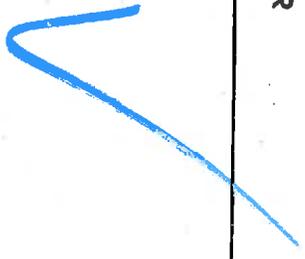


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Singleton</i>	DATE <i>1-17-08</i>
-------------------------------	-------------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000371</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			



South Carolina Department of Labor, Licensing and Regulation



Mark Sanford
Governor

South Carolina Board of Dentistry

Adhienne Riggs Youmans
Director

110 Centerview Drive
Post Office Box 11329
Columbia, SC 29211-1329
Phone: (803) 896-4599
FAX: (803) 896-4596
www.llr.state.sc.us

RECEIVED

JAN 17 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Kog. Singleton
N/A

TO: INTERESTED PARTIES
FROM: SOUTH CAROLINA STATE BOARD OF DENTISTRY
RE: SCIOSCIA, Patrick A., D.M.D.
DATE: January 15, 2008

Enclosed please find a copy of the public orders of the South Carolina State Board of Dentistry in the above referenced matter.

KPB/kp

Enclosures

BEFORE THE STATE BOARD OF DENTISTRY OF SOUTH CAROLINA

In the Matter of:

PATRICK A. SCIOSCIA, DMD
License No. 3307,

CERTIFICATE OF SERVICE

OIE # 2007-70
OGC # 08-0007

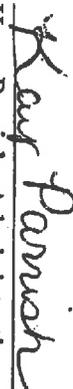
Respondent.

I hereby certify that I have this day served the within **CONSENT AGREEMENT** upon the person hereafter named, by depositing a copy of same in an envelope, securely wrapped in the United States Mail, Certified Mail, Return Receipt Requested and by regular First Class Mail, properly addressed to the said person hereafter named, at the place and address stated below, which is the last known address for the same.

Patrick A. Scioscia, DMD
210 Kenwood Drive
Lexington SC 29072-2507

Eugene H. Matthews, Esquire
Richardson, Plowden Carpenter &
Robinson, PA
PO Drawer 7788.
Columbia SC 29211 1329

**SOUTH CAROLINA DEPARTMENT
OF LABOR, LICENSING AND
REGULATION**


Kay Parrish, Administrative Assistant
LLR- Board of Dentistry
Post Office Box 11329
Columbia, SC 29211-1329

January 14, 2008.

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION
BEFORE THE STATE BOARD OF DENTISTRY**

In the Matter of:
PATRICK A. SCIOSCIA, D.M.D.
License No. 3307

OIE 2007-70
OGC 08-0007

CONSENT AGREEMENT

Respondent.

By agreement of the State Board of Dentistry of South Carolina, hereinafter referred to as the Board, and the above-named Respondent, the following disposition of this matter is entered pursuant to the provisions of S.C. Code Ann. § 1-23-320(f) (Supp. 2006) of the South Carolina Administrative Procedures Act:

FINDINGS OF FACT

1. Respondent admits that he is licensed to practice as a dentist in the State of South Carolina and was so licensed at all times relevant to the matters asserted in this case. The Board has jurisdiction over this matter.
2. Respondent admits that during the approximate period of August 1, 2007, to August 31, 2007, he ingested unspecified substances unlawfully and that during this period, he was unfit to practice dentistry as a result of his addiction to drugs.
3. Respondent further admits that as a result of the previous admissions herein, Respondent has violated S.C. Code of Laws §40-1-110(f),(g),(k) and (j); and §40-15-190(A)(3) and (19)(Supp. 2006).
4. Respondent waives any further findings of fact with respect to this matter.

CONCLUSIONS OF LAW

5. Respondent admits that the conduct in this matter constitutes sufficient grounds for disciplinary or corrective action under § 40-15-190, *supra*. Respondent hereby waives any further conclusions of law with respect to this matter.
6. Respondent has full knowledge that he has the right to a hearing and to be represented by counsel in this matter, and freely, knowingly and voluntarily waives such rights by entering into this Consent Agreement. Respondent understands and agrees that by entering into this Consent Agreement he voluntarily relinquishes any right to judicial review of Board action(s) which may be taken concerning any related matters. Respondent understands and agrees that this Consent

Agreement will not become effective unless and until approved by the Board. Respondent understands and agrees that a representative of the General Counsel's Office may be present during presentation of this Consent Agreement to the Board. Respondent understands and agrees that if this Consent Agreement is not approved, it shall not constitute an admission against interest in this proceeding or prejudice the right of the Board to adjudicate this matter.

THEFORE, IT IS UNDERSTOOD AND AGREED THAT:

1. Respondent's license to practice dentistry in this State shall be suspended for an indefinite period; however, Respondent's suspension shall be immediately stayed and Respondent's license shall be continued uninterrupted in a probationary status for an indefinite period of not less than five (5) years, subject to permanent revocation, provided that Respondent faithfully complies with the following terms and conditions, which shall continue in effect until further Order of the Board:
 - a. Respondent shall completely abstain from the consumption of mood-altering substances, including alcohol, except as prescribed by a duly licensed practitioner for a documented legitimate medical purpose. All use of such substances is to be reported by Respondent to the Board or its designee within 48 hours of initiation. All such medical treatment and prescribing shall be reported directly to the Board in writing by the treating practitioner within ten (10) days after the date of treatment. Respondent must inform the treating practitioner of this responsibility, provide a copy of this Order to the treating practitioner, and ensure timely compliance. Failure to comply with any of the requirements of this paragraph shall be considered a violation of this Order.
 - b. Respondent shall be subject to periodic, unannounced blood and urine alcohol and/or drug analysis as desired by the Board or its designee, the purpose being to ensure that the Respondent remains drug and/or alcohol-free. The costs of such blood and urine alcohol and/or drug analyses and reports will be borne by Respondent, which costs shall be paid within thirty (30) days after the date of the invoice therefore. Failure to make timely payment of such costs, to provide a specimen upon request, or to remain alcohol and/or drug-free shall be considered a violation of this Order.
 - c. Respondent must have a written contract with and be an active participant in the activities of the Recovering Professionals Program (the Program), as approved in advance in writing by the Board, until a period of not less than five years of documented sobriety and compliance with this Order has been satisfactorily established by Respondent, and until this Order has been terminated as provided herein. Such contract shall include provisions for any assessment, treatment, monitoring and aftercare activities, and other activities as the Program shall deem appropriate, including, but not limited to:

- (1) Assessment and treatment requirements of the Program;
- (2) Monitoring and aftercare activities of the Program;
- (3) Participation in Alcoholics Anonymous (AA) or Narcotics Anonymous (NA);
- (4) Participation in professional support groups or organizations or equivalents, as approved by the Program;
- (5) Such additional therapeutic activities as deemed appropriate and necessary by the Program.

The Program shall submit regular written reports documenting Respondent's full compliance with the terms of the contract with the Program and this Order.

- d. Within thirty (30) days of the date of this Order, Respondent must provide to the Board a letter signed by an appropriate representative of the Program verifying that Respondent has signed a written contract with and become an active participant in the activities of the Program, as required above. Compliance with this paragraph shall not be deemed satisfied until said written verification is received by the Board. Failure to comply with this requirement within the prescribed time shall automatically result in the immediate temporary suspension of Respondent's license to practice until such time as full compliance has been made by Respondent.
- e. Respondent shall pay a fine of Seven-Thousand Five Hundred (\$7500.00) Dollars. The said fine shall be due at such time as this Consent Agreement is submitted to the full Board for approval. Payment must be in the form of a cashier's check, money order, or other good funds. Failure to pay the said fine shall is a violation of this Consent Agreement.
- f. Respondent shall, at his own expense, successfully complete a pre-approved course in ethics, consisting of at least three (3) hours, within twelve (12) months of the effective date of this Agreement, and provide the Board with adequate verification of satisfactory completion of the course.
- g. Respondent will remain in monthly counseling with Carlton Andrews as required by the Recovering Professionals Program.

2. Respondent understands that failure to comply with the letter, intent or spirit of this Consent Agreement shall result in the immediate temporary suspension of his license to practice dentistry in the State of South Carolina pending a hearing into the matter and until further Order of the Board. In addition, the failure to comply with the letter, intent or spirit of this Consent Agreement, if substantiated after a due process proceeding, can, in the discretion of the Board, result in the lifting of any stay that may be in effect, in accordance with South Carolina Code Ann. § 1-23-370 (c) (1976,

as amended) and the permanent revocation of Respondent's license.

3. Respondent shall pay all investigative costs associated with this matter within thirty (30) days of the effective date of this Consent Agreement.
4. Respondent agrees to comply with all state and federal statutes and regulations governing the practice of dentistry.
5. Respondent understands his right to legal representation and enters into this Consent Agreement freely and voluntarily and not under duress, restraint or compulsion.
6. Pursuant to the South Carolina Freedom of Information Act, this Consent Agreement, with attachments, is a public document, and this action will be reported to the National Practitioner Data Bank in accordance with P.L. 99-660.
7. This Consent Agreement shall take effect immediately upon receipt by Respondent or his counsel.

AND IT IS SO ORDERED.

STATE BOARD OF DENTISTRY


J. DOUGLAS SNOWDEN, D.M.D.
President of the Board

Columbia, South Carolina
1/11/08, 2008.

WE CONSENT:


PATRICK A. SCIOSCIA, D.M.D.
Respondent


Eugene H. Matthews
WITNESS OR ATTORNEY


PATRICK D. HANKS
Assistant General Counsel
South Carolina Department of Labor,
Licensing & Regulation



South Carolina Department of Labor, Licensing and Regulation

Mark Sanford
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Adrienne Riggins Youmans
Director

South Carolina Board of Dentistry

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*Ref Log # 371
370*



JAN 18 2008

RECEIVED

Department of Health & Human Services
OFFICE OF THE DIRECTOR

TO: INTERESTED PARTIES

FROM: SOUTH CAROLINA STATE BOARD OF DENTISTRY

RE: SCIOSCIA, Patrick A., D.M.D.

DATE: January 15, 2008

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KPB/kp

Enclosures

BEFORE THE STATE BOARD OF DENTISTRY OF SOUTH CAROLINA

In the Matter of:

PATRICK A. SCIOSCIA, DMD
License No. 3307,

CERTIFICATE OF SERVICE

OIE # 2007-70
OGC # 08-0007

Respondent.

I hereby certify that I have this day served the within **CONSENT AGREEMENT** upon the person hereafter named, by depositing a copy of same in an envelope, securely wrapped in the United States Mail, Certified Mail, Return Receipt Requested and by regular First Class Mail, properly addressed to the said person hereafter named, at the place and address stated below, which is the last known address for the same.

Patrick A. Scioscia, DMD
210 Kenwood Drive
Lexington SC 29072-2507

Eugene H. Matthews, Esquire
Richardson, Plowden Carpenter &
Robinson, PA
PO Drawer 7788.
Columbia SC 29211 1329

**SOUTH CAROLINA DEPARTMENT
OF LABOR, LICENSING AND
REGULATION**


Kay Parrish, Administrative Assistant
LLR - Board of Dentistry
Post Office Box 11329
Columbia, SC 29211-1329

January 14, 2008.

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION
BEFORE THE STATE BOARD OF DENTISTRY**

In the Matter of:
PATRICK A. SCIOSCIA, D.M.D.
License No. 3307

OIE 2007-70
OGC 08-0007

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AND IT IS SO ORDERED.

STATE BOARD OF DENTISTRY


J. DOUGLAS SNOWDEN, D.M.D.

President of the Board

Columbia, South Carolina
1/11/08, 2008

WE CONSENT:



PATRICK A. SCIOSCIA, D.M.D.
Respondent


Eugene H. Neuhoff

WITNESS OR ATTORNEY

PATRICK D. HANKS

Assistant General Counsel
South Carolina Department of Labor,
Licensing & Regulation