

BEFORE THE MEDICAL LICENSING BOARD
OF INDIANA
CAUSE NO.: 89 MLB 0008

STATE OF INDIANA
Petitioner

v.

Gerald Anthony Griffin, M.D.,
holder of Indiana Physician's
license no. 30693,
Respondent

FILED

FEB 26 1990

HEALTH PROFESSIONS
BUREAU

ORDER

Comes now Gerald Anthony Griffin, M.D., by counsel, William Keown, and comes now the State of Indiana by Stephen C. McNutt, Deputy Attorney General and respectfully move this Board for a continuance in the following words and figures, to-wit:

(H.I.)

And the Board being duly advised in the premises, now grants said motion and continues that the hearing currently set for the 22nd day of February, 1990, at 11:45 a.m. until the 29th day of March, 1990, at 11:15 a.m.

It is further ORDERED, ADJUDGED and DECREED, that by the stipulation of the parties, the summary suspension of the Respondent's license currently in effect is hereby continued in full effect and force for a period of time not to exceed ninety (90) days from February 22, 1990.

All of which is ORDERED, ADJUDGED and DECREED, this 26th day of February, 1990.

MEDICAL LICENSING BOARD OF INDIANA

BY:

Sarah B. McCarty
Sarah B. McCarty
Executive Director
Health Professions Bureau

cc: Gerald Anthony Griffin, M.D.
1131 Canterbury Square South
Indianapolis, IN 46260
CERTIFIED MAIL # P 746 788 074
RETURN RECEIPT REQUESTED

William Keown
KRIEG, DEVAULT, ALEXANDER & CAPEHART
2800 Indiana National Bank Tower
One Indiana Square
Indianapolis, IN 46204

Stephen C. McNutt
Deputy Attorney General
219 State House
Indianapolis, IN 46204

P 746 788 074

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

MB (See Reverse) SIA

Sent to
Gerald Griffin, M.D.
Street and No.

P.O., State and ZIP Code

Postage

\$

Certified Fee

Special Delivery Fee

Restricted Delivery

Return Receipt showing
to whom and Date Delivered

Return Receipt showing to whom,
Date, and Address of Delivery

TOTAL Postage and Fees

\$

Postmark or Date

Medcal

Fold at line over top of envelope to the right
of the return address

PS Form 3800, June 1985

PS Form 3811, Apr. 1989 *U.S.G.P.O. 1989-238-815 DOMESTIC RETURN RECEIPT

1. ☒ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
Gerald Griffin, M.D.
1131 Canterbury Sq. South
Indianapolis, IN 46260

4. Article Number
P 746 788 074

5. Signature - Addressee
6. Signature - Agent
7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)
Always obtain signature of addressee or agent and DATE DELIVERED.

Type of Service:
☒ Registered
☐ Insured
☐ COD
☐ Return Receipt for Merchandise

Express Mail ☐
Certified ☒
Insured ☐

MAR 1 1990
INDIANAPOLIS, IN