

**AGENDA**  
**CONNECTICUT STATE DENTAL COMMISSION**

Wednesday, March 22, 2023 at 1:00 PM  
Department of Public Health  
410 Capitol Avenue, Hartford Connecticut

**CALL TO ORDER**

**I. MINUTES**

**II. NEW BUSINESS**

A. Frank Podrasky, D.D.S. - Petition No. 2021-390  
Respondent Motion to Modify Consent Order  
*Joelle Newton – Staff Attorney, DPH*

B. Schedule Hearing  
Dennis F. Flanagan, D.D.S.- Petition No. 2020-692  
*Joelle Newton – Staff Attorney, DPH*

**III OFFICE OF LEGAL COMPLIANCE**

Maria Paras, DDS - Petition 2021-625  
*Presentation of Consent Order – Aden Baume, Staff Attorney, DPH*

**ADJOURN**

This meeting will be held by video conference.

[Connecticut State Dental Commission - Meeting March 22, 2023 via Microsoft Teams](#)

## Microsoft Teams meeting

**Join on your computer, mobile app or room device**

[Click here to join the meeting](#)

Meeting ID: 297 294 534 814

Passcode: dafC2S

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**Or call in (audio only)**

[+1 860-840-2075](#) United States, Hartford

Phone Conference ID: 669 046 942#

**ORDER**

The foregoing MOTION TO MOIDFY having been heard, it is hereby GRANTED as follows:

BY THE COMMISSION

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**CERTIFICATION**

I hereby certify that a copy of the foregoing has been sent via email transmission on this date to the following:

Joelle Newton, Esq.  
[Joelle.newton@ct.gov](mailto:Joelle.newton@ct.gov)

Dianne Bertucio  
[Phho.dph@ct.gov](mailto:Phho.dph@ct.gov)

  
\_\_\_\_\_  
Mary Alice Moore Leonhardt .

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Frank Podrasky, DDS

Petition No. 2021-390

**CONSENT ORDER**

WHEREAS, Frank Podrasky of East Haven, Connecticut ("respondent") has been issued Connecticut dental license number 006522 by the Department of Public Health ("Department") pursuant to Connecticut General Statutes Chapter 379, as amended.

WHEREAS, the Department alleges:

1. From approximately 2020 through the present, respondent has or had physical, mental illnesses and/or emotional disorders ("diagnoses").
2. On multiple occasions from approximately 2000 through April 2021, respondent abused or utilized to excess alcohol.
3. Respondent's diagnoses and/or abuse or utilization to excess of alcohol does and/or may affect his practice of dentistry.
4. The above describe facts constitute grounds for disciplinary action pursuant to Connecticut General Statutes §20-114(a), including but not limited to
  - a. §20-114(a)(2);
  - b. §20-114(a)(9); and/or
  - c. §20-114(a)(10).

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest this matter and denies any guilt or wrongdoing and agrees that for purposes of this or any future proceedings before the Connecticut State Dental Commission ("Commission"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to Connecticut General Statutes §§19a-10, 19a-14 and 20-114(a).

NOW THEREFORE, pursuant to Connecticut General Statutes §§19a-14, 19a-17 and 20-114(a), respondent hereby stipulates and agrees to the following:

1. Respondent waives respondent's right to a hearing on the merits of this petition.
2. Respondent's license shall be placed on probation for a period of four (4) years under the following terms and conditions:
  - a. Respondent shall participate in regularly scheduled therapy at respondent's own expense with a Connecticut licensed therapist, pre-approved by the Department ("therapist").
    - (1) Respondent shall provide a copy of this Consent Order to respondent's therapist.
    - (2) Respondent's therapist shall furnish written confirmation to the Department of the therapist's engagement in that capacity and receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order.
    - (3) If the therapist determines that therapy is no longer necessary, that a reduction in frequency of therapy sessions is warranted, or that respondent should be transferred to another therapist, the therapist shall advise the Department, and the Department shall pre-approve said termination of therapy, reduction in frequency of therapy sessions, and/or respondent's transfer to another therapist.
    - (4) Respondent shall be responsible for the provision of written reports from respondent's therapist to the Department monthly for the first and fourth years of probation and quarterly for the second and third years of probation.

The reports shall address, but not necessarily be limited to, respondent's ability to practice dentistry in an alcohol and substance free state safely and competently. A report indicating that respondent is not able to practice safely and competently shall be deemed to be a violation of this Consent Order. Said reports shall continue until the therapist determines that therapy is no longer necessary or probation has terminated.

- (5) The therapist shall immediately notify the Department in writing if the therapist believes respondent's continued practice poses a danger to the public, or if respondent discontinues or terminates therapy.
- b. Respondent shall not obtain or use controlled substances, legend drugs or alcohol in any form unless prescribed or recommended for a legitimate therapeutic purpose by a licensed health care professional authorized to prescribe medications. Respondent shall inform said health care professional of respondent's substance abuse history.
- (1) At respondent's own expense, respondent shall submit to observed random urine screens for drugs and alcohol, in accordance with Department Requirements for Drug and Alcohol Screens, attached hereto marked as Attachment 'A': Department Requirements for Drug and Alcohol Screens" at a testing facility approved by the Department. Laboratory reports of random alcohol and drug screens shall be submitted directly to the Department by the testing laboratory. All such observed random drug and alcohol screens shall be legally defensible in that the specimen donor and chain of custody can be identified throughout the screening process. All laboratory reports shall indicate that the chain of custody procedure has been followed.
  - (2) Respondent shall be responsible for notifying the laboratory, therapist, the Department and respondent's prescribing practitioner of any drug(s)



respondent is taking. For the prescription of a controlled substance(s) for more than two consecutive weeks, the respondent shall cause the provider prescribing the controlled substance(s) to submit quarterly reports to the Department, until such time as the controlled substance(s) are not prescribed by the provider, documenting the following:

1. A list of controlled substances prescribed by this provider for the respondent;
  2. A list of controlled substance(s) prescribed by other providers;
  3. An evaluation of the respondent's need for the controlled substance;
  4. An assessment of the respondent's continued need for the controlled substance(s).
- (3) There must be at least one such observed random alcohol/drug screen and accompanying laboratory report every week for the first and fourth years of probation and at least two such screens and reports every month for the second and third years of probation.
- (4) There must be at least two (2) random tests for Ethylglucuronide (EtG) and accompanying laboratory reports every month for the first and fourth years of probation and at least (1) such random test and report every month for the second and third years of probation.
- (5) All screens shall be negative for the presence of drugs and alcohol. Respondent agrees that an EtG test report of EtG at a level of 1000ng/mL or higher shall constitute a positive screen for the presence of alcohol under this Consent Order. Respondent understands and agrees that if respondent fails to submit a urine sample when requested by respondent's monitor, such missed screen shall be deemed a positive screen.

- (6) All positive screen results shall be confirmed by gas chromatograph/mass spectrometer (GC/MS) testing.
  - (7) Respondent is hereby advised that the ingestion of poppy seeds, mouthwash and over the counter cough or cold medicines or remedies has from time to time, been raised as a defense to a positive screen result for morphine, opiates and/or alcohol and as a defense of an EtG at 1000ng/mL or higher. For that reason, respondent agrees to refrain from ingesting poppy seeds in any food substances, mouthwash and over the counter cough or cold medicines or remedies during the term of this Consent Order. In the event respondent has a positive screen for morphine, opiates and/or alcohol or if respondent's test reports an EtG at 1000ng/mL or higher, respondent agrees that the ingestion of poppy seeds and/or mouthwash and/or over the counter cough or cold medicines or remedies shall not constitute a defense to such a screen.
- c. During the entire period of probation, respondent shall attend "anonymous" or support group meetings at least eight times per month and shall provide quarterly reports to the Department concerning respondent's record of attendance.
  - d. Respondent shall provide respondent's employer at each place where respondent practices dentistry throughout the probationary period with a copy of this Consent Order within fifteen (15) days of its effective date, or within fifteen (15) days of commencement of practice with a new employer. Respondent agrees to provide reports from such employer monthly for the first and fourth years of probation and quarterly for the second and third years of probation. The reports shall state whether respondent is practicing with reasonable skill and safety and in an alcohol and substance-free state. A report indicating that respondent is not

practicing with reasonable skill and safety shall be deemed to be a violation of this Consent Order.

- e. During the period of probation, respondent shall only practice in an office and practice setting that physically includes other licensed dentists on-site while respondent is practicing at said office and practice setting. Respondent shall not be self-employed.

3. All correspondence and reports are to be addressed to:

Practitioner Compliance and Monitoring Unit  
Department of Public Health  
410 Capitol Avenue, MS #12HSR  
P.O. Box 340308  
Hartford, CT 06134-0308

4. All reports required by the terms of this Consent Order shall be due according to a schedule to be established by the Department of Public Health.
5. Respondent shall comply with all state and federal statutes and regulations applicable to respondent's licensure.
6. Respondent shall pay all costs necessary to comply with this Consent Order.
7. Any alleged violation of any provision of this Consent Order may result in the following procedures at the discretion of the Department:
  - a. The Department shall notify respondent in writing by electronic or first-class mail that the term(s) of this Consent Order have been violated, provided that no prior written consent for deviation from said term(s) has been granted.
  - b. Said notification shall include the acts or omission(s) which violate the term(s) of this Consent Order.
  - c. Respondent shall be allowed fifteen (15) days from the date of the mailing of notification required in paragraph a above to demonstrate to the satisfaction of the



Department that respondent has complied with the terms of this Consent Order or, in the alternative, that respondent has cured the violation in question.

- d. If respondent does not demonstrate compliance or cure the violation within the fifteen (15) days specified in the notification of violation to the satisfaction of the Department, respondent shall be entitled to a hearing before the Commission which shall make a final determination of the disciplinary action to be taken.
  - e. Evidence presented to the Commission by either the Department or respondent in any such hearing shall be limited to the alleged violation(s) of the term(s) of this Consent Order.
8. If, during the period of probation, respondent practices dentistry outside Connecticut, respondent shall provide written notice to the Department concerning such practice. During such time, respondent shall not be responsible for complying with the terms of probation of this Consent Order, and such time shall not be counted in reducing the probationary period covered by this Consent Order. Respondent may comply with the terms of probation while practicing outside Connecticut if pre-approved by the Department. In the event respondent intends to return to the practice of dentistry in Connecticut, respondent shall provide the Department with thirty (30) days prior written notice and agrees to comply with all probationary terms and conditions contained in paragraph 2 above.
  9. In the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of respondent's license before the Commission.
  10. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Department.
  11. This Consent Order is effective on the first day of the month immediately following the date this Consent Order is accepted and ordered by the Commission.

12. Respondent understands and agrees that this Consent Order is a public document and the above allegations shall be deemed true in any proceeding before the Commission in which respondent's compliance with this Consent Order or with Connecticut General Statutes §20-114(a), as amended, is at issue. Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank maintained by the United States Department of Health and Human Services.
13. In the event respondent violates any term of this Consent Order, respondent agrees immediately to refrain from practicing dentistry, upon request by the Department, for a period not to exceed forty-five (45) days. During that time, respondent further agrees to cooperate with the Department in its investigation of the violation, and to submit to and complete a medical, psychiatric or psychological evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. Respondent further agrees that failure to cooperate with the Department in its investigation during said forty-five (45) day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that failure to cooperate with the Department's investigation shall be considered by the Commission and shall, as a matter of law, constitute a clear and immediate danger as required pursuant to Connecticut General Statutes §§4-182(c) and 19a-17(c). Respondent understands that the Commission has complete and final discretion whether a summary suspension is ordered.
14. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department from acting later. The Department shall not be required to grant future extensions of time or grace periods.
15. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Respondent agrees that this



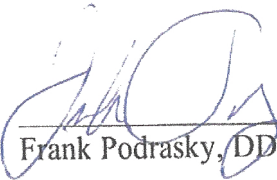
Consent Order shall not be subject to modification as a result of any claim that the terms contained herein may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure boards and respondent waives any right to seek reconsideration or modification of this Consent Order pursuant to Connecticut General Statutes §4-181a without the express consent and agreement of the Department. Respondent assumes all responsibility for assessing such actions prior to the execution of this Consent Order. Further, this Consent Order is not subject to appeal or review under the provisions of Connecticut General Statutes Chapters 54 or 368a, provided that this stipulation shall not deprive respondent of any rights that respondent may have under the laws of the State of Connecticut or of the United States.

16. This Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
17. Respondent permits a representative of the Department to present this Consent Order and its factual basis to the Commission. Respondent understands that the Commission has complete and final discretion whether this executed Consent Order is approved or accepted. Respondent hereby waives any claim of error that could be raised that is related to or arises during the course of the Commission's discussions regarding whether to approve or reject this Consent Order and/or Commission member's participation during this process, through the Commission member's review or comments, including but not limited to bias or reliance on evidence outside the administrative record if this matter proceeds to a hearing on a statement of charges resulting in a proposed decision by the Commission and/or a panel of the Commission and a final decision by the Commission.

18. Respondent understands and agrees that respondent is responsible for satisfying all the terms of this Consent Order during vacations and other periods in which respondent is away from respondent's residence.
19. Respondent consulted with his attorney prior to signing this Consent Order.
20. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the State's Attorney's Office where the allegation occurred or Bureau Chief of the applicable unit in the Chief State's Attorney's Office. The purpose of this Consent Order is to resolve the pending administrative license disciplinary petition only and is not intended to affect any civil or criminal liability or defense.
21. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this consent order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.



I, Frank Podrasky, have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

  
\_\_\_\_\_  
Frank Podrasky, DDS

Subscribed and sworn to before me this 10 day of August 2022.

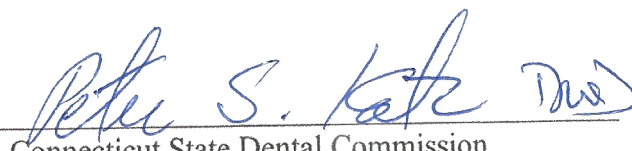
  
\_\_\_\_\_  
Commissioner Superior Court/Notary Public

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 11th day of August 2022, it is hereby accepted.



\_\_\_\_\_  
Christian D. Andresen, MPH, CPH, Section Chief  
Practitioner Licensing and Investigations Section  
Healthcare Quality and Safety Branch

The above Consent Order having been presented to the Connecticut State Dental Commission on the 18<sup>th</sup> day of August 2022, it is hereby ordered and accepted.

  
\_\_\_\_\_  
Connecticut State Dental Commission  
PETER S. KATZ, D.M.D.

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Dennis Flanagan, DDS

Petition Number: 2020-692

**STATEMENT OF CHARGES**

Pursuant to Connecticut General Statutes §§19a-10 and 19a-14, the Department of Public Health ("Department") brings the following charges against Dennis Flanagan, DDS:

1. Dennis Flanagan ("respondent") is, and has been at all times referenced in this Statement of Charges, the holder of Connecticut dental license number 004378.
2. On or about November 5, 2018, respondent provided dental care for Patient #1 and deviated from the standard of care when he placed a dental implant for tooth number 26 too close to tooth number 27 and/or and he drilled the implant of tooth number 26 into the root of tooth number 27.
3. The above-described facts constitute grounds for disciplinary action pursuant to Connecticut General Statutes §20-114(a)(2).

WHEREFORE, the Department prays:

The Connecticut State Dental Commission, as authorized in Connecticut General Statutes §§19a-17 and 20-114, revoke or order other disciplinary action against respondent's dental license as it deems appropriate and consistent with law.

Dated February 1 , 2023.



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Christian D. Andresen, MPH, Section Chief  
Practitioner Licensing & Investigations Section  
Healthcare Quality and Safety Branch

## CONSENT ORDER COVER SHEET

In re: Maria Paras, D.D.S.

Petition No. 2021-625

1. Maria Paras, D.D.S., of Norwalk, of Norwalk, Connecticut (hereinafter "respondent") was issued license number 008807 to practice dentistry on October 5, 2000. She graduated from Northwestern University Dental School in 1999
2. Past discipline: none
3. Other States of Licensure: Missouri
4. The Department of Public Health (hereinafter "Department") opened Petition 2021-625 after a patient complaint.
5. Respondent provided care to Patient #1 at various times between on or about August 12, 2018 and on or about April 5, 2021. During the course of respondent's care for Patient #1, she conducted examinations, took radiographic images, prepared Tooth 30 and/or Tooth 31 for a temporary crown, and cemented a temporary crown on Tooth 30 and/or Tooth 31.
6. Respondent's care for Patient #1 deviated from the standard of care in that she failed to detect and/or remove decay from Tooth 30 and/or Tooth 31 prior to cementing a temporary crown on Tooth 30 and/or Tooth 31.
7. The above-described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut §20-114, including but not limited to §20-114(a)(2).
8. The proposed Consent Order provides for a reprimand, a civil penalty of \$2,000, and probation to include a monthly random review of patient records.
9. The Department and respondent respectfully request that the Commission accept the proposed Consent Order to resolve this petition.

**CONFIDENTIALITY NOTICE: This document and all attachments may contain information that is confidential or privileged. Please do not disseminate, distribute or copy the contents or discuss with parties who are not directly involved in this petition.**

**STATE OF CONNECTICUT  
DEPARTMENT OF PUBLIC HEALTH  
HEALTHCARE QUALITY AND SAFETY BRANCH**

In re: Maria Paras, D.D.S.

Petition No 2021-625

**CONSENT ORDER**

WHEREAS, Maria Paras, D.D.S., of Norwalk, Connecticut (hereinafter "respondent") has been issued license number 008807 to practice dentistry by the Department of Public Health (hereinafter "the Department") pursuant to Chapter 384 of the General Statutes of Connecticut, as amended; and,

WHEREAS, the Department alleges that:

1. Respondent provided care to Patient #1 at various times between on or about August 12, 2018 and on or about April 5, 2021. During the course of respondent's care for Patient #1, she conducted examinations, took radiographic images, prepared Tooth 30 and/or Tooth 31 for a temporary crown, and cemented a temporary crown on Tooth 30 and/or Tooth 31.
2. Respondent's care for Patient #1 deviated from the standard of care in that she failed to detect and/or remove decay from Tooth 30 and/or Tooth 31 prior to cementing a temporary crown on Tooth 30 and/or Tooth 31.
3. The above-described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut §20-114, including but not limited to §20-114(a)(2).

WHEREAS, in consideration of paragraphs 1-3 above, respondent has completed coursework in crown preparation.

WHEREAS, respondent, in consideration of this Consent Order, has chosen not to contest the above allegations of wrongdoing but, while admitting no guilt or wrongdoing, agrees that for purposes of this or any future proceedings before the Connecticut State Dental Commission (hereinafter "the Commission"), this Consent Order shall have the same effect as if proven and ordered after a full hearing held pursuant to §§19a-10, 19a-14, and 20-114 of the General Statutes of Connecticut.



NOW THEREFORE, pursuant to §§19a-14, 19a-17, and 20-114 of the General Statutes of Connecticut, respondent hereby stipulates and agrees to the following:

1. Respondent waives respondent's right to a hearing on the merits of this matter.
2. Respondent's license number 008807 to practice as a dentist in the State of Connecticut is hereby reprimanded.
3. Respondent shall pay a civil penalty of two thousand dollars (\$2,000.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check, and shall be payable at the time respondent submits the executed Consent Order to the Department.
4. Respondent's license shall be placed on probation for a period of twelve months under the following terms and conditions:
  - a. Respondent shall obtain at respondent's own expense, the services of a licensed dentist in current practice, pre-approved by the Department (hereinafter "supervisor"), to conduct a monthly random review of twenty percent (20%) respondent's records for current patients. In the event respondent has fewer than twenty such patients, the supervisor shall review each such patient's records.
    - (1) Respondent shall provide a copy of this Consent Order to respondent's practice supervisor. Respondent's supervisor shall furnish written confirmation to the Department of the supervisor's engagement in that capacity and receipt of a copy of this Consent Order within fifteen (15) days of the effective date of this Consent Order.
    - (2) Respondent's supervisor shall conduct such review and meet with respondent not less than once every three months for the entire probationary period.
    - (3) The supervisor shall have the right to monitor respondent's practice by any other reasonable means which the supervisor deems appropriate. Respondent shall fully cooperate with the supervisor in providing such monitoring.
    - (4) Respondent shall be responsible for providing written supervisor reports directly to the Department not less than once every three months for the entire probationary period. Such supervisor's reports shall include documentation of dates and duration of meetings with respondent, number and a general description of the patient records and patient medication orders and prescriptions reviewed, additional monitoring techniques utilized, and

statement as to whether respondent is practicing with reasonable skill and safety and in accord with standards of documentation. A supervisor report indicating that respondent is not practicing with reasonable skill and safety and in accord with standards of documentation shall be deemed to be a violation of this Consent Order.

5. All correspondence and reports are to be addressed to:

Practitioner Compliance and Monitoring Unit

Department of Public Health

410 Capitol Avenue, MS #12HSR

P.O. Box 340308

Hartford, CT 06134-0308

6. All reports required by the terms of this Consent Order shall be due according to a schedule to be established by the Department of Public Health.
7. Respondent shall comply with all state and federal statutes and regulations applicable to respondent's licensure.
8. Respondent shall pay all costs necessary to comply with this Consent Order.
9. Any alleged violation of any provision of this Consent Order may result in the following procedures at the discretion of the Department:
- The Department shall notify respondent in writing by first-class mail that the term(s) of this Consent Order have been violated, provided that no prior written consent for deviation from said term(s) has been granted.
  - Said notification shall include the acts or omission(s) which violate the term(s) of this Consent Order.
  - Respondent shall be allowed fifteen (15) days from the date of the mailing of notification required in paragraph 9(a) above to demonstrate to the satisfaction of the Department that respondent has complied with the terms of this Consent Order or, in the alternative, that respondent has cured the violation in question.
  - If respondent does not demonstrate compliance or cure the violation within the fifteen (15) days specified in the notification of violation to the satisfaction of the Department, respondent shall be entitled to a hearing before the Commission which shall make a final determination of the disciplinary action to be taken.

- e. Evidence presented to the Commission by either the Department or respondent in any such hearing shall be limited to the alleged violation(s) of the term(s) of this Consent Order.
10. In the event respondent does not practice as a dentist for periods of thirty (30) consecutive days or longer, respondent shall notify the Department in writing. Such periods of times shall not be counted in reducing the probationary period covered by this Consent Order and such terms shall be held in abeyance. During such time period, respondent shall not be responsible for complying with the terms of probation of this Consent Order. In the event respondent resumes practice as a physician and surgeon, respondent shall provide the Department with thirty (30) days prior written notice. Respondent shall not return to practice as a dentist without written pre-approval from the Department. Respondent agrees that the Department, in its complete discretion, may require additional documentation from respondent and/or require respondent to satisfy other conditions or terms as a condition precedent to respondent's return to practice. Respondent agrees that any return to practice as a dentist without pre-approval from the Department shall constitute a violation of this Consent Order and may subject the respondent to further disciplinary action.
  11. If, during the period of probation, respondent practices as a dentist outside Connecticut, respondent shall provide written notice to the Department concerning such practice. During such time period, respondent shall not be responsible for complying with the terms of probation of this Consent Order, and such time period shall not be counted in reducing the probationary period covered by this Consent Order. Respondent may comply with the terms of probation while practicing outside Connecticut if pre-approved by the Department. In the event respondent intends to return to practice as a dentist in Connecticut, respondent shall provide the Department with thirty (30) days prior written notice and agrees to comply with all terms and conditions contained in paragraph 4 above.
  12. In the event respondent violates any term of this Consent Order, said violation may also constitute grounds for the Department to seek a summary suspension of respondent's license before the Commission.
  13. Legal notice shall be sufficient if sent to respondent's last known address of record reported to the Practitioner Licensing and Investigations Section of the Healthcare Quality and Safety Branch of the Department.

14. This Consent Order is effective on the first day of the month immediately following the date this Consent Order is accepted and ordered by the Commission.
15. This Consent Order is a public document. Respondent understands and agrees that the Department's allegations as contained in this Consent Order shall be deemed true in any subsequent proceeding before the Commission in which respondent's compliance with this Consent Order or with §20-13c of the General Statutes of Connecticut, as amended, is at issue. Further, respondent understands that any discipline imposed by this Consent Order shall be reported to the National Practitioner Data Bank maintained by the United States Department of Health and Human Services, and that all disciplinary actions will appear on respondent's physician profile pursuant to Connecticut General Statutes 20-13j.
16. In the event respondent violates a term of this Consent Order, respondent agrees immediately to refrain from practicing as a dentist, upon request by the Department, with notice to the Commission, for a period not to exceed 45 days. During that time period, respondent further agrees to cooperate with the Department in its investigation of the violation, and to submit to and complete a medical, psychiatric or psychological evaluation, if requested to do so by the Department; and, that the results of the evaluation shall be submitted directly to the Department. Respondent further agrees that failure to cooperate with the Department in its investigation during said 45 day period shall constitute grounds for the Department to seek a summary suspension of respondent's license. In any such summary action, respondent stipulates that failure to cooperate with the Department's investigation shall be considered by the Commission and shall, as a matter of law, constitute a clear and immediate danger as required pursuant to Connecticut General Statutes, sections 4-182(c) and 19a-17(c). The Department and respondent understand that the Commission has complete and final discretion as to whether a summary suspension is ordered.
17. Any extension of time or grace period for reporting granted by the Department shall not be a waiver or preclude the Department from taking action at a later time. The Department shall not be required to grant future extensions of time or grace periods.
18. This Consent Order and terms set forth herein are not subject to reconsideration, collateral attack or judicial review under any form or in any forum. Respondent agrees that this Consent Order shall not be subject to modification as a result of any claim that the terms contained herein may result in action by third parties, including, but not limited to, healthcare facilities and/or credentialing or licensure boards and respondent waives any



right to seek reconsideration or modification of this Consent Order pursuant to §4-181a of the General Statutes of Connecticut without the express consent and agreement of the Department. Respondent assumes all responsibility for assessing such actions prior to the execution of this document. Further, this Consent Order is not subject to appeal or review under the provisions of Chapters 54 or 368a of the General Statutes of Connecticut, provided that this stipulation shall not deprive respondent of any rights that respondent may have under the laws of the State of Connecticut or of the United States.

19. This Consent Order is a revocable offer of settlement which may be modified by mutual agreement or withdrawn by the Department at any time prior to its being executed by the last signatory.
20. Respondent permits a representative of the Department to present this Consent Order and the factual basis for this Consent Order to the Commission. Respondent understands that the Commission has complete and final discretion as to whether this executed Consent Order is approved or accepted. Respondent hereby waives any claim of error that could be raised that is related to or arises during the course of the Commission's discussions regarding whether to approve or reject this Consent Order and/or a Commission member's participation during this process, through the Commission member's review or comments, including but not limited to bias or reliance on evidence outside the administrative record if this matter proceeds to a hearing on a statement of charges resulting in a proposed decision by the Commission and/or a panel of the Commission and a final decision by the Commission.
21. Respondent has the right to consult with an attorney prior to signing this document.
22. The execution of this document has no bearing on any criminal liability without the written consent of the Director of the Medicaid Fraud Control Unit or the State's Attorney's Office where the allegation occurred or Bureau Chief of the applicable unit in the Chief State's Attorney's Office. The purpose of this Consent Order is to resolve the pending administrative license disciplinary petition only, and is not intended to affect any civil or criminal liability or defense.
23. This Consent Order embodies the entire agreement of the parties with respect to this case. All previous communications or agreements regarding the subject matter of this consent order, whether oral or written, between the parties are superseded unless expressly incorporated herein or made a part hereof.

I, Maria Paras, D.D.S., have read the above Consent Order, and I stipulate and agree to the terms as set forth therein. I further declare the execution of this Consent Order to be my free act and deed.

Maria Paras, DDS  
Maria Paras, D.D.S.

Subscribed and sworn to before me this 25 day of January 2023.



[Signature]  
Notary Public or person authorized  
by law to administer an oath or affirmation

The above Consent Order having been presented to the duly appointed agent of the Commissioner of the Department of Public Health on the 21st day of February 2023, it is hereby accepted.

Christian D. Andresen  
Christian D. Andresen, M.P.H., Section Chief  
Practitioner Licensing and Investigations Section  
Healthcare Quality and Safety Branch

The above Consent Order having been presented to the duly appointed agent of the Connecticut State Dental Commission on the \_\_\_\_\_ day of \_\_\_\_\_ 2023, it is hereby ordered and accepted.

\_\_\_\_\_  
Peter Katz, D.D.S. Chairperson  
Connecticut State Dental Commission