BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:	)	
	)	
	)	
PRUDENCE ELIZABETH HALL, M.D.	)	**Case No. 800-2015-010885**
	)	
Physician's and Surgeon's Certificate No. G 41661	)	
	)	
Respondent	)	
	)	

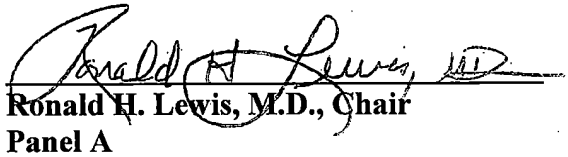
DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on August 31, 2018.

IT IS SO ORDERED: August 3, 2018.

MEDICAL BOARD OF CALIFORNIA



Ronald H. Lewis, M.D., Chair
Panel A

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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: PRUDENCE ELIZABETH HALL, M.D. 406 Wilshire Blvd. Santa Monica, CA 90401 Physician's and Surgeon's Certificate No. G 41661, Respondent.	Case No. 800-2015-010885 OAH No. 2017120291 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

PARTIES

1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board of California (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Randall R. Murphy, Deputy Attorney General.

2. Respondent Prudence Elizabeth Hall, M.D. (Respondent) is represented in this proceeding by attorneys Dennis K. Ames, Esq., and Pogey Henderson, Esq., of La Follette, Johnson, DeHaas, Fesler & Ames, whose address is 2677 North Main Street, Suite 901, Santa Ana, CA 92705.

3. On or about March 24, 1980, the Board issued Physician's and Surgeon's Certificate No. G 41661 to Prudence Elizabeth Hall, M.D. That Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2015-010885, and will expire on August 31, 2019, unless renewed.

JURISDICTION

4. Accusation No. 800-2015-010885 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on September 12, 2017. Respondent timely filed her Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2015-010885 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2015-010885. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of her legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against her; the right to present evidence and to testify on her own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2015-010885, if proven at a hearing, constitute cause for imposing discipline upon her Physician's and Surgeon's Certificate.

10. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a prima facie evidentiary basis for the charges in the Accusation, and that Respondent hereby gives up her right to contest those charges.

11. Respondent agrees that her Physician's and Surgeon's Certificate is subject to discipline and she agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

12. Respondent agrees that if she ever petitions for early termination or modification of probation, or if the Board ever petitions for revocation of probation, all of the charges and allegations contained in Accusation No. 800-2015-010885 shall be deemed true, correct and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving respondent in the State of California.

CONTINGENCY

13. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or her counsel. By signing the stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

14. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

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15. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 41661 issued to Respondent PRUDENCE ELIZABETH HALL, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for four (4) years on the following terms and conditions.

1. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter during the term of probation, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

2. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1. Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six (6) months after Respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom component. The professionalism program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A professionalism program taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the program would have been approved by the Board or its designee had the program been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the program or not later than 15 calendar days after the effective date of the Decision, whichever is later.

3. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment program approved in advance by the Board or its designee. Respondent shall successfully complete the program not later than six (6) months after Respondent's initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

The program shall consist of a comprehensive assessment of Respondent's physical and mental health and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to Respondent's current or intended area of practice. The program shall take into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. The program shall require Respondent's on-site participation for a minimum of three (3) and no more than five (5) days as determined by the program for the assessment and clinical education evaluation. Respondent shall pay all expenses associated with the clinical competence assessment program.

At the end of the evaluation, the program will submit a report to the Board or its designee which unequivocally states whether the Respondent has demonstrated the ability to practice safely and independently. Based on Respondent's performance on the clinical competence assessment, the program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, evaluation or treatment for any

medical condition or psychological condition, or anything else affecting Respondent's practice of medicine. Respondent shall comply with the program's recommendations.

Determination as to whether Respondent successfully completed the clinical competence assessment program is solely within the program's jurisdiction.

If Respondent fails to enroll, participate in, or successfully complete the clinical competence assessment program within the designated time period, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. The Respondent shall not resume the practice of medicine until enrollment or participation in the outstanding portions of the clinical competence assessment program have been completed. If the Respondent did not successfully complete the clinical competence assessment program, the Respondent shall not resume the practice of medicine until a final decision has been rendered on the accusation and/or a petition to revoke probation. The cessation of practice shall not apply to the reduction of the probationary time period.

4. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a practice monitor, the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or personal relationship with Respondent, or other relationship that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Board, including but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

The Board or its designee shall provide the approved monitor with copies of the Decision(s) and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the

signed statement for approval by the Board or its designee.

Within 60 calendar days of the effective date of this Decision, and continuing throughout probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall make all records available for immediate inspection and copying on the premises by the monitor at all times during business hours and shall retain the records for the entire term of probation.

If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective date of this Decision, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

The monitor shall submit a quarterly written report to the Board or its designee which includes an evaluation of Respondent's performance, indicating whether Respondent's practices are within the standards of practice of medicine and whether Respondent is practicing medicine safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the quarterly written reports to the Board or its designee within 10 calendar days after the end of the preceding quarter.

If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a replacement monitor is approved and assumes monitoring responsibility.

In lieu of a monitor, Respondent may participate in a professional enhancement program (PEP) approved in advance by the Board or its designee that includes, at minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at

Respondent's expense during the term of probation.

5. PROHIBITED REPRESENTATIONS. Respondent is prohibited from representing herself as a specialist in obstetrics/gynecology or endocrinology. It is understood that Respondent can include her curriculum vitae and her medical training information on her website and in such other marketing tools as she may choose. It is further understood that Respondent can represent her practice as focusing on women's health and menopausal management, but shall not include a representation that she is a specialist in "hormone therapy".

6. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to Respondent, at any other facility where Respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15 calendar days.

This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

7. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES. During probation, Respondent is prohibited from supervising physician assistants and advanced practice nurses.

8. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

9. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation.

Respondent shall submit quarterly declarations not later than 10 calendar days after the end of the preceding quarter.

10. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

Respondent shall, at all times, keep the Board informed of Respondent's business and residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021(b).

Place of Practice

Respondent shall not engage in the practice of medicine in Respondent's or patient's place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

License Renewal

Respondent shall maintain a current and renewed California physician's and surgeon's license.

Travel or Residence Outside California

Respondent shall immediately inform the Board or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) calendar days.

In the event Respondent should leave the State of California to reside or to practice Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return.

11. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be available in person upon request for interviews either at Respondent's place of business or at the probation unit office, with or without prior notice throughout the term of probation.

12. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is

defined as any period of time Respondent is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If Respondent resides in California and is considered to be in non-practice, Respondent shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve Respondent from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

In the event Respondent's period of non-practice while on probation exceeds 18 calendar months, Respondent shall successfully complete the Federation of State Medical Board's Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

Respondent's period of non-practice while on probation shall not exceed two (2) years.

Periods of non-practice will not apply to the reduction of the probationary term.

Periods of non-practice for a Respondent residing outside of California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing.

13. COMPLETION OF PROBATION. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Respondent's certificate shall be fully restored.

14. VIOLATION OF PROBATION. Failure to fully comply with any term or condition

of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

15. LICENSE SURRENDER. Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his or her license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

16. PROBATION MONITORING COSTS. Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorneys, Dennis K. Ames, Esq., and Pogey Henderson, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into

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this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 05 / 21 / 2018

PRUDENCE ELIZABETH HALL, M.D.
Respondent

I have read and fully discussed with Respondent PRUDENCE ELIZABETH HALL, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 5/22/18

Dennis R. Ames, Esq.
Attorney for Respondent

DATED: 5/22/18

Pogey Henderson, Esq.
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated: 7/20/2018

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

RANDALL R. MURPHY
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2015-010885

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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO September 12 2017
BY: K. Voong ANALYST

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: Prudence Elizabeth Hall, M.D. 406 Wilshire Blvd. Santa Monica, CA 90401 Physician's and Surgeon's Certificate No. G 41661, Respondent.	Case Nos. 800-2015-010885 **ACCUSATION**

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about March 24, 1980, the Medical Board issued Physician's and Surgeon's Certificate Number G 41661 to Prudence Elizabeth Hall, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on August 31, 2017, unless renewed.

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JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. The Medical Practice Act ("Act") is codified at sections 2000-2521 of the Business and Professions Code.

5. Pursuant to Code section 2001.1, the Board's highest priority is public protection.

6. Section 2004 of the Code states:

"The board shall have the responsibility for the following:

"(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

"(b) The administration and hearing of disciplinary actions.

"(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

"(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

"(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.

"..."

7. Section 2234 of the Code, states:

"The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

"(d) Incompetence.

"(e) The commission of any act involving dishonesty or corruption which is substantially related to the qualifications, functions, or duties of a physician and surgeon.

"(f) Any action or conduct which would have warranted the denial of a certificate.

"(g) The practice of medicine from this state into another state or country without meeting the legal requirements of that state or country for the practice of medicine. Section 2314 shall not apply to this subdivision. This subdivision shall become operative upon the implementation of the proposed registration program described in Section 2052.5.

"(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board."

8. Section 2266 of the Code states: "The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

FACTS

Patient L.H.[1]

9. Respondent treated L.H. with bioidentical hormones,[2] which potentially can cause uterine cancer. Respondent then failed to diagnose L.H.'s aggressive uterine cancer.

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[1] Initials are used to protect patient privacy.

[2] Bioidentical hormones are hormones that are identical in molecular structure to the hormones women naturally produce. They are synthesized, from a plant chemical extracted from yams and soy. "Bioidentical hormone" is a marketing term and not a scientific term. These are scientifically untested and unproven hormones.

10. L.H., was under the gynecologic care of Respondent from September 23, 2011, until October 15, 2014. Throughout the pendency of the care, L.H. received bioidentical hormone therapy. Respondent noted in the initial intake notes for L.H. that the patient had a documented family history of maternal uterine cancer.

11. At her interview, Respondent asserted that she is a specialist in "hormone balance," or "endocrinology." However, Respondent does not have any post-medical school training in endocrinology by an ACGME[3] accredited fellowship in either Medical Endocrinology[4] or Reproductive Endocrinology.

12. L.H. completed a patient questionnaire prior to her initial visit with Respondent on September 23, 2011. On L.H.'s initial visit she was evaluated as having menstrual migraines one day before the start of her menses and "zero" libido. In her initial assessment, Respondent concludes that L.H. is: (1) Perimenopausel (despite L.H. having regular periods and prior to performing any laboratory studies); (2) hypothyroid[5] (prior to performing thyroid studies); (3) adrenal deficient[6] (prior to performing any adrenal studies); (4) "create her cycle in the books" (which term is unexplained); (5) has low [Vitamin] D3 (prior to performing any studies of her Vitamin D levels); and, (6) that they discussed psychological work, which discussion is not explained anywhere in the records.

13. L.H. was noted to have normal lab values in the report submitted on September 11, 2011. Despite normal lab values for all of the sex hormones and adrenal hormones and no lab value for thyroid hormones on September 23, 2011, Respondent prescribed L.H. Estrogen,[7]

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[3] ACGME is the acronym for the Accreditation Council for Graduate Medical Education.

[4] Endocrinology is the subspecialty of internal medicine that focuses on the diagnosis and care of disorders of the endocrine (glandular) system and the associated metabolic dysfunction.

[5] Hypothyroid indicates an underactive thyroid and is a common disorder of the endocrine system in which the thyroid gland does not produce enough thyroid hormone.

[6] Adrenal deficiency is a condition in which the adrenal glands do not produce adequate amounts of steroid hormones, primarily cortisol; but may also include impaired production of aldosterone (a mineralocorticoid), which regulates sodium conservation, potassium secretion, and water retention.

[7] Estrogen is the primary female sex hormone. It is responsible for the development and regulation of the female reproductive system and secondary sex characteristics. Estrogen may also refer to any substance, natural or synthetic, that mimics the effects of the natural hormone.

Progesterone,[8] DHEA,[9] Pregnenolone,[10] D3, Testosterone, thyroid replacement, iodine and lemon drops. In addition, L.H. underwent a pelvic ultrasound and a thyroid ultrasound on September 23, 2011, both in Respondent's office that were both normal.

14. The medical records show that Respondent did not take a thorough sexual history and attempt to address any underlying physical, psychological and relationship factors in treating L.H.'s low libido.

15. L.H. had additional labs performed on October 13, 2011, which demonstrate changes in her baseline from the initial labs performed on September 11, 2011. The notes for these results indicate that her testosterone levels are now supratherapeutic.[11] In her interview, Respondent justifies this result by claiming that the elevated levels are in accordance with her plan of care.

16. L.H. was next examined by Respondent on December 31, 2012, when a pap smear, pelvic exam, pelvic ultrasound, and a breast ultrasound were performed. All results were within normal limits. Respondent's interview discussion of the chart for this day indicated that L.H. was having irregular uterine bleeding, but Respondent suggests the ultrasound findings were reassuring. This is inconsistent because the EEC[12] was 1.7mm, which is far from reassuring.

17. On January 23, 2013, L.H. underwent a screening mammogram, the results of which were normal.

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[8] Progesterone is an endogenous steroid and progestogen sex hormone involved in the menstrual cycle, pregnancy, and embryogenesis of humans and other species. Progesterone is also a crucial metabolic intermediate in the production of other endogenous steroids, including the sex hormones and the corticosteroids, and plays an important role in brain function as a neurosteroid.

[9] DHEA is an endogenous steroid hormone. It is one of the most abundant circulating steroids in humans, produced in the adrenal glands, the gonads, and the brain, where it functions as a metabolic intermediate in the biosynthesis of the androgen and estrogen sex steroids.

[10] Pregnenolone is an endogenous steroid and precursor/metabolic intermediate in the biosynthesis of most of the steroid hormones, including the progestogens, androgens, estrogens, glucocorticoids, and mineralocorticoids. In addition, pregnenolone is biologically active in its own right, acting as a neurosteroid.

[11] Supratherapeutic levels means that the laboratory results reflect levels that are greater than normal levels.

[12] Endometrial echo complex (EEC) is a commonly measured parameter on routine gynecologic ultrasound. The appearance, as well as the thickness of the endometrium, will depend on whether the patient is of reproductive age or post-menopausal. The measurement is of the thickest echogenic area from one basal endometrial interface across the endometrial canal to the other basal surface. The designation of "normal" endometrial thickness rests on the thickness, age, menopausal status and presence of abnormal bleeding.

18. On March 5, 2013, L.H. had a breast ultrasound which was normal.

19. On December 10, 2013, L.H. received a pelvic ultrasound in Respondent's office. Small ovarian cysts were discovered. The EEC of 2.1mm was also noted, again indicating that L.H. was not perimenopausal.

20. A chart note made on December 12, 2013, states that patient is going into menopause and small cysts on ovary are normal and physiologic. However, no objective medical evidence supports that statement. L.H. then has an abdominal and pelvic CT performed on December 27, 2013, for "Stone Microhematuria."[13] This CT shows a 3.3cm right ovarian cyst.

21. Although numerous tests were performed, L.H.'s actual third visit with Respondent takes place on June 28, 2014, almost three years after the initial visit. During this visit the estrogen dosage is increased and a recommendation is made for follow up in six months. The notes reflect no objective medical reason for the increase in estrogen.

22. As could be expected, on July 15, 2014, L.H. complains of feeling foggy and Respondent adjusts the hormone dosing via the telephone, instead of requiring L.H. to come into the office.

23. On September 2, 2014, L.H. calls Respondent's office reporting that her menstrual cycle has been continuing for a month and that she has been bleeding heavily for 8 days. Instead of requiring L.H. to come into the office, Respondent recommends "P4 6 drops [progesterone] nightly, 2 c BID (twice a day) of E2 (estrogen)."

24. Respondent prescribed L.H. exogenous estrogen starting in September of 2011 and continued through October of 2014. When L.H. complained on September 2, 2014, that she was experiencing a menstrual cycle that lasted for over a month, and during which she had heavy bleeding for 8 straight days, Respondent did not perform any endometrial sampling[14] to exclude

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[13] It is likely that what is meant is microscopic hematuria which means three or more red blood cells in a high-power microscopic field of urinary sediment from two of three properly collected urinalysis specimens. Thus, the blood is only visible in the urine under a microscope. This can be related to kidney stones.

[14] Endometrial sampling is obtaining a tissue sample from the glandular mucous membrane that lines the uterus, for testing.

endometrial hyperplasia[15] as the cause of her menometrorrhagia.[16]

25. On September 25, 2014, Respondent notes that L.H. is being "recommended" 4c of estrogen, twice a day, progesterone drops in the evening, 3c of testosterone in the am, 2 grains of thyroid, 5mg DHEA, D3 and Cortisol. Respondent recommended another ultrasound and if L.H. continues to bleed, "office D&C."[17]

26. On September 26, 2014, L.H. had another ultrasound in Respondent's office that shows a slightly enlarged uterus, and an EEC of 2.3mm, as well as a mass thought to be a fibroid in the uterus, measuring 1.4 x 1.6 x 1.9cm. L.H. is also noted to have periods that are heavy and red lasting for 3 weeks, as well as passage of clots and cramping for 2 weeks. The chart reflects the recommendation is to decrease her E2 (estrogen) to "2c" bid [assuming that means 2 clicks,[18] twice a day].

27. Respondent is not certified in gynecologic ultrasound analysis and has not had post-medical school training in gynecologic ultrasound analysis.

28. On October 3, 2014, a telephone note documents L.H. questioning Respondent's prescription of a steroid. L.H. advises Respondent's office that she is having irregular menses and bleeding lasting up to 19 days in a row for the last 2 months. L.H. advises the office that her intention is to have blood drawn and make an appointment [presumably with Respondent]. However, no records indicate that such an appointment was made.

29. On October 10, 2014, L.H. underwent another abdominal and pelvic CT from University Imaging Centers showing a right adnexal mass 8.5 x 8.5mm, and simple cysts on the left ovary. Note the prior CT showed a right ovary cyst.

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[15] Hyperplasia is an abnormal increase in the number of cells in a tissue or organ, with consequent enlargement of the part or organ

[16] Menometrorrhagia is a condition in which prolonged or excessive uterine bleeding occurs irregularly and more frequently than normal. It is thus a combination of metrorrhagia and menorrhagia.

[17] Dilation and curettage (D&C) is a surgical procedure in which the cervix is opened (dilated) and a thin instrument is inserted into the uterus. This instrument is used to remove tissue from the inside of the uterus (curettage).

[18] A "click" is a unitary bioidentical hormone measurement that is unknown to Board Certified ObGyn's. Neither is it a recognized value in standard of care analysis. Thus, there is no way to determine what amount the patient was receiving.

30. On October 13, 2014, L.H. called Respondent's office and asked why the cyst that was found on the October 10, 2014, CT was not seen on an ultrasound performed by Respondent on September 26, 2014, two weeks prior.

31. On October 15, 2014, L.H. underwent another abdominal and pelvic ultrasound in Respondent's office, which revealed a 8.2 x 6.5 x 8.5cm adnexal mass on the right side, and an EEC of 2.5mm. On the same day L.H. also had a pelvic ultrasound at Argus Radiology that shows an enlarged uterus of 9.3cm x 4.4cm and a left ovarian cyst measuring 4.0 x 2.7 x 2.7cm and an EEC of 2.98cm. In addition, it shows a right adnexal mass of 8.2 x 6.5 x 8.5cm.[19]

32. L.H.'s testosterone levels recorded by Respondent reveal the following values: 14, 89, 45, 442, 46. A review of L.H.'s Estradiol levels as recorded by Respondent reveal the following values: 96.9, 58.3, 162.7, 13.4, 16.2. A review of L.H.'s TSH[20] levels reveals the following values as recorded by Respondent: 0.936, 0.027, 0.175. Two of these values represent supratherapeutic levels of hormones.

33. The cost of Respondent's "bioidentical hormone" prescriptions to L.H., over the course of 3 years, was in excess of $7000.00.

Patient M.S.

34. M.S. presented to Respondent on May 6, 2013, for sleeping problems and low energy. At that initial visit M.S. signed the consent for treatment. M.S. had previously had blood drawn and filled out an extensive medical questionnaire. Respondent used the patient questionnaire to diagnose M.S. with thyroid issues, instead of M.S.'s laboratory data regarding thyroid function.

35. Respondent's notes indicate that M.S. previously had undergone bypass surgery (2000-with a revision in 2011), a cholecystectomy in 2005 and a uterine ablation in 2011 (due to menorrhagia or heavy menses).

36. Respondent notes that M.S. had night sweats, hair loss, and difficulty with sleeping even while on 5mg Ambien, 50mg Benadryl and 0.5mg Xanax every night before bed.

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[19] The ultrasound and CT show a right adnexal mass. The CT from University Imaging apparently made a typographical error when they classified L.H.'s right adnexal mass as being in the units of "mm", as opposed to "cm", which the mass was later found to measure.

[20] TSH means thyroid-stimulating hormone.

37. Respondent's notes state that M.S. had recently been diagnosed with Diabetes, Type II and prescribed Acarbose[21] 25mg TID by her primary care physician. In her subject interview, Respondent stated that she assessed M.S.'s menses as "irregular", although that is not noted in the records. Respondent also refers to M.S. as "perimenopausal" without any objective medical evidence to support that conclusion.

38. M.S.'s blood lab report done prior to the initial visit with Respondent shows TSH[22] was 1.65.

39. M.S.'s blood laboratory analysis, taken prior to the initial visit with Respondent, show only two (2) values that fall outside the normal ranges; the HgbAlc[23] (for which she was recently started on therapy by her ObGyn), and Pregnenolone (a value that does not warrant treatment in a gynecologic standard of care analysis).

40. Respondent then used M.S.'s patient questionnaire and a review of the blood laboratory analysis, with no physical examination (other than reflexes according to the chart), to diagnose M.S. as perimenopausal (a diagnosis unsupported by M.S.'s laboratory data and her clinical history) and hypothyroid (a diagnosis unsupported by any laboratory abnormalities and based solely on clinical symptomatology elicited from M.S.).

41. At no time did Respondent examine M.S.'s thyroid, a standard exam for all women, but especially for those women being treated for thyroid disorders.

42. Respondent recommended the following for M.S.: Estradiol, testosterone, Omega 3, melatonin, magnesium, chromium, digestive enzymes, thyroid and vitamin D, with a recommendation to repeat the laboratory blood work in 2 months and a follow up appointment in 1 month.

43. On May 6, 2013, M.S. was given a transvaginal ultrasound, whose indication is "endometrial lining" showing a uterus measuring 5.85 x 3.32 x 5.44cm, right ovary measuring 2.33 x 1.45cm, and left ovary measuring 3.82 x 2.35cm. A cyst is noted on the left ovary

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[21] Acarbose is an anti-diabetic drug used to treat diabetes mellitus type 2.

[22] This is the thyroid stimulating hormone indicative of thyroid malfunction. A 5.3 reading is abnormal, thus thyroid hormones are an inappropriate treatment.

[23] Hemoglobin A1C is the major fraction of glycosylated hemoglobin-a blood value particularly relevant to diabetes patients.

measuring 2.69mm x 1.43mm (it is not characterized as simple or complex). The endometrial echo complex is measured at 1.7mm. No interpretation of the ultrasound is provided in the medical record; thus, it is unknown why M.S. received the ultrasound.

44. At M.S.'s first visit to Respondent her estrogen and testosterone were within normal limits for both the laboratory values, as well as Respondent's own "normal"[24] values. However, Respondent prescribed medication for both of these normal values. In addition, although M.S.'s three thyroid studies (TSH, Free T4 and Free T3[25]) were also within normal clinical limits (although two were outside Respondent's "normal"), Respondent prescribed M.S. thyroid hormone therapy.

45. Respondent did not contact M.S.'s other care providers, made no records request, and made no effort to coordinate the care being given to M.S., or coordinate prescriptions that could potentially have interactions with M.S.'s other prescribed medications.

46. M.S. was on multiple psychiatric medications at her initial presentation to Respondent. M.S. was on Ambien (5mg), Xanax (0.5mg) and Pristiq (50mg) at her initial consultation. Respondent made no effort to determine what potential interactions her prescriptions might have with these other prescribed medications and no indication is present that M.S. was cautioned or otherwise advised regarding taking all of these medications concurrently. There is no indication that M.S.'s suicidality issues were addressed regarding all of the prescribed medications and their possible interactions.

47. M.S. next spoke with Respondent on May 20, 2013, in a telephone call follow up and additional medications were sent (apparently through the mail) to M.S. on June 3, 2013.

48. M.S. then underwent laboratory work on June 11, 2013, which showed completely normal range values. However, M.S. returned to Respondent's office on July 11, 2013, wherein estrogen and testosterone dosages were increased.

49. M.S. also went to Respondent's office on July 1, 2013. Additional labs were ordered

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[24] Respondent explained at her interview that she did not follow recognized standards for hormonal normalcy, but followed her own value determinations based on her experience. Respondent's values do not track clinical norms.

[25] These are three standard thyroid hormonal values.

and M.S's dosage of estradiol, testosterone and thyroid hormones were increased, although the records lack any justification for the increases.

50. M.S. saw Respondent on August 26, 2013, and again on October 2, 2013. Respondent increased M.S.'s thyroid hormone from 1gm to 1.5gm on October 2, 2013, despite M.S. having completely normal Free T4 and Free T3 lab values, as well as normal TSH values. Respondent increased M.S.'s thyroid hormone based on symptoms, not lab values, although the specific symptoms are unclear from the medical records. M.S. then notified Respondent that she had increased her thyroid dosing herself, and Respondent notes that 50% of her patients increase their medications on their own. Respondent apparently took no action as a result of this information, including counseling M.S. about such a choice.

51. M.S. next saw Respondent on January 13, 2014 when M.S. reported that she had no bleeding secondary to her uterine ablation and that she wants "10 lbs loss" [weight loss]. Her TSH is noted to be non-detectable, and Free T4 and Free T3 are normal.

52. Respondent's analysis of the January 13, 2014, visit indicate her perception that despite the fact that M.S.'s thyroid is "very very" suppressed, the fact that M.S. is going into menopause needs to be accounted for in the analysis of the thyroid. This note is made despite no objective medical evidence that M.S. is going into menopause. Respondent references a TSH of 8.3 as evidence that M.S. is going into menopause. Respondent also states that M.S.'s HgbAlc dropped from 6.0 to 5.2 on 4 grains of thyroid hormone as proof that the thyroid medication is working (however, the medication was prescribed to M.S. by her primary care physician for the treatment of Diabetes). Respondent fails to include M.S.'s changes in diet or exercise or the numerous other supplements that M.S. has purchased with the intent of maintaining glucose metabolism and for weight loss. The chart reflects that the patient should take 4 "clicks" of 65mg thyroid or 2 clicks of 130mg thyroid.

53. On April 7, 2014, Respondent recommends that M.S. take 1 "click" of Isocort, 3 "clicks" of estradiol and 2 "clicks" of testosterone.

54. On October 14, 2014, Respondent recommends that M.S. take 4 grains of thyroid, 3 "clicks" of estradiol and 2 "clicks" of testosterone.

55. On December 4, 2014, at an appointment with Weight Management at the Scripps Institute, M.S. was advised to stop taking Acarbose. Laboratory blood work is also ordered at that time.

56. On January 12, 2015, Weight Management at Scripps advises M.S. to cut her thyroid medication in half and to recheck her TSH in 6 weeks. Scripps also recommends stopping the adrenal supplement and the methylation agents,[26] continuing the vitamin D and calcium.

57. On February 23, 2015, Weight Management at Scripps recommends stopping the adrenal medication and the progesterone.

58. On April 13, 2015, Weight Management at Scripps recommends changing M.S. to 130mcg of thyroid hormone.

59. On January 4, 2016, M.S. has a consultation with an Endocrinologist, who orders laboratory analysis and documents that M.S.'s chief complaint is weight gain. Those notes also reflect that M.S.'s TSH is normal and maintained on 1.75mcg of levothyroxine.[27] This is a dosage significantly lower that the dosages prescribed by Respondent.

FIRST CAUSE FOR DISCIPLINE

(Unprofessional Conduct-Gross Negligence)

60. By reason of the matters set forth above in paragraphs 9 through 59, incorporated herein by this reference, Respondent is subject to disciplinary action under Code section 2234, subdivision (b), in that she engaged in unprofessional conduct constituting gross negligence. The circumstances are as follows:

61. Respondent's failure to perform any endometrial sampling to exclude endometrial hyperplasia as the cause of L.H.'s menometrorrhagia, despite the exogenous hormones being prescribed by Respondent, and then adjusting L.H.'s bioidentical hormone prescription, demonstrates that Respondent is unaware of the risks of exogenous bioidentical hormones and the need for excluding such hormones as a cause of malignancy for uterine cancer, and constitutes gross negligence.

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[26] Methylation agents are non-prescription supplements.

[27] Levothyroxine, also known as L-thyroxine, is a manufactured form of the thyroid hormone, thyroxine. It is used to treat thyroid hormone deficiency.

62. Despite initiating post-menopausal testosterone prescriptions for L.H., Respondent failed to follow up for potential cosmetic or systemic adverse outcomes, any abnormal uterine bleeding and any lipid and liver function testing. Respondent's failure to perform any of this necessary follow-up testing constitutes gross negligence.

63. Respondent failed to require an annual mammogram despite prescribing L.H. testosterone therapy and failed to use serum blood to achieve an acceptable testosterone level, which constitutes gross negligence.

64. Respondent purposefully tried to achieve a supratherapeutic level of testosterone in L.H., thus putting L.H. at risk for liver, heart disease, breast and uterine cancer and prescribing levels of testosterone that caused L.H.'s testosterone levels to rise to a reading of 442, (reference range for testosterone levels are 3-41), a level over 10 times the highest "normal" level for a woman. At the same time Respondent failed to test L.H.'s lipid and liver functions and did not require yearly mammograms, which constitutes gross negligence for a woman receiving androgen therapy.

65. Respondent performed pelvic ultrasounds in her office on L.H. on five separate occasions and found no evidence of thickening of the lining of the endometrium. An ultrasound performed in Respondent's office on October 15, 2014, demonstrated an EEC of 2.5mm, but a pelvic ultrasound performed on the same day by a board certified radiologist demonstrated an EEC of 2.98cm, which is a clinically significant reading and is the difference between a normal reading and a reading that detected cancer. Respondent's failure to recognize a large mass in the uterus that was ultimately found to be endometrial cancer constitutes gross negligence.

66. Respondent diagnosed M.S. with hypothyroidism when no clinical evidence indicated she had hypothyroidism. M.S. had no laboratory aberrations until she had abnormalities caused iatrogenically[28] by Respondent. Respondent knowingly allowed M.S. to be maintained at supra-therapeutic thyroid levels without consent and without warning M.S. about the health dangers and risks of doing such treatment. Respondent also knowingly kept M.S. at supratherapeutic thyroid levels purportedly to assist with weight loss, but Respondent never documented that she

[28] Iatrogenically means induced unintentionally in a patient by a physician.

performed a physical exam of M.S.'s thyroid. Respondent's failure to properly diagnose M.S.'s alleged hypothyroidism, her prescribing thyroid hormones to supratherapeutic levels without consent or proper warnings, and never performing a thyroid examination constitute gross negligence.

67. Respondent's failure to: document a physical examination of M.S.; coordinate care for M.S. with other treating physicians (or even obtain their names); obtain medical records from other health care providers to avoid medication interaction issues, and; conform to standard documentation for a pelvic ultrasound when the diagnosis did not support the performance of a pelvic ultrasound as M.S. had undergone an endometrial ablation and did not complain of abnormal bleeding, constitute gross negligence.

68. Respondent's specific failure to coordinate care with M.S.'s psychiatrist when M.S. was at a high-risk for death due to suicidality and Respondent's prescribed medications could potentially exacerbate pre-existing mental health disorders, putting the patient at risk for potentially dangerous side effects, constitutes gross negligence.

SECOND CAUSE FOR DISCIPLINE
(Unprofessional Conduct-Repeated Negligent Acts)

69. By reason of the matters set forth above in paragraphs 9 through 68, incorporated herein by this reference, Respondent is subject to disciplinary action under Code section 2234, subdivision (c), in that she engaged in unprofessional conduct constituting repeated negligent acts. The circumstances are as follows:

70. Respondent's repeated and continuous prescribing of bioidentical hormones, which are scientifically unproven and untested, while failing to properly monitor L.H.'s objective medical issues, constitutes repeated negligent acts.

71. Respondent's repeatedly diagnosing M.S. as perimenopausal, and "approaching" menopause when laboratory data demonstrated that she was definitely not perimenopausal, constitute negligence.

72. Respondent's diagnosing M.S. with perimenopause despite no objective medical evidence of such condition and then treating that incorrect diagnosis in a manner such that

Respondent stood to gain financially constitutes negligence.

73. Respondent's performing a "baseline" pelvic ultrasound before treating M.S. with estrogen, progesterone and testosterone, despite M.S. having no complaints of abnormal bleeding constitutes negligence.

THIRD CAUSE FOR DISCIPLINE
(Medical Record Keeping)

74. By reason of the matters set forth above in paragraphs 9 through 73, incorporated herein by this reference, Respondent violated Code section 2266, in that she failed to keep adequate records for L.H. and M.S. The circumstances are as follows:

75. Respondent's notes for L.H. and M.S. are incomplete, illegible and wholly lacking in required information concerning the respective patients.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 41661, issued to Prudence Elizabeth Hall, M.D.;

2. Revoking, suspending or denying approval of Prudence Elizabeth Hall, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Prudence Elizabeth Hall, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

4. Taking such other and further action as deemed necessary and proper.

DATED: September 12, 2017

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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