

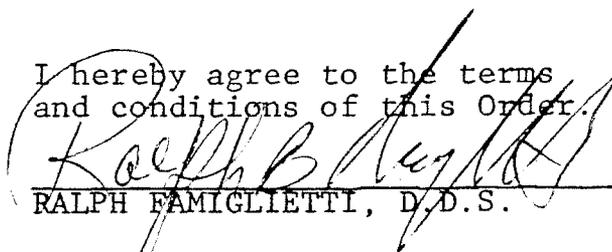


within thirty (30) days of the entry date of this Order.

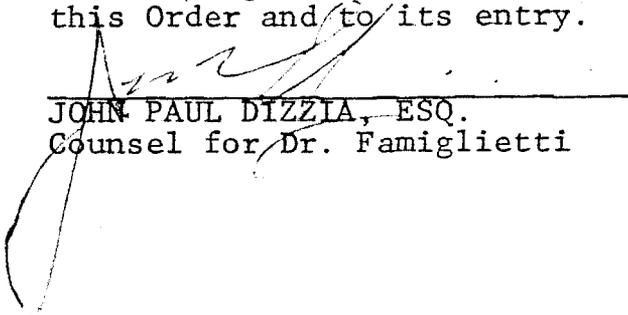
2. Respondent shall make restitution to the patient's insurance carrier by submitting a certified check or money order payable to The Travelers-Dental in the amount of Eight Hundred and Seventy-five (\$875.00) Dollars to the State Board of Dentistry at the above address within thirty (30) days of the entry date of this Order.

  
\_\_\_\_\_  
SAMUEL E. FURMAN, D.D.S.  
PRESIDENT  
STATE BOARD OF DENTISTRY

I hereby agree to the terms and conditions of this Order.

  
\_\_\_\_\_  
RALPH FAMIGLIETTI, D.D.S.

I hereby agree to the form of this Order and to its entry.

  
\_\_\_\_\_  
JOHN PAUL DIZZIA, ESQ.  
Counsel for Dr. Famiglietti