

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BEFORE THE STATE BOARD OF MEDICINE**

**Commonwealth of Pennsylvania  
Bureau of Professional and  
Occupational Affairs**

**vs.**

**Samuel Mark Shor, M.D.,  
Respondent**

**Case No. 24-49-016287**

**CONSENT AGREEMENT AND ORDER**

**PARTIES**

The Commonwealth of Pennsylvania, Department of State, Bureau of Professional and Occupational Affairs ("Commonwealth") and **Samuel Mark Shor, M.D.** ("Respondent") stipulate as follows in settlement of the above-captioned case.

**APPLICABLE LAW**

1. This matter is before the State Board of Medicine ("Board") pursuant to the Medical Practice Act of 1985, act of December 20, 1985, P.L. 457, No. 112, ("Act"), *as amended*, 63 P.S. §§ 422.1-422.53; the Medical Care Availability and Reduction of Error ("Mcare") Act, act of March 20, 2002, P.L. 154, No. 13, *as amended*, 40 P.S. §§ 1303.101-1303.910; and/or 63 Pa.C.S. Chapter 31 ("Chapter 31"), 63 Pa.C.S. §§ 3101-3118.

**LICENSURE STATUS**

2. At all relevant and material times, Respondent held the following license to practice as a medical physician and surgeon in the Commonwealth of Pennsylvania: license no. MD479576, which was originally issued on October 17, 2022, and was current through December 31, 2024.

Prothonotary Filed On:  
May 22 2025 07:23 AM  
Department of State

### **STIPULATED FACTS**

3. Respondent admits the following:

a. Absent additional Board action, Respondent's license may be continually renewed or reactivated upon the filing of the required documentation and payment of the applicable fees.

b. Respondent's last known address on file with the Board is: 1860 Town Center Drive, #230, Reston, VA 20190.

c. On or about September 18, 2024, the Virginia Board of Medicine ("Virginia Board") issued an Order In Re: Samuel Mark Shor, M.D. at Case Number: 193813.

d. A true and correct copy of the Order referenced in paragraph 3c is attached and incorporated as **Exhibit A**.

e. The Virginia Board issued a reprimand and placed Respondent on probation for a period of three (3) years, subject to specific terms and conditions.

### **AUTHORITY OF THE BOARD**

4. The Board is authorized to suspend or revoke, or otherwise restrict Respondent's license under sections 41 and 42 of the Act, 63 P.S. §§ 422.41 & 422.42; impose a civil penalty upon Respondent under section 908 of the Mcare Act, 40 P.S. §§ 1303.908, or 63 Pa.C.S. § 3108(b)(4); and/or impose the costs of investigation upon Respondent under 63 Pa.C.S. § 3108(b)(5).

## **PROPOSED ORDER**

5. The parties, intending to be legally bound, consent to the issuance of the following Order in settlement of this matter:

a. **VIOLATION:** Respondent violated the Act at Section 41(4), 63 P.S. § 422.41(4), in that Respondent had a license or other authorization to practice the profession disciplined by the proper licensing authority of another state.

b. **VOLUNTARY SURRENDER:** The Board accepts the voluntary surrender of all licenses, registrations, certificates, approvals, permits or any other authorizations issued by the Board (hereinafter referred to collectively as “authorizations to practice the profession”) to Respondent.

c. Respondent shall, within ten (10) days of the effective date of the Board’s Order, surrender Respondent’s wall certificate, current biennial renewal certificate and wallet card issued by the Board (or written verification of their loss or destruction) by mailing them to:

Keith E. Bashore, Prosecuting Attorney Pennsylvania Department of State PO Box 69521 Harrisburg PA 17106-9521
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d. As a result of the permanent voluntary surrender, Respondent surrenders all property rights in Respondent’s authorizations to practice the profession and will no longer be eligible to renew or reactivate those authorizations to practice the profession.

e. Respondent shall not:

(1) apply at any time in the future, for any authorization to practice the profession;

(2) engage in any conduct requiring authorizations to practice the profession;

(3) own an interest in any entity that requires an authorization to practice the profession or that requires employees to possess an authorization to practice the profession, with the exception of owning stock/shares in an amount insufficient to control or direct the actions of the entity; and

(4) work in any capacity for any person or entity that requires an authorization to practice the profession or that requires employees to possess an authorization to practice the profession.

f. This Order constitutes disciplinary action by the Board. This Order will be reported to other licensing authorities and any applicable national licensing databank as a disciplinary action.

g. This case shall be deemed settled and discontinued upon the Board issuing an order adopting this Consent Agreement.

#### **ADMISSIBILITY OF CONSENT AGREEMENT IN FUTURE PROCEEDINGS**

6. Respondent agrees that this Consent Agreement and Order shall be admitted into evidence, without objection, in any proceeding before the Department of State.

#### **ACKNOWLEDGMENT OF NOTICE AND WAIVER OF HEARING**

7. Respondent acknowledges receipt of an Order to Show Cause in this matter. Respondent knowingly and voluntarily waives the right to an administrative hearing in this matter and the following rights related to that hearing: to be represented by counsel; to present witnesses and testimony in defense or in mitigation of any sanction that may be imposed for a violation; to

cross-examine witnesses and to challenge evidence presented by the Commonwealth; to present legal arguments by means of a brief; and to take an appeal from any adverse final decision.

#### **ACKNOWLEDGMENT OF RIGHT TO ATTORNEY**

8. Respondent acknowledges the right to consult with and be represented by private legal counsel of Respondent's choosing and at Respondent's expense when reviewing, considering and accepting the terms of this Consent Agreement.

#### **WAIVER OF CLAIMS**

9. Should the Board vote not to adopt the Order proposed in this Consent Agreement, the presentation and consideration of this Consent Agreement shall not prejudice the Board or any of its members from further participation in the adjudication of this matter. Respondent expressly waives the right to raise any claims or issues, including any and all constitutional claims or issues, which may arise or have arisen during the review, presentation and deliberation of this Consent Agreement. These claims or issues include, but are not limited to, bias, the commingling of prosecutorial and adjudicative functions by the Board or its counsel, and the Board, in its discretion, recommending a different sanction based upon the facts set forth in the Consent Agreement. If a hearing is subsequently held, neither this Consent Agreement nor the proposed terms of settlement may be admitted into evidence and any facts, averments, and allegations contained in the Consent Agreement must be proven at a hearing unless otherwise separately stipulated.

#### **LIMITS ON MODIFICATION OF ORDER**

10. Respondent agrees not to seek modification of the Order adopting and implementing this Consent Agreement without first obtaining the express written permission from the prosecution division. Any modification is at the sole discretion of the Board.

**AGREEMENT NOT BINDING UNTIL APPROVED**

11. This Consent Agreement is between the Commonwealth and Respondent. The Office of General Counsel has approved this Consent Agreement as to form and legality. The disciplinary provisions of this Consent Agreement do not take effect unless and until the Board issues an order adopting this Consent Agreement.

**ENTIRE AGREEMENT**

12. This Consent Agreement contains the entire agreement between the parties. There are no other terms, obligations, covenants, representations, statements, or conditions, oral or otherwise, of any kind whatsoever concerning this agreement.


**AGREEMENT DOES NOT PREVENT FUTURE DISCIPLINE**

13. Nothing in this Order shall preclude the prosecution division of the Department of State from filing charges, or the Board from imposing disciplinary or corrective measures, for violations or facts not contained in this Consent Agreement.

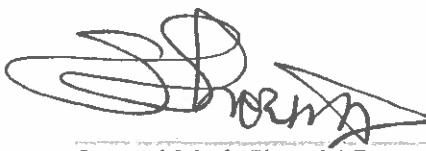
**VERIFICATION OF FACTS AND STATEMENTS**

14. Respondent verifies that the facts and statements set forth in this Consent Agreement are true and correct to the best of Respondent's knowledge, information and belief. Respondent

understands that statements in this Consent Agreement are made subject to the criminal penalties of 18 Pa.C.S.A. §4904 relating to unsworn falsification to authorities.

  
Keith E. Bashore  
Prosecuting Attorney

DATED: 4/16/25

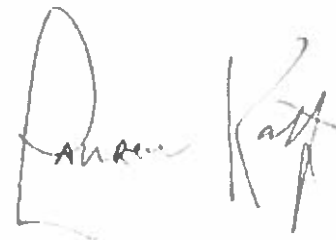
  
Samuel Mark Shor, M.D.  
Respondent

DATED: 1/17/25

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Lawrence A. Katz  
Attorney for Respondent

DATED:

2-20-2025



**BEFORE THE VIRGINIA BOARD OF MEDICINE**

**IN RE: SAMUEL MARK SHOR, M.D.**  
**License Number: 0101-036333**  
**Case Number: 193813**

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**ORDER**

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**JURISDICTION AND PROCEDURAL HISTORY**

Pursuant to Virginia Code §§ 2.2-4019 and 54.1-2400(10), a Special Conference Committee (“Committee”) of the Virginia Board of Medicine (“Board”) held an informal conference on August 29, 2024, in Henrico County, Virginia, to inquire into evidence that Samuel Mark Shor, M.D., violated certain laws governing the practice of medicine in the Commonwealth of Virginia.

Samuel Mark Shor, M.D., appeared at this proceeding and was represented by Jacques G. Simon, Esquire, and Dan J. Alpert, Esquire.

Upon consideration of the evidence, the Board adopts the following Findings of Fact and Conclusions of Law and issues the Order contained herein.

**FINDINGS OF FACT AND CONCLUSIONS OF LAW**

1. Samuel Mark Shor, M.D., was issued License Number 0101-036333 to practice medicine on January 26, 1984, which is scheduled to expire on February 28, 2026.
2. Dr. Shor violated Virginia Code § 54.1-2915(A)(3) and (16) in his care and treatment of Patient A from approximately December 2008 through March 2019. Specifically:
  - a. On or about December 19, 2008, Patient A, a 25-year-old male, presented to Dr. Shor, complaining of quick weight gain, feeling tired and lethargic, and sleeping until noon but not feeling refreshed. Patient A’s medical history included depression, obsessive compulsive disorder, bipolar affective disorder, and seasonal affective disorder for which he was treated by a psychiatrist. His medications included doxycycline 100mg BID, Propecia (finasteride) 1mg QD, Gabitril (tiagabine) 2mg

**EXHIBIT  
A**



two nightly (“PM”), Lamictal (lamotrigine) 150mg two in morning (“AM”), Geodon (ziprasidone) 20mg PM, Synthroid (levothyroxine sodium) 0.15mg QD, and Prozac (fluoxetine) 20mg two AM, one PM. Despite prescribing various and prolonged courses of minocycline, doxycycline, and tetracycline for treatment of hidradenitis suppurativa since approximately October 2002, Dr. Shor diagnosed Patient A with “possible chronic Lyme” and increased his dosage of doxycycline from 100mg BID to 200mg BID. Dr. Shor also had Patient A tested for Lyme disease, bartonella, and babesia, results of which were negative, indicating that Patient A was not infected with the organism for Lyme (*Borrelia burgdoeferi*) or with species of bartonella or babesia microti.

b. Despite the negative test results, Dr. Shor informed Patient A on or about January 1, 2009, that his test results for Bburgdorferi or Lyme were positive and recommended that he remain on the present course of treatment with doxycycline. On or about January 9, 2009, Dr. Shor diagnosed Patient A with “probable LBC [Lyme Borrelia Complex]” and prescribed the antimalarial drug Plaquenil (hydroxychloroquine sulfate) 200mg BID, Biaxin (clarithromycin) 500mg BID, and Doryx (doxycycline) 100mg two BID, absent an adequate medical justification or any serological evidence that Patient A had Lyme disease, bartonella, or babesia.

c. Despite Patient A testing negative a second time for Lyme on or about January 13, 2009, Dr. Shor diagnosed Patient A with probable LBC at his next visit on February 24, 2009 and prescribed Zithromax (azithromycin) 600mg QD and Mycobutin (rifabutin) 150mg BID on Mondays, Wednesdays, and Fridays and thereafter prescribed Mepron (atovaquone) 750mg/5ml BID and Flagyl (metronidazole) 500mg BID two days per month at the end of the third week.

d. Despite the prior tests in December 2008 and January 2009 as well as additional tests in August 2013, November 2013, and September 2016, all indicating that Patient A was negative for Lyme disease, bartonella, or babesia, Dr. Shor continued to prescribe or authorized subordinates in

his practice to prescribe multiple antibiotics, antifungals, antimicrobials, and/or antimalarials for LBC concomitantly with benzodiazepines, psychotropics, sedative hypnotics, and/or opioids in continuous or prolonged courses and in various combinations from approximately 2009 through 2019, absent any adequate medical justification.

e. Dr. Shor continued this treatment regimen despite the lack of improvement in Patient A's condition and the known adverse effects of such long-term treatment and despite that Patient A's complaints were most likely caused by his mental health diagnoses, particularly his bipolar disorder. For example:

i. On or about March 4, 2012, Patient A, who was known to have a long-standing history of psychiatric issues, was admitted to the hospital for a drug overdose, in which he ingested about twenty Ativan 0.5mg tablets.

ii. On or about November 28, 2014, Patient A emailed Dr. Shor, stating he had been "getting really agitated and out of it. Short tempered, not making much sense, and very argumentative with those around me (my parents). Administration of Ativan has a calming effect of sorts, basically shutting me down, then I am to a point where I am crying and in shock, at which point I usually am so exhausted that I go to bed." Patient A also stated that "my body doesn't react too well to things" when he either went on or came off of a Lyme treatment cycle.

iii. On or about August 13, 2015, Patient A emailed Dr. Shor, stating:

Med wise, I am in the 2nd week of my med cycle, taking everything as prescribed, and things are not good. The toll the regimen is taking on me is more than I can handle. Lots of headaches, fatigue, nausea, and the Lyme Rage, coupled with the frustration with my life right now have been so severe that I don't feel like I can continue on this present course of meds. My parents are putting up with a lot from me, and I am sort of coming undone so to say. It's taking a big toll on all of us. I am not myself, and it's definitely hard for those around me to remember that when I am crying/shouting/falling to pieces. That being said, I've been doing a lot of reading regarding herbals versus antibiotics. I would like to discuss

potentially going off of the antibiotics and switching to ALL herbals. Please advise. I don't know what the right path is for me with all of this right now, but it cannot go forward like this. Something at the least needs adjusted/tweaked so that my quality of life in general is livable.

During an office visit the next day (August 14, 2015), Dr. Shor ordered an immediate hold on antibiotics. During an office visit on or about September 28, 2015, Patient A reported to Dr. Shor that he was feeling “a Million, trillion times Better.” During an office visit on or about November 11, 2015, Patient A reported that he was “feeling very good, best he’s felt in years on the present herbals.” However, on or about September 21, 2016, Dr. Shor resumed treatment of Patient A with antibiotics, despite a lab report indicating that he was negative for babesia and bartonella.

iv. In February 2016, Patient A self-discontinued Plaquenil because of his concern for the potential impact on his cardiomyopathy. On or about July 7, 2016, Patient A reported to Dr. Shor that, according to his electrophysiologist, his heart function had improved. However, on or about September 21, 2016, Dr. Shor resumed treatment of Patient A with Plaquenil, stating that Plaquenil improves efficacy of certain antimicrobials in treatment of Bburgdorferi infection, despite Patient A’s multiple negative tests.

v. During an office visit on or about May 29, 2018, Patient A told Dr. Shor that he was “not sure if this cocktail of heavy antibiotics is healthy for me,” that “[I] kind of feel at the minimum I am overly drugged,” and that he wanted to discuss changing all aspects of his treatment. Despite Patient A’s pleas, Dr. Shor failed to discontinue or wean his “chronic Lyme” treatment regimen, which at the time included the following medications: Weeks 1-3: Minocin 100mg BID, Zithromax 250mg QD, and Rifampin 300mg QD; Artemisinin 125mg two BID MWF weeks 1-3 of 4 week cycle, then three BID weeks 1-3 of 4 week cycle; consider augmenting with Alinia and/or Dapsone.

f. On or about January 31, 2019, Patient A was admitted to the hospital for a ventricular tachycardia (“VT”) storm. One of Patient A’s hospital providers, who specialized in

infectious diseases, noted that Patient A's many antibiotics may have lead to cardiotoxicity and the VT storm and that the regimen prescribed by Dr. Shor was entirely outside of accepted guidelines for treatment of Lyme disease. He discontinued Patient A's treatment for Lyme disease and did not recommend resuming such treatment because there was no evidence to support a diagnosis of chronic Lyme disease. On or about February 4, 2019, another hospital provider, who also specialized in infectious diseases, informed Dr. Shor that in order for Patient A to undergo LVAD/transplant evaluation, Patient A could not continue any antimicrobials for seronegative processes, to which Dr. Shor expressed his understanding. However, during an office visit on or about March 18, 2019, Dr. Shor recommended that Patient A resume Minocin 100mg QD, increasing to BID after a few days, for "tick borne diseases."

3. Dr. Shor told the Committee that his interpretation of Patient A's test in December 2008 for Lyme disease, bartonella, and babesia was positive because he considered the test to be inadequate. Dr. Shor explained to the Committee that he consequently used a two-tier system to evaluate the patient for these conditions. Dr. Shor would have told Patient A that the test, according to the lab, was negative; however, because of a particular marker, Dr. Shor thought that Patient A was likely positive. Subsequently, Patient A responded to treatment, according to Dr. Shor.

4. Concerning Patient A's complaint about his treatment with antibiotics during his office visit with Dr. Shor on or about May 29, 2018, Dr. Shor told the Committee that he did not disregard Patient A's complaint but that he decreased Patient A's antibiotics and implemented an "off week" for the medication, with the rationale that taking a week off from antibiotics might ameliorate their toxicity without causing Patient A to lose any ground. Dr. Shor stated that this approach has been found anecdotally to be helpful in the Lyme community.

5. The Committee heard from Linda Tao, M.D., an expert on behalf of Dr. Shor. Dr. Tao stated that the use of Plaquenil is an extremely rare cause of cardiomyopathy. Dr. Tao stated that the reasons for cardiomyopathy are often unknown, but that in Patient A's case, there were two much more likely causes of his cardiomyopathy: (i) Patient A had a genetic predisposition to cardiomyopathy, and/or (ii) Patient A's cardiomyopathy was related to his obesity, in that Patient A was obese throughout his childhood, adolescence, and into adulthood.

6. Dr. Shor told the Committee that looking back on this case, he was not aware of Patient A's genetic history, and, had he been aware, he might not have prescribed Plaquenil to Patient A in light of the patient's genetic predisposition to cardiomyopathy.

7. Dr. Shor failed to give Patient A adequate information to make an informed decision regarding his care.

8. Dr. Shor told the Committee that he adhered to the transplant team's recommendations that antibiotics should be discontinued for Patient A in order for Patient A to undergo the heart transplant.

9. Dr. Shor presented information to the Committee about his recognized expertise in tick-borne illnesses.

10. Dr. Shor told the Committee that there is difference of opinion in how to manage a patient like Patient A. Dr. Shor stated that he takes a holistic approach to prevent the patient from being marginalized by the medical community. Dr. Shor stated that he wants his patients to get better in a way that is balanced, responsible, and caring. Dr. Shor asserted that Patient A came to the Board's attention because he was such a complex patient, but he believed that the care he provided to Patient A was caring and necessary.


## ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, the Virginia Board of Medicine hereby ORDERS as follows:

1. Samuel Mark Shor, M.D., is REPRIMANDED.
2. Upon the date of entry of this Order, the license of Samuel Mark Shor, M.D., is placed on PROBATION for 3 years and subject to the following terms and conditions:
  - a. Within 30 days of the date of entry of this Order, Dr. Shor shall attest in writing to the Executive Director of the Board that he will ensure that all patients whom he treats for chronic Lyme disease and associated tick-borne illnesses are provided with information from the United States Centers for Disease Control and Prevention on chronic symptoms of Lyme disease and associated tick-borne illnesses.
  - b. Within 30 days of the date of entry of this Order, Dr. Shor shall attest in writing to the Executive Director of the Board that he will obtain signed, informed consent from each of his patients before the initiation of pharmacologic treatment of chronic Lyme disease and associated tick-borne illnesses and then yearly thereafter. The signed, informed consent must include language that discusses alternatives, including the United States Centers for Disease Control and Prevention's position on the treatment of chronic Lyme disease and associated tick-borne illnesses.
3. In the Board's discretion, Dr. Shor's license shall be reinstated without restriction at the completion of the probationary period, or the Board may schedule an informal conference to consider Dr. Shor's status.
4. Any violation of the foregoing terms and conditions of this Order or any statute or regulation governing the practice of medicine shall constitute grounds for further disciplinary action.

Pursuant to Virginia Code §§ 2.2-4023 and 54.1-2400.2, the signed original of this Order shall remain in the custody of the Department of Health Professions as a public record, and shall be made available for public inspection and copying upon request.

FOR THE BOARD

  
Jennifer Deschenes, J.D., M.S.  
Deputy Executive Director, Discipline  
Virginia Board of Medicine

ENTERED AND MAILED: 9/18/2024

**NOTICE OF RIGHT TO APPEAL**

Pursuant to Virginia Code § 54.1-2400(10), Dr. Shor may, not later than 5:00 p.m., on October 23, 2024, notify William L. Harp, M.D., Executive Director, Board of Medicine, 9960 Mayland Drive, Suite 300, Henrico, Virginia 23233, in writing that he desires a formal administrative hearing before the Board. Upon the filing with the Executive Director of a request for the hearing, this Order shall be vacated. This Order shall become final on October 23, 2024, unless a request for a formal administrative hearing is received as described above.

**COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF STATE  
BEFORE THE STATE BOARD OF MEDICINE**

**Commonwealth of Pennsylvania  
Bureau of Professional and  
Occupational Affairs**

**vs.**

**Samuel Mark Shor, M.D.,  
Respondent**

**Case No. 24-49-016287**

**ORDER**

*AND NOW*, this 20 day of May, 2025, the **STATE BOARD OF MEDICINE** ("Board") approves and adopts the foregoing Consent Agreement and incorporates the terms of paragraph 5, which shall constitute the Board's Order and is now issued in resolution of this matter.

This Order shall take effect immediately.

**BUREAU OF PROFESSIONAL AND  
OCCUPATIONAL AFFAIRS**



**ARION R. CLAGGETT  
ACTING COMMISSIONER**

For the Board:

For the Commonwealth:

For the Respondent:

**BY ORDER:  
STATE BOARD OF MEDICINE**



**DONALD M. YEALY, M.D.  
CHAIR**

Shana Walter, Esquire (A-L) or Dana M.  
Wucinski, Esquire (M-Z)

Keith E. Bashore, Prosecuting Attorney  
Pennsylvania Department of State  
P.O. Box 69521  
Harrisburg, PA 17106-9521

Lawrence A. Katz, Esquire  
Lento Law Group  
1814 Route 70, Suite 321  
Cherry Hill, NJ 08003

Date of mailing:

5/22/2025