

BEFORE THE BOARD OF DENTAL EXAMINERS

OF THE STATE OF IOWA

IN THE MATTER OF:)

ROBERT BRUCE COCHRANE, D.D.S.)

1611 1st Avenue North)

Fort Dodge, IA 51501)

License #6251)

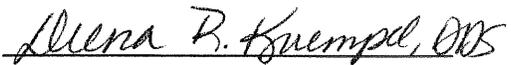
Respondent)

ORDER MODIFYING
STIPULATION AND
CONSENT ORDER

NOW on this 25th day of August, 2005, the Board, having considered a request from Respondent to modify the terms set forth in Section I., paragraph 11. of Respondent's April 16, 2003, Stipulation and Consent Order, does hereby agree that such paragraph should be modified to reduce Respondent's AA/NA attendance from four (4) times each week to one (1) time per week. All other requirements remain in full force and effect.

THEREFORE IT IS HEREBY ORDERED that effective immediately Section I., paragraph 11. of Respondent's April 16, 2003, Stipulation and Consent Order be modified as set forth above.

Dated this 25th day of August, 2005.



DEENA R. KUEMPEL, D.D.S.

Chairperson

Iowa Board of Dental Examiners

400 SW 8th Street, Ste. D

Des Moines, IA 50309

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