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Medical Board of California Meeting Dates & Locations

2000

May 11 - 13 Sacramento
July 27 - 29 San Francisco
Nov. 2 - 4 San Diego

All meetings are open to the public.

Update: New Requirements in Outpatient Surgery

The basic provisions of the Cosmetic and Outpatient Surgery Protection Act were noted in our January 2000 Action Report article titled, "Legislative Update." At that time, the Medical Board committed to providing elaboration on the requirements of the Act; discussion of some of the provisions of the Act which have elicited questions from physicians; and copies of the forms which have been developed as required by the Act.

Copies of the interim reporting forms are included in the middle of this issue.

The goal of the *Cosmetic and Outpatient Surgery Patient Protection Act* (AB 271, Gallegos, Chapter 944, Statutes of 1999), sponsored by the Medical Board of California, is to provide for improved patient protection during surgeries and procedures performed in out-of-hospital settings.

Many of the provisions of the Act apply to all outpatient surgery settings whether they be licensed surgical clinics, certified ambulatory surgical centers, or physicians' offices whether or not accredited as an outpatient surgery facility. Please review the following provisions carefully. Failure to comply with the provisions of this Act may constitute unprofessional conduct by a physician. To review the complete text of the law, you may use the California Legislature's website (www.leginfo.ca.gov) or fax a request for a copy of this Act to the Medical Board at (916) 263-2387.

Required Reports:
Patient Transfer or Death (B&P § 2240)

Business and Professions Code § 2240 was added with an effective date of January 1, 2000, to require a physician and surgeon who performs a scheduled medical procedure outside of a general acute care hospital or a person acting under the physician and surgeon's orders or supervision that results in the death of any patient or results in the transfer to a hospital or emergency center for medical treatment for a period exceeding 24 hours to report in writing on forms prescribed by the Board that occurrence within 15 days after the occurrence. Failure to do so constitutes unprofessional conduct.

The **"Patient Transfer Reporting Form"** is designed to collect data on outpatient surgeries which result in the patient requiring transfer to an acute care facility for medical care or treatment, and is primarily a data instrument. It is an anonymous report. The physician must complete the entire form and place it in the patient's medical record maintained in the office. Another copy of the fully completed form should be sent to the hospital or emergency center where the patient was transferred for insertion into the hospital's patient medical record. The bottom portion of the form must be sent to the Medical Board within 15 days (per instructions in the form). The Medical Board is obligated to aggregate this data and publish an annual report on the information collected. On and after January 1, 2002, this data collection requirement will transfer to the Office of Statewide Health Planning and Development (OSHPD) and OSHPD may revise the reporting requirements to fit state and national standards as applicable.

The **"Patient Death Reporting Form"** must be completed whenever a patient death results from a scheduled medical procedure outside of a general acute care hospital, and must be mailed to the Medical Board within 15 days and a copy placed in the patient's medical record. Failure to comply with this requirement constitutes unprofessional conduct. This information is not anonymous. Please note that this report is triggered by the death of the patient as a result of the out-of-hospital procedure independent of the actual location of the setting where the patient died. If the patient was transferred to a hospital or emergency center prior to his/her death, a Patient Transfer Reporting Form must also be completed.

(continued on p. 3)

THE MISSION OF THE MEDICAL BOARD OF CALIFORNIA

The mission of the Medical Board of California is to protect consumers through proper licensing of physicians and surgeons and certain allied health professions and through the vigorous, objective enforcement of the Medical Practice Act.

President's Report

Karen McElliott
President of the Board

As I write my last column as Medical Board President, with my term on the Medical Board of California expiring in June, it causes me to reflect upon my eight-year tenure on the Board.

It has been a period of dramatic reform and progress, beginning in 1993, with the issuance of the Board's report, "A New Beginning–A Report To The Governor," which outlined an eight-point plan to begin a series of far-reaching reforms to improve the Board's performance of its consumer-protection mandate. The changes resulting from that plan, long since implemented, included expanding the Board's physician-information disclosure policies; developing a new enforcement priority system; developing and implementing new regulatory procedures; developing a better-qualified system of medical quality review; creating a new system of data links with the Board's regular reporting sources; creating new Board task forces to study issues about which the Board could help its licensees avoid trouble and perform better; and beefing up the Board's investigative and regulatory resources.

Most of these changes were made possible in 1993 and 1994 through the passage of the heavily negotiated SB 1775 (Presley) and SB 916 (Presley). This landmark legislation achieved a new balance between physician licensure and discipline necessary to consumer protection on the one hand and, on the other, the fact that over 95% of all physicians licensed by the Medical Board will never undergo scrutiny, but deserve to expect other services which the Board can offer. I have always understood, even as I was to strongly and deliberately enforce the law against those who were proven to have violated the law and the community standard of practice, that the vast majority of physicians are men and women who have studied and labored hard to render service to humans that saves lives and prevents suffering.

In 1994 I served on the Task Force on Medical Quality Review, which overhauled the entire system by which expert physicians review the complaints made against physicians. The success of this Task Force, in spite of the controversy of the time (1994), is the current structure where those who are Board-certified evaluate the complaints against their peers in a setting devoid of conflict-of-interest. No system could better serve both complainants and those against whom the Board receives complaints. In addition, as I complete my term on the Board, I am actively chairing a task force which is committed to improving the Diversion Program to make it the finest program to aid impaired physicians in the nation.

Other task forces addressed vital issues, following up with legislation, such as SB 973 (Boatwright), which defined sexual misconduct for all physicians—a priority for the Board's Division of Medical Quality. After two years of negotiations, an agreement was reached and a new law created for the Board to license non-nurse midwives. Also in 1994 the Board reviewed the subject of pain management as a high priority and formally adopted guidelines intended to remove conflict with enforcement. These seven simple guidelines, I am proud to say, have served as a model for other licensing boards nationwide.

Managed care, telemedicine, the corporate practice of

Your Address of Record is Public Information

The Medical Board receives many telephone and written requests for the address of record of a licensee. Often these come from former patients trying to locate their medical records, or parties trying to identify a particular physician when two or more physicians share the same name. A physician's address of record is public information available to requesters pursuant to the Information Practices Act (Civil Code section 1798.61(a) and the Public Records Act (Government Code section 6252(d)).

Medical Board staff provides a physician's address of record in response to requests, and all Board correspondence to licensees (e.g., license renewal notices) is mailed to the address of record. In addition, as noted in previous *Action Reports*, **each California physician's address of record is included in his or her profile on our website (www.medbd.ca.gov).** The Board's authority to provide such disclosure was recently affirmed by the California Court of Appeal (Lorig v. Medical Board of California, 2000 Daily Journal, D.A.R. 1831, A086261), which stated in pertinent part: "Any privacy interest a physician may have with respect to this type of information is minimal and far outweighed by the public interest...."

Physicians may change their address of record with the Medical Board at any time. Please use an address at which you can receive mail, such as a business or home address, or a post office box. If you choose a post office box number, by law you also must provide a street address. *In this case the street address will remain confidential.* A physician must be able to receive mail at the address provided. It will be the address used to send all business mail from the Board, including renewal notices and renewal licenses. To change your address of record, please fax your name, current address, and new address in a signed and dated letter to the Medical Board's Division of Licensing at (916) 263-2944.

Outpatient Surgery (Continued from page 1)

Staffing Requirements (B&P § 2216.1)

Business and Professions Code § 2216.1: "On and after July 1, 2000, it is unprofessional conduct for a physician and surgeon to perform procedures in any outpatient setting except in compliance with Section 2216, unless the setting has a minimum of two staff persons on the premises, one of whom shall either be a licensed physician and surgeon or a licensed health care professional with current certification in advanced cardiac life support (ACLS), as long as a patient is present who has not been discharged from supervised care."

This section of the law requires that physicians performing procedures using anesthesia (except local anesthesia or peripheral nerve blocks) and performing outpatient surgery in those settings accredited under the authority of the Medical Board pursuant to Section 1248.15 of the Health and Safety Code, comply with these new standards by January 1, 2000; and that these requirements apply in **any** outpatient setting after July 1, 2000.

The specific requirements of this section are:

- whenever a patient is present and has not been discharged from supervised care, a minimum of two staff persons must be present; and
- one staff person must be a physician and surgeon or a licensed health care professional with current advanced cardiac life support certification.

The requirement for current certification in ACLS applies to the licensed health care professional, not the licensed physician and surgeon. Failure to comply with the law is deemed to constitute unprofessional conduct.

Malpractice Insurance or Other Security (B&P § 2216.2)

Business and Professions Code § 2216.2 was added with an effective date of January 1, 2000 to make it unprofessional conduct for a physician and surgeon to fail to provide adequate security by liability insurance, or by participation in an interindemnity trust, for claims by patients arising out of surgical procedures performed outside of a general acute care hospital.

The Act requires the Medical Board to adopt regulations defining what constitutes adequate security. A guideline which may be considered in the interim is the consistent standard held by hospitals in California of $1 million of malpractice insurance for a single occurrence, and $3 million aggregate per year. However, this is only a guideline as it relates to the amount of security until a regulation is adopted. (Editor's Note: At press time, additional legislation, AB 1711, Leach, is pending which would allow for insurers licensed in other states.)

Requirements of Accredited Facilities (H&S § 1248.15)

The following amendments were added to Health and Safety Code § 1248.15:

- *"Outpatient settings shall post the certificate of accreditation in a location readily visible to patients and staff."*
- *"Outpatient settings shall post the name and telephone number of the accrediting agency with instructions on the submission of complaints in a location readily visible to patients and staff."*
- *"Outpatient settings shall have a written discharge criteria."*

These provisions apply to those outpatient surgical settings accredited under the authority of the Medical Board. These provisions became effective January 1, 2000.

As mentioned above, Medical Board staff are continuing to examine the need for regulatory clarification of some of the provisions of the Act. We will continue to keep you informed and updated on the implementation of the Act in future editions of the *Action Report.*

Health News

New State Policy on Blood Lead Screening Can Help Providers Find More Children With Lead Poisoning

by Joan S. Dorfman, M.D., M.P.H.
Chief, Care Management and Surveillance Section
California Childhood Lead Poisoning Prevention Branch

This article is a summary of the California Department of Health Services' (CDHS) newly promulgated statewide Targeted Blood Lead Screening Policy. It is intended to assist healthcare providers in carrying out their responsibilities in screening children for lead poisoning. Also included is a PRACTITIONER REFERENCE CARD for your information and use in your clinical practice.

Lead poisoning remains the single most significant environmental health threat to young children. The toxicity of lead even in relatively small doses (as low as 10 micrograms per deciliter) is associated with physical, intellectual and behavioral problems. Although prevalence rates have dropped due to public health interventions such as the removal of lead from gasoline and paint, approximately two million young children in California remain at risk because they live in the state's 2.2 million older, lead-painted housing units or because they are poor. A recent nationwide survey found that children receiving care under Medicaid or WIC were five times more likely (8.4% vs. 1.7%) to have elevated blood lead levels than children not served by these programs. If all children eligible for Medicaid were screened, over 83% of children with significantly elevated blood lead levels would be identified. Unfortunately, despite the requirement that children in publicly funded programs, such as Medi-Cal and the Child Health and Disability Prevention Program (CHDP), have a blood lead test at 12 and 24 months, a recent State audit found that less than one in five of California's low income children have received a blood lead test.

In response to the need to identify more of the State's lead burdened children, the CDHS devised a statewide targeted screening policy. The policy follows guidelines issued by the Centers for Disease Control and Prevention (CDC) and recommendations offered by a recently convened Targeted Screening Task Force comprised of scientific experts, local Childhood Lead Poisoning Prevention programs, private providers, and child advocacy groups.

Statewide Targeted Blood Lead Screening Policy

1. Health care providers must do a blood lead test at age 12 and 24 months on all children who receive services from Medi-Cal, CHDP, Healthy Families, or WIC. Children who have not previously been tested and who are between the ages of 25 and 72 months should also receive a blood lead test.*
2. Children, not in publicly funded programs, should be assessed for risk of lead poisoning by using a personal risk questionnaire at 12 and 24 months of age, or between the ages of 25 and 72 months if no previous assessment or test has been done. The parent or guardian should be asked the following, and if the response to either question is "YES" or "DON'T KNOW", the child should receive a blood lead test:
   - Does your child live in or spend a lot of time in a place built before 1960 that has peeling or chipped paint?
   - Does your child live in or spend a lot of time in a place built before 1960 that has been recently renovated?

While venipuncture is still the preferred method for taking blood lead samples because it is less prone to environmental contamination, many local health jurisdictions offer finger-stick sampling training for providers. In addition, in-office testing for rapid, quantitative assessment of blood lead levels is now available, but requires approval for performing moderately complex procedures.

Referral and Follow Up

Children with elevated blood lead levels should receive medical supervision and follow-up according to the guidelines listed in the following Practitioner Reference Card. Children with blood lead levels ≥20 µg/dL, need comprehensive services, including a home visit to identify the source of lead exposure. In California, elevated lead levels are a laboratory-based reportable condition. After receiving this information from the laboratory, CDHS notifies the local health jurisdiction, which then contacts both the physician ordering the blood test and the family to provide assistance. The local health department also coordinates a team of professionals to identify the source(s) of lead exposure, provide education, and make recommendations and referrals as appropriate.

If you have questions about the State's childhood lead poisoning prevention targeted screening policy or would like further information please contact either your Local County Health Department or the CDHS, Childhood Lead Poisoning Prevention Branch, Joan S. Dorfman, M.D., M.P.H., Chief of the Care Management and Surveillance Section, at (510) 622-4867.

* This is a federal requirement for children receiving Early Periodic Screening, Diagnostic and Treatment Services (Medi-Cal).

PRACTITIONER REFERENCE CARD

SCHEDULE FOR FOLLOW-UP TESTING OF CHILDREN WITH ELEVATED BLOOD LEAD LEVELS (BLL)

If the result of the screening test (finger-stick* or venous) is:	Perform follow-up venous test within:
10-19 µg/dL	3 months
20-44 µg/dL	1 month–1 week**
45-59 µg/dL	48 hours
60-69 µg/dL	24 hours
≥70 µg/dL	Immediately as an emergency lab test

*Only screening tests may be finger-stick; all BLL of 10 µg/dL or higher must be followed with venous tests.

**The higher the screening BLL, the more urgent the need for a follow-up test. Source: Centers for Disease Control and Prevention.

SERVICES AND RESOURCES AVAILABLE FROM YOUR LOCAL LEAD PROGRAM (LLP)

(For the location and phone number of your LLP, please contact your local Public Health Department.)

- Case Management for children with elevated blood lead levels including Public Health Nurse and Environmental Health Specialists' services
- Staff in-service training
- Information on recommended screening and testing schedules
- The most current information on childhood lead poisoning including alerts on consumer products containing lead
- Education materials for parents
- Environmental investigation and management
- Assistance in establishing an on-site finger-stick sampling program

CASE MANAGEMENT ACTIVITIES ACCORDING TO BLL

(The follow-up services listed below are a joint responsibility between the provider and the local health jurisdiction.)

BLL	Follow-Up Service
<10 µg/dL	Reassess or rescreen in 1 year. No additional action necessary unless exposure sources change.
10-14 µg/dL	Provide family with lead poisoning prevention education, follow-up testing, and referrals for social services, if necessary.
15-19 µg/dL	Provide family with lead poisoning prevention education, follow-up testing, and refer for social services, if necessary. If BLLs persist (i.e., 2 BLLs in this range at least 1 month apart) or worsen, proceed according to actions for BLLs 20-44.
20-44 µg/dL	Initiate home visit. Provide coordination of care (case management) and clinical management. Conduct an environmental investigation to identify the sources of the child's exposure and provide lead hazard control.
45-69 µg/dL	Within 48 hours, initiate case management, clinical management, environmental investigation, and lead hazard control.
70 µg/dL	Hospitalize child and initiate medical treatment immediately. Begin case management, clinical management, environmental investigation, and lead hazard control.

Gynecologic Cancers Pamphlet Available

(Essential for providers performing routine gynecologic examinations)

The California Department of Health Services (DHS) has produced a new pamphlet on gynecologic cancers to assist California physicians and other medical care providers in meeting the mandate established by AB 833, Ortiz, Statutes of 1998, Chapter 754.

AB 833 **requires the medical care provider give information on gynecologic cancers to the patient** in layperson's language at the time of the patient's annual gynecologic examination.

The new pamphlet, "Gynecologic Cancers...What Women Need to Know" provides information, including the signs, symptoms, risk factors, and the benefits of early detection through appropriate diagnostic testing in an easy to read format.

Additionally, the pamphlet encourages women to discuss with their physician or medical care provider their personal risk for gynecologic cancers and appropriate steps to take to insure sound gynecologic health and early detection of gynecologic cancers.

The English version of this pamphlet should be available by April 15, 2000. It will also be available shortly in Spanish, Vietnamese and Chinese.

Physicians and other medical care providers may order copies of the English version of this pamphlet by faxing their request after April 15 to the Medical Board of California at (916) 263-2479 or by sending a request to:

Gynecologic Cancers Pamphlet
Medical Board of California
1426 Howe Avenue, Suite 54
Sacramento, California 95825

Please specify the number of copies (single copy or bundles of 25). Funding for this pamphlet was provided by the legislative mandate and this brochure is available to you without charge.

California State Departments Seek Medical Reviewers

Recently the Department of Corporations and the Department of Insurance, each of which has responsibility for the regulation of health plans, have indicated a need for qualified physicians for the evaluation of plan denials of medical services. The details of these functions are provided below.

Department of Corporations

The DOC regulates health care service plans in the State of California by enforcing the Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene Act). Recently enacted legislation requires the resolution of consumer complaints within 30 days. It also establishes the Department of Managed Care to which the Knox-Keene Act regulatory functions will be transferred.

The DOC presently employs individual physicians who review consumer complaints requiring a medical opinion regarding issues including medical necessity, professional standards of care and continuity of care. The Department wishes to retain additional qualified physicians to review consumer complaints for compliance with the Knox-Keene Act.

To serve as a medical consultant, a physician must: be board-certified by an ABMS specialty board or by one recognized by the Medical Board of California as having equivalent standards; have served for five years in an appropriate specialty; have an unrestricted license; and practice at least 80 hours a month. A physician must have engaged in active clinical practice within the past two years to serve as a medical consultant. DOC consultants are immune from civil liability pursuant to Civil Code section 43.98. The DOC requests that consultants review the consumer complaints within five business days.

If you are interested in serving as a DOC medical consultant reviewing consumer complaints concerning health plans, please contact Barbara Maxey at: (916) 324-9016.

Department of Insurance

Recently passed California legislation, AB 55, provides that by January 1, 2001, DOI must establish an independent medical review system. The review system provides enrollees of health plans an independent medical review whenever health care services have been denied, modified, or delayed if the decision was based on the finding that the services are not medically necessary.

DOI is in the early stages of assembling an independent medical review organization. Licensed medical health care professionals who are interested in participation in this program are encouraged to provide current and comprehensive curriculum vitae to DOI for consideration. The Department will contact all respondents as the selection process continues. Curriculum vitae will be accepted by mail only and should be sent to:

California Department of Insurance
300 South Spring Street
Los Angeles, CA 90013
Attn: Janelle Roy, Senior Insurance Policy Officer

California Counts: Census 2000

Every 10 years the Census Bureau is required by the U.S. Constitution to count every person in the United States. The census is one of America's most significant historical events. Thomas Jefferson was responsible for the first census conducted in 1790, so this April you will be participating in the 22nd census of the United States.

The census is important. Census information about the population of your community and the State of California is used to make major decisions, including expenditures and services for health care, roads, and schools. In the previous census in 1990, California had the largest "undercount" (people missed by the census) compared to all other states in the nation. As a result, we lost an estimated $2.2 billion in federal funds that rightfully should have been spent in California, primarily on health care for the elderly.

If Californians do not fully participate in the 2000 census, we could lose over $3 billion in federal funds during the next decade. Because of the seriousness of the problem, Governor Davis signed legislation to promote the census throughout California. In addition, Governor Davis appointed a task force, the California Complete Count Committee, to help maximize the number of Californians counted in the 2000 census.

The census is safe. Your census information is absolutely 100% confidential. The U.S. Census Bureau is strictly prohibited from sharing personal census information with **any** other individuals or organizations, public or private. By law, your answers on the census questionnaire cannot be given to anyone, including the Internal Revenue Service, courts, police, welfare agencies or the Immigration and Naturalization Service. Confidentiality is guaranteed.

It's your future. Don't leave it blank. The 2000 census involves the government's largest peacetime commitment of human resources in the history of America. California and the U.S. Census Bureau are making unprecedented efforts to encourage everyone to participate in the census. But these efforts will only make a difference if we respond. So, please, take a few minutes to complete your census questionnaire and then mail it back promptly.

For additional information, call the California Complete Count Campaign in Los Angeles (323) 965-2943 or Sacramento (916) 323-3301, or visit California's web site at www.census.ca.gov. And for more information, visit the U.S. Census Bureau's web site at www.census.gov.

Reminder to California's Postgraduate Training Program Directors

Section 2066 of the Business and Professions Code provides a two-year postgraduate training exemption for those foreign-trained physicians who are participating in approved postgraduate training programs in California and who have not completed any prior approved postgraduate training in another state or Canada. At the end of the two years, all clinical privileges in California facilities automatically cease until the date that a license is issued. We are aware of the timing conflict between the completion of the second year of training, the exhaustion of the postgraduate training exemption, and the need to obtain licensure prior to commencing the third year of training. The Medical Board is currently determining if there are statutory options available which would align the statutes in a way which eliminates this conflict. In the meantime, we will do all we can to accommodate applicants who will be directly affected by this situation in terms of their inability to continue into their third year of training without a license on July 1, 2000.

While the two-year training requirement does not apply to graduates of U.S. medical schools, their postgraduate training exemption is also limited to two years (Business and Professions Code section 2065).

As June 30, 2000 approaches, program directors are encouraged to identify postgraduate trainees who will be in this situation as they near the end of their two-year postgraduate training exemption. Generally speaking, applications are reviewed in order of receipt. Once an application has been reviewed, the applicant is notified in writing as to the status of the application and his or her next step in the licensing process. Due to the normal increase in the application workload this time of year, and in anticipation of the additional volume of work which will be generated by this requirement, beginning in May, staff will focus first on accommodating applicants who will be impacted by this statutory provision. Consequently, licensing staff will not be able to respond to requests to expedite licensure for postgraduate trainees who are not affected by this law. Application forms and instructions may be obtained by calling (916) 263-2382.

State of California Department of Consumer Affairs

MEDICAL BOARD OF CALIFORNIA

PROGRAM SUPPORT & RESEARCH UNIT
1426 Howe Avenue, Suite 54
Sacramento, CA 95825-3236
(916) 263-2466/FAX (916) 263-2479

PATIENT TRANSFER REPORTING FORM

(Pursuant to Business and Professions Code Section 2240)

1. Name of patient's outpatient setting physician:
Last _____ First _____ Middle _____
Physician's License Number: _____

2. Name of physician with hospital privileges (if the same as above, leave blank):
Last _____ First _____ Middle _____
Physician's License Number: _____

Medical Record Number: _____

3. Patient name:
Last _____ First _____ Middle _____

Address: _____ Date of Birth: _____
Number Street City State Zip Code

3a. Patient identifier (Social Security Number, Patient ID Number, etc.):

4. Name and address of hospital or emergency center where patient was transferred:

State law (Section 2240 (b) of the California Business and Professions Code) requires that a completed copy of this entire form be placed in a patient's file. After completing the form, make 2 photo copies of the full form. Send 1 copy to the facility identified in #4 above for insertion in the patient's record. With the second copy, cut on line and mail the bottom portion within 15 days of the transfer to: Medical Board of California, 1426 Howe Avenue, Suite 54, Sacramento, CA 95825

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5. Specific procedure(s) performed: _____

5a. ____ Sex of patient ____ Age of patient ____ County of Surgical Setting

6. Transfer for postoperative care was planned and arranged with hospital prior to surgery: ___ yes ___ no

6a. Events triggering/necessitating transfer (including pre-arranged post operative care): ____ respiratory distress ____ drug reaction ____ cardiovascular distress ____ excessive bleeding ____ other (please specify) _____

Details of event (Please attach explanation if more space is needed and include in patient's chart and mailing to the Medical Board.):

7. Duration of hospital stay:
_____ Day(s) ____ Week(s) _____ Month(s)

8. Final disposition: _____ Patient died
_____ Patient sent home _____ Other (please specify)

9. Physician's practice specialty and ABMS certification:

Date of report: _____

Attn: Program Support & Research - Suite 100

State of California Department of Consumer Affairs

MEDICAL BOARD OF CALIFORNIA
CENTRAL COMPLAINT UNIT
1426 Howe Avenue, Suite 54
Sacramento, CA 95825-3236
1-800-633-2322 (916) 263-2424
(916) 263-2435 Fax

OUTPATIENT SURGERY - PATIENT DEATH REPORTING FORM (INTERIM)

State law (Section 2240 (a) of the California Business and Professions Code) requires that whenever a patient death results from a scheduled medical procedure outside of a general acute care hospital, either by the physician or by a person acting under the physician's orders or supervision, the physician must complete this form and send it to: Medical Board of California, 1426 Howe Avenue, Suite 54, Sacramento, CA 95825

1. Patient name:
Last _____ **First** _____ **Middle** _____

Address: _____ Date of Birth: _____
Number Street City State Zip Code
Social Security Number: _____

Medical Record Number: _____ Physical Location of Medical Record: _____

2. Name of physician who performed surgery:
Last _____ **First** _____ **Middle** _____

2a. Physician's practice specialty and ABMS certification:

2b. Physician's license number:

3. Surgery date:

4. Name and address of outpatient setting where surgery was performed:

Name _____ Address: _____
Number Street City State Zip Code

5. Outpatient setting is licensed, certified, and/or accredited by:

a.
b.
c.

6. Type(s) of outpatient procedures performed:

7. Circumstances of patient's death:

8. Name and location of hospital or emergency center where patient was transferred:

Date of Report

Person completing this form: _____
(Please Print Legibly)

Changes in the Medical Board's Licensing Verification System

Several legislative mandates require that certain information, including a physician's name, license number, and licensing status among them, be made available to credentialing services, insurance companies and hospitals. Because of these mandates, the Licensing Verification System (LVS), known to many users as the dial-up, was developed to allow the Medical Board of California to provide specific information to authorized organizations such as hospitals, insurance companies, HMOs, and governmental agencies in a timely and efficient manner.

The LVS was designed and implemented for "bulk" verification purposes and to provide accurate information on the license status of physicians, allowing users to verify an unlimited number of licenses. The LVS began serving system users in the Fall of 1991, providing on-line verification to authorized users by dialing into a free-standing computer.

In December 1999, the MBC experienced fatal problems with the dial-up computer system. Due to the loss of the dial-up system and the rapid changes in technology, it was determined that service could be offered in a less costly and equal-quality fashion via the Board's website. MBC was pleased to announce, effective February 1, 2000, the implementation of the new LVS on its website. Updated every Tuesday and Friday, the new LVS provides authorized users the same login and password protection received by the old dial-up system. Information contained within the LVS is taken directly from the Medical Board's licensing database and meets the same standard of accuracy and completeness as was found in the former dial-up system. A special login ID is provided to those entities that are entitled to access Business and Professions Code section 805 (hospital disciplinary) reports, preventing dissemination to unauthorized persons or organizations.

The cost of subscribing to the LVS is $36 per year with unlimited usage per facility. Access is limited to hospitals and clinics licensed by the Department of Health Services; any health care service plan; any medical care foundation; or the medical staff of any organization described above. Those interested in determining their eligibility to become an LVS user or who would like more information should contact the Board's Information Systems Branch by e-mailing the MBC Web Master at www.medbd.ca.gov or by calling (916) 263-2205.

Explanation of Disciplinary Language and Actions

"Effective date of Decision"—Example: "January 10, 2000" at the bottom of the summary means the date the disciplinary decision goes into operation.

"Gross negligence"—An extreme deviation from the standard of practice.

"Incompetence"—Lack of knowledge or skills in discharging professional obligations.

"Judicial review being pursued"—The disciplinary decision is being challenged through the court system—Superior Court, maybe Court of Appeal, maybe State Supreme Court. The discipline is currently in effect.

"Probationary License"—A conditional license issued to an applicant on probationary terms and conditions. This is done when good cause exists for denial of the license application.

"Probationary Terms and Conditions"—Examples: Complete a clinical training program. Take educational courses in specified subjects. Take a course in Ethics. Pass an oral clinical exam. Abstain from alcohol and drugs. Undergo psychotherapy or medical treatment. Surrender your DEA drug permit. Provide free services to a community facility.

"Public Letter of Reprimand"—A lesser form of discipline that can be negotiated for minor violations before the filing of formal charges (accusations). The licensee is disciplined in the form of a public letter.

"Revoked"—The license is canceled, voided, annulled, rescinded. The right to practice is ended.

"Revoked, stayed, 5 years probation on terms and conditions, including 60 days suspension"—"Stayed" means the revocation is postponed, put off. Professional practice may continue so long as the licensee complies with specified probationary terms and conditions, which, in this example, includes 60 days actual suspension from practice. Violation of probation may result in the revocation that was postponed.

"Stipulated Decision"—A form of plea bargaining. The case is negotiated and settled prior to trial.

"Surrender"—Resignation under a cloud. While charges are pending, the licensee turns in the license—subject to acceptance by the relevant board.

"Suspension from practice"—The licensee is prohibited from practicing for a specific period of time.

"Temporary Restraining Order"—A TRO is issued by a Superior Court Judge to halt practice immediately. When issued by an Administrative Law Judge, it is called an ISO (Interim Suspension Order).

ADMINISTRATIVE ACTIONS: November 1, 1999 to January 31, 2000

PHYSICIANS AND SURGEONS

AHMADI, MANOCHER, M.D. (A26477) Teheran, Iran
B&P Code §§725, 2234, 2234(b)(d)(e), 2238, 2241, 2242(a), 2266. Committed acts of gross negligence, incompetence, and dishonesty or corruption, failed to maintain adequate medical records, excessively prescribed drugs and/or administered excessive treatment; administered drugs to an addict and prescribed, dispensed and/or furnished dangerous drugs without a prior examination or legitimate medical purpose. Revoked. January 27, 2000

ALEXANDRE, LUCIEN, M.D. (A48499) Los Angeles, CA
B&P Code §§2234(a)(e), 2264. Stipulated Decision. Failed to properly supervise a physician's assistant. Public Letter of Reprimand. December 16, 1999

BABAD, TOVA LI, M.D. (G28761) Inglewood, CA
B&P Code §822. Stipulated Decision. Mental impairment affecting ability to practice medicine safely. Revoked, stayed, 4 years probation with terms and conditions. December 16, 1999

CATALDI, GEORGIA ANNE, M.D. (G70145) Belmont, CA
B&P Code §822. Stipulated Decision. Mental impairment affecting ability to practice medicine safely. Revoked, stayed, 5 years probation with terms and conditions.
January 10, 2000

CAZEN, RICHARD ALAN, M.D. (G33825) San Francisco, CA
B&P Code §§2261, 2266. Stipulated Decision. Prepared and maintained a separate, edited medical record for a patient without destroying the original record. Public Letter of Reprimand. November 15, 1999

CHUMAK, BOGDAN, M.D. (AFE40544) Hewitt, TX
B&P Code §§141(a), 2234(e), 2305. Stipulated Decision. Disciplined by the United States Army based on a felony conviction for aiding and abetting the use of a false document. Public Reprimand. January 10, 2000

COCHRAN, JACK DONALD, M.D. (A29440) Corona, CA
B&P Code §2234(b)(c). Stipulated Decision. Committed acts of gross and repeated negligence in the care and treatment of a patient. Revoked, stayed, 5 years probation with terms and conditions. November 29, 1999

CORBIN, FREDERIC H., M.D. (G41325) Brea, CA
B&P Code §2234. Stipulated Decision. Submitted reapplications for hospital privilege renewal which did not reflect accurate information due to failure to review information placed in the applications by clerical staff. Public Letter of Reprimand. December 29, 1999

CORONADO, VICTOR JESUS, M.D. (A40213) Huntington Park, CA
B&P Code §§2234(a), 2236(a)(d), 2238, 2242(a), 2261, 2264, 2266. Aided and abetted the unlicensed practice of medicine, criminal convictions for lewd and lascivious acts against a minor and Medi-Cal fraud. Revoked. January 3, 2000. Judicial review being pursued.

CORTINA, PABLO GARZA, M.D. (G47561) Ukiah, CA
B&P Code §§802.1, 2234(e), 2236. Criminal conviction for filing a false tax return and failed to report the conviction to the Board. Revoked, stayed, 7 years probation with terms and conditions. December 17, 1999

DIZMANG, DARYL RUSSELL, M.D. (A40765) Napa, CA
B&P Code §2234. Stipulated Decision. No admissions, but charged with assisting in an atherectomy procedure without first reviewing the pre-procedural coronary angiography or monitoring intra-procedural angiography as required by the standard of care. Public Reprimand. November 22, 1999

DOAN, HUNG DINH, M.D. (A45781) Brea, CA
B&P Code §2234(b). Committed an act of gross negligence in the treatment of a patient. Public Reprimand. January 3, 2000. Judicial review being pursued.

DURANTE, JOSEPH R., M.D. (G3711) Boulder City, CO
B&P Code §§2234, 2261. Violated terms and conditions of Board probation. Revoked, stayed, 5 years probation with terms and conditions including 60 days actual suspension. November 19, 1999

EMERY, JOHN E., M.D. (A21846) San Francisco, CA
B&P Code §§2234(b), 2238, 2264. Grossly negligent in the supervision of a medical assistant; aided and abetted an unlicensed person in the practice of medicine, failed to keep accurate inventory of controlled substances received and dispensed and failed to retain executed DEA order forms for 2 years. Revoked, stayed, 3 years probation with terms and conditions. December 30, 1999

FAZIL, MOHAMMAD, M.D. (A35835) Whittier, CA
B&P Code §§810, 2234(e), 2236, 2261. Stipulated Decision. Criminal conviction for insurance fraud. Revoked, stayed, 5 years probation with terms and conditions including 90 days actual suspension. November 4, 1999

GOLDSTONE, JERRY, M.D. (G12353) Cleveland, OH
B&P Code §141(a). Stipulated Decision. Disciplined by Ohio for inappropriate behavior toward an office administrator. Public Letter of Reprimand. January 24, 2000

GOODNUFF, JEFFREY LYNN, M.D. (C39840) Edina, MN
B&P Code §§141(a), 2236(a). Disciplined by Minnesota based on a criminal conviction for travel in interstate commerce with the intent of engaging in a sexual act with a person under 18 years of age. Revoked. November 8, 1999

GROSS, BENJAMIN, M.D. (G41777) Los Angeles, CA
B&P Code §2236(a). Criminal conviction for a violation of Business and Professions Code section 650 (capping) based on an alleged scheme to defraud insurers and rental car companies by submitting false accident-related injury claims. Revoked, stayed, 6 years probation with terms and conditions. November 18, 1999

HAMZA, MANSOUR MAHMOUD, M.D. (A53876) Culver City, CA
B&P Code §§2234, 2238. Stipulated Decision. Prescribed Valium to a patient without performing a prior good faith examination. Revoked, stayed, 5 years probation with terms and conditions including 60 days actual suspension. December 16, 1999. Judicial review being pursued.

HARRIS, CLIFTON W., JR., M.D. (G42677) Saugus, CA
B&P Code §2234(b). Stipulated Decision. Failed to follow-up with further testing to properly diagnose a patient after having obtained laboratory results which indicated the patient was hyperthyroid. Public Reprimand. December 2, 1999

HARROUN, JOHN MICHAEL, M.D. (C37391) North Highlands, CA
B&P Code §§2234(b), 2238, 2239(a). Stipulated Decision. Self-medicated with Didrex for treatment of depression. Revoked, stayed, 5 years probation with terms and conditions. December 2, 1999

HORWITZ, MICHAEL LAWRENCE, M.D. (G50945) Grand Junction, CO
B&P Code §§2234, 2266. Stipulated Decision. Committed acts of unprofessional conduct in the treatment of a patient and failed to maintain adequate medical records in the treatment for a patient. Public Reprimand. December 31, 1999

HWANG, BEN MAU-LIAN, M.D. (A31141) Allegany, NY
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by New York for failing to adequately diagnose, monitor and/or treat and adequately document the treatment of 3 patients' medical conditions. Suspended, stayed, 2 years probation with terms and conditions. November 11, 1999

IKOKU, VERONICA U., M.D. (A34173) Inglewood, CA
B&P Code §821. Failed to comply with Board-ordered mental examination. Revoked. January 7, 2000

JOHNSON, CHARLES LYNNWOOD, M.D. (G69296) Los Angeles, CA
B&P Code §2234. Violated terms and conditions of Board probation. Revoked. December 17, 1999

KARALIAN, YOUBERT, M.D. (A51861) San Jose, CA
B&P Code §2234. Stipulated Decision. Fabricated physical and mental complaints in an effort to defraud an insurance carrier and falsified a patient's medical record in an attempt to defraud an insurance carrier. Revoked, stayed, 5 years probation with terms and conditions including 45 days actual suspension. January 12, 2000

KRALIK, RITA M., M.D. (G57119) Gates Mills, OH
B&P Code §2305. Disciplined by Ohio for inability to practice medicine due to mental illness. Revoked, stayed, 3 years probation with terms and conditions. November 29, 1999

KRONEN, FREDERICK LLOYD, M.D. (G51034) Flagstaff, AZ
B&P Code §§141(a), 2234. Stipulated Decision. Disciplined by Arizona based on allegations of a sexual relationship with a patient. Public Letter of Reprimand. November 23, 1999

KUMAR, SUDARSHAN, M.D. (A33129) Corona, CA
B&P Code §2234(b)(c). Stipulated Decision. Failed to recognize, investigate or adequately follow up a density found by a radiologist on two separate chest x-rays and failed to make histological or cytological specimens available for pathologic review. Suspended, stayed, 3 years probation with terms and conditions. December 20, 1999

For further information...

Copies of the public documents attendant to these cases are available at a minimal cost by calling the Medical Board's Central File Room at (916) 263-2525

LEHR, BENJAMIN, M.D. (C25019) El Centro, CA
B&P Code §2266. Stipulated Decision. Failed to detect a breast lump during initial examinations, failed to order a mammogram and failed to maintain adequate and accurate medical records. Revoked, stayed, 5 years probation with terms and conditions. January 24, 2000

LOWE, PETER JAY, M.D. (G52149) West Palm Beach, FL
B&P Code §§141(a), 2305. Stipulated Decision. Disciplined by Florida for failing to properly diagnose and treat a patient recovering from eye surgery. Public Reprimand. January 6, 2000

MARLES, STEVEN W., M.D. (G45363) Ceres, CA
B&P Code §§2234(e), 2238, 2239(a), 2354, 4081, 4077. Self-administered controlled substances, failed to maintain drug logs and failed to successfully complete substance abuse treatment program. Revoked, stayed, 7 years probation with terms and conditions including 60 days actual suspension. January 24, 2000

Help Your Colleague By Making A Confidential Referral

If you are concerned about a fellow physician who you think is abusing alcohol or other drugs or is mentally ill, you can get assistance by asking the Medical Board's Diversion Program to intervene.

The intervention will be made by staff trained in chemical dependency counseling or by physicians who are recovering from alcohol and drug addiction. As part of the intervention, the physician will be encouraged to seek treatment and be given the option of entering the Diversion Program. Participation in Diversion does not affect the physician's license.

Physicians are not required by law to report a colleague to the Medical Board. However, the Physicians Code of Ethics requires physicians to report a peer who is impaired or has a behavioral problem that may adversely affect his or her patients or practice of medicine to a hospital well-being committee or hospital administrator, or to an external impaired physicians program such as the Diversion Program.

Your referral may save a physician's life and can help ensure that the public is being protected. All calls are confidential. Call (916) 263-2600.

Medical Board of California
Physician Diversion Program
1420 Howe Avenue, Suite 14
Sacramento, CA 95825

MORAN, JULIA FRANCES, M.D. (G39680) Woodside, CA
B&P Code §§2238, 4232. Stipulated Decision. Collected from some patients and redistributed to other patients a limited amount of prescription antidepressant medications, and did so without fully maintaining required security controls, without keeping adequate records of intake, inventory and dispensation, and without complete labeling of redispensed drugs. Public Reprimand. December 6, 1999

MORGAN, JAMES DANIEL, M.D. (G49192) San Jose, CA
B&P Code §§2052, 2234(a), 2238, 2306. Practiced medicine with a suspended license and prescribed controlled substances without controlled substance privileges. Revoked, stayed, 10 years probation with terms and conditions. December 16, 1999

OKERBLOM, WILLIAM ALLEN, M.D. (G49571) Santa Maria, CA
B&P Code §§822, 2239. Stipulated Decision. Mental impairment affecting his ability to practice medicine safely, obtained dangerous drugs in the name of another person for his own use and self-use of dangerous drugs. Revoked, stayed, 7 years probation with terms and conditions. December 10, 1999

PENTSCHEV, STEFAN I., M.D. (A43893) Exeter, CA
B&P Code §2238. Stipulated Decision. Failed to maintain appropriate records of inventory and location of drugs. Public Letter of Reprimand. January 27, 2000

PETERSEN, JEFFREY, M.D. (A36290) Stanford, CA
B&P Code §§725, 2234, 2234(a), 2242, 2266. Stipulated Decision. Prescribed Vicodin, Darvocet and Soma to a patient in excessive amounts without performing a prior good faith examination and without maintaining adequate medical records. Public Letter of Reprimand. November 22, 1999

PORRES, RAFAEL, M.D. (C38374) Guatemala City, Guatemala
B&P Code §§141(a), 725, 2266, 2305. Disciplined by Texas upon findings of inadequate justification and/or documentation pertaining to performance of Caldwell-Luc procedures. Revoked. November 3, 1999

RADER, JANET ELIZABETH, M.D. (G52035) New Orleans, LA
B&P Code §§141(a), 2234(f), 2305. Stipulated Decision. License reinstated in Louisiana with 3 years probation. Revoked, stayed, 3 years probation with terms and conditions. November 11, 1999

REDDY-VANGALA, VENKAT, M.D. (A40666) Victorville, CA
B&P Code §2234(c). Stipulated Decision. Committed repeated negligent acts in the care and treatment of 2 patients. Revoked, stayed, 4 years probation with terms and conditions. November 29, 1999

SALAS, JOSE RAUL, M.D. (A38943) Porterville, CA
B&P Code §2234(c). Stipulated Decision. Failed to obtain antepartum fetal testing; applied vacuum extraction after only 25 minutes of unassisted pushing and failed to obtain the presence of a pediatrician or other properly trained personnel to assist in a delivery. Revoked, stayed, 3 years probation with terms and conditions. November 4, 1999

SANDHU, RAJWANT SINGH, M.D. (A41264) Roseville, CA
B&P Code §§2234(e), 2238, 2239(a). Stipulated Decision. Self-use of the controlled substance Demerol and shoplifting clothing from local department store. Revoked, stayed, 5 years probation with terms and conditions. December 9, 1999

SEIFERT, JOHN DUPONT, M.D. (G18424) Garland, TX
B&P Code §§2234(e), 2305. Stipulated Decision. Disciplined by Texas for submitting hospital privilege applications which contained false or misleading statements pertaining to a past arrest and/or investigation by the Texas Board. Public Reprimand. January 12, 2000

SHAH, BIHARI M., M.D. (A37529) Bakersfield, CA
B&P Code §2236. Stipulated Decision. Criminal conviction for vandalism. Suspended, stayed, 35 months probation with terms and conditions. January 22, 2000

SHERE, JOSHUA, M.D. (G15009) Los Angeles, CA
B&P Code §§822, 2234(b)(c)(d). Committed acts of gross negligence, repeated negligence and incompetence in the care and treatment of 3 patients and mental and/or physical illness affecting ability to practice medicine safely. Revoked. November 29, 1999

SHIM, JUNG-SUP, M.D. (A33071) Lynnfield, MA
B&P Code §141(a). Disciplined by Massachusetts, resigned his license during an investigation. Revoked. November 11, 1999

SILVAS, MICHAEL DAVID, M.D. (G50828) San Bernardino, CA
B&P Code §2234(c). Stipulated Decision. Failed to review a routine chest x-ray for a patient who later developed lung cancer. Public Reprimand. November 8, 1999

SIMSEN, DONALD A., M.D. (G12870) Monteo, NC
B&P Code §§141(a), 2239(a), 2305. Disciplined by New Jersey based on findings of chronic alcohol abuse, alcoholism and depression. Revoked. November 15, 1999

SINGH, DAVINDER, M.D. (A25451) Fountain Valley, CA
B&P Code §2234(c). Stipulated Decision. Failed to chart in the patient's medical record whether a second EKG ordered on the patient was reviewed. Public Reprimand. December 29, 1999

SMITH, CHARLIE FRANK, JR., M.D. (C37018) El Centro, CA
B&P Code §§810(a), 2234, 2234(b)(c)(e), 2236(a), 2261, 2262. Committed acts of gross and repeated negligence, committed dishonest or corrupt acts, made false statements in documents related to the practice of medicine, altered, modified and/or created medical records with fraudulent intent, knowingly presented or caused to be presented fraudulent insurance claims and convicted of violating Penal Code sections 182(1), 487(a) and 550(a)(5). Revoked. November 4, 1999

SULLIVAN, KEVIN PAUL, M.D. (G35765) Chicago, IL
B&P Code §§141(a), 2234(e)(f), 2261, 2305. Disciplined by Massachusetts for providing false answers on license renewal applications on 2 occasions. Revoked. December 2, 1999

TAKEUCHI, ERNEST ISAMU, M.D. (G27577) Antioch, CA
B&P Code §2234. Violated terms and conditions of Board probation. Revoked. January 28, 2000

THOMPSON, MICHAEL DAVID, M.D. (G56271) Lemoore, CA
B&P Code §§2234(a), 2266. Stipulated Decision. Failed to examine a post-caesarian patient then made entries in the medical record that he had seen the patient, failed to obtain informed consent and document a circumcision; and failed to provide various patients with copies of medical records. Public Reprimand. November 29, 1999

TROUM, NATHAN, M.D. (C42662) Coronado, CA
B&P Code §§2234, 2234(b)(c)(e), 2238, 2239, 2261, 2266. Stipulated Decision. Prescribed Tylenol with Codeine to a patient prior to performing a good faith prior examination or recording pulse or respiration rate, obtained controlled substances under false pretenses, failed to maintain logs of controlled substances purchased and dispensed. Revoked, stayed, 5 years probation with terms and conditions. January 7, 2000

VILLAMIZAR, ALFONSO, M.D. (A34898) Inglewood, CA
B&P Code §§725, 2234(b)(c)(d)(e), 2264, 2266. Stipulated Decision. Committed acts of gross negligence, repeated negligence, incompetence, repeated excessive prescribing, and failed to maintain adequate medical records in the treatment of 5 patients and knowingly employed unlicensed individuals to engage in the practice of medicine. Revoked, stayed, 10 years probation with terms and conditions including 9 months actual suspension. November 26, 1999

WARM, KENNETH A., M.D. (G38070) Coronado, CA
B&P Code §726. Stipulated Decision. Entered into a sexual relationship with a patient. Revoked, stayed, 7 years probation with terms and conditions. January 18, 2000

WEMPEN, RONALD REINER, M.D. (G18070) Irvine, CA
B&P Code §2234(c). Stipulated Decision. Committed acts of gross negligence, repeated negligence, and incompetence, and failed to maintain adequate medical records in the treatment of 1 patient. Revoked, stayed, 5 years probation with terms and conditions. November 26, 1999

WHITTAKER, HARRY, JR., M.D. (C13551) Garden Grove, CA
B&P Code §2234(c). Stipulated Decision. Failed to maintain adequate medical records for services rendered to a patient. Revoked, stayed, 3 years probation with terms and conditions. November 22, 1999

WRIGHT, EDWARD W., M.D. (C37260) Oakland, CA
B&P Code §2234. Stipulated Decision. Excessive and inappropriate use of Valium in treating a patient's agitated depression. Public Reprimand. November 15, 1999

DOCTOR OF PODIATRIC MEDICINE

MARIN, PHILIP GILBERT, D.P.M. (E2182) Alameda, CA
B&P Code §§2052, 2234, 2234(a)(b)(d)(e), 2261, 2262, 2266, 2472. Exceeded the scope of practice of podiatric medicine by diagnosing, treating and prescribing for a patient's wrist and arm injuries, committed acts of gross and repeated negligence due to medical and billing records that were inconsistent with respect to the patient's visit dates, treatment rendered and billing and altered or modified medical records with fraudulent intent. Revoked. December 10, 1999

PHYSICIAN ASSISTANTS

KOEHLER, PAMELA RAE, P.A. (PA13556) McKinleyville, CA
B&P Code §§2234(e), 2236(a), 2238. Stipulated Decision. Criminal conviction for obtaining controlled substances for personal use while impersonating a local physician. Revoked, stayed, 5 years probation with terms and conditions. January 20, 2000

MCLEOD, ROBERT LOWELL, P.A. (PA11207) Porterville, CA
B&P Code §§3502.1(b)(2). Stipulated Decision. Wrote and phoned in prescriptions for Vicodin and Soma for his wife without appropriate authorization from the supervising physician. Revoked, stayed, 3 years probation with terms and conditions. December 30, 1999

NABORS, DENNIS R., P.A. (PA12956) Greensboro, NC
B&P Code §§141(a), 2305. Disciplined by North Carolina due to habitual use of intoxicants or drugs. Revoked. January 6, 2000

SURRENDER OF LICENSE WHILE CHARGES PENDING

PHYSICIANS AND SURGEONS

AFROOZ, NADER, M.D. (A47731) Youngstown, OH
November 17, 1999

ARCAN, PETER, M.D. (A43905) Whittier, CA
November 3, 1999

FAGENSTROM, CREGOR PATRICK, M.D. (G36029) San Diego, CA
December 30, 1999

LINDGREN, KELVIN A., M.D. (A19856) Vancouver, WA
January 6, 2000

MARTINA, JOHN GORDON, M.D. (G33341) Hawthorne, CA
December 14, 1999

MILGRAM, PHILLIP MARK, M.D. (A35411) San Diego, CA
November 22, 1999

PECKLER, JOHN E., M.D. (A15323) Fresno, CA
November 4, 1999

RHEE, KY YOUNG, M.D. (C39154) Tustin, CA
November 29, 1999

SMITH, CHRISTOPHER TREMEL, M.D. (A64009) San Francisco, CA
December 6, 1999

DOCTOR OF PODIATRIC MEDICINE

STEIG, HENRY S., D.P.M. (E2803) Franklin Lakes, NJ
December 9, 1999

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ACTION REPORT - APRIL 2000
Candis Cohen, Editor, (916) 263-2389

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