

West Virginia Board of Medicine Licensee Detail

Data for licensees and disciplinary cases prior to 1998 may be incomplete. Please contact the Board of Medicine if further information is required.

Search Results:	Licensee Detailed Information
Full Name: ROBERT DAVID ALLARA, M.D.	
Born: 1956	
Preferred Mailing Address: CATARACT & REFRACTIVE SURGERY INSTITUTE, INC. 310 35TH STREET SE, SUITE11 CHARLESTON, WV 25304	
Primary Work Location: CATARACT & REFRACTIVE SURGERY INSTITUTE, INC 310 35TH STREET, SUITE 11 CHARLESTON, WV 25304 (KANAWHA CO.)	
Permanent License: PERMANENT MEDICAL # 14971 SURRENDERED	
Originally Granted: 3/9/1987	
Last Expired: 8/4/2007	
Also Licensed Or Has Been NO OTHER STATES ON FILE Licensed In:	
Medical School: WEST VIRGINIA UNIVERSITY SCHOOL OF MEDICINE, WV (05/15/1983)	
Post-Graduate Training: WEST VIRGINIA UNIVERSITY SCHOOL OF MEDICINE, WV (06/30/1987)	
Primary Specialty OPHTHALMOLOGY (Self-Designated):	
Secondary Specialty NO SECONDARY SPECIALTY ON FILE (Self-Designated):	
PAs Currently Supervised: NO CURRENT SUPERVISION	

Disciplinary Records for ROBERT DAVID ALLARA

Disciplinary Record:	Case Detail
Discipline Type: VOLUNTARY SURRENDER OF LICENSE	
Closed Date: 8/4/2007	
Conclusions: INABILITY TO PRACTICE MEDICINE AND SURGERY WITH REASONABLE SKILL AND SAFETY DUE TO ABUSE OF DRUGS; UNPROFESSIONAL CONDUCT; FAILURE TO MAINTAIN RECORDS; PRESCRIBING OTHER THAN IN GOOD FAITH; AND FAILURE TO PRACTICE ACCEPTABLY.	
Actions: EFFECTIVE AUGUST 4, 2007, DR. ALLARA'S LICENSE TO PRACTICE MEDICINE AND SURGERY IN THE STATE OF WEST VIRGINIA IS VOLUNTARILY SURRENDERED TO THE BOARD TO ENABLE HIM TO ENTER AN APPROPRIATE IN-PATIENT TREATMENT PROGRAM FOR CARE, COUNSELING, AND TREATMENT FOR SUBSTANCE ABUSE AND/OR DEPENDENCY. DR. ALLARA'S LICENSE SHALL REMAIN SURRENDERED UNTIL SUCH TIME AS HE HAS SUCCESSFULLY COMPLETED THE BOARD-APPROVED IN-PATIENT TREATMENT PROGRAM, HE HAS APPEARED BEFORE THE LICENSURE COMMITTEE OF THIS BOARD, AND THE BOARD HAS DETERMINED THAT DR. ALLARA IS ABLE TO PRACTICE MEDICINE AND SURGERY IN THE STATE OF WEST VIRGINIA WITHOUT HARM TO HIMSELF OR THE PUBLIC, AND HAS REINSTATED HIS LICENSE TO PRACTICE MEDICINE AND SURGERY, EITHER IN WHOLE OR IN PART.	
Orders: CONSENT ORDER - 8/4/07 5	

Malpractice Records for ROBERT DAVID ALLARA

Malpractice Record:	Case Detail
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Action Type: Dismissal

Loss Date: 7/26/1990

Action Date: 2/28/1994

Claimant Name: VIOLET PUCKETT

Amount: 0

Insurance Company: PIE MUTUAL

File Number: 69790

Adjudating Body: KANAWHA COUNTY CIRCUIT COURT

Case Number of Adjudating 92 C 3611

Body:

Notes: NONE

Malpractice Record:	Case Detail
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Action Type: Settlement

Loss Date: 10/3/1995

Action Date: 12/20/2001

Claimant Name: HAROLD OGARA

Amount: \$40,000

Insurance Company: AMERICAN CONTINENTAL INS CO

File Number: MM00006352 105215

Adjudating Body: US DIST CT SO DIVI-BECKLEY

Case Number of Adjudating 5:00-0109

Body:

Notes: NONE

Malpractice Record:	Case Detail
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Action Type: Settlement

Loss Date: 3/19/1999

Action Date: 1/21/2005

Claimant Name: UNKNOWN

Amount: \$30,000

Insurance Company: OPHTHALMIC MUTUAL INS CO

File Number: NO FILE NUMBER LISTED

Adjudating Body:

Case Number of Adjudating 03-C-77

Body:

Notes: NONE

Malpractice Record:	Case Detail
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Action Type: Settlement

Loss Date: 8/7/2003

Action Date: 8/3/2006

Claimant Name: UNKNOWN

Amount: \$75,000

Insurance Company: OPHTHALMIC MUTUAL INS CO

File Number: 102262

Notes: NONE

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