



# Commonwealth of Massachusetts Board of Registration in Medicine

10 West Street  
Boston, Massachusetts 02111

(617)727-3086  
Fax: (617) 451-9568

An Agency within the Office of Consumer Affairs and Business Regulation

ALEXANDER F. FLEMING, J.D.  
EXECUTIVE DIRECTOR

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BOARD MEMBER

MARY ANNA SULLIVAN, M.D.  
BOARD MEMBER

December 13, 1996

Marcus T. Gordon, M.D.  
1101 Boylston Street  
Chestnut Hill, Massachusetts 02167-1810

Re: Complaint no. 96-088

Dear Dr. Gordon:

This is to inform you that on December 4, 1996, the Complaint Committee of the Board of Registration in Medicine voted to dismiss the above numbered complaint.

Yours very truly,

James J. Barrett, Esquire  
Complaint Counsel





# Illinois Department of Professional Regulation

Nikki M. Zollar  
Director

Jim Edgar  
Governor

April 12, 1996

Mr. Shawn Polonet  
Commonwealth of Massachusetts  
Board of Registration in Medicine  
10 West Street  
Boston, Massachusetts 02111

RE: Freedom of Information Request  
Marcus Gordon, M.D.

Dear Mr. Polonet,

Please find enclosed the application for licensure of Marcus Gordon, M.D. Included in it is an office memo from the licensing division to the legal division of the Department that may be of some help to you. I apologize that no further information is available. The manager in our Records unit checked in several places both in Springfield and Chicago, but with no luck. Additionally, he requested a copy of the Attorney General's complete file on Dr. Gordon, again with no positive results. I hope this information is of some assistance to you. If you have any further questions regarding this matter, please contact my office at (217) 524-9494.

Sincerely,

Philip Pittman  
Freedom of Information Officer





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EXECUTIVE DIRECTOR

PENELOPE WELLS, J.D.  
GENERAL COUNSEL

May 1, 1996

## BY CERTIFIED MAIL

Marcus T. Gordon, M.D.

Re: Complaint No. 96-088

Dear Dr. Gordon:

It has come to the Board's attention that on April 14, 1988, you entered into a Consent Order with the Illinois Department of Professional Regulation for committing "acts which could constitute the unlicensed practice of medicine."

On June 20, 1988, you submitted a Massachusetts limited medical license application. On this document, you were required to indicate whether you had been disciplined by any governmental authority in the past ten years (Question 8). Records show that you checked "No" to this question.

On March 3, 1989, you submitted a Massachusetts limited medical license application. On this document, you were required to indicate whether you had been disciplined by any governmental authority (Question 17). Records show that you checked "No" to this question.

On June 12, 1990, you submitted a Massachusetts limited medical license application. On this document, you were required to indicate whether you had been disciplined by any governmental authority (Question 17). Records show that you checked "No" to this question.

On February 6, 1995, you submitted a Massachusetts full medical license application. On this form, you were required to indicate whether you had been disciplined by any



Marcus T. Gordon, M.D.

May 1, 1996

Page Two

governmental authority in the past ten years (Question 9). Records show that you checked "No" to this question. Only after subsequent inquiry by the Board, did you submit a corrected license application, dated June 23, 1995.

Pursuant to Board regulation 243 CMR 2.07 (12), you are required to provide a detailed, written response to the above-referenced information within thirty days of your receipt of this letter. After your response is received, you may again be contacted if additional information is required. In any event, you will be notified in writing as to the disposition of this complaint.

In your response, please indicate at a minimum:

- 1) the circumstances under which you came to be disciplined by the Illinois Department of Professional Regulation in April 1988;
- 2) the reason(s) for failing to indicate said disciplinary action by the Illinois DPR on any previous Massachusetts license application forms;
- 3) any subsequent complaints or disciplinary action taken against you since the aforementioned action, by any governmental agency or healthcare facility.

Additionally, it has come to the Board's attention that your mailing address has changed from 32 Garison Street, Boston, MA 02116. Please note that you are required to notify the Board of any change of home or work address within 30 days of such change. Failure to do so is a violation of Board regulations, and at a minimum, serves to delay the resolution of any complaints or other Board matters involving your medical license. Therefore, in your response letter, please provide current information regarding your mailing and work addresses.

If you have any questions regarding the forgoing, please feel free to contact me at (617) 727-1788, Ext. 367. Thank you for your attention to this matter.

Sincerely,



Shawn Polonet  
Special Investigator

Enclosures



STATE OF ILLINOIS

DEPARTMENT OF PROFESSIONAL REGULATION

DEPARTMENT OF PROFESSIONAL REGULATION	)	
of the State of Illinois,	)	
v.	)	No. 88-254A
MARCUS T. GORDON	)	
License No. 036-076724	)	
Respondent	)	

CONSENT ORDER

The Department of Professional Regulation by Max L. Rowe, one of its attorneys, and Marcus T. Gordon, Respondent, hereby agree to the following:

STIPULATIONS

Marcus T. Gordon has applied for a physician and surgeon license in the State of Illinois.

Information has come to the attention of the Department that prior to being issued a physician and surgeon license in Illinois the Respondent was employed as a resident in obstetrics/gynecology at Mt. Sinai Hospital, Chicago, Illinois from July 1, 1987 through February 22, 1988, the date Respondent's application in the Department became complete. During said time period(s), and with the knowledge and direction of said hospital(s), the Respondent did acts which could constitute the unlicensed practice of medicine.

As a result of the foregoing allegations, the Department held an Informal Conference at the offices of the Department, 100 West Randolph Street, Suite 9-300, Chicago, Illinois 60601 on the date the Department attorney and the Respondent signed this Consent Order. Respondent appeared in person on that date, and Max L. Rowe appeared as an attorney for the Department.



Respondent has been advised of the right to have the pending allegations reduced to written charges, the right to a hearing, the right to contest any charges brought, and the right to administrative review of any order resulting from a hearing. Respondent knowingly waives each of these rights as well as waiving any right to administrative review of this Consent Order.

Respondent and the Department have agreed, in order to resolve this matter, that Marcus T. Gordon be permitted to enter into a Consent Order with the Department, providing for the imposition of disciplinary measures which are fair and equitable in the circumstances and which are consistent with the best interests of the people of the State of Illinois.

#### CONDITIONS

WHEREFORE, the Department, through Max L. Rowe, its attorney, and Marcus T. Gordon agree:

- A. Respondent shall be issued a physician and surgeon license upon approval of this Order by the Director, and the Department's records of such <sup>Permanent</sup>~~Temporary~~ license shall bear a notation that it is probational for a period of eight (8) months from the effective date of this Consent Order.
- B. Respondent shall inform the Department of any and all criminal and/or civil complaints and/or judgments brought against him during the term of probation, including traffic offenses involving or relating to DUI, DWI, or other alcohol or drug offenses. Failure to comply with this provision shall constitute a

*Marcus T. Gordon*  
*Max L. Rowe*



1008-100A  
violation of this ~~Order~~ and may be grounds for further discipline of Respondent's license.

- C. This Consent Order shall become effective upon approval by the Director of the Department.

DEPARTMENT OF PROFESSIONAL REGULATION  
of the State of Illinois

DATE

March 14, 1988

Max L. Rowe

Attorney for the Department

DATE

3/14/88

Marcus T. Gordon

Respondent

DATE

4-12-88

Lawrence L. Hirsch

Lawrence L. Hirsch, M.D., Chm., Medical Licensing Board

The foregoing Consent Order is approved in full.

DATED THIS

14<sup>TH</sup>

day of

April

, 1988.

DEPARTMENT OF PROFESSIONAL REGULATION  
of the State of Illinois

Stephen F. Selcke  
STEPHEN F. SELCKE  
DIRECTOR

SFS:MLR:kai



STATE OF ILLINOIS

DEPARTMENT OF PROFESSIONAL REGULATION

DEPARTMENT OF PROFESSIONAL REGULATION  
of the State of Illinois, Complainant

v.

MARCUS T. GORDON  
License No. 036-076724, Respondent

No. 88-254-A

NOTICE


TO: MARCUS T. GORDON  
5020 South Lake Shore Drive  
#2312N  
Chicago, Illinois 60615

PLEASE TAKE NOTICE that the Director of the Department of Professional Regulation did sign the attached Consent Order which provided that your license as a physician and surgeon is probational for a period of eight (8) months from the effective date of this Consent Order.

The Order of the Director of the Department of Professional Regulation will be implemented as of the date of the Order unless the Order states otherwise.

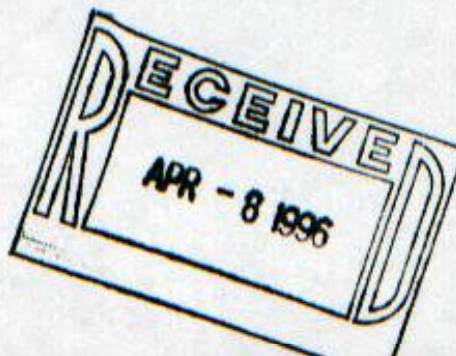
DEPARTMENT OF PROFESSIONAL REGULATION  
of the State of Illinois

BY:

  
Max L. Rowe  
Attorney for the Department

Max L. Rowe  
Attorney for the Department  
of Professional Regulation  
of the State of Illinois  
100 West Randolph Street  
Suite 9-300  
Chicago, Illinois 60601  
312/917-4500

MLR:kai





STATE OF ILLINOIS }  
COUNTY OF COOK }

The undersigned, being duly sworn on oath, states that on the date hereafter set out, I mailed a copy of the foregoing NOTICE and CONSENT ORDER, by depositing them in the United States mailbox at 100 West Randolph Street, Suite 9-300, Chicago, Illinois 60601, the NOTICE and CONSENT ORDER also being mailed by certified mail at 100 West Randolph Street, Chicago, Illinois 60601, to all parties at the above addresses.

Maria Yandels  
AFFIANT

Subscribed and sworn to before me  
this 21<sup>st</sup> day of June, 19 88.

Shirlee M. Schmalzow  
NOTARY PUBLIC

