COMMONWEALTH of VIRGINIA

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Leonard M. Dileo, M.D.
Atlantic Psychiatric Services
800 Viking Drive, Ste 200
Virginia Beach, Virginia 23452-7477

UPS OVERNIGHT

RE: License No.: 0101-031222

Dear Dr. Dileo:

This letter is official notification that an informal conference of the Virginia Board of Medicine ("Board") will be held on **Wednesday, November 9, 2011, at 11:30 a.m., at the Department of Health Professions, 9960 Mayland Drive, 2nd Floor, Henrico, Virginia**. A map is enclosed for your convenience. The conference will be conducted pursuant to Sections 54.1-2400(10), 2.2-4019 and 2.2-4021 of the Code of Virginia (1950), as amended ("Code").

A Special Conference Committee ("Committee") will inquire into allegations that you may have violated certain laws and regulations governing the practice of medicine and surgery in the Commonwealth of Virginia. Specifically:

1. You may have violated Sections 54.1-2915A.(3)[1], (13), and (16) of the Code in your care and treatment of Patients A - F between 2003 and 2010 in that, while providing psychiatric treatment to said patients, you treated their pain-related complaints with various Schedule II - IV narcotics, and did so without employing appropriate or acceptable pain management practices. Specifically:

   a. You failed to conduct or document physical examinations of Patients B - F before initiating treatment with narcotics.

[1] Prior to July 1, 2003, Section 54.1-2915.A(3) was codified as Section 54.1-2915.A(4) as written to include gross ignorance or carelessness in the practice, or gross malpractice. After July 1, 2003, it was rewritten to include intentional negligent conduct in the practice that causes or is likely to cause injury to the patients.

b. You prescribed narcotics to Patients A - F without diagnosing a medical condition warranting such prescriptions or having an adequate medical indication for such prescribing.

c. You prescribed narcotics to Patients B, E, and F based upon their unconfirmed representations regarding which medications they were currently prescribed, and without performing your own independent examination and evaluation to establish a diagnosis.

d. You diagnosed medical conditions without sufficient objective evidence of diagnostic testing or studies to support your diagnoses, and you failed to determine the etiology of patients' pain or other symptoms prior to prescribing medications.

e. Without explanation or file documentation as to your rationale for doing so, you changed Patient A's medication from hydrocodone to hydromorphone on March 18, 2009, then back to hydrocodone on September 18, 2009, and then to oxycodone/acetaminophen on November 10, 2009.

f. You prescribed OxyContin for Patient C on her first visit with you on January 4, 2005, without medical indication. You continued to prescribe OxyContin on a regular basis for a period of at least five (5) years without recording anything more descriptive than "chronic pain."

g. You noted on April 24, 2008 that Patient C might need treatment at a psychiatric hospital for depression and "detox from oxycont." Nevertheless, you continued to prescribe OxyContin for Patient C for the next two years.

h. Without explanation or file documentation of your rationale for doing so, you modified the dosage of Patient C's OxyContin prescription from 40 mg to 80 mg on September 29, 2008, and you modified the dosage of Patient C's oxycodone prescription from 40 mg to 80 mg on December 2, 2008.

i. Without explanation or file documentation of your rationale for doing so, you switched Patient D back and forth between hydrocodone/ibuprofen and hydrocodone/acetaminophen on September 5, 2008, September 8, 2008, September 26, 2008, and January 6, 2009.

j. You failed to obtain or include in Patient E's file a current and past medical surgical and pain history, including any past interventions and treatments for the particular pain condition being treated. In fact, although you began treating Patient E in 2005, the "Initial Diagnostic Evaluation" in Patient E's file is dated