

**BEFORE THE MINNESOTA
BOARD OF DENTISTRY**

In the Matter of
Michael Mattingly, D.D.S.
License No. D9998

**STIPULATION AND ORDER
FOR STAYED SUSPENSION
AND CONDITIONAL LICENSE**

The Minnesota Board of Dentistry ("Board") is authorized pursuant to Minn. Stat. ch. 150A, § 214.10, and § 214.103 to license and regulate dentists, to refer complaints against dentists to the Attorney General for investigation, and to take disciplinary action when appropriate.

After receiving a complaint against Michael Mattingly ("Licensee"), the Board's Complaint Committee ("Committee") reviewed the complaint and referred it to the Minnesota Attorney General's Office for investigation. Currently, Licensee's license is subject to a Stipulation and Order for Conditional License placing conditions on Licensee's license to practice dentistry. In September 2007, the Committee received a subsequent complaint against Licensee which it referred to the Minnesota Attorney General's Office for investigation. Thereafter, the Committee received and reviewed the report of the investigation. On December 19, 2008, the Committee held a disciplinary conference with Licensee. On February 12, 2010, the Committee held a second conference with Licensee. As a result, the Committee and Licensee have agreed that the matter may now be resolved by this stipulation and order.

STIPULATION

IT IS HEREBY STIPULATED AND AGREED by and between Licensee and the Committee as follows:

A. Jurisdiction. Licensee holds a license to practice dentistry in the State of Minnesota from the Board and is subject to the jurisdiction of the Board with respect to the matters referred to in this stipulation. Licensee states that he does not hold a license to practice dentistry in any other jurisdiction and does not hold any other professional or occupational licenses.

B. Facts. This stipulation is based upon the following facts:

Background

1. On January 23, 2001, Licensee entered into an Agreement for Corrective Action ("2001 ACA") with the Committee. The 2001 ACA was based upon inadequate infection control, substandard recordkeeping, auxiliary misuse, and non-cooperation. Pursuant to Licensee's 2001 ACA, the Board's representative conducted an infection control and recordkeeping inspection at Licensee's dental office on March 6, 2003, and submitted a report to the Committee.

2. In December 2002, the Committee received a subsequent complaint against Licensee alleging substandard oral surgery care which it referred to the Minnesota Attorney General's Office for investigation. An investigative report was submitted to the Committee for review on August 4, 2004.

3. On January 21, 2005, the Committee met with Licensee to discuss the Board representative's inspection report and the Attorney General's investigative report. Following the conference, the Board adopted a Stipulation and Order for Conditional License on April 1, 2005 ("2005 Order"), which placed conditions on Licensee's dental license. The 2005 Order was based upon improper billing, substandard oral surgery, substandard radiographic diagnosis, unprofessional conduct, inadequate infection control, and substandard recordkeeping.

Pursuant to paragraphs D.4., D.6., D.7., and D.8. of Licensee's 2005 Order, Licensee shall be subject to the language stated therein relative to compliance with the Board's rules, fines, additional discipline, and other procedures for resolution as determined by the Board's Committee. Licensee is currently subject to the 2005 Order.

4. In September 2007, the Committee received another complaint against Licensee alleging fraudulent billing for dental services and inadequate recordkeeping, which it referred to the Minnesota Attorney General's Office for investigation. An investigative report including patient records obtained from Licensee was submitted to and reviewed by the Committee. On December 19, 2008, the Committee held a disciplinary conference with Licensee to discuss the violation of his 2005 Order and certain allegations regarding substandard care issues, improper billing, and inadequate recordkeeping.

Substandard Periodontal Recordkeeping

5. Licensee failed to adequately document pertinent information, diagnosis, and treatment when providing periodontal care to patients 1 through 6 and 8 through 15. Examples include the following: Licensee failed to consistently document the status of periodontal conditions including, but not limited to, probing, plaque, calculus, recession, bone height/loss, furcation, mobility, and sulcus bleeding; Licensee failed to consistently document an adequate periodontal diagnosis and treatment plan.

Substandard Diagnosis / Treatment Planning / Recordkeeping

6. Licensee failed to document and/or provide appropriate diagnoses and/or formulate appropriate treatment plans for patients 1 through 12, 14, and 15. Examples include the following: Licensee failed to consistently document and/or provide a diagnosis for the treatment provided for each tooth and/or procedure; Licensee failed to consistently formulate an

appropriate treatment plan prior to providing dental treatment; Licensee failed to diagnose the carious lesion on the distal aspect of tooth #4 for patient 8, as seen on the October 19, 2006 bitewing radiograph.

Substandard Endodontic Care / Recordkeeping

7. Licensee failed to adequately document pertinent information and/or provide appropriate endodontic care when providing treatment to patient 3. Examples include the following:

a. Licensee failed to record subjective findings for patient 3, specifically the patient's chief complaints prior to initiating endodontic treatment on April 13, 2006.

b. For patient 3, Licensee failed to perform and document adequate pulp testings/evaluations and document a pulpal and periradicular diagnosis for the endodontic treatment on tooth #23 on April 13, 2006, and the proposed endodontic treatment for tooth #10.

c. Licensee failed to obtain a post-operative periapical radiograph after completion of the endodontic treatment on tooth #23 for patient 3 on May 4, 2006.

d. Licensee failed to document an adequate treatment plan and failed to document obtaining the patient's informed consent prior to providing endodontic treatment on tooth #23 for patient 3.

e. Licensee failed to properly document pertinent endodontic treatment information such as the medications used to disinfect the canals during instrumentation, the working length measurements, and/or the type of obturation material used when providing endodontic treatment on tooth #23 for patient 3 on April 13 and May 4, 2006.

f. Licensee failed to utilize rubber dam isolation when providing endodontic treatment on tooth #23 for patient 3, as evidenced by Licensee's failure to document rubber dam use in the patient's progress notes on April 13 and May 4, 2006.

g. On April 13, 2006, Licensee failed to refer patient 3 to an endodontic specialist and/or inform the patient about seeing a specialist when his endodontic file fractured and remained lodged in the canal of tooth #23 during instrumentation. Licensee only indicated in patient 3's progress notes that he informed the patient.

Substandard Recordkeeping

8. Licensee failed to make or maintain adequate patient records. Examples include the following:

a. Licensee failed to document the name and phone of the emergency contact person for patients 7, 10, 12, and 15.

b. Licensee failed to adequately document initial dental histories on patients 7, 10, 11, and an initial medical history on patient 14.

c. Licensee failed to adequately document a complete record of the patient's existing oral health status including, but not limited to, dental caries, missing or unerupted teeth, restorations, oral cancer evaluation, hard and soft tissue examinations, and periodontal conditions for patients 1 through 15.

d. Licensee failed to adequately document his diagnoses for dental treatment for patients 1 through 15.

e. Licensee failed to adequately document appropriate treatment plans for providing dental treatment for patients 1 through 15.

f. Licensee failed to adequately document the patient's informed consent prior to performing dental services for patients 1 through 15.

g. Licensee failed to consistently document all medications used and all materials placed during treatment procedures for patients 1 through 15 including, but not limited to: the type and amount of local anesthetic administered and all dental materials used in dental procedures. In addition, Licensee failed to adequately document all pertinent information regarding "sedation" as noted by Licensee in patient 11's progress notes on May 18, 2006.

h. Licensee failed to make corrections properly in the patient's record for patients 2, 3, and 5.

Improper Billing / Recordkeeping

9. Licensee engaged in improper billing of patients, third-party payors, and/or others relating to the practice of dentistry when he billed for different services than those actually rendered. Examples include the following:

a. Licensee failed to provide a comprehensive oral evaluation to the following patients as defined by the American Dental Association's *Current Dental Terminology*¹ ("CDT manual"). On the dates specified below, Licensee billed each patient's insurance company for a comprehensive oral evaluation(s) on the following patients. However, Licensee failed to perform an evaluation and/or adequately document in the patient's record each patient's extraoral and intraoral hard and soft tissues to include, but not limited to, dental caries,

¹ D0150: A comprehensive oral evaluation is defined as being typically used by a general dentist and/or specialist when evaluating a patient comprehensively. It is a thorough evaluation and recording of the extraoral and intraoral hard and soft tissues. It may require interpretation of information acquired through additional diagnostic procedures. This would include the evaluation and recording of the patient's dental and medical history and a general health assessment. It may typically include the evaluation and recording of dental caries, missing or unerupted teeth, restorations, occlusal relationships, periodontal conditions (including periodontal charting), hard and soft tissue anomalies, oral cancer screening, etc. *See, Diagnostic Codes, American Dental Association's Current Dental Terminology, Fifth Edition (CDT-2005).*

missing or unerupted teeth, restorations, occlusal relationships, periodontal conditions and charting, hard and soft tissue anomalies, and oral cancer screening to fulfill the requirements of a comprehensive oral evaluation according to the CDT manual.

Patient #	Billing Dates for Comprehensive Oral Evaluation
1	May 10, 2006
3	February 9, 2006
4	July 24, 2006
5	July 17, 2006 July 24, 2006
6	December 12, 2006 December 13, 2006
7	May 18, 2006
8	October 19, 2006
9	June 19, 2006 June 20, 2006
10	December 15, 2006
12	November 30, 2006
13	June 12, 2006
14	May 5, 2006
15	February 16, 2006

b. Additionally for patients 5, 6, and 9, Licensee billed each patient's insurance company twice for a comprehensive oral evaluation on different dates according to the patient's billing history and as noted within the table above. Thus, Licensee improperly billed patients 5, 6, and 9 twice for the same procedure.

c. Licensee failed to provide surgical extractions to the following patients as defined by the CDT manual². According to each patient's billing history, Licensee

² **D7210: Surgical Extraction**, surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth. Includes cutting of gingiva and bone, removal of tooth structure, minor smoothing of bone socket, and closure.

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billed the patient's insurance company for a surgical extraction(s) on the dates specified below. However, Licensee billed the insurance company using an oral surgery procedure code that was an erroneous code from the actual surgical services rendered to the patient based upon a review of the documentation within the patient's progress notes and relevant radiographs. Therefore, Licensee failed to provide and/or adequately document these surgical extractions based upon the patients' billing histories and records.

Patient #	Date of Service	Tooth # (s)	Oral Surgery Procedure Code Used For Billing
1	May 10, 2006	1, 2, 3, 7, 8, 21, 22	D7250
3	February 9, 2006	14 and 15	D7250
4	July 24, 2006	29	D7210
7	May 18, 2006	15 and 16	D7250
8	October 19, 2006	30 and 31	D7250
11	July 25, 2006	1	D7220

d. For patients 3, 8, and 12, Licensee billed each patient's insurance company for behavior management services on the following dates according to the patient's record and billing history: patient 3 on March 16, 2006, and April 27, 2007; patient 8 on October 26, 2006; and patient 12 on November 30, 2006. However, Licensee failed to adequately document such information as his rationale and a description of the actual service when providing behavior management services for patients 3, 8, and 12.

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D7220: Surgical Extraction, removal of impacted tooth – soft tissue. Occlusal surface of tooth covered by soft tissue; requires mucoperiosteal flap elevation.

D7250: Surgical Extraction, surgical removal of residual tooth roots (cutting procedure). Includes cutting of soft tissue and bone, removal of tooth structure, and closure.

See, Oral and Maxillofacial Surgery Codes, American Dental Association's *Current Dental Terminology, Fifth Edition* (CDT-2005).

Violation of 2005 Stipulation and Order

10. Licensee violated his 2005 Stipulation and Order when he failed to complete certain conditional requirements in a timely manner, as follows:

a. Licensee failed to complete the ethics course as outlined in paragraph D.1.b. of the 2005 Order with Dr. Muriel Bebeau ("Bebeau") within the nine months after the effective date of the 2005 Order, as follows:

1) In October 2005, Licensee completed the initial professional ethics assessment with Bebeau. From March to June 2006, Licensee participated in Bebeau's course instruction. In August 2006, Licensee completed the final assessment with Bebeau, but he had not completed the writing assignments for the course instruction. Between August 2006 and May 2008, on several occasions, Licensee corresponded with Bebeau about the writing assignments receiving feedback. On May 22, 2008, Bebeau submitted to the Committee the results of Licensee's professional ethics final assessment, which was reviewed and accepted by the Committee.

2) In its March 24, 2008, letter, the Committee assessed a \$100 fine against Licensee pursuant to paragraph D.6 of his 2005 Order and demanded payment of the fine by April 1, 2008. Licensee had violated his 2005 Order by failing to timely complete the ethics course. The Committee's letter also directed Licensee to complete any unfinished components of the ethics course by April 15, 2008.

3) On April 10, 2008, the Committee sent another letter to Licensee that assessed an additional \$500 fine against Licensee pursuant to paragraph D.6 of his 2005 Order and demanded payment of the fine by April 18, 2008. Licensee had failed to submit

payment for the previous \$100 fine by April 1, 2008. In addition, the Committee's letter reiterated to Licensee about completion of the ethics course by April 15, 2008.

4) On May 20, 2008, Licensee paid the total amount owed for fines assessed by the Committee.

b. Licensee failed to submit his written coursework report regarding the ethics course as outlined in paragraph D.2.a. of the 2005 Order within 30 days after completing Bebeau's ethics course on May 22, 2008 (or by June 23, 2008). On July 3, 2008, the Committee requested by letter that Licensee submit his written coursework report on the ethics course by July 18, 2008. However, Licensee failed to comply with the Committee's July 18, 2008 deadline later submitting two written reports on July 27 and August 15, 2008. Thus, Licensee failed to submit his coursework report(s) in a timely manner or provide an explanation for his late submissions. On September 19, 2008, the Committee reviewed and accepted Licensee's two written reports regarding the ethics course.

Failure of Professional Development Audit – Termination of Dental License

11. As of September 23, 2009, the Board administratively terminated Licensee's license to practice dentistry in the State of Minnesota pursuant to Minn. R. 3100.5300, subp. 3, item B. On November 28, 2008, and March 23, 2009, by letter, the Board previously notified Licensee about conducting a professional development portfolio audit, failing to submit his professional development portfolio to the Board, and failing to comply with the audit will result in the termination of Licensee's license. Licensee may pursue reinstatement of his license as described within Minn. R. 3100.1850.

C. Violations. Licensee admits that pursuant to Minn. Stat. § 150A.08, subd. 1(13) and his 2005 Stipulation and Order for Conditional License that the facts and conduct specified above are sufficient grounds for the disciplinary action specified below.

D. Disciplinary Action. Licensee and the Committee recommend that the Board issue an order **RESCINDING** the 2005 Stipulation and Order for Conditional License and placing a **STAYED SUSPENSION**, as follows:

Stayed Suspension. Licensee's license to practice dentistry in the State of Minnesota is hereby **SUSPENDED**. The suspension is **STAYED** based upon Licensee's compliance with all of the conditions set forth in paragraph E. below.

E. Conditions of Stayed Suspension. Licensee and the Committee recommend that the Board issue an order which places **CONDITIONS** on Licensee's license to practice dentistry in the State of Minnesota as follows:

CONDITIONS

Licensee's license shall be subject to the following terms, conditions, and requirements.

1. Monitoring / Consultative Services. Within 90 days after reinstating his license pursuant to Minnesota Rule 3100.1850, Licensee agrees to contract with Affiliated Monitors, Inc. or a comparable monitoring company, or an actively practicing dentist licensed by the State of Minnesota (hereafter the "evaluator") for one-on-one monitoring and consultative services. The evaluator must be approved in advance by the Committee. To obtain pre-approval from the Committee, Licensee must submit in writing the names of one or more evaluators for consideration to the Committee for review and approval.

After an evaluator has been approved by the Committee, the evaluator will randomly select at least ten (10) different active patient records including radiographs from Licensee once

every 30 days for an accumulated period of one year. For each patient record, the evaluator will review and evaluate the entire record and the treatments rendered by Licensee and consult with Licensee focusing on proper documentation and/or performance involving diagnosis, dental care, sufficient radiographs, billing practices, and complete recordkeeping. On a quarterly basis or once every three months for this one-year period, the evaluator shall complete their review and prepare a detailed written report on the evaluation of the patient record and any recommendations made by the evaluator. Within 30 days after each quarterly period, Licensee shall cause the evaluator to submit the written report for each quarterly period to the Committee for its review.

In addition, Licensee must provide the evaluator with a copy of this stipulation and order. Licensee's signature on this stipulation and order constitutes authorization for the evaluator to provide the Committee with copies of all written evaluation reports. Licensee's signature also authorizes the Committee to communicate with the evaluator, before, during, and after the review of Licensee's patient records about licensee's needs, performance, and progress. Licensee shall bear all costs associated with and pursuant to the contract agreement with the evaluator including, but not limited to, monitoring/consultative evaluations, preparation of reports, and complying with the evaluator's recommendations.

2. Civil Penalty. The Board imposes a civil penalty in the amount of \$1,000.00 for Licensee's conduct described above. Within six months of the effective date of this Order, Licensee must pay one-half of the civil penalty by certified check, cashier's check, or money order made payable and delivered to the Minnesota Board of Dentistry. The remaining one-half of the civil penalty must be paid at the time of Licensee's petition for an unconditional

license and shall be paid by certified check, cashier's check, or money order made payable and delivered to the Minnesota Board of Dentistry with Licensee's petition.

3. Coursework. Licensee shall successfully complete the coursework described below. **All coursework must be approved in advance by the Committee.** None of the coursework may be home study. Licensee is responsible for locating, registering for, and paying for all coursework taken pursuant to this stipulation and order. If Licensee attends an undergraduate or graduate dental school course, Licensee must provide each instructor with a copy of this stipulation and order prior to commencing a course. Licensee shall pass all courses with a grade of 70 percent or a letter grade "C" or better. Licensee's signature on this stipulation and order constitutes authorization for the course instructor(s) to provide the Committee with a copy of the final examination and answers for any course Licensee takes. Licensee's signature also authorizes the Committee to communicate with the instructor(s) before, during, and after Licensee takes the course about Licensee's needs, performance and progress. None of the coursework taken pursuant to this stipulation and order may be used by Licensee to satisfy any of the continuing dental education/professional development requirements of Minn. R. 3100.5100, subpart 2. The coursework is as follows:

a. Endodontics. Within twelve months after reinstating his license pursuant to Minnesota Rule 3100.1850, Licensee shall successfully complete at least one full-day course in endodontics through the University of Minnesota School of Dentistry or another accredited dental institution. The endodontic course must have a hands-on component and focus on diagnosis, treatment planning, endodontic treatment standards, proper recordkeeping, and specialist referral.

4. Written Coursework Report. Within 30 days after completing the coursework, Licensee shall submit to the Board (a) a transcript or other documentation verifying that Licensee has successfully completed the course, (b) a copy of all materials used and/or distributed in the course, and (c) a written report summarizing how Licensee has implemented this knowledge into Licensee's practice. Licensee's report shall be typewritten in Licensee's own words, double-spaced, at least two pages and no more than three pages in length, and shall list references used to prepare the report. All reports are subject to approval by the Committee.

5. Recordkeeping Inspection. Licensee shall cooperate with at least one unannounced office visit during normal business hours by a representative of the Board, additional visits shall be at the discretion of the Committee. The representative shall randomly select, remove, and make copies of original patient records, including radiographs, to provide to the Committee for its review of Licensee's recordkeeping practices.

6. Other Conditions.

a. Licensee shall comply with the laws or rules of the Board of Dentistry. Licensee agrees that failure to comply with the Board's laws or rules shall be a violation of this stipulation and order.

b. Licensee shall fully and promptly cooperate with the Board's reasonable requests concerning compliance with this stipulation and order, including requests for explanations, documents, office inspections, and/or appearances at conferences. Minn. R. 3100.6350 shall be applicable to such requests.

c. In Licensee's practice of dentistry, Licensee shall comply with the most current infection control requirements of Minn. R. 3100.6300 and 6950.1000 through 6950.1080, and with the Centers for Disease Control and Prevention, Public Health Service,

United States Department of Health and Human Services, *Guidelines for Infection Control in Dental Health-Care Settings – 2003*, Morbidity and Mortality Weekly Report, December 19, 2003 at 1.

d. In the event Licensee should leave Minnesota to reside, Licensee shall notify the Board in writing of the new location within five days. Periods of residency outside of Minnesota will not apply to the reduction of any period of Licensee's discipline in Minnesota.

F. Removal of Stayed Suspension. Licensee may petition to have the stayed suspension removed from Licensee's license at any regularly scheduled Board meeting no sooner than one year after Licensee is administratively reinstated pursuant to Minn. R. 3100.1850 and provided that Licensee has complied with all the conditions of his stayed suspension. Moreover, Licensee's petition must be received by the Board at least 30 days prior to the Board meeting. Licensee has the burden of proving that Licensee has complied with the conditions of this stipulation and order and that Licensee is qualified to practice without a stayed suspension. Licensee's compliance with the foregoing requirements does not create a presumption that the stayed suspension should be removed. Upon consideration of the evidence submitted by Licensee or obtained through Board investigation, the Board may remove, amend, or continue the stayed suspension imposed by this order.

G. Fine for Violation of Order. If information or a report required by this stipulation and order is not submitted to the Board by the due date, or if Licensee otherwise violates this stipulation and order, the Committee may fine Licensee \$500 per late report or other violation. Licensee shall pay the fine and correct the violation within five days after service on Licensee of a demand for payment and correction. If Licensee fails to do so, the Committee may impose

additional fines not to exceed \$1,000 per violation. The total of all fines may not exceed \$5,000. Licensee waives the right to seek review of the imposition of these fines under the Administrative Procedure Act, by writ of certiorari under Minn. Stat. § 480A.06, by application to the Board, or otherwise. Neither the imposition of fines nor correction of the violation will deprive the Board of the right to impose additional discipline based on the violation.

H. Additional Discipline for Violation of Order. If Licensee violates this stipulation and order, Minn. Stat. ch. 150A, or Minn. R. ch. 3100, the Board may impose additional discipline pursuant to the following procedure:

2. The Committee shall schedule a hearing before the Board. At least ten days prior to the hearing, the Committee shall mail Licensee a notice of the violation alleged by the Committee and of the time and place of the hearing. Within seven days after the notice is mailed, Licensee shall submit a response to the allegations. If Licensee does not submit a timely response to the Board, the allegations may be deemed admitted.

3. At the hearing before the Board, the Committee and Licensee may submit affidavits made on personal knowledge and argument based on the record in support of their positions. The evidentiary record before the Board will be limited to such affidavits and this stipulation and order. Licensee waives a hearing before an administrative law judge and waives discovery, cross-examination of adverse witnesses, and other procedures governing administrative hearings or civil trials.

4. At the hearing, the Board will determine whether to impose additional disciplinary action, including additional conditions or limitations on Licensee's practice, or suspension or revocation of Licensee's license.

I. Other Procedures for Resolution of Alleged Violations. Violation of this stipulation and order is a violation of Minn. Stat. § 150A.08, subd. 1(13). The Committee may attempt to resolve an alleged violation of the stipulation and order through the procedures of Minn. Stat. § 214.103, subd. 6. Nothing herein limits (1) the Committee's right to initiate a proceeding against Licensee pursuant to Minn. Stat. ch. 14, or (2) the Committee's and the Board's right to temporarily suspend Licensee pursuant to Minn. Stat. § 150A.08, subd. 8, based on a violation of this stipulation and order or based on conduct of Licensee before or after the date of this stipulation which is not specifically referred to in paragraph B. above.

J. Attendance at Conference. Licensee attended a conference with the Committee on December 19, 2008. Although Licensee was informed at the December 19, 2008, conference that he could be represented by legal counsel, Licensee knowingly and voluntarily waived that opportunity. The following Committee members attended the conference: Nadene Bunge, D.H.; Candace Mensing, D.D.S.; and Freeman Rosenblum, D.D.S. Assistant Attorney General Carreen H. Martin represented the Committee at the conference. Licensee attended a second conference with the Committee on February 12, 2010 and was represented at the conference by Michael J. Weber.

K. Waiver of Licensee's Rights. For the purpose of this stipulation, Licensee waives all procedures and proceedings before the Board to which Licensee may be entitled under the Minnesota and United States constitutions, statutes, or the rules of the Board, including the right to dispute the facts contained in this stipulation and order and to dispute the adequateness of discipline in a contested proceeding pursuant to Minn. Stat. ch. 14. Licensee agrees that upon the application of the Committee without notice to or an appearance by Licensee, the Board may issue an order imposing the discipline specified herein. The Committee may participate in Board

deliberations and voting concerning the stipulation. Licensee waives the right to any judicial review of the order by appeal, writ of certiorari, or otherwise.

L. Board Rejection of Stipulation and Order. In the event the Board in its discretion does not approve this stipulation or a lesser remedy than specified herein, this stipulation and order will be null and void and may not be used for any purpose by either party hereto. If this stipulation is not approved and a contested case proceeding is initiated pursuant to Minn. Stat. ch. 14 and section 150A.08, Licensee agrees not to object to the Board's initiation of the proceeding and hearing the case on the basis that the Board has become disqualified due to its review and consideration of this stipulation and the record.

M. Record. This stipulation, related investigative reports and other documents constitute the entire record of the proceedings herein upon which the order is based. The investigative reports, other documents, or summaries thereof may be filed with the Board with this stipulation. Any reports or other material related to this matter which are received after the date the Board approves the stipulation and order shall become a part of the record and may be considered by the Board in future aspects of this proceeding.

N. Data Classification. Under the Minnesota Data Practices Act, this stipulation and order is classified as public data. Minn. Stat. § 13.41, subd. 4. All documents in the record shall maintain the data classification to which they are entitled under the Minnesota Government Data Practices Act, Minn. Stat. ch. 13. Data does not, to the extent they are not already public documents, become public merely because they are referenced herein. Pursuant to federal rule (45 C.F.R. parts 60 and 61), the Board must report the disciplinary action contained in this stipulation and order to the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

O. Entire Agreement. Licensee has read, understood, and agreed to this stipulation and is freely and voluntarily signing it. This stipulation contains the entire agreement between the parties hereto. Licensee is not relying on any other agreement or representations of any kind, verbal or otherwise.


P. Service and Effective Date. If approved by the Board, a copy of this stipulation and order will be served personally or by first class mail on Licensee. The order will be effective and deemed issued when it is signed by the President or Vice-President of the Board.

LICENSEE


MICHAEL MATTINGLY, D.D.S.

Dated: 8/16/2010, 2010

COMPLAINT COMMITTEE

By: 
MARSHALL SHRAGG, MPH
Executive Director

Dated: AUGUST 26TH, 2010

ORDER

Upon consideration of the foregoing Stipulation and based upon all the files, records, and proceedings herein,

The terms of the Stipulation are approved and adopted, and the recommended disciplinary action set forth in the Stipulation is hereby issued as an Order of this Board effective this 24th day of September, 2010.

MINNESOTA BOARD
OF DENTISTRY

By: 
JOAN SHEPPARD, D.D.S.
President