



STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE
137 STATE HOUSE STATION
AUGUSTA, MAINE
04333-0137

JOHN ELIAS BALDACCI
GOVERNOR

EDWARD DAVID, M.D.J.D.
CHAIRMAN

May 24, 2005

RANDAL C. MANNING
EXECUTIVE DIRECTOR

Paul S. Strait, M.D.
248 Burleigh Road
Westfield, ME 04787

RE: CONSENT AGREEMENT EXPIRATION

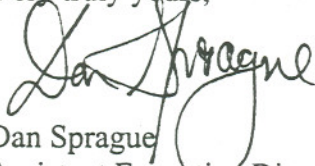
Dear Dr. Strait:

This is to confirm that you have complied with the terms of your Consent Agreement dated June 8, 2004 and have successfully completed its requirements. The Consent Agreement has expired, effective May 24, 2005.

The Board will make reports to the National Practitioner Data Bank and to the Federation Of State Medical Boards documenting your successful fulfillment and the resulting closure of the Consent Agreement.

Please let me know if you have any questions. I can be reached at 287-6930.

Very truly yours,


Dan Sprague
Assistant Executive Director

record that there was no ecchymosis. Further, the discharge instructions given to the patient were inadequate.

AGREEMENT

In lieu of proceeding to an adjudicatory hearing, the Licensee and the Board agree as follows:

1. The Licensee will take a course in pain management and a course in physician/patient communication skills. These courses must be multi-day courses and be taken within one (1) year of the effective date of this agreement.
2. The Board may order a random chart review as a monitoring mechanism for the Licensee's recordkeeping. The Licensee will cooperate with the Board with respect to requests the Board makes regarding a random review of records.
3. The Licensee waives his right to a hearing before the Board or any Court regarding all findings, terms and conditions of this Consent Agreement.
4. The Licensee has been represented by legal counsel at both the informal conference and in the negotiation of the terms of this Consent Agreement.

I, PAUL S. STRAIT, M.D., HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT. I UNDERSTAND THAT BY SIGNING IT, I WAIVE CERTAIN RIGHTS. I SIGN THIS CONSENT AGREEMENT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT

AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN
OR OTHERWISE.

DATED: 5/25/04

Paul Strait
PAUL S. STRAIT, M.D.

STATE OF Maine

_____, S.S.

Personally appeared before me the above-named Paul S. Strait, M.D., and swore to the truth of the foregoing based upon his own personal knowledge, or upon information and belief, and so far as upon information and belief, he believes it to be true.

DATED: 5-25-04

Wendy J. Copeland
NOTARY PUBLIC/ATTORNEY

MY COMMISSION ENDS:

WENDY J. COPELAND
Notary Public, Maine
My Commission Expires July 1, 2006

DATED: 5/27/04

Elizabeth A. Oliver
Attorney for Paul S. Strait, M.D.

STATE OF MAINE
BOARD OF LICENSURE IN MEDICINE

DATED: 6-8-04


EDWARD DAVID, M.D., Chairman

STATE OF MAINE DEPARTMENT
OF THE ATTORNEY GENERAL

DATED: 6/8/04


RUTH E. McNIFF
Assistant Attorney General

Effective Date: 6/8/04