committee or hearing officer or superseded by the final disciplinary action of the Law Enforcement Committee or hearing officer on the underlying complaint or charge. Further information and guidance concerning this matter, you may contact the Board of Dentistry at (502) 429-7280.

If you wish to appeal this immediate temporary suspension, you must file a request for a hearing, pursuant to KRS 313.085(4). The request for appeal must be in writing and filed with the Board of Dentistry, whose address is:

Kentucky Board of Dentistry
312 Whittington Parkway, Suite 101
Louisville, Kentucky 40222

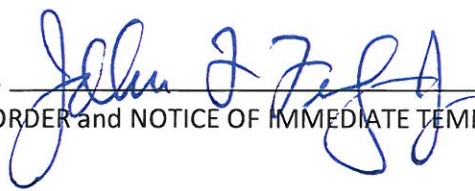
The request must be received within thirty (30) days of the receipt of this order and notice. If a hearing is requested, the only issue to be addressed is the necessity of the action. Failure to file a timely written request for a hearing will bar your appeal. The Kentucky Board of Dentistry is required to provide a hearing within ten (10) days of the request in accordance with KRS 13B.125(3) and will issue a decision within five (5) working days of completion of the hearing. A request for a hearing does not stay the effectiveness of this Order.

Sincerely,


David J. Beyer, Executive Director
Kentucky Board of Dentistry

cc: Brian T. Judy, Assistant Attorney General, Board Counsel
John West, Attorney for Dr. Fritz

This is to certify that I, , personally served Dr. John F. Fritz, with a true copy of this ORDER and NOTICE OF IMMEDIATE TEMPORARY SUSPENSION, on the 1 day of August 2014.

I, , acknowledge receipt of a true copy of this ORDER and NOTICE OF IMMEDIATE TEMPORARY SUSPENSION, this the 1st day of August 2014.