

NON- DISCIPLINARY

ANNE MILGRAM
ATTORNEY GENERAL OF NEW JERSEY
Division of Law, 5th Floor
124 Halsey Street
P.O. Box 45029
Newark, NJ 07101
Attorney for the New Jersey State Board
of Medical Examiners

By: B. Michelle Albertson
Deputy Attorney General
Tel. (973) 648-2975

FILED
January 10, 2008

**NEW JERSEY STATE BOARD
OF MEDICAL EXAMINERS**

STATE OF NEW JERSEY
DEPARTMENT OF LAW & PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
STATE BOARD OF MEDICAL EXAMINERS

IN THE MATTER OF :
: Administrative Action
MICHAEL S. ORENSTEIN, M.D. :
License No. MA46202 : CONSENT ORDER
TO PRACTICE MEDICINE AND SURGERY :
IN THE STATE OF NEW JERSEY :
_____ :

THIS MATTER was opened to the New Jersey State Board of Medical Examiners ("Board") upon receipt of information that on or ~~about February 13, 2007~~ ~~the New York State Board for Professional~~ Medical Conduct ("New York Board") entered into an "Order for Non Practice of Medicine" ("Exhibit A") with Michael S. Orenstein,

CERTIFIED TRUE COPY

M.D. ("Respondent") wherein he agreed to cease the practice of medicine pending the final disposition of an investigation of certain aspects of Respondent's medical practice.

IT NOW APPEARING that the parties wish to resolve this matter without recourse to formal proceedings; and that Respondent was licensed to practice medicine and surgery in the State of New Jersey on May 1, 1985 and, thereafter, permitted that license to lapse on June 30, 2003; and that Respondent hereby waives any right to a hearing in this matter; and the Board finding the within Order adequately protects the public's health, safety and welfare; and for good cause shown;

IT IS ON THIS 9TH day of JANUARY, 2008, ORDERED AND AGREED THAT:

1. Respondent agrees not to seek reinstatement of his license to practice medicine and surgery in New Jersey until final disposition of the investigation, and any resulting disciplinary action, in New York and, accordingly, agrees to refrain from any active practice of medicine and surgery in the State of New Jersey;

2. In the event that Respondent seeks reinstatement of his New Jersey license at any time, and prior to any active practice in the State of New Jersey, the Respondent shall be required to appear ~~before the Board or a Committee thereof to:~~ (1) demonstrate fitness to practice; (2) demonstrate that he holds an active unrestricted license to practice medicine and surgery in New York;

and (3) respond to questions concerning the circumstances which gave rise to the investigation in New York. In addition, the Board reserves the right to take disciplinary action based upon the final action, or acts giving rise to the disciplinary action, of the New York Board and/or place restrictions and/or limitations upon Respondent's license to practice in the State of New Jersey; and

3. Upon conclusion of the pending matter before the New York Board, the Respondent has the affirmative duty to immediately notify this Board in writing of any action of New York licensing authorities and, further, provide a copy of all available documentation.

STATE BOARD OF MEDICAL EXAMINERS

By: 
Mario A. Criscito, M.D.
Board President

I have read and I understand this Consent Order and agree to be bound by its terms. I further hereby consent to the entry of this Consent Order.


MICHAEL S. ORENSTEIN, M.D.

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER
OF
MICHAEL ORENSTEIN, M.D.

ORDER FOR
NON PRACTICE OF
MEDICINE

Upon the application and agreement of MICHAEL ORENSTEIN, M.D. for an Order by which he agrees to cease the practice of medicine pending the final disposition of the present Department of Health, Office of Professional Medical Conduct investigation of certain aspects of his medical practice which application and agreement is made a part hereof, it is agreed to and

ORDERED, that the application and agreement and the provisions thereof are hereby adopted and so ORDERED, and it is further

ORDERED, that this order shall be effective upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy of the Consent Order to attorney of Michael Orenstein, M.D., or upon transmission via facsimile to that attorney, whichever is earliest.

SO ORDERED.

DATED: 2-13-2007



KENDRICK A. SEARS, M.D.
Chair
State Board for Professional
Medical Conduct

MD 1/22

NEW YORK STATE DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

IN THE MATTER
OF
MICHAEL ORENSTEIN, M.D.

APPLICATION FOR
AND AGREEMENT
TO
NOT PRACTICE
MEDICINE/
ORDER OF THE
BOARD

STATE OF NEW YORK)
COUNTY OF ALBANY)

MICHAEL ORENSTEIN, M.D., states:

1. That on or about November 14, 1980, I was licensed to practice as a physician in the State of New York, having been issued License No. 144524 by the New York State Education Department.
2. My current address is 214 Point of Woods Drive, Albany, New York 12203 and I will advise the Director of the Office of Professional Medical Conduct of any change of my address.
3. I understand that the New York State Board for Professional Medical Conduct is investigating certain aspects of my medical practice to determine if I may have engaged in professional misconduct.
4. I voluntarily make this Application to the State Board for Professional Medical Conduct (the Board) and request that it be granted.

MO
1/22

5. I hereby agree to the following :

I will not engage in the practice of medicine pending the final disposition of the currently open Department of Health, Office of Professional Medical Conduct investigation. I further agree to abide by such final disposition, without hereby waiving any rights to appeal to which I might otherwise be entitled.

For the purpose of this agreement, "final disposition" shall mean the receipt by OPMC of the final written report from the Examining Physician, Rush University Medical Center.

6. I hereby stipulate that any failure by me to comply with the above condition imposed by this Order shall constitute misconduct as defined by New York State Education Law §6530(29).

7. Further, I hereby acknowledge that any activity by me that constitutes the practice of medicine at any time after the effective date of this order, and during the pendency of the Order, shall constitute the unauthorized practice of medicine within the meaning of N.Y. Educ. Law §6512, defining a Class E felony.

8. I presently maintain hospital privileges at no hospitals. I agree not to seek privileges or employment as a physician during the pendency of this agreement. I also have no office practice of any kind.

9. I understand that unless and until I am allowed to resume the practice of medicine under the terms of this agreement, my licensure status is "inactive" and I am not authorized to practice medicine in the State of New York or any other State. I further understand that any practice of medicine while my license is "inactive" shall constitute a violation of N.Y. Educ. Law Section 6530(12), regardless of the location of such practice.

10. I agree that this agreement may be made public, including notice to the National Practitioners' Data Bank, Federation of State Medical Boards, and posting on the NYS Department of Health's website.

11. I understand that unless and until I am allowed to resume the practice of medicine under the terms of this agreement, I shall notify all persons who request my medical services that I have ceased the active practice of medicine.

12. I understand that the Department of Health, Office of Professional Medical Conduct shall notify each hospital or facility at which I presently hold privileges, that I have ceased the active practice of medicine, and that my licensure status during the pendency of the agreement is inactive.

13. I understand that, in the event that this Application is not granted by the Board, nothing contained herein shall be binding upon me or construed to be an admission of any act of misconduct alleged or charged against me. This Application shall not be used against me in any way in any professional misconduct disciplinary proceeding.

MD 1/22

14. I agree that, in the event the Board grants my Application, as set forth herein, an order of the Chairperson of the Board shall be issued in accordance with same. I agree that such order shall be effective upon issuance by the Board, which may be accomplished by mailing, by first class mail, a copy of the Order to my attorney, or upon transmission via facsimile to my attorney, whichever is earliest.

15. I am making this Application of my own free will and accord and not under duress, compulsion or restraint of any kind or manner. In consideration of the value to me of the acceptance by the Board of this Application, I knowingly waive any right I may have to contest the Order for which I hereby apply, whether administratively or judicially, and ask that the Application be granted.

DATED: 1/23/07

Michael Orenstein
MICHAEL ORENSTEIN, M.D.
RESPONDENT

MD
1/23

The undersigned agree to the attached application of the Respondent based on the terms and conditions thereof.

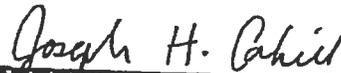
DATE: 1/31/07



WILFRED FRIEDMAN, ESQ.

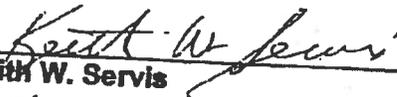
Attorney for Respondent

DATE: Jan 29, 2007



JOSEPH CAHILL
Associate Counsel
Bureau of Professional
Medical Conduct

DATE: 2/8/07



Keith W. Servis
Director
Office of Professional Medical Conduct