

**BEFORE THE MINNESOTA**

**BOARD OF DENTISTRY**

In the Matter of  
Regina M. McGrath, D.D.S.  
License No. D10453

**STIPULATION AND ORDER FOR  
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.

The Board received a complaint(s) against Regina M. McGrath, D.D.S. (“Licensee”). The Board’s Complaint Committee (“Committee”) reviewed the complaint(s) and obtained additional patient records from Licensee for review. Following the review, the Committee held a conference with Licensee on May 15, 2009. 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 Licensee 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 March 23, 2000, Licensee entered into an Agreement for Corrective Action (“ACA”) with the Committee. Licensee successfully completed all of the requirements of her ACA on May 3, 2001.

2. In October 2004, the Committee received and reviewed a complaint filed against Licensee. Based on this complaint, the Committee scheduled a conference with Licensee to discuss the matter on March 10, 2006. Following the conference, the Committee informed Licensee that the complaint would be closed at that time.

3. In February 2008, the Committee received and reviewed a subsequent complaint filed against Licensee. As a result, the Committee decided to obtain additional patient records from Licensee to review certain areas of care provided by Licensee.

### **Substandard Periodontal Care**

4. Licensee failed to adequately document pertinent information and/or provide appropriate periodontal treatment when providing periodontal care to one or more of her patients. Examples include the following:

a. Licensee failed to provide appropriate periodontal care to patient 1, as follows:

1) From 1997 to 2007, Licensee saw patient 1 on a regular basis providing various other dental services. However, during this period, Licensee failed to thoroughly assess and document the status of patient 1’s periodontal conditions including plaque, calculus, recession, bone height/loss, mobility, and sulcus bleeding. Moreover, Licensee failed to take a full mouth series of radiographs on patient 1. Licensee also failed to provide an adequate periodontal diagnosis and treatment plan or provide a referral to a periodontist for

patient 1. Despite her lack of periodontal information, Licensee continued to provide permanent crowns for patient 1 throughout this period.

2) On one occasion in March 2006, Licensee did document a periodontal diagnosis of Type II for patient 1. However, Licensee's diagnosis of patient 1 appears to be inaccurate based upon the severe periodontal conditions present on the subsequent dental provider's December 18, 2007, full mouth radiographs. In December 2007, the subsequent dental provider documented the following regarding patient 1: 6 to 8mm pockets present throughout the patient's mouth; extremely heavy calculus present throughout the patient's mouth; very large piece of calculus had broken away from the buccal aspect of tooth #14; and calculus bridge present on the anterior teeth. The subsequent dental provider proceeded with the following treatment plan for patient 1: scaling/root planing in all quadrants; extraction of teeth #17, #30, and #32; and a referral to a periodontist.

b. From 1999 to 2008, Licensee saw patient 2 for hygiene appointments. However, during this period, Licensee failed to thoroughly assess and document the status of patient 2's periodontal conditions including plaque, calculus, recession, bone height/loss, mobility, and sulcus bleeding. Moreover, Licensee failed to take a full mouth series of radiographs on patient 2. Licensee also failed to provide a periodontal diagnosis and treatment plan for patient 2.

c. From March to October 2006, Licensee saw patient 4 for hygiene appointments. However, Licensee failed to thoroughly assess and document the status of patient 4's periodontal conditions including plaque, calculus, recession, bone height/loss, mobility, and sulcus bleeding.

d. On June 25 2008, Licensee saw patient 5 for a hygiene appointment. However, Licensee failed to thoroughly assess and document the status of patient 5's periodontal conditions including plaque, calculus, recession, bone height/loss, mobility, and sulcus bleeding. Licensee also failed to provide a periodontal diagnosis for patient 5.

e. In May 2008, Licensee saw patient 6 for a hygiene appointment. However, Licensee failed to thoroughly assess and document the status of patient 6's periodontal conditions including plaque, calculus, recession, bone height/loss, mobility, and sulcus bleeding. Moreover, Licensee failed to take a full mouth series of radiographs on patient 6; instead, Licensee took three bitewing radiographs which were not of diagnostic quality. Licensee also failed to provide a periodontal treatment plan or provide a referral to a periodontist for patient 6.

f. From 2001 to 2008, Licensee saw patient 7 for hygiene appointments. However, during this period, Licensee failed to thoroughly assess and document the status of patient 7's periodontal conditions including plaque, calculus, recession, bone height/loss, mobility, and sulcus bleeding. Licensee also failed to provide a periodontal diagnosis for patient 7.

g. On February 26, 2008, Licensee saw patient 9 for a hygiene appointment. However, Licensee failed to thoroughly assess and document the status of patient 9's periodontal conditions including plaque, calculus, recession, bone height/loss, mobility, and sulcus bleeding.

h. From 1997 to 2008, Licensee saw patient 11 for hygiene appointments. However, during this period, Licensee failed to thoroughly assess and document the status of patient 11's periodontal conditions including plaque, calculus, recession, bone

height/loss, mobility, and sulcus bleeding. Licensee also failed to provide a periodontal diagnosis and treatment plan or provide a referral to a periodontist for patient 11.

**Substandard Diagnosis / Treatment Planning**

5. Licensee failed to document and/or provide appropriate diagnoses and/or formulate appropriate treatment plans for one or more of her patients. Examples include:

a. From 1997 to 2007, Licensee saw patient 1 providing an examination and performing various other dental treatments, including operative restorations and crowns. However, Licensee failed to consistently document and/or provide a diagnosis for the treatment provided for each tooth for patient 1. Licensee also failed to formulate an appropriate treatment plan prior to providing any dental treatment for patient 1.

b. For patient 2, Licensee performed an examination and obtained three bitewing radiographs on August 16, 2004. However, Licensee failed to document and/or provide a diagnosis and treatment plan for patient 2 that addressed the carious lesion on the distal aspect of tooth #4, as seen on the August 16, 2004, radiographs.

c. For patient 4, Licensee performed an examination in March and October 2006. However, Licensee failed to document any information regarding obtaining the full mouth series of radiographs dated April 2005 located within patient 4's chart. In addition, Licensee failed to document and/or provide a diagnosis and treatment plan for patient 4 that addressed the large apical radiolucency involving teeth #8 and #9, as seen on the April 2005 radiographs.

d. In 2008, Licensee saw patient 6 providing an examination and performing various other dental treatments, including scaling/root planing and a bridge. However, Licensee failed to document and/or provide a diagnosis for the treatment provided to

patient 6. Licensee also failed to formulate an appropriate treatment plan prior to providing any dental treatment for patient 6.

e. On February 26 and 28, 2008, Licensee saw patient 9 providing an examination and operative restorations. However, Licensee failed to take bitewing radiographs on patient 9. In addition, Licensee failed to formulate an appropriate treatment plan prior to providing any dental treatment for patient 9. Furthermore, Licensee failed to provide a diagnosis that addressed the impacted teeth #1 and #16 for patient 9, as seen on the February 11, 2008, panorex radiograph or make a referral to an oral surgeon.

f. From 1997 to 2008, Licensee saw patient 11 providing an examination and performing various other dental treatments, including operative restorations and a crown. However, Licensee failed to consistently document and/or provide a diagnosis for the treatment provided for each tooth for patient 11. Licensee also failed to formulate an appropriate treatment plan prior to providing any dental treatment for patient 11. Furthermore, Licensee failed to provide a diagnosis that addressed the impacted teeth #1 and #32 for patient 11, as seen on the October 26, 2006, panorex radiograph or make a referral to an oral surgeon.

#### **Substandard Endodontic Care**

6. Licensee failed to adequately document pertinent information and/or provide appropriate endodontic care when providing dental treatment to one or more of her patients. Examples include the following:

a. For patient 1, Licensee saw the patient and performed a pulpotomy on tooth #13 on November 13, 1997. However, Licensee failed to complete the endodontic treatment on tooth #13 or refer patient 1 to an endodontist.

b. For patient 3, Licensee failed to document adequate pulp testings and document a diagnosis relative to endodontic treatment on tooth #29, as seen on the April 20, 2005, periapical radiograph.

c. For patient 8, Licensee failed to provide appropriate endodontic treatment on tooth #24 on April 20 and July 14, 2008, as follows:

1) Licensee failed to document patient 8's chief complaint at the April 20, 2008, appointment.

2) Licensee failed to document adequate pulp testings for the endodontic treatment on tooth #24.

3) Licensee failed to take a post-operative periapical radiograph of tooth #24 upon completion of the endodontic treatment.

4) Licensee failed to document an adequate treatment plan and obtain the patient 8's informed consent prior to providing endodontic treatment on tooth #24.

5) Licensee failed to document the medications used to disinfect the canals during instrumentation when providing endodontic treatment on tooth #24.

d. For patient 12, Licensee failed to document adequate pulp testings relative to endodontic treatment on tooth #14, as seen on the August 2, 2008, periapical radiograph. Licensee referred patient 12 to an endodontist for treatment.

### **Substandard Radiographic Diagnosis**

7. Licensee failed to take a sufficient number of radiographs and/or take radiographs of diagnostic quality for the purpose of properly assessing the patient's dental health. For patients 1 through 11, Licensee failed to obtain adequate radiographs to properly diagnose for treatment of the patient's existing oral health status. The radiographs taken on these patients

were insufficient and not of diagnostic quality due to incorrect film placement, overexposure, inadequate developing techniques, or other improper practices.

### **Substandard Recordkeeping**

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

a. Licensee failed to document the name and telephone number of the emergency contact person for patients 1 through 12.

b. Licensee failed to document an initial dental history on patient 12 and updated medical histories on a routine basis for patients 1, 2, 3, 4, 5, 7, 8, 10 and 11.

c. Licensee failed to properly 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, soft/hard tissue examination, and periodontal conditions for patients 1 through 12.

d. Licensee failed to make or maintain adequate radiographic records for her patients in that the radiographic records contained a number of undocumented, undated, and/or incorrectly dated radiographs for patients 2, 4, 5, 6, 8, 11 and 12.

e. Licensee failed to consistently document her diagnoses for dental treatment for patients 1 through 8, 10 and 11.

f. Licensee failed to document appropriate treatment plans for providing dental treatment for patients 1, 2, 4, 5, 6, 8, 9, 10 and 11.

g. Licensee failed to document the patient's informed consent prior to performing dental services for patients 1 through 9 and 11.

h. Licensee failed to consistently document all medications used and all materials placed during treatment procedures for patients 1, 7, 8, 9 and 11 including, but not limited to: prescribed medications; and all dental materials used in dental procedures.

i. When documenting the treatment provided to patient 10, Licensee failed to indicate she was the dental provider by noting her name or initials in the patient's treatment record.

j. Licensee improperly documented the chronology of dental treatment provided and/or other visits in the patient's progress notes for patients 2, 6, 8, 10 and 11.

k. Licensee failed to properly make corrections in the records of patients 8.

l. Licensee failed to document in patient 13's progress notes the composite restorations that were replaced by her on October 28, 2008, as stated by Licensee in her January 19, 2009, response to the Board's January 13, 2009, letter of inquiry.

m. During the conference, Licensee failed to adequately articulate to the Committee the latest guidelines of the American Heart Association on pre-medications using prophylactic antibiotics when questioned by the Committee referring to particular medical conditions on medical history forms in her patient records.

C. Violations. The Committee concludes that the practices described above constitute violations of Minn. Stat. § 150A.08, subd. 1(6) and Minn. R. 3100.6200 B; Minn. Stat. § 150A.08, subd. 1(13) and Minn. R. 3100.9600; and are sufficient grounds for the disciplinary action specified below.

D. Disciplinary Action. 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

1. CPR Course. Licensee shall successfully complete the appropriate CPR certificate requirement through a course equivalent to the American Heart Association healthcare provider course or the American Red Cross professional rescuer course. Within 30 days of the effective date of this Order, Licensee must submit a copy of the front and back of the CPR card received as proof of completion to the Committee.

2. Prophylactic Antibiotics Report. Within 90 days of the effective date of this Order, Licensee shall submit a written report regarding the latest guidelines by the American Heart Association on pre-medications using prophylactic antibiotics relative to patients and their medical history. Licensee's report shall be typewritten in her own words, double-spaced, at least two pages in length but no more than three pages, and shall list references used to prepare the report. Licensee's report shall be subject to approval by the Committee.

3. Jurisprudence Examination. Within 90 days of the effective date of this Order, Licensee shall take and pass the Minnesota jurisprudence examination with a score of at least 75 percent. Licensee may take the jurisprudence examination within the 90-day period as many times as necessary to attain a score of 75 percent, however, Licensee may take the examination only once each day. Within 10 days of each date Licensee takes the jurisprudence examination, Board staff will notify Licensee in writing of the score attained.

4. Coursework. Licensee shall successfully complete the coursework described below. **All coursework must be approved in advance by the Committee.** Licensee

is responsible for locating, registering for, and paying for all coursework taken pursuant to this stipulation and order. When 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'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 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. Periodontics. Within one year of the effective date of this Order, Licensee shall arrange and enroll in a one-on-one individualized periodontics training course through the University of Minnesota School of Dentistry or another accredited dental institution. The periodontics course must have a hands-on component and focus on periodontal diagnosis, treatment planning, instrumentation, and proper recordkeeping. Successful completion of the periodontics course shall be determined by the Committee based on input from the instructor of the course.

b. Radiology. Within one year of the effective date of this Order, Licensee shall arrange and enroll in a one-on-one individualized radiology training course through the University of Minnesota School of Dentistry or another accredited dental institution. The radiology course must have a hands-on component and focus on radiology techniques,

sufficient quantity and quality, and interpretation. Successful completion of the radiology course shall be determined by the Committee based on input from the instructor of the course.

c. Treatment Planning / Recordkeeping. Within one year of the effective date of this Order, Licensee shall personally attend and successfully complete the treatment planning / recordkeeping course entitled “Dental Patient Management: Dental Records and Treatment Planning Fundamentals” offered at the University of Minnesota School of Dentistry or an equivalent course.

d. Professional Boundaries. Within one year of the effective date of this Order, Licensee shall arrange to enroll in the individualized professional boundaries training course taught by John Hung, Ph.D., L.P., or an equivalent course approved in advance by the Committee. Licensee’s signature on this Agreement is authorization for the Committee to communicate with the instructor/practitioner before, during, and after Licensee takes the course about his needs, performance, and progress. Licensee’s signature also constitutes authorization for the instructor/practitioner to provide the Committee with copies of all written evaluation reports. Successful completion of the boundaries course shall be determined by the Committee based on input from Dr. Hung or the instructor of the equivalent course.

5. Written Reports and Information. Licensee shall submit or cause to be submitted to the Board the reports and/or information described below. All reports and information are subject to approval by the Committee:

a. Reports on All Coursework. Within 30 days after completing each coursework, Licensee shall submit to the Board (1) a transcript or other documentation verifying that Licensee successfully completed the course, if the course is a graduate or undergraduate dental school course, (2) a copy of all materials used and/or distributed in the course, (3) a

written report summarizing how Licensee has implemented this knowledge into Licensee's practice, and (4) a new written office protocol that addresses the following digital radiology concerns: duplicating; transferring; and a dedicated back-up server. Licensee's report shall be typewritten in Licensee's own words, double-spaced, at least two pages but no more than three pages in length, and shall list references used to prepare the report.

6. 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 and complete patient records, including radiographs, to provide to the Committee for its review of Licensee's recordkeeping and care practices.

7. 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 Centers for Disease Control and Prevention, Public Health Service, United States Department of Health and Human Services, *Guideline for Disinfection and Sterilization in*

*Healthcare Facilities, 2008, and Guidelines for Infection Control in Dental Health-Care Settings - 2003, Morbidity and Mortality Weekly Report, December 19, 2003 at 1.*

d. If the Board receives a complaint alleging additional misconduct or deems it necessary to evaluate Licensee's compliance with this stipulation and order, the Board's authorized representatives shall have the right to inspect Licensee's dental office(s) during normal office hours without prior notification and to select and temporarily remove original patient records for duplication. Licensee shall fully and timely cooperate with such inspections of Licensee's office and patient records.

e. In the event Licensee should leave Minnesota to reside or practice outside the state, Licensee shall notify the Board in writing of the new location within five days. Periods of residency or practice outside of Minnesota will not apply to the reduction of any period of Licensee's discipline in Minnesota unless Licensee demonstrates that practice in another state conforms completely to this stipulation and order.

E. Removal of Conditions. Licensee may petition to have the conditions removed from Licensee's license at any regularly scheduled Board meeting provided that Licensee's petition is received by the Board at least 30 days prior to the Board meeting. Licensee shall have the burden of proving that Licensee has complied with the conditions and that Licensee is qualified to practice dentistry without conditions. Licensee's compliance with the foregoing requirements shall not create a presumption that the conditions should be removed. Upon consideration of the evidence submitted by Licensee or obtained through Board investigation, the Board may remove, amend, or continue the conditions imposed by this order.

F. 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 \$100 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 \$500 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.

G. 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:

1. 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.

2. 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 shall 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.

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

H. Other Procedures for Resolution of Alleged Violations. Violation of this stipulation and order shall be considered a violation of Minn. Stat. § 150A.08, subd. 1(13). The Committee shall have the right to attempt to resolve an alleged violation of the stipulation and order through the procedures of Minn. Stat. § 214.103, subd. 6. Nothing herein shall limit (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.

I. Attendance at Conference. Licensee attended a conference with the Committee on May 15, 2009. Although Licensee was informed in the Notice of Conference that she could be represented by legal counsel, Licensee has voluntarily and knowingly waived legal representation. The following Committee members attended the conference: Candace Mensing, D.D.S.; Freeman Rosenblum, D.D.S.; and Nancy Kearn, D.H. Assistant Attorney General Daphne A. Lundstrom represented the Committee at the conference.

J. 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.

K. 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 shall be null and void and shall 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.

L. Record. This stipulation, related investigative reports and other documents shall 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.

M. 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. They shall 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.

N. 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.

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

LICENSEE

  
\_\_\_\_\_  
REGINA M. MCGRATH, D.D.S.

Dated: 6-10-2009, 2009

COMPLAINT COMMITTEE

By:

  
\_\_\_\_\_  
MARSHALL SHRAGG, MPH  
Executive Director

Dated: JUNE 16<sup>TH</sup>, 2009

**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, the recommended disciplinary action set forth in the stipulation is hereby issued as an order of this Board placing CONDITIONS on Licensee's license effective this 26<sup>th</sup> day of June, 2009.

MINNESOTA BOARD  
OF DENTISTRY

By:



CANDACE MENSING, D.D.S.  
President