STATE OF FLORIDA
DIVISION OF ADMINISTRATIVE HEARINGS

DEPARTMENT OF HEALTH, BOARD OF MEDICINE,	)	
Petitioner,	)	
vs.	)	Case No. 06-0014PL
SCOTT GELLER, M.D.,	)	
Respondent.	)	

RECOMMENDED ORDER

Pursuant to notice, a final hearing was held in this case on August 23, 2006, in Fort Myers, Florida, before Susan B. Harrell, a designated Administrative Law Judge of the Division of Administrative Hearings.

APPEARANCES

For Petitioner: Irving Levine, Esquire
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For Respondent: Bruce D. Lamb, Esquire
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STATEMENT OF THE ISSUES

The issues in this case are whether Respondent violated Subsections 458.331(1)(m), 458.331(1)(t), and 458.331(1)(u),

Florida Statutes (1997),[1] and, if so, what discipline should be imposed.

PRELIMINARY STATEMENT

On April 19, 2005, Petitioner, Department of Health, Board of Medicine (Department), filed a three-count Administrative Complaint against Respondent, Scott Lee Geller, M.D. (Dr. Geller), alleging that he violated Subsections 458.331(1)(t), 458.331(1)(m), and 458.331(1)(u), Florida Statutes (1997). On December 30, 2005, the Department filed Amendments to the Administrative Complaint. Dr. Geller requested an administrative hearing, and the case was forwarded to the Division of Administrative Hearings on January 4, 2006, for assignment to an administrative law judge.

The final hearing was originally scheduled for April 27 and 28, 2006. Dr. Geller filed a Motion to Continue, which was granted, and the final hearing was rescheduled for June 28 and 29, 2006. Dr. Geller again requested the final hearing be rescheduled, and his request was granted by an order rescheduling the final hearing for August 22 and 23, 2006.

On August 8, 2006, Petitioner filed Petitioner's Motion for Official Recognition, requesting that official recognition be taken of Subsections 458.331(1)(m), 458.331(1)(t), and 458.331(1)(u), Florida Statutes (1997). Official recognition was taken of those statutes by order dated August 9, 2006.

At the final hearing, the Department made an ore tenus motion to amend the Administrative Complaint to correct a scrivener's error. The motion was granted, and the Administrative Complaint was amended to reflect the correction of the scrivener's error.

The parties entered into a Joint Pre-Hearing Stipulation and stipulated to certain facts contained in Section E of the Joint Pre-Hearing Stipulation. Those facts have been incorporated into this Recommended Order to the extent relevant.

At the final hearing, Joint Exhibit 1, the medical records for patient P.K., was admitted in evidence. Petitioner's Exhibits 1, 2, and 3 were admitted in evidence. The Department submitted the depositions of P.K. and Osama Hassan Mohamed Omar, M.D., in lieu of live testimony. Dr. Geller testified in his own behalf and called James Rowsey, M.D., as his witness. Respondent's Exhibits 1, 2, and 3 were admitted in evidence. Respondent's Exhibit 2, the deposition of Herbert L. Gould, M.D., was filed on September 13, 2006, as a late-filed exhibit.

The one-volume Transcript of the final hearing was filed on September 7, 2006. The parties agreed to file their proposed recommended orders within ten days of the filing of the Transcript or the deposition of Dr. Gould, whichever was later. The parties timely filed their proposed recommended orders.

FINDINGS OF FACT

1. The Department is the state department charged with regulating the practice of medicine pursuant to Section 20.43, and Chapters 456 and 458, Florida Statutes (2006).

2. At all times material to this proceeding, Dr. Geller was a licensed physician within the State of Florida, having been issued license number 35800 on December 18, 1979. Dr. Geller is board-certified in Ophthalmology.

3. Patient P.K. first presented to Dr. Geller's office on February 17, 1998, for evaluation for refractive surgery. At the time of her first visit, P.K. was 56 years old. She had been experiencing difficulty tolerating contact lenses due to dry eyes, seasonal allergies, and some night vision problems, and did not want to wear glasses.

4. Prior to P.K.'s first visit to Dr. Geller, P.K. had been evaluated by Dr. Jonathan Frantz to determine if she was a good candidate for laser refractive surgery. Dr. Frantz informed P.K. that she was not a candidate for laser refractive surgery.

5. Dr. Geller examined P.K.'s eyes on February 17, 1998, at which time he recorded P.K.'s visual acuity with corrective lenses for both eyes. He did not record her uncorrected visual acuity. The evidence did not establish that the failure to determine and record P.K.'s uncorrected visual acuity prior to

surgery was below the level of care, skill, and treatment which is recognized by a reasonably prudent similar physician as being acceptable under similar conditions and circumstances.

6. During the examination on February 17, 1998, Dr. Geller determined P.K.'s anterior chamber depth to be 2.78 by using an optical device and 2.76 - 2.8 by using a sonogram. Dr. Herbert Gould testified as an expert witness for Dr. Geller. It was Dr. Gould's opinion that at least 2.8 millimeters of depth was needed in the anterior chamber for the insertion of a phakic lens. Dr. Osama Omar testified as an expert for the Department. Dr. Omar was of the opinion that an anterior chamber depth of three millimeters was needed for the insertion of a phakic intraocular lens; however, Dr. Omar's opinion was based on a course that he had taken involving an Artisan lens, not a Phakic 6 intraocular lens, which was used in P.K.'s surgery. Dr. Gould's testimony concerning the anterior chamber depth needed for the insertion of a phakic lens is more credible.

7. Dr. Geller measured P.K.'s preoperative endothelial cell count for both eyes by specular microscopy. The reading was more than 2400. Based on his examination of February 17, 1998, Dr. Geller diagnosed P.K. with hyperopia (farsightedness) in both eyes.

8. Dr. Geller told P.K. that he could implant a phakic intraocular lens in each eye that could correct the refractive

errors. When a phakic intraocular lens is used, the patient's natural, crystalline lens is left in place, and the intraocular lens is placed either right in front of the iris or in the pupil area plane right behind the iris.

9. Dr. Geller discussed the risks and benefits associated with the insertion of a phakic intraocular lens with P.K. and made a notation of the discussion on P.K.'s medical records for February 17, 1998. His notes established that he had discussed over and under correction, fluctuating vision, corneal disease, and future surgery with her.

10. P.K. was scheduled for the insertion of a phakic intraocular lens in her left eye on March 10, 1998, and in her right eye on March 31, 1998. P.K. signed a consent form for each surgery scheduled to be performed. The consent forms provided:

> INFORMED CONSENT FOR LENS IMPLANTATION
> CORRECTION OF REFRACTIVE ERRORS
>
> Dear Patient,
>
> The South Florida Eye Clinic and Dr. Scott L. Geller have prepared this "informed consent" so that you may understand some of the major details of 'permanent contact lens' intraocular lens implantation. This informed consent naturally is limited in scope and we will just address some major issues related to all ophthalmic surgery. Your discussion with Dr. Geller can elaborate on any of these issues and can touch on other considerations that you may have.

Implants performed for correction of refractive error (to get you minimal eyeglass correction, or no eyeglass correction at all) have been performed since the early 1950's. However, in the last ten years, they have been widely performed throughout the world especially in Europe and South America. Lens implants for correction of refractive errors are performed by individual doctors in the United States under 'the scope of medical practice.' At this juncture no FDA approved lenses are available. The lenses being used in our practice have been obtained by Dr. Geller for use in our ongoing clinical studies for correction of errors of refraction.

Lens implants have been performed by our office during and after cataract surgery for the past 15 years and Dr. Geller has extensive experience in all lens implant operations. The lens implant operation for the correction of refractive error is very similar to the operation performed for correction of aphakia that has been done by ophthalmologist [sic] worldwide for well over 20 years. Lens implant for refractive error however have [sic] only been performed widely for about the past eight years. We can only predict based on our experience with this and similar surgeries that the operation is safe and effective. However we cannot predict the future and we want you to understand this.

The problems that can be associated with any kind of intraocular surgery include [sic] intraocular lens implantations are hemorrhage, infection, cataract, glaucoma, and the necessity for future corneal surgery. We will remind you that these are potential problems that can occur with any similar surgery, and are rarely seen during the career of any ophthalmologist.

> There have been reported optical aberrations rarely after lens implantation surgery, notably glare or a refractive error that is not exactly as predicted. This may necessitate a change of the lens or a revision of the wound. These problems are extremely rare.
>
> Dr. Geller wants to assure you that he is totally confident that this procedure is the most effective for you at this time. In studying this procedure under a world renowned ophthalmologist and has seen patients who have had several years or internal contact lens use. If you should have any further questions, please don't hesitate to ask Dr. Geller directly.

11. Dr. Geller told P.K. that he had done many lens implants. Dr. Geller's assistant also told P.K. that Dr. Geller had been doing lens implants for a long time with good results. Based on the representations from Dr. Geller and his assistant and the information contained in the consent form, P.K. understandably was left with the impression that Dr. Geller had been doing the implantations of Phakic 6 intraocular lenses in his office on a regular basis and that he had done many of the implantations without problems.

12. On March 10, 1998, when Dr. Geller performed the scheduled lens implantation surgery on P.K.'s left eye, he noted her corrected visual acuity, but did not record her uncorrected visual acuity. During the surgery, Dr. Geller inserted a Phakic 6 intraocular lens manufactured by Ophthalmic Innovations into P.K.'s left eye.

13. On March 31, 1998, P.K. presented at Dr. Geller's office for lens implantation in her right eye. Prior to the surgery, Dr. Geller checked the uncorrected visual acuity of P.K.'s right eye, which was 20/150. During the surgery, Dr. Geller inserted a Phakic 6 intraocular lens manufactured by Ophthalmic Innovations into P.K.'s right eye.

14. In March of 1998, the lenses which were inserted in P.K.'s eyes were not approved by the Food and Drug Administration (FDA). The Phakic 6 intraocular lens had been approved for use in Canada and some countries in Europe, Asia, and South America. At the time of P.K.'s surgery, the phakic lenses were not available through standard, mainstream commercial sources within the United States.

15. Dr. Omar opined that the use of a lens which has not been approved by the FDA falls below the standard of care which should be used by a reasonably prudent similar physician. Dr. Herbert Gould and Dr. James Rowsey, who also testified as expert witness for Dr. Geller, opined that the use of a lens which has not been approved by the FDA, by itself, does not equate to a failure to practice with that level of care, skill, and treatment, which is recognized by a reasonably prudent similar physician as being acceptable under similar conditions and circumstances. The testimony of Drs. Gould and Rowsey are more credible. It should be noted that the FDA did not ban the

use of the Phakic 6 lens, but that the lens had not been investigated and approved by the FDA. There have been other products which have not been approved by the FDA, but which physicians use without falling below the standard of care required of the physicians. One such product is glue which was used by physicians in eye surgery.

16. P.K. returned to Dr. Geller's office for postoperative care in March and April 1998. She was in Canada during the summer of 1998 and did not see Dr. Geller from April to October 1998. On October 15, 1998, P.K. presented to Dr. Geller complaining of sensitivity to light and poor visual acuity. Dr. Geller diagnosed P.K. as having iritis.

17. On October 21, 1998, Dr. Geller indicated in P.K.'s medical notes to "get spec micros ou," which indicates a specular microscopy for both eyes. Such a test would indicate P.K.'s endothelial cell count. Dr. Geller's notes indicate a similar entry on November 2, 1998. Dr. Geller's medical notes for P.K.'s visit on November 17, 1998, indicate "spec done ou," but reveal a pachymetry reading of 56/48 and do not indicate an endothelial cell count. Pachymetry is a test which is used to determine the health of a cornea by measuring the thickness of the cornea. The specular microscopy measures the endothelial cell density of the cornea. The testimony of Dr. Omar is credited that a postoperative specular microscopy was required

to be done in order to compare the preoperative and postoperative endothelial cell counts.

18. On November 17, 1998, Dr. Geller identified a corneal edema in P.K.'s right eye. He did not refer P.K. to a corneal specialist. Dr. Geller had experience in treating corneal problems, including performing corneal transplants. His experience and training was sufficient to treat P.K.'s corneal edema without having to refer her to a corneal specialist. Dr. Geller treated the edema with anti-inflammatory drugs. The edema continued to be present on subsequent visits on December 1, 3, and 9, 1998. On December 9, 1998, Dr. Geller recommended the removal of the phakic intraocular lens from P.K.'s right eye. He removed the lens on December 15, 1998. Dr. Geller provided postoperative care for P.K. through March 1999. P.K. did not return to see Dr. Geller after March 1999.

19. P.K. returned to Canada and in June 1999 saw Dr. Peter J. Agapitos, who diagnosed her with corneal edema in both eyes and recommended that P.K. return to Florida to have Dr. Geller remove the intraocular lens in the left eye. On June 21, 1999, P.K. called Dr. Geller's office complaining that her left eye was very sensitive to light, crusty, and irritated. Dr. Geller's office referred P.K. to a physician in Canada.

20. P.K. had the intraocular lens in her left eye removed. Additionally, she has required cataract surgery and more than one corneal transplant since Dr. Geller performed the phakic intraocular lens implantations.

21. Dr. Omar was of the opinion that the implantation of a phakic intraocular lens to treat refractive error was experimental in 1998. He defined "experimental" as "a treatment that's currently untested, not developed to the point which can be offered in a mainstream fashion, has not demonstrated safety, ethicacy [sic] in the correction of the problem that the patient may need." Drs. Gould and Rowsey did not feel that the procedure was experimental by 1998. Dr. Rowsey did opine that the procedure was "uncommon" in the United States.

22. Physicians in Europe, Asia, and South America were doing phakic intraocular implants during the 1980's. By 1998, there were peer reviewed literature published concerning phakic intraocular implants and a considerable amount of presentations given concerning the use of phakic intraocular lenses. The production of the Phakic 6 intraocular lens began in 1992, and by the time of P.K.'s surgery, approximately 4,000 to 5,000 implants of the Phakic 6 intraocular lens had been done successfully worldwide. However, few physicians in the United States were performing phakic intraocular lens implantations by 1998, and only a couple of dozen phakic intraocular lens

implants had been done in the United States by 1998, representing less than one percent of the total intraocular lens implantations. In 1998, there was no doctor in the United States who was routinely implanting these lenses except as part of a study.

23. In 1997, Dr. Geller went to New York City to the surgery center of Dr. Miles Galin, who was performing implantations of phakic intraocular lenses. Dr. Geller observed several preoperative and postoperative cases on the day he visited Dr. Galin. Dr. Geller also "scrubbed in" and observed at least one implantation being performed by Dr. Galin. Prior to performing surgery on P.K., Dr. Geller had performed less than five implantations of phakic intraocular lenses and had reviewed literature in American and European journals concerning phakic intraocular lenses.

24. The procedures and skills used to insert an intraocular lens implant are substantially similar to those procedures and skills necessary to place an anterior chamber lens after a cataract removal. Dr. Geller's practice involves anterior segment surgery, including cataract surgery. The evidence established that Dr. Geller had adequate education and training to be able to insert phakic intraocular lenses.

CONCLUSIONS OF LAW

25. The Division of Administrative Hearings has jurisdiction over the parties to and the subject matter of this proceeding. §§ 120.569 and 120.57, Fla. Stat. (2006).

26. The Department has the burden to establish the allegations in the Administrative Complaint by clear and convincing evidence. Department of Banking and Finance v. Osborne Stern and Co., 670 So. 2d 932 (Fla. 1996). The Department has alleged that Dr. Geller violated Subsections 458.331(1)(m), 458.331(1)(t), and 458.331(1)(u), Florida Statutes, which provide:

> (1) The following acts shall constitute grounds for which disciplinary action specified in subsection (2) may be taken:
>
> * * *
>
> (m) Failing to keep legible, as defined by department rule in consultation with the board, medical records that identify the licensed physician or the physician extender and supervising physician by name and professional title who is or are responsible for rendering, ordering, supervising, or billing for each diagnostic or treatment procedure and that justify the course of treatment of the patient, including, but not limited to patient histories; examination results; test results; records of drugs prescribed, dispensed, or administered; and reports of consultations and hospitalizations.
>
> * * *

> (t) Gross or repeated malpractice or the failure to practice medicine with that level of care, skill, and treatment which is recognized by a reasonably prudent similar physician as being acceptable under similar conditions and circumstances. The board shall give great weight to the provision of s. 766.102 when enforcing this paragraph. . . . As used in this paragraph, "gross malpractice" or "the failure to practice medicine with that level of care, skill, and treatment which is recognized by a reasonably prudent similar physician as being acceptable under similar conditions and circumstances," shall not be construed to require that a physician be incompetent to practice medicine in order to be disciplined pursuant to this paragraph.
>
> (u) Performing any procedure or prescribing any therapy which, by the prevailing standards of medical practice in the community, would constitute experimentation on a human subject, without first obtaining full, informed, and written consent.

27. The Department alleged in the Administrative Complaint that Dr. Geller violated Subsection 458.331(1)(m), Florida Statutes, by failing to record P.K.'s preoperative corrected and uncorrected visual acuity; P.K.'s endothelial cell count; and P.K.'s anterior chamber depth. The evidence established that Dr. Geller did determine and record the preoperative corrected visual acuity for both of P.K.'s eyes, did determine and record the preoperative uncorrected visual acuity for P.K.'s right eye, but did not determine and record the preoperative uncorrected visual acuity for P.K.'s left eye. However, the Department did

not clearly and convincingly establish that the preoperative uncorrected visual acuity of P.K. was required to be determined.

28. The evidence established that Dr. Geller did determine and record the anterior chamber depth for both of P.K.'s eyes.

29. The evidence established that Dr. Geller did determine and record P.K.'s preoperative endothelial cell count, but did not determine and record her postoperative endothelial cell count. Although Dr. Geller's records appear to indicate that a specular microscopy was done postoperatively, the results of such a test were not recorded. The Department has established by clear and convincing evidence that Dr. Geller violated Subsection 458.331(1)(m), Florida Statutes, by failing to record P.K.'s postoperative endothelial cell count.

30. The Department alleged in the Administrative Complaint that Dr. Geller violated Subsection 458.331(1)(t), Florida Statutes, by the following acts:

> a. Inserting a non-FDA approved phakic intraocular lenses into Patient P.K.'s [eyes] without adequate education and training.
> b. Failing to keep legible medical records that justified the course of treatment of Patient P.K.
> c. Failing to determine and/or record the preoperative visual acuity, with or without glasses, of Patient P.K.
> d. Failing to determine the Endothelial Cell Count and Anterior Chamber Depth of Patient P.K.
> e. Failing to properly emphasize to Patient P.K. in the informed consent the extent of

the experimental nature and unpredictable outcome of the surgery.
f. Failing to discuss the risks and benefits of the surgery to Patient P.K.
g. Failing to timely refer Patient P.K. to specialized consultations.
h. Failing to make an adequate assessment of Patient P.K.'s complaints and symptoms.

31. The Department failed to establish by clear and convincing evidence that Dr. Geller inserted that the phakic intraocular lenses without adequate education and training. The evidence established that Dr. Geller was board-certified and had many years of experience in inserting anterior chamber lenses. The skills and procedures necessary for inserting anterior chamber lenses are similar to those needed for inserting phakic intraocular lenses. He had reviewed literature that was available concerning implantation of phakic intraocular lenses and had gone to New York City to observe Dr. Miles Galin perform the surgery.

32. It is undisputed that the Phakic 6 intraocular lenses that were inserted were not approved by the FDA in 1998. However, the Department has failed to establish that the use of a lens not approved by the FDA equates to a failure to practice medicine with that level of care, skill, and treatment which is recognized by a reasonably prudent similar physician as being acceptable under similar conditions and circumstances.

33. The Department did establish that Dr. Geller failed to obtain the preoperative uncorrected visual acuity of P.K.'s left eye. The Department failed to establish by clear and convincing evidence that the level of care, skill, and treatment which is recognized by a reasonably prudent similar physician as being acceptable under similar conditions and circumstances required that P.K.'s preoperative uncorrected visual acuity be determined as part of her evaluation.

34. The Department argued in its proposed recommended order that Dr. Geller failed to keep medical records that justified the course of treatment of P.K. "in that preoperative uncorrected visual acuity for one or both eyes was absent thereby failing to establish a baseline for postoperative care and further treatment." Because the Department failed to establish that it was necessary for Dr. Geller to get a preoperative and postoperative uncorrected visual acuity, it has failed to establish that Dr. Geller failed to keep medical records that justified the course of treatment for P.K.

35. The Department failed to establish by clear and convincing evidence that Dr. Geller should have referred P.K. to a corneal specialist after she began experiencing corneal edema. The evidence demonstrated that Dr. Geller had sufficient training and experience to treat the corneal problems that P.K. experienced when she presented to him with corneal edema.

36. The Department failed to establish by clear and convincing evidence that Dr. Geller did not make an adequate assessment of P.K.'s complaints and symptoms, in that Dr. Geller failed to properly evaluate P.K.'s candidacy for implanting a phakic intraocular lens because the anterior chamber depth was less than the minimum anterior chamber depth needed for insertion of a phakic intraocular lens. There was at least one reading from the sonogram that showed the anterior chamber depth at 2.8. P.K.'s anterior chamber depth was marginal, but within the minimum depth needed of 2.8.

37. The Department did establish that Dr. Geller violated Subsection 458.331(1)(t), Florida Statutes, by failing to get a postoperative endothelial cell count. Dr. Geller got a preoperative endothelial cell count, but did not get a postoperative endothelial cell count with which to compare to the preoperative baseline. Thus, he failed to practice medicine with that level of care, skill, and treatment which is recognized by a reasonably prudent similar physician as being acceptable under similar conditions and circumstances.

38. The Department failed to establish by clear and convincing evidence that Dr. Geller failed to discuss the risks and benefits of the surgery with P.K. Dr. Geller's notes indicate that he had discussed the risks with P.K., and the

informed consent form which P.K. read and signed specifically set forth the potential risks involved with the surgery.

39. The Department failed to establish by clear and convincing evidence that Dr. Geller failed to timely refer the patient for specialized consultations.

40. The Department alleged in the Administrative Complaint that Dr. Geller violated Subsection 458.331(1)(u), Florida Statutes, by "experiment[ing] on a human subject without obtaining full, informed, and written consent when he placed phakic intraocular lenses in Patient P.K.'s eyes without fully detailing the known risks of the procedure." In Rush v. Parham, 625 F.2d 1150 (5th Cir 1980), the Fifth Circuit considered the experimental nature of treatment for purposes of Medicaid coverage, stating that in making a determination of whether a service is experimental "a basic consideration is whether the service has come to be generally accepted by the professional community as an effective and proven treatment for the condition for which it is being used." Id. at 1156 n.11. Experimental treatment was equated to treatment that "is not generally accepted, is rarely used, novel, or relatively unknown." Id. Based on the definition of experimental set forth in Rush and as stated by Dr. Omar, the use of a phakic intraocular lens for refraction correction was experimental. In 1998, it was uncommon for the phakic intraocular lenses to be used to treat

refractory error in the United States. By 1998, only a couple of dozen such implantations had been done in the United States, and no doctor was doing it on a routine basis, except as part of a study.

41. The informed consent form, which P.K. signed, discussed the use of the procedure outside the United States, but did not adequately inform her of the extent that the procedure was being done in the United States. Additionally, the consent form stated that Dr. Geller had "extensive experience in all lens implant operations." He did not have extensive experience in using phakic intraocular lenses to corrective refractory errors. P.K. was not fully informed of the experimental nature of the procedure nor was she informed of the lack of experience that Dr. Geller had in implanting these types of lenses for refractive correction.

42. The Department has established by clear and convincing evidence that Dr. Geller violated Subsection 458.331(1)(u), Florida Statutes, by failing to obtain full and informed consent from P.K. prior to performing the implantation of the Phakic 6 intraocular lenses. Additionally, the Department established by clear and convincing evidence that Dr. Geller violated Subsection 458.331(1)(t), Florida Statutes, by failing to properly emphasize to P.K. the experimental nature of the procedure. Thus, Dr. Geller failed to practice medicine with

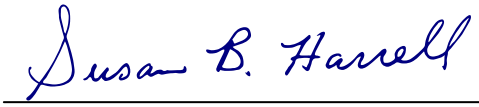
that level of care, skill, and treatment which is recognized by a reasonably prudent similar physician as being acceptable under similar conditions and circumstances.

RECOMMENDATION

Based on the foregoing Findings of Fact and Conclusions of Law, it is

RECOMMENDED that a final order be entered finding that Dr. Geller violated Subsections 458.331(1)(m), 458.331(1)(t) and 458.331(1)(u), Florida Statutes; imposing a reprimand; imposing an administrative fine of $1,000 for each violation for a total of $3,000; placing Dr. Geller on probation for one year on the terms to be set by the Board of Medicine; and requiring Dr. Geller to attend continuing medical education courses to be specified by the Board of Medicine.

DONE AND ENTERED this 2nd day of November, 2006, in Tallahassee, Leon County, Florida.



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Filed with the Clerk of the
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this 2nd of November, 2006.

ENDNOTE

1/ Unless otherwise indicated, all references to the Florida Statutes are to the 1997 version.

COPIES FURNISHED:

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NOTICE OF RIGHT TO SUBMIT EXCEPTIONS

All parties have the right to submit written exceptions within 15 days from the date of this Recommended Order. Any exceptions to this Recommended Order should be filed with the agency that will issue the Final Order in this case.