

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

In the Matter of the Accusation)
Against:)
)
)
Suzanne Sobhy-Farag Rizkalla, M.D.)
)
Physician's and Surgeon's)
Certificate No. A 55643)
)
Respondent)
_____)

Case No. 800-2018-041269

DECISION

The attached Stipulated Settlement 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 November 22, 2019.

IT IS SO ORDERED: October 23, 2019.

MEDICAL BOARD OF CALIFORNIA



**Kristina D. Lawson, J.D., Chair
Panel B**

1 XAVIER BECERRA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 TAN N. TRAN
Deputy Attorney General
4 State Bar No. 197775
CALIFORNIA DEPARTMENT OF JUSTICE
5 300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
6 Telephone: (213) 269-6535
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7 *Attorneys for Complainant*

8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 **In the Matter of the Accusation Against:**

Case No. 800-2018-041269

13 **Suzanne Sobhy-Farag Rizkalla, M.D.**

OAH No.: 2019030547

14 **Physician's and Surgeon's Certificate**
15 **No. A 55643 ,**

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

16 **Respondent.**

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

21 PARTIES

22 1. Kimberly Kirchmeyer ("Complainant") is the Executive Director of the Medical
23 Board of California. She brought this action solely in her official capacity and is represented in
24 this matter by Xavier Becerra, Attorney General of the State of California, by Tan N. Tran,
25 Deputy Attorney General.

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

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

7 **DISCIPLINARY ORDER**

8 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 55643 issued
9 to Suzanne Sobhy-Farag Rizkalla, M.D. (Respondent) is revoked. However, the revocation is
10 stayed and Respondent is placed on probation for thirty-five (35) months on the following terms
11 and conditions.

12 1. CONTROLLED SUBSTANCES- MAINTAIN RECORDS AND ACCESS TO
13 RECORDS AND INVENTORIES. Respondent shall maintain a record of all controlled
14 substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any
15 recommendation or approval which enables a patient or patient's primary caregiver to possess or
16 cultivate marijuana for the personal medical purposes of the patient within the meaning of Health
17 and Safety Code section 11362.5, during probation, showing all the following: 1) the name and
18 address of patient; 2) the date; 3) the character and quantity of controlled substances involved;
19 and 4) the indications and diagnosis for which the controlled substances were furnished.

20 Respondent shall keep these records in a separate file or ledger, in chronological order. All
21 records and any inventories of controlled substances shall be available for immediate inspection
22 and copying on the premises by the Board or its designee at all times during business hours and
23 shall be retained for the entire term of probation.

24 2. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective
25 date of this Decision, Respondent shall enroll in a course in prescribing practices equivalent to the
26 Prescribing Practices Course at the Physician Assessment and Clinical Education Program,
27 University of California, San Diego School of Medicine (Program), approved in advance by the
28 Board or its designee. Respondent shall provide the program with any information and

1 documents that the Program may deem pertinent. Respondent shall participate in and
2 successfully complete the classroom component of the course not later than six (6) months after
3 Respondent's initial enrollment. Respondent shall successfully complete any other component of
4 the course within one (1) year of enrollment. The prescribing practices course shall be at
5 Respondent's expense and shall be in addition to the Continuing Medical Education (CME)
6 requirements for renewal of licensure.

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

12 Respondent shall submit a certification of successful completion to the Board or its
13 designee not later than 15 calendar days after successfully completing the course, or not later than
14 15 calendar days after the effective date of the Decision, whichever is later.

15 3. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
16 date of this Decision, Respondent shall enroll in a course in medical record keeping equivalent to
17 the Medical Record Keeping Course offered by the Physician Assessment and Clinical Education
18 Program, University of California, San Diego School of Medicine (Program), approved in
19 advance by the Board or its designee. Respondent shall provide the program with any
20 information and documents that the Program may deem pertinent. Respondent shall participate in
21 and successfully complete the classroom component of the course not later than six (6) months
22 after Respondent's initial enrollment. Respondent shall successfully complete any other
23 component of the course within one (1) year of enrollment. The medical record keeping course
24 shall be at Respondent's expense and shall be in addition to the Continuing Medical Education
25 (CME) requirements for renewal of licensure.

26 A medical record keeping course taken after the acts that gave rise to the charges in the
27 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
28 or its designee, be accepted towards the fulfillment of this condition if the course would have

1 been approved by the Board or its designee had the course been taken after the effective date of
2 this Decision.

3 Respondent shall submit a certification of successful completion to the Board or its
4 designee not later than 15 calendar days after successfully completing the course, or not later than
5 15 calendar days after the effective date of the Decision, whichever is later.

6 4. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
7 the effective date of this Decision, Respondent shall enroll in a professionalism program, that
8 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.
9 Respondent shall participate in and successfully complete that program. Respondent shall
10 provide any information and documents that the program may deem pertinent. Respondent shall
11 successfully complete the classroom component of the program not later than six (6) months after
12 Respondent's initial enrollment, and the longitudinal component of the program not later than the
13 time specified by the program, but no later than one (1) year after attending the classroom
14 component. The professionalism program shall be at Respondent's expense and shall be in
15 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

24 **STANDARD CONDITIONS**

25 5. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
26 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
27 Chief Executive Officer at every hospital where privileges or membership are extended to
28 Respondent, at any other facility where Respondent engages in the practice of medicine,

1 including all physician and locum tenens registries or other similar agencies, and to the Chief
2 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
3 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
4 calendar days.

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

6 6. SUPERVISION OF PHYSICIAN ASSISTANTS. During probation, Respondent is
7 prohibited from supervising physician assistants.

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

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

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

16 9. GENERAL PROBATION REQUIREMENTS.

17 Compliance with Probation Unit

18 Respondent shall comply with the Board's probation unit and all terms and conditions of
19 this Decision.

20 Address Changes

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

26 Place of Practice

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

1 facility.

2 License Renewal

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

5 Travel or Residence Outside California

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

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

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

15 11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
16 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
17 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
18 defined as any period of time Respondent is not practicing medicine in California as defined in
19 Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month
20 in direct patient care, clinical activity or teaching, or other activity as approved by the Board. All
21 time spent in an intensive training program which has been approved by the Board or its designee
22 shall not be considered non-practice. Practicing medicine in another state of the United States or
23 Federal jurisdiction while on probation with the medical licensing authority of that state or
24 jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall
25 not be considered as a period of non-practice.

26 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
27 months, Respondent shall successfully complete a clinical training program that meets the criteria
28 of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and

1 Disciplinary Guidelines” prior to resuming the practice of medicine.

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

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

4 Periods of non-practice will relieve Respondent of the responsibility to comply with the
5 probationary terms and conditions with the exception of this condition and the following terms
6 and conditions of probation: Obey All Laws; and General Probation Requirements.

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

11 13. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
12 of probation is a violation of probation. If Respondent violates probation in any respect, the
13 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
14 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke
15 Probation, or an Interim Suspension Order is filed against Respondent during probation, the
16 Board shall have continuing jurisdiction until the matter is final, and the period of probation shall
17 be extended until the matter is final.

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

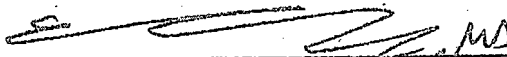
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1 15. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
2 with probation monitoring each and every year of probation, as designated by the Board, which
3 may be adjusted on an annual basis. Such costs shall be payable to the Medical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

6
7 ACCEPTANCE


8 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
9 discussed it with my attorney, Raymond J. McMahon, Esq. I understand the stipulation and the
10 effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated
11 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be
12 bound by the Decision and Order of the Medical Board of California.

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16 DATED: 8-28-19


Suzanne Sobhy-Farag Rizkalla, M.D.
Respondent

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21 I have read and fully discussed with Respondent the terms and conditions and other matters
22 contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and
23 content.

24 DATED: August 29, 2019


Raymond J. McMahon, Esq.
Attorney for Respondent

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ENDORSEMENT

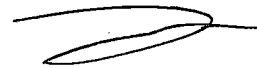
The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated:

8/29/19

Respectfully submitted,

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



TAN N. TRAN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2018-041269

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Attorneys for Complainant

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

In the Matter of the Accusation Against:

Suzanne S. Rizkalla, M.D.
25815 Barton Road, Ste.102
Loma Linda, CA 92354

Physician's and Surgeon's Certificate
No. A 55643,

Respondent.

Case No. 800-2018-041269

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 February 7, 1996, the Medical Board issued Physician's and Surgeon Certificate Number A 55643 to Suzanne Rizkalla, 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 November 30, 2019, unless renewed.

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JURISDICTION

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2 3. This Accusation is brought before the Medical Board of California (Board),
3 Department of Consumer Affairs, under the authority of the following laws. All section
4 references are to the Business and Professions Code unless otherwise indicated.

5 4. Section 2004 of the Code states:

6 "The board shall have the responsibility for the following:

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

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

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

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

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

16 "(f) Approving undergraduate and graduate medical education programs.

17 "(g) Approving clinical clerkship and special programs and hospitals for the programs in
18 subdivision (f).

19 "(h) Issuing licenses and certificates under the board's jurisdiction.

20 "(i) Administering the board's continuing medical education program."

21 5. Section 2227 of the Code provides that a licensee who is found guilty under the
22 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed
23 one year, placed on probation and required to pay the costs of probation monitoring, or such other
24 action taken in relation to discipline as the board deems proper.

25 6. Section 2234 of the Code, states:

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

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

3 (b) Gross negligence.

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

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

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

14 (d) Incompetence.

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

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

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

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

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1 7. Section 2241 of the Code states:

2 "(a) A physician and surgeon may prescribe, dispense, or administer prescription drugs,
3 including prescription controlled substances, to an addict under his or her treatment for a purpose
4 other than maintenance on, or detoxification from, prescription drugs or controlled substances.

5 "(b) A physician and surgeon may prescribe, dispense, or administer prescription drugs or
6 prescription controlled substances to an addict for purposes of maintenance on, or detoxification
7 from, prescription drugs or controlled substances only as set forth in subdivision (c) or in Sections
8 11215, 11217, 11217.5, 11218, 11219, and 11220 of the Health and Safety Code. Nothing in this
9 subdivision shall authorize a physician and surgeon to prescribe, dispense, or administer
10 dangerous drugs or controlled substances to a person he or she knows or reasonably believes is
11 using or will use the drugs or substances for a nonmedical purpose.

12 "(c) Notwithstanding subdivision (a), prescription drugs or controlled substances may also
13 be administered or applied by a physician and surgeon, or by a registered nurse acting under his
14 or her instruction and supervision, under the following circumstances:

15 "(1) Emergency treatment of a patient whose addiction is complicated by the presence of
16 incurable disease, acute accident, illness, or injury, or the infirmities attendant upon age.

17 "(2) Treatment of addicts in state-licensed institutions where the patient is kept under
18 restraint and control, or in city or county jails or state prisons.

19 "(3) Treatment of addicts as provided for by Section 11217.5 of the Health and Safety
20 Code.

21 "(d)(1) For purposes of this section and Section 2241.5, "addict" means a person whose
22 actions are characterized by craving in combination with one or more of the following:

23 "(A) Impaired control over drug use.

24 "(B) Compulsive use.

25 "(C) Continued use despite harm.

26 "(2) Notwithstanding paragraph (1), a person whose drug-seeking behavior is primarily due
27 to the inadequate control of pain is not an addict within the meaning of this section or Section
28 2241.5."

1 8. Section 2242 of the Code states:

2 "(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022
3 without an appropriate prior examination and a medical indication, constitutes unprofessional
4 conduct.

5 "(b) No licensee shall be found to have committed unprofessional conduct within the
6 meaning of this section if, at the time the drugs were prescribed, dispensed, or furnished, any of
7 the following applies:

8 "(1) The licensee was a designated physician and surgeon or podiatrist serving in the
9 absence of the patient's physician and surgeon or podiatrist, as the case may be, and if the drugs
10 were prescribed, dispensed, or furnished only as necessary to maintain the patient until the return
11 of his or her practitioner, but in any case no longer than 72 hours.

12 "(2) The licensee transmitted the order for the drugs to a registered nurse or to a licensed
13 vocational nurse in an inpatient facility, and if both of the following conditions exist:

14 "(A) The practitioner had consulted with the registered nurse or licensed vocational nurse
15 who had reviewed the patient's records.

16 "(B) The practitioner was designated as the practitioner to serve in the absence of the
17 patient's physician and surgeon or podiatrist, as the case may be.

18 "(3) The licensee was a designated practitioner serving in the absence of the patient's
19 physician and surgeon or podiatrist, as the case may be, and was in possession of or had utilized
20 the patient's records and ordered the renewal of a medically indicated prescription for an amount
21 not exceeding the original prescription in strength or amount or for more than one refill.

22 "(4) The licensee was acting in accordance with Section 120582 of the Health and Safety
23 Code."

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

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1 chronic pain.³ Per the records, Respondent prescribed various controlled substances to Patient 1,
2 including antidepressants, a muscle relaxant (Soma/Carisoprodol), and a dangerous opiate
3 (Oxycodone in the form of Percocet).⁴

4 13. Respondent departed from the standard of care by failing to appropriately risk stratify
5 Patient 1 for opioid therapy, failing to formulate and document a treatment plan, failing to obtain
6 informed consent, failing to have a pain management agreement with Patient 1, failing to discuss
7 overdose risk with the patient and/or family, failing to adequately assess and document Patient 1's
8 progress during treatment, failing to adequately monitor patient compliance, and failing to
9 maintain adequate and accurate medical records, as Respondent's progress notes are, for the most
10 part, the same review of systems and physical examination copied and pasted forward for
11 subsequent encounters. Also, the records show no justification for any action that was taken.
12 These acts and omissions in the treatment of Patient 1 constitute simple departures from the
13 standard of care.

14 14. Respondent also exhibited a lack of knowledge regarding the use of pain management
15 agreements when prescribing opioids in the primary care setting,⁵ and regarding the issuance of
16 multiple prescriptions for the same Schedule II controlled substance. These acts and omissions in
17 the treatment of Patient 1 also constitute simple departures from the standard of care.

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23 (...continued)

24 acetaminophen) between October 2012 and May 2013, which list Respondent as the prescribing
25 physician. Respondent did not recall ever writing these prescriptions for Patient 1. Also, Patient
26 1 had been receiving prescriptions for controlled substances from his ex-wife since at least 2011.

27 ³ In March 2018, Patient 1 had also been diagnosed by another physician with Severe
28 Opioid Use Disorder, Severe Benzodiazepine Use Disorder, and Depression.

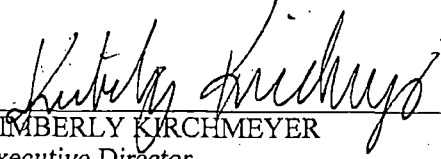
⁴ Respondent stated in her interview with Board representatives that Patient 1 had
previously tried pain medications that were prescribed elsewhere, and he found that Percocet had
helped the pain, whereas Norco and Tramadol were not as effective.

⁵ Respondent stated in her interview that pain contracts are used "only when they
[patients] go to the pain clinic. We don't have a contract in Internal Medicine."

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- 2. Revoking, suspending or denying approval of Suzanne Rizkalla, M.D.'s authority to supervise physician assistants and advanced practice nurses;
- 3. Ordering Suzanne Rizkalla, 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: July 6, 2018


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

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