

**STATE OF VERMONT
SECRETARY OF STATE
OFFICE OF PROFESSIONAL REGULATION
BOARD OF DENTAL EXAMINERS**

IN RE:)
Pierre Morin) **Docket No. 2024-33**
License No. 016.0133834)

STIPULATED VOLUNTARY SURRENDER OF LICENSE

STIPULATION

NOW COMES the State of Vermont, by and through Prosecuting Attorney Ultan Doyle, and Respondent, Pierre Morin, who hereby Stipulate and Agree as follows:

Authority

1. The Vermont State Board of Dental Examiners (the "Board") has jurisdiction to hear matters involving allegations of unprofessional conduct committed by dentists, dental hygienists, and dental assistants pursuant to 3 V.S.A. §§127, 129, 129a; 26 V.S.A. Chapter 12; the Administrative Rules of the Board of Dental Examiners ("ARBDE"); and the Rules of the Vermont Office of Professional Regulation ("OPR").

Alleged Facts

2. Pierre Morin, DMD ("Respondent") of Sherbrooke, Quebec is licensed by the State of Vermont as a dentist under license number 016.0133834. This license was originally issued on November 13, 2017, and expires on September 30, 2025.
3. Respondent was employed as a dentist at a facility (the "Facility") located in Bristol, Vermont from May 23, 2022, until he was terminated by the Facility on January 25, 2023.

Patient 1

4. On December 29, 2022, Dentist M.A., who worked with Respondent at the Facility, attempted to extract tooth #18 from B.P. ("Patient 1"); however, the tooth broke during the extraction and the patient was given a referral to an oral surgeon for extraction of the root tips.
5. On January 9, 2023, Patient 1 returned to the Facility complaining of a bad taste in his mouth and pain at the tooth #18 extraction site and a bad taste in his mouth, which was evidence that the extraction site was infected.

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6. Respondent took an x-ray of the #18 extraction site which showed that approximately 98% of the root was still in place and that it extended above the bone.
7. Respondent told Patient 1 he could leave the root tips in place because there was, according to him, no sign of infection.
8. Respondent then diagnosed Patient 1 as having a dry socket and proceeded to pack the tooth #18 socket with dry socket paste.
9. Respondent's diagnosis of Patient 1 as having a dry socket was incorrect because a person cannot have a dry socket while the roots remain in place.
10. Respondent told Patient 1 that he no longer needed to see an oral surgeon and that it would be all right to keep the root tips in place.
11. Respondent later told an OPR investigator that a person could have a dry socket even if the tips were in place.
12. Respondent also confirmed that he had told Patient 1 that he could leave the root tips in place. According to Respondent he did this because of everything Patient 1 had gone through with the pain and dry socket, and he wanted to give him a break for the time being.
13. Respondent said that although the root tips would have had to have come out at some point, there would have been no downside to leaving them there in place until he saw Patient 1 again 6 months later.
14. On February 9, 2023, Dentist M.A. saw Patient 1 again, at which time he referred Patient 1 to an oral surgeon for extraction of the tooth #18 root tips.

Patient 2

15. On August 19, 2021, B.W. ("Patient 2") presented to the Facility for a dental hygiene appointment, during which x-rays were taken of his teeth, including x-rays tooth # 19 and tooth # 21.
16. On August 11, 2022, according to Patient 2's chart, Respondent removed decay from tooth # 19 and tooth # 21 and filled them.
17. On January 18, 2023, Patient 2 presented to the Facility for a dental hygiene appointment, during which x-rays were taken of his teeth, including x-rays of tooth # 19 and tooth # 21.
18. The January 18, 2023 x-ray of tooth # 19 appears to be almost identical to the x-ray taken on August 19, 2021, thereby indicating that Respondent did not restore tooth #19 on August 11, 2022.

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19. An OPR investigator showed Respondent the x-rays of Patient 2's teeth that were taken on August 19, 2021, August 11, 2022, and January 18, 2023.
20. Respondent agreed that what appeared to be a lip on tooth # 19 was present in the x-rays taken on August 19, 2021 and January 18, 2023.
21. Respondent also agreed it looked like no work had been done on this tooth in between the time these two x-rays were taken.
22. Respondent said to the investigator, "you've got me," and suggested that perhaps he concentrated on tooth #21 instead.

Patient 3

23. On December 14, 2022, Respondent partially removed tooth #28 from Patient P.M. ("Patient 3"), leaving a root tip behind.
24. Respondent did not have any recent x-rays that showed tooth #28's roots prior to performing the partial extraction.
25. On January 11, 2023, Respondent saw Patient 3 for a follow-up examination. X-rays taken during this examination showed that there was an abscess on the bottom of the root tip for tooth #28.
26. Respondent told an OPR investigator that Patient 3 had provided photocopies of x-rays when he saw him on December 14, 2022, but that Respondent could not see anything and he did not know what the photocopies were of.
27. Respondent said he told Patient 3 that he needed to get new x-rays, but that Patient 3 refused.
28. Respondent said that he did not need to take x-rays of the tooth #28 because its roots were conical and small, with just a tip coming out of the gums, so Respondent instead just relied on the photocopied x-rays that Patient 3 provided to him.
29. When the OPR investigator reminded Respondent that he had told her that he could not read the x-rays provided by Patient 3, Respondent then claimed that these x-rays were not precise enough to read the decay in tooth #28, but that they were sufficient for him to be able to read the tooth's roots.
30. Respondent then later said that he did not need to see the roots for tooth #28, which is why he did not ask for an x-ray of that tooth.

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31. Respondent said he may have gone a little too fast with extracting the teeth that he did from Patient 3 and that he would have preferred if Patient 3 had had a cleaning and a full mouth x-ray before he proceeded any further.
32. Respondent also said that he could not do any treatment planning for Patient 3 because the x-rays that he provided were bad.
33. Despite not having any recent x-rays that showed the root tips of tooth #28, Respondent performed a partial extraction of the tooth.
34. Respondent did not document the quality of the photocopied x-rays purportedly provided by Patient 3 or that Patient 3 declined to have x-rays taken prior to Respondent partially removing tooth # 28.

Patient 4

35. On November 8, 2022, Respondent attempted to remove tooth # 4 from patient C.F. ("Patient 4").
36. Respondent fractured tooth #4 during the extraction, with the roots remaining in place.
37. Respondent did not remove the roots, nor did he refer Patient 4 to an oral surgeon to have them removed.
38. On February 8, 2023, during an adult prophylaxis, Patient 4 was seen by Dentist M.A., who noted there was a fistula present about tooth #4.
39. Patient 4's chart from that visit noted that he was to come back to have the tooth #4 root tip extracted by Dentist M.A. if he was able to do so; otherwise, Patient 4 was to receive a referral to have the root tip extracted.

Patient 5

40. On January 17, 2023, Respondent attempted to remove tooth # 14 from patient N.B. ("Patient 5").
41. Respondent did not remove the tooth #14 roots during the attempted extraction, necessitating a referral to an oral surgeon to have them removed.

Patient 6

42. On September 14, 2022, Respondent attempted to remove tooth # 12 and tooth #13 from patient T.B. ("Patient 6").

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- 43. Respondent did not remove the tooth #13 and tooth #14 roots during the attempted extraction, and told her that the roots would stay there and might never cause problems.
- 44. Respondent did not refer Patient 6 to an oral surgeon to have them removed.
- 45. On February 6, 2023, Patient 6 was seen by Dentist M.A., who referred the patient to another facility for treatment of tooth # 13.

Violation One: 3 V.S.A §129a(b)(1) Failure to practice competently by reason of any cause on a single occasion or on multiple occasions may constitute unprofessional conduct, whether actual injury to a client, patient, or customer has occurred. Failure to practice competently includes: (1) performance of unsafe or unacceptable patient or client care.

- 46. Paragraphs 2 through 45 above are incorporated herein.
- 47. As a dentist, Respondent is required to provide safe and acceptable patient or client care.
- 48. Paragraphs 2 through 45 demonstrate that Respondent failed to practice competently and performed unacceptable patient care by: failing to fully remove tooth roots during extractions; documenting that he had performed restorations when he had not; failing to take x-rays prior to performing an extraction; failing to document that a patient had provided photocopies of x-rays and declined to have new x-rays taken; and failing to refer patients to oral surgeons when roots were left in place.
- 49. The act(s), omission(s), and/or circumstance(s) described above constitute grounds for discipline because the Respondent has committed unprofessional conduct in violation of 3 V.S.A. §129a(b)(1).

Violation Two: 3 V.S.A §129a(b)(2) Failure to practice competently by reason of any cause on a single occasion or on multiple occasions may constitute unprofessional conduct, whether actual injury to a client, patient, or customer has occurred. Failure to practice competently includes: (2) failure to conform to the essential standards of acceptable and prevailing practice.

- 50. Paragraphs 2 through 45 above are incorporated herein.
- 51. As a dentist, Respondent is required to conform to the essential standards of acceptable and prevailing practice for dentists.
- 52. Paragraphs 2 through 45 demonstrate that Respondent failed to practice competently and failed to conform to the essential standards of acceptable and prevailing practice by: failing to fully remove tooth roots during extractions; documenting that he had performed restorations when he had not; failing to take x-rays prior to performing an

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extraction; failing to document that a patient had provided photocopies of x-rays and declined to have new x-rays taken; and failing to refer patients to oral surgeons when roots were left in place.

53. The act(s), omission(s), and/or circumstance(s) described above constitute grounds for discipline because the Respondent has committed unprofessional conduct in violation of 3 V.S.A. §129a(b)(2).

Understandings

54. This Stipulation is neither an admission of liability by Respondent nor a concession by the State of Vermont that its charges are not well-founded. To avoid delay, uncertainty, inconvenience, and the expense of protracted litigation, the Parties enter this full and final Stipulation pursuant to these Understandings and the Order below. Respondent does not admit to any of the alleged facts as outlined above, but does not dispute that the State may be able to prove these charges by a preponderance of the evidence if this matter proceeds to a merits hearing.
55. Respondent understands that this Voluntary Surrender Stipulation and Order will be reviewed and the Board may accept or reject the Order set forth below. If the Board rejects all or any portion of the Order, then this entire document shall be null and void.
56. Respondent specifically waives any claim that any disclosures made to the Board during its review of this agreement prejudice Respondent's right to a fair and impartial hearing if this agreement is not accepted and proceeds to a merits hearing before the Board.
57. Respondent has read and reviewed this entire document and agrees that it contains the entire agreement between the parties.
58. Respondent is of sound mind and not under the influence of any drugs or alcohol at the time he signs this Stipulated Voluntary Surrender of License.
59. Respondent voluntarily enters into this agreement after the opportunity to consult with legal counsel and is not being coerced by anyone into signing this Stipulated Voluntary Surrender of License.
60. Respondent agrees the Order set forth below may be entered, will be a binding Order upon Respondent, and will be made public.

ACCEPTANCE OF VOLUNTARY SURRENDER AND ORDER

Based on the Stipulation above, it is **ORDERED AND ADJUDGED** as follows:

- A. The Board of Dental Examiner hereby **ACCEPTS** Respondent's **VOLUNTARY SURRENDER** of his Dentist license.

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- B. Any future application for licensure shall be subject to the licensing requirements of that particular profession. If a future application for licensure in the State of Vermont is approved, that license shall be conditioned pursuant to whatever terms are found to be reasonable at the time of Respondent's application for licensure, taking into account the stipulated facts above.
- C. This Stipulation and Consent Order is a matter of public record and may be reported to other licensing authorities as provided in 3 V.S.A. §129(a).
- D. This Stipulation and Consent Order will remain part of Respondent's licensing file and may be used for purposes of determining sanctions in any future disciplinary matter.

AGREED TO:

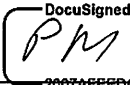
**STATE OF VERMONT
SECRETARY OF STATE**

Dated: 3/21/2024

By: 
Ultan Doyle
Prosecuting Attorney

RESPONDENT

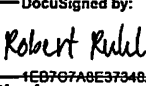
Dated: 3/21/2024

By: 
Pierre Morin

APPROVED AND SO ORDERED:

**VERMONT BOARD OF DENTAL
EXAMINERS**

Dated: 5/8/24

By: 
Chairperson

Date of Entry: 5/8/24

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IN RE:)
Pierre Morin) **Docket No. 2024-33**
License No. 016.0133834)

SPECIFICATION OF CHARGES

NOW COMES the State of Vermont, by and through State Prosecuting Attorney, Ultan Doyle, and makes the following charges against the Respondent, Pierre Morin:

Authority

1. The Vermont State Board of Dental Examiners (the “Board”) has jurisdiction to hear matters involving allegations of unprofessional conduct committed by dentists, dental hygienists, and dental assistants pursuant to 3 V.S.A. §§127, 129, 129a; 26 V.S.A. Chapter 12; the Administrative Rules of the Board of Dental Examiners (“ARBDE”); and the Rules of the Vermont Office of Professional Regulation (“OPR”).

Statement of Facts

2. Pierre Morin, DMD (“Respondent”) of Sherbrooke, Quebec is licensed by the State of Vermont as a dentist under license number 016.0133834. This license was originally issued on November 13, 2017, and expires on September 30, 2025.
3. Respondent was employed as a dentist at a facility (the “Facility”) located in Bristol, Vermont from May 23, 2022, until he was terminated by the Facility on January 25, 2023.

Patient 1

4. On December 29, 2022, Dentist M.A., who worked with Respondent at the Facility, attempted to extract tooth #18 from B.P. (“Patient 1”); however, the tooth broke during the extraction and the patient was given a referral to an oral surgeon for extraction of the root tips.
5. On January 9, 2023, Patient 1 returned to the Facility complaining of a bad taste in his mouth and pain at the tooth #18 extraction site and a bad taste in his mouth, which was evidence that the extraction site was infected.
6. Respondent took an x-ray of the #18 extraction site which showed that approximately 98% of the root was still in place and that it extended above the bone.

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7. Respondent told Patient 1 he could leave the root tips in place because there was, according to him, no sign of infection.
8. Respondent then diagnosed Patient 1 as having a dry socket and proceeded to pack the tooth #18 socket with dry socket paste.
9. Respondent's diagnosis of Patient 1 as having a dry socket was incorrect because a person cannot have a dry socket while the roots remain in place.
10. Respondent told Patient 1 that he no longer needed to see an oral surgeon and that it would be all right to keep the root tips in place.
11. Respondent later told an OPR investigator that a person could have a dry socket even if the tips were in place.
12. Respondent also confirmed that he had told Patient 1 that he could leave the root tips in place. According to Respondent he did this because of everything Patient 1 had gone through with the pain and dry socket, and he wanted to give him a break for the time being.
13. Respondent said that although the root tips would have had to have come out at some point, there would have been no downside to leaving them there in place until he saw Patient 1 again 6 months later.
14. On February 9, 2023, Dentist M.A. saw Patient 1 again, at which time he referred Patient 1 to an oral surgeon for extraction of the tooth #18 root tips.

Patient 2

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16. On August 11, 2022, according to Patient 2's chart, Respondent removed decay from tooth # 19 and tooth # 21 and filled them.
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18. The January 18, 2023 x-ray of tooth # 19 appears to be almost identical to the x-ray taken on August 19, 2021, thereby indicating that Respondent did not restore tooth #19 on August 11, 2022.

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22. Respondent said to the investigator, "you've got me," and suggested that perhaps he concentrated on tooth #21 instead.

Patient 3

23. On December 14, 2022, Respondent partially removed tooth #28 from Patient P.M. ("Patient 3"), leaving a root tip behind.
24. Respondent did not have any recent x-rays that showed tooth #28's roots prior to performing the partial extraction.
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28. Respondent said that he did not need to take x-rays of the tooth #28 because its roots were conical and small, with just a tip coming out of the gums, so Respondent instead just relied on the photocopied x-rays that Patient 3 provided to him.
29. When the OPR investigator reminded Respondent that he had told her that he could not read the x-rays provided by Patient 3, Respondent then claimed that these x-rays were not precise enough to read the decay in tooth #28, but that they were sufficient for him to be able to read the tooth's roots.
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32. Respondent also said that he could not do any treatment planning for Patient 3 because the x-rays that he provided were bad.
33. Despite not having any recent x-rays that showed the root tips of tooth #28, Respondent performed a partial extraction of the tooth.
34. Respondent did not document the quality of the photocopied x-rays purportedly provided by Patient 3 or that Patient 3 declined to have x-rays taken prior to Respondent partially removing tooth # 28.

Patient 4

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36. Respondent fractured tooth #4 during the extraction, with the roots remaining in place.
37. Respondent did not remove the roots, nor did he refer Patient 4 to an oral surgeon to have them removed.
38. On February 8, 2023, during an adult prophylaxis, Patient 4 was seen by Dentist M.A., who noted there was a fistula present about tooth #4.
39. Patient 4's chart from that visit noted that he was to come back to have the tooth #4 root tip extracted by Dentist M.A. if he was able to do so; otherwise, Patient 4 was to receive a referral to have the root tip extracted.

Patient 5

40. On January 17, 2023, Respondent attempted to remove tooth # 14 from patient N.B. ("Patient 5").
41. Respondent did not remove the tooth #14 roots during the attempted extraction, necessitating a referral to an oral surgeon to have them removed.

Patient 6

42. On September 14, 2022, Respondent attempted to remove tooth # 12 and tooth #13 from patient T.B. ("Patient 6").
43. Respondent did not remove the tooth #13 and tooth #14 roots during the attempted extraction, and told her that the roots would stay there and might never cause problems.

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44. Respondent did not refer Patient 6 to an oral surgeon to have them removed.
45. On February 6, 2023, Patient 6 was seen by Dentist M.A., who referred the patient to another facility for treatment of tooth # 13.

Violation One: 3 V.S.A §129a(b)(1) Failure to practice competently by reason of any cause on a single occasion or on multiple occasions may constitute unprofessional conduct, whether actual injury to a client, patient, or customer has occurred. Failure to practice competently includes: (1) performance of unsafe or unacceptable patient or client care.

46. The State re-alleges and incorporates Paragraphs 2 through 45 above.
47. As a dentist, Respondent is required to provide safe and acceptable patient or client care.
48. Paragraphs 2 through 45 demonstrate that Respondent failed to practice competently and performed unacceptable patient care by: failing to fully remove tooth roots during extractions; documenting that he had performed restorations when he had not; failing to take x-rays prior to performing an extraction; failing to document that a patient had provided photocopies of x-rays and declined to have new x-rays taken; and failing to refer patients to oral surgeons when roots were left in place.
49. The act(s), omission(s), and/or circumstance(s) described above constitute grounds for discipline because the Respondent has committed unprofessional conduct in violation of 3 V.S.A. §129a(b)(1).

Violation Two: 3 V.S.A §129a(b)(2) Failure to practice competently by reason of any cause on a single occasion or on multiple occasions may constitute unprofessional conduct, whether actual injury to a client, patient, or customer has occurred. Failure to practice competently includes: (2) failure to conform to the essential standards of acceptable and prevailing practice.

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53. The act(s), omission(s), and/or circumstance(s) described above constitute grounds for discipline because the Respondent has committed unprofessional conduct in violation of 3 V.S.A. §129a(b)(2).

Relief Requested

WHEREFORE, the license of Pierre Morin should be revoked, suspended, reprimanded, conditioned, or otherwise disciplined.

DATED at Montpelier, Vermont this 7th day of February, 2024.

STATE OF VERMONT
SECRETARY OF STATE

By: Ultan Doyle
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