

# COMPLAINT FORM

Person(s) Requesting Investigation

Person To Be Investigated

Jessica Oats  
Name  
83 Poplar Street, NW  
Address  
Atlanta, GA 30303  
(404) 688-1202  
Phone Number

Dr. Carlo Anthony Musso  
Physician's Full Name (First and Last)  
9020 Peridot Parkway  
Physician's Address  
Stockbridge, GA 30281  
Physician's Phone Number

(Give a brief statement of the facts with dates. Use additional sheets as necessary with copies of relevant documents. **PLEASE SEND COPIES ONLY. MATERIALS WILL NOT BE RETURNED.**)

PATIENT'S FULL NAME: \_\_\_\_\_  
(It would be helpful if you could include the patient's date of birth and Social Security number.)  
DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

Dr. Musso's License Number: 33871

Jessica Oats's E-mail Address: joats@schr.org

This document is a supplement to the complaint filed against Dr. Carlo Musso on June 20, 2011. Attached is material providing further documentation that Dr. Musso, CorrectHealth, and Rainbow Medical Associates are not registered with the Drug Enforcement Administration of the Attorney General (DEA) to import sodium thiopental.

In response to a Freedom of Information Act letter, the DEA provided a list of all companies licensed to import sodium thiopental. Seven companies are registered importers. Dr. Musso, CorrectHealth, and Rainbow Medical Associates are not among them.

I authorize the Georgia Composite Medical Board to use this form and the information submitted with this form when conducting an investigation or acquiring medical records. I hereby authorize the Board to release a copy of my complaint to the physician involved/mentioned in the complaint.

Signature of Person Requesting Investigation

Date

Mail to: Georgia Composite Medical Board, 2 Peachtree St, NW. 36<sup>th</sup> floor, Atlanta, GA 30303. Fax to: 404-463-6333