

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

In the Matter of the Accusation Against

Christopher Anthony Manios, M.D.

Physician's and Surgeon's
License No. A110045

Case No. 800-2018-040591

Respondent.

DECISION

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 27, 2020.

IT IS SO ORDERED: July 28, 2020.

MEDICAL BOARD OF CALIFORNIA



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

1 XAVIER BECERRA
Attorney General of California
2 E. A. JONES III
Supervising Deputy Attorney General
3 JOSHUA M. TEMPLET
Deputy Attorney General
4 State Bar No. 267098
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7 *Attorneys for Complainant*

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

12 In the Matter of the Accusation Against:

13 **CHRISTOPHER ANTHONY MANIOS,**
14 **M.D.**
15 **4805 Bellaire Blvd.**
Bellaire, TX 77401

16 **Physician's and Surgeon's Certificate**
17 **No. A 110045**

18 Respondent.

Case No. 800-2018-040591

OAH No. 2019121005

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

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

22 **PARTIES**

23 1. Christine J. Lally (Complainant) is the Interim Executive Director of the Medical
24 Board of California (Board). She brought this action solely in her official capacity and is
25 represented in this matter by Xavier Becerra, Attorney General of the State of California, via
26 Joshua M. Templet, Deputy Attorney General.

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

11 2. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
12 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
13 advance by the Board or its designee. Respondent shall provide the approved course provider
14 with any information and documents that the approved course provider may deem pertinent.
15 Respondent shall participate in and successfully complete the classroom component of the course
16 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
17 complete any other component of the course within one (1) year of enrollment. The medical
18 record keeping course shall be at Respondent's expense and shall be in addition to CME
19 requirements for renewal of licensure.

20 A medical record keeping course taken after the acts that gave rise to the charges in the
21 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
22 or its designee, be accepted towards the fulfillment of this condition if the course would have
23 been approved by the Board or its designee had the course been taken after the effective date of
24 this Decision.

25 Respondent shall submit a certification of successful completion to the Board or its
26 designee not later than 15 calendar days after successfully completing the course, or not later than
27 15 calendar days after the effective date of the Decision, whichever is later.

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

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

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

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

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

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

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

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

23 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
24 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
25 name and qualifications of a replacement monitor who will be assuming that responsibility within
26 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
27 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
28 notification from the Board or its designee to cease the practice of medicine within three (3)

1 calendar days after being so notified. Respondent shall cease the practice of medicine until a
2 replacement monitor is approved and assumes monitoring responsibility.

3 In lieu of a monitor, Respondent may participate in a professional enhancement program
4 approved in advance by the Board or its designee that includes, at minimum, quarterly chart
5 review, semi-annual practice assessment, and semi-annual review of professional growth and
6 education. Respondent shall participate in the professional enhancement program at Respondent's
7 expense during the term of probation.

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

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

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

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

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

25 8. GENERAL PROBATION REQUIREMENTS.

26 Compliance with Probation Unit

27 Respondent shall comply with the Board's probation unit.

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1 Address Changes

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

7 Place of Practice

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

11 License Renewal

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

14 Travel or Residence Outside California

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

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

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

24 10. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
25 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
26 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
27 defined as any period of time Respondent is not practicing medicine as defined in Business and
28 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct

1 patient care, clinical activity or teaching, or other activity as approved by the Board. If
2 Respondent resides in California and is considered to be in non-practice, Respondent shall
3 comply with all terms and conditions of probation. All time spent in an intensive training program
4 which has been approved by the Board or its designee shall not be considered non-practice and
5 does not relieve Respondent from complying with all the terms and conditions of probation.
6 Practicing medicine in another state of the United States or federal jurisdiction while on probation
7 with the medical licensing authority of that state or jurisdiction shall not be considered non-
8 practice. A Board-ordered suspension of practice shall not be considered as a period of non-
9 practice.

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

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

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

17 Periods of non-practice for a Respondent residing outside of California will relieve
18 Respondent of the responsibility to comply with the probationary terms and conditions with the
19 exception of this condition and the following terms and conditions of probation: Obey All Laws;
20 General Probation Requirements; and Quarterly Declarations.

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

25 12. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
26 of probation is a violation of probation. If Respondent violates probation in any respect, the
27 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
28 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,

1 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have
2 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
3 the matter is final.

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

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

19 ACCEPTANCE


20 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
21 discussed it with my attorney, John H. Dodd. I understand the stipulation and the effect it will
22 have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
23 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
24 Decision and Order of the Medical Board of California.

25
26 DATED: 4/9/20


CHRISTOPHER ANTHONY MANIOS, M.D.
Respondent

1 I have read and fully discussed with Respondent Christopher Anthony Manios, M.D. the
2 terms and conditions and other matters contained in the above Stipulated Settlement and
3 Disciplinary Order. I approve its form and content.

4 DATED: 4/9/20



5 JOHN H. DODD
6 Craddick, Candland & Conti
7 Attorney for Respondent

8 **ENDORSEMENT**

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

11 DATED: 4/10/2020

12 Respectfully submitted,
13 XAVIER BECERRA
14 Attorney General of California
15 E. A. JONES III
16 Supervising Deputy Attorney General


17 JOSHUA M. TEMPLET
18 Deputy Attorney General
19 Attorneys for Complainant

20 SF2019201473
21 33960976

Exhibit A

Accusation No. 800-2018-040591

1 XAVIER BECERRA
Attorney General of California
2 E. A. JONES III
Supervising Deputy Attorney General
3 JOSHUA M. TEMPLET
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Attorneys for Complainant
8

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

13 In the Matter of the Accusation Against:

Case No. 800-2018-040591

14 **Christopher Anthony Manios, M.D.**
15 **4805 Bellaire Blvd.**
Bellaire, TX 77401

A C C U S A T I O N

16 **Physician's and Surgeon's Certificate**
17 **No. A 110045,**

Respondent.

18
19
20 **PARTIES**

21 1. Christine J. Lally (Complainant) brings this Accusation solely in her official capacity
22 as the Interim Executive Director of the Medical Board of California, Department of Consumer
23 Affairs (Board).

24 2. On November 18, 2009, the Medical Board issued Physician's and Surgeon's
25 Certificate Number A 110045 to Christopher Anthony Manios, M.D. (Respondent). The
26 Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the
27 charges brought herein and will expire on March 31, 2021, unless renewed.

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1 **JURISDICTION**

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

5 4. Section 2004 of the Code provides that the Board shall have the responsibility for the
6 enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

7 5. Section 2227 of the Code authorizes the Board to take action against a licensee who
8 has been found guilty under the Medical Practice Act by revoking his or her license, suspending
9 the license for a period not to exceed one year, placing the license on probation and requiring
10 payment of costs of probation monitoring, or taking such other action as the Board deems proper.

11 **STATUTORY PROVISIONS**

12 6. Section 2234 of the Code states:

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

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

17 (b) Gross negligence.

18 (c) Repeated negligent acts. To be repeated, there must be two or more negligent acts
19 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.

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

22 (2) When the standard of care requires a change in the diagnosis, act, or omission that
23 constitutes the negligent act described in paragraph (1), including, but not limited to,
24 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.

25 (d) Incompetence.

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

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7. 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.

8. Section 2271 of the Code states:

Any advertising in violation of Section 17500, relating to false or misleading advertising, constitutes unprofessional conduct.

9. Section 17500 of the Code states:

It is unlawful for any person, firm, corporation or association, or any employee thereof with intent directly or indirectly to dispose of real or personal property or to perform services, professional or otherwise, or anything of any nature whatsoever or to induce the public to enter into any obligation relating thereto, to make or disseminate or cause to be made or disseminated before the public in this state, or to make or disseminate or cause to be made or disseminated from this state before the public in any state, in any newspaper or other publication, or any advertising device, or by public outcry or proclamation, or in any other manner or means whatever, including over the Internet, any statement, concerning that real or personal property or those services, professional or otherwise, or concerning any circumstance or matter of fact connected with the proposed performance or disposition thereof, which is untrue or misleading, and which is known, or which by the exercise of reasonable care should be known, to be untrue or misleading, or for any person, firm, or corporation to so make or disseminate or cause to be so made or disseminated any such statement as part of a plan or scheme with the intent not to sell that personal property or those services, professional or otherwise, so advertised at the price stated therein, or as so advertised. Any violation of the provisions of this section is a misdemeanor punishable by imprisonment in the county jail not exceeding six months, or by a fine not exceeding two thousand five hundred dollars (\$2,500), or by both that imprisonment and fine.

10. Section 651 of the Code states:

(a) It is unlawful for any person licensed under this division or under any initiative act referred to in this division to disseminate or cause to be disseminated any form of public communication containing a false, fraudulent, misleading, or deceptive statement, claim, or image for the purpose of or likely to induce, directly or indirectly, the rendering of professional services or furnishing of products in connection with the professional practice or business for which he or she is licensed. A "public communication" as used in this section includes, but is not limited to, communication by means of mail, television, radio, motion picture, newspaper, book, list or directory of healing arts practitioners, Internet, or other electronic communication.

(b) A false, fraudulent, misleading, or deceptive statement, claim, or image includes a statement or claim that does any of the following:

- (1) Contains a misrepresentation of fact.
- (2) Is likely to mislead or deceive because of a failure to disclose material facts.

1 (3)(A) Is intended or is likely to create false or unjustified expectations of favorable
2 results, including the use of any photograph or other image that does not accurately
3 depict the results of the procedure being advertised or that has been altered in any
4 manner from the image of the actual subject depicted in the photograph or image.

5 (B) Use of any photograph or other image of a model without clearly stating in a
6 prominent location in easily readable type the fact that the photograph or image is
7 of a model is a violation of subdivision (a). For purposes of this paragraph, a
8 model is anyone other than an actual patient, who has undergone the procedure
9 being advertised, of the licensee who is advertising for his or her services.

10 (C) Use of any photograph or other image of an actual patient that depicts or
11 purports to depict the results of any procedure, or presents "before" and "after"
12 views of a patient, without specifying in a prominent location in easily readable
13 type size what procedures were performed on that patient is a violation of
14 subdivision (a). Any "before" and "after" views (i) shall be comparable in
15 presentation so that the results are not distorted by favorable poses, lighting, or
16 other features of presentation, and (ii) shall contain a statement that the same
17 "before" and "after" results may not occur for all patients.

18 (4) Relates to fees, other than a standard consultation fee or a range of fees for
19 specific types of services, without fully and specifically disclosing all variables and
20 other material factors.

21 (5) Contains other representations or implications that in reasonable probability will
22 cause an ordinarily prudent person to misunderstand or be deceived.

23 (6) Makes a claim either of professional superiority or of performing services in a
24 superior manner, unless that claim is relevant to the service being performed and
25 can be substantiated with objective scientific evidence.

26 (7) Makes a scientific claim that cannot be substantiated by reliable, peer reviewed,
27 published scientific studies.

28 (8) Includes any statement, endorsement, or testimonial that is likely to mislead or
deceive because of a failure to disclose material facts.

(c) Any price advertisement shall be exact, without the use of phrases, including, but
not limited to, "as low as," "and up," "lowest prices," or words or phrases of similar
import. Any advertisement that refers to services, or costs for services, and that uses
words of comparison shall be based on verifiable data substantiating the comparison.
Any person so advertising shall be prepared to provide information sufficient to
establish the accuracy of that comparison. Price advertising shall not be fraudulent,
deceitful, or misleading, including statements or advertisements of bait, discount,
premiums, gifts, or any statements of a similar nature. In connection with price
advertising, the price for each product or service shall be clearly identifiable. The
price advertised for products shall include charges for any related professional
services, including dispensing and fitting services, unless the advertisement
specifically and clearly indicates otherwise.

(d) Any person so licensed shall not compensate or give anything of value to a
representative of the press, radio, television, or other communication medium in
anticipation of, or in return for, professional publicity unless the fact of compensation
is made known in that publicity.

(e) Any person so licensed may not use any professional card, professional

1 announcement card, office sign, letterhead, telephone directory listing, medical list,
2 medical directory listing, or a similar professional notice or device if it includes a
statement or claim that is false, fraudulent, misleading, or deceptive within the
meaning of subdivision (b).

3 (f) Any person so licensed who violates this section is guilty of a misdemeanor. A
4 bona fide mistake of fact shall be a defense to this subdivision, but only to this
subdivision.

5 (g) Any violation of this section by a person so licensed shall constitute good cause
6 for revocation or suspension of his or her license or other disciplinary action.

7 (h) Advertising by any person so licensed may include the following:

8 (1) A statement of the name of the practitioner.

9 (2) A statement of addresses and telephone numbers of the offices maintained by the
practitioner.

10 (3) A statement of office hours regularly maintained by the practitioner.

11 (4) A statement of languages, other than English, fluently spoken by the practitioner
12 or a person in the practitioner's office.

13 (5)(A) A statement that the practitioner is certified by a private or public board or
agency or a statement that the practitioner limits his or her practice to specific fields.

14 (B) A statement of certification by a practitioner licensed under Chapter 7
15 (commencing with Section 3000) shall only include a statement that he or she is
certified or eligible for certification by a private or public board or parent
16 association recognized by that practitioner's licensing board.

17 (C) A physician and surgeon licensed under Chapter 5 (commencing with Section
2000) by the Medical Board of California may include a statement that he or she
18 limits his or her practice to specific fields, but shall not include a statement that he
or she is certified or eligible for certification by a private or public board or parent
19 association, including, but not limited to, a multidisciplinary board or association,
unless that board or association is (i) an American Board of Medical Specialties
20 member board, (ii) a board or association with equivalent requirements approved
by that physician's and surgeon's licensing board prior to January 1, 2019, or (iii)
21 a board or association with an Accreditation Council for Graduate Medical
Education approved postgraduate training program that provides complete training
22 in that specialty or subspecialty. A physician and surgeon licensed under Chapter 5
(commencing with Section 2000) by the Medical Board of California who is
23 certified by an organization other than a board or association referred to in clause
(i), (ii), or (iii) shall not use the term "board certified" in reference to that
24 certification, unless the physician and surgeon is also licensed under Chapter 4
(commencing with Section 1600) and the use of the term "board certified" in
25 reference to that certification is in accordance with subparagraph (A). A physician
and surgeon licensed under Chapter 5 (commencing with Section 2000) by the
26 Medical Board of California who is certified by a board or association referred to
in clause (i), (ii), or (iii) shall not use the term "board certified" unless the full
27 name of the certifying board is also used and given comparable prominence with
the term "board certified" in the statement.

28 For purposes of this subparagraph, a "multidisciplinary board or association"

1 means an educational certifying body that has a psychometrically valid testing
2 process, as determined by the Medical Board of California, for certifying medical
3 doctors and other health care professionals that is based on the applicant's
4 education, training, and experience. A multidisciplinary board or association
5 approved by the Medical Board of California prior to January 1, 2019, shall retain
6 that approval.

7 For purposes of the term "board certified," as used in this subparagraph, the terms
8 "board" and "association" mean an organization that is an American Board of
9 Medical Specialties member board, an organization with equivalent requirements
10 approved by a physician's and surgeon's licensing board prior to January 1, 2019,
11 or an organization with an Accreditation Council for Graduate Medical Education
12 approved postgraduate training program that provides complete training in a
13 specialty or subspecialty.

14 (D) A doctor of podiatric medicine licensed under Article 22 (commencing with
15 Section 2460) of Chapter 5 by the California Board of Podiatric Medicine may
16 include a statement that he or she is certified or eligible or qualified for
17 certification by a private or public board or parent association, including, but not
18 limited to, a multidisciplinary board or association, if that board or association
19 meets one of the following requirements: (i) is approved by the Council on
20 Podiatric Medical Education, (ii) is a board or association with equivalent
21 requirements approved by the California Board of Podiatric Medicine, or (iii) is a
22 board or association with the Council on Podiatric Medical Education approved
23 postgraduate training programs that provide training in podiatric medicine and
24 podiatric surgery. A doctor of podiatric medicine licensed under Article 22
25 (commencing with Section 2460) of Chapter 5 by the California Board of Podiatric
26 Medicine who is certified by a board or association referred to in clause (i), (ii), or
27 (iii) shall not use the term "board certified" unless the full name of the certifying
28 board is also used and given comparable prominence with the term "board
certified" in the statement. A doctor of podiatric medicine licensed under Article
22 (commencing with Section 2460) of Chapter 5 by the California Board of
Podiatric Medicine who is certified by an organization other than a board or
association referred to in clause (i), (ii), or (iii) shall not use the term "board
certified" in reference to that certification.

19 For purposes of this subparagraph, a "multidisciplinary board or association"
20 means an educational certifying body that has a psychometrically valid testing
21 process, as determined by the California Board of Podiatric Medicine, for
22 certifying doctors of podiatric medicine that is based on the applicant's education,
23 training, and experience. For purposes of the term "board certified," as used in this
24 subparagraph, the terms "board" and "association" mean an organization that is a
25 Council on Podiatric Medical Education approved board, an organization with
26 equivalent requirements approved by the California Board of Podiatric Medicine,
27 or an organization with a Council on Podiatric Medical Education approved
28 postgraduate training program that provides training in podiatric medicine and
podiatric surgery.

The California Board of Podiatric Medicine shall adopt regulations to establish and
collect a reasonable fee from each board or association applying for recognition
pursuant to this subparagraph, to be deposited in the State Treasury in the Podiatry
Fund, pursuant to Section 2499. The fee shall not exceed the cost of administering
this subparagraph.

(6) A statement that the practitioner provides services under a specified private or
public insurance plan or health care plan.

1 (7) A statement of names of schools and postgraduate clinical training programs
from which the practitioner has graduated, together with the degrees received.

2 (8) A statement of publications authored by the practitioner.

3 (9) A statement of teaching positions currently or formerly held by the practitioner,
4 together with pertinent dates.

5 (10) A statement of his or her affiliations with hospitals or clinics.

6 (11) A statement of the charges or fees for services or commodities offered by the
practitioner.

7 (12) A statement that the practitioner regularly accepts installment payments of fees.

8 (13) Otherwise lawful images of a practitioner, his or her physical facilities, or of a
9 commodity to be advertised.

10 (14) A statement of the manufacturer, designer, style, make, trade name, brand
name, color, size, or type of commodities advertised.

11 (15) An advertisement of a registered dispensing optician may include statements in
12 addition to those specified in paragraphs (1) to (14), inclusive, provided that any
statement shall not violate subdivision (a), (b), (c), or (e) or any other section of this
13 code.

14 (16) A statement, or statements, providing public health information encouraging
preventive or corrective care.

15 (17) Any other item of factual information that is not false, fraudulent, misleading,
16 or likely to deceive.

17 (i) Each of the healing arts boards and examining committees within Division 2 shall
adopt appropriate regulations to enforce this section in accordance with Chapter 3.5
18 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the
Government Code.

19 Each of the healing arts boards and committees and examining committees within
20 Division 2 shall, by regulation, define those efficacious services to be advertised by
businesses or professions under their jurisdiction for the purpose of determining
21 whether advertisements are false or misleading. Until a definition for that service has
been issued, no advertisement for that service shall be disseminated. However, if a
22 definition of a service has not been issued by a board or committee within 120 days of
receipt of a request from a licensee, all those holding the license may advertise the
23 service. Those boards and committees shall adopt or modify regulations defining
what services may be advertised, the manner in which defined services may be
24 advertised, and restricting advertising that would promote the inappropriate or
excessive use of health services or commodities. A board or committee shall not, by
25 regulation, unreasonably prevent truthful, nondeceptive price or otherwise lawful
forms of advertising of services or commodities, by either outright prohibition or
26 imposition of onerous disclosure requirements. However, any member of a board or
committee acting in good faith in the adoption or enforcement of any regulation shall
27 be deemed to be acting as an agent of the state.

28 (j) The Attorney General shall commence legal proceedings in the appropriate forum
to enjoin advertisements disseminated or about to be disseminated in violation of this

1 section and seek other appropriate relief to enforce this section. Notwithstanding any
2 other provision of law, the costs of enforcing this section to the respective licensing
3 boards or committees may be awarded against any licensee found to be in violation of
4 any provision of this section. This shall not diminish the power of district attorneys,
5 county counsels, or city attorneys pursuant to existing law to seek appropriate relief.

6 (k) A physician and surgeon licensed pursuant to Chapter 5 (commencing with
7 Section 2000) by the Medical Board of California or a doctor of podiatric medicine
8 licensed pursuant to Article 22 (commencing with Section 2460) of Chapter 5 by the
9 California Board of Podiatric Medicine who knowingly and intentionally violates this
10 section may be cited and assessed an administrative fine not to exceed ten thousand
11 dollars (\$10,000) per event. Section 125.9 shall govern the issuance of this citation
12 and fine except that the fine limitations prescribed in paragraph (3) of subdivision (b)
13 of Section 125.9 shall not apply to a fine under this subdivision.

8 FACTUAL ALLEGATIONS

9 **Respondent's treatment of Patient P-1**

10 11. On September 13, 2017, Patient P-1,¹ a 68-year-old female, presented at
11 Respondent's clinic in Danville, California, where Respondent performs non-surgical cosmetic
12 procedures. P-1 was concerned about wrinkles around her eyes and lines around her mouth, and
13 she wanted to improve her appearance prior to her upcoming 50th high school reunion.
14 Respondent took P-1's history and performed a physical examination. He assessed that P-1 had
15 "significant presence of jowls." Jowls refer to sagging skin in the lower cheek area of the face,
16 which result from the laxity of aging skin

17 12. Respondent drew the patient's attention to her jowls and recommended the use of
18 Kybella to permanently remove them. Kybella is the brand name of an injectable drug indicated
19 for improving the appearance of submental fat on the neck. It can help to reduce the appearance
20 of a so-called "double chin." Its active ingredient is deoxycholic acid.

21 13. The FDA has limited its approval of the use of Kybella to fat in the submental region
22 of the neck. The submental region is located at the top of the neck, under the chin; it does not
23 include the face or jowls. The FDA label for Kybella states that "The safe and effective use of
24 Kybella for the treatment of subcutaneous fat outside the submental region has not been
25 established and is not recommended."

26 ///

27 _____
28 ¹ The patient is designated in this document as Patient P-1 to protect her privacy.
Respondent knows the name of the patient and can confirm her identity through discovery.

....

1 Meet Dr. Manios

2 Dr. Christopher Manios has spent nearly a decade providing Danville, San Ramon,
3 Lafayette and Walnut Creek patients with non-surgical facial rejuvenation. He is an
4 expert in dermal fillers and injectable products and is a Harvard and Stanford
University trained plastic surgeon. . . .

5 19. Respondent's website suggested that he was trained by and affiliated with the
6 University of Pennsylvania's school of medicine, and that he was mentored by plastic surgeon Dr.
7 Joseph Serletti. In fact, Respondent did not attend and was not affiliated with the University of
8 Pennsylvania's school of medicine, and Dr. Joseph Serletti did not mentor him.

9 20. Respondent's website stated that Respondent trained at Harvard University's
10 combined plastic surgery residency program. In fact, Respondent has never attended Harvard
11 University and was never a resident in the Harvard Plastic Surgery Combined Residency
12 Program.

13 21. Respondent's website suggested that he studied plastic surgery at Stanford
14 University. In fact, Respondent had been an orthopaedic resident; not a resident in Stanford's
15 Plastic and Reconstructive Surgery Division.

16 22. Respondent's actual medical education, training, and experience are as follows: After
17 completing medical school at Temple University, Respondent interned in the Department of
18 General Surgery at Beth Israel Deaconess Hospital, located in Boston and affiliated with Harvard
19 Medical School. Then Respondent was a resident in the Department of Orthopaedic Surgery at
20 Louisiana State University for two years, before transferring to the Department of Orthopaedic
21 Surgery at Stanford University, as a second-year resident. After two more years of residency,
22 Respondent resigned without completing his orthopaedic surgery residency. Respondent did not
23 practice medicine for a year. He then accepted a position as an independent contractor, treating
24 patients in nursing homes. While continuing this work part-time, Respondent began his current
25 practice performing non-surgical cosmetic procedures. He has since shifted to working in his own
26 practice full-time. Respondent's curriculum vitae does not list any experience or training in
27 plastic surgery.

28 ///

1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Gross Negligence, Repeated Negligence, Incompetence)**

3 23. Respondent's plan to address P-1's jowling with Kybella injections did not include
4 any of the first-line surgical treatments for jowling, such as a neck lift or lower face lift, or any
5 first-line non-surgical options, including minimally invasive procedures like Ultherapy, which
6 involves the use of ultrasound therapy. Kybella injections are not a first-line treatment for
7 jowling. Respondent's omission of a first-line treatment for jowling from his treatment plan for P-
8 1 was an extreme departure from the standard of care in violation of Code section 2234,
9 subdivision (b) (gross negligence) and demonstrated his lack of knowledge and/or ability in the
10 practice of medicine in violation of Code section 2234, subdivision (d) (incompetence). In
11 addition, Respondent's conduct, when considered along with the allegations in the Second and
12 Third Causes for Discipline, violated Code section 2234, subdivision (c) (repeated negligence).

13 **SECOND CAUSE FOR DISCIPLINE**

14 **(Gross Negligence, Repeated Negligence, Incompetence)**

15 24. The FDA has limited its approval of the use of Kybella to fat in the submental region
16 of the neck. Treatment of jowls with Kybella is an off-label treatment. At the time of P-1's
17 treatment, this off-label treatment was relatively new, had not been well studied, and was not
18 practiced widely by physicians who performed cosmetic procedures. Respondent's use of Kybella
19 to treat P-1's jowling was an extreme departure from the standard of care in violation of Code
20 section 2234, subdivision (b) (gross negligence) and demonstrated his lack of knowledge and/or
21 ability in the practice of medicine in violation of Code section 2234, subdivision (d)
22 (incompetence). In addition, Respondent's conduct, when considered along with the allegations in
23 the First and Third Causes for Discipline, violated Code section 2234, subdivision (c) (repeated
24 negligence).

25 **THIRD CAUSE FOR DISCIPLINE**

26 **(Repeated Negligence, Inadequate Recordkeeping)**

27 25. Respondent failed to document obtaining P-1's informed consent to the injection of
28 Kybella to treat her jowling, an off-label treatment. Respondent provided P-1 with a form labeled

1 "Kybella Consent Form," which the patient signed. The form counseled against off-label use of
2 Kybella:

3 INTRODUCTION: Kybella is a cytolytic drug indicated for improvement in the
4 appearance of moderate to severe convexity or fullness associated with submental
5 (neck) fat in adults. The safe and effective use of Kybella for the treatment of
subcutaneous fat outside the submental region (neck) has not been established and is
not recommended

6 The form does not document any discussion of the use of Kybella for jowling, including the risks
7 associated with this off-label and relatively new treatment. Nor did Respondent document
8 informing the patient of these risks elsewhere in his records. Respondent's failure to document P-
9 1's informed consent for this treatment was a simple departure from the standard of care and
10 violated Code section 2266 (inadequate recordkeeping). In addition, Respondent's conduct, when
11 considered along with the allegations in the First and Second Causes for Discipline, violated Code
12 section 2234, subdivision (c) (repeated negligence).

13 26. Clinical photographs were an essential part of the recordkeeping for Respondent's
14 off-label Kybella treatment of P-1. Respondent did not include in P-1's medical records any
15 photographs of her lower jawline and cheek area before injecting the Kybella. Respondent's
16 failure to maintain clinical photographs of P-1 before injecting the Kybella was a simple
17 departure from the standard of care and violated Code section 2266 (inadequate recordkeeping).
18 In addition, Respondent's conduct, when considered along with the allegations in the First and
19 Second Causes for Discipline, violated Code section 2234, subdivision (c) (repeated negligence).

20 **FOURTH CAUSE FOR DISCIPLINE**

21 **(False and Misleading Advertising, Dishonesty)**

22 27. Respondent's claims about his medical education, training, and experience on his
23 website, as detailed above, and his display of the names and logos of Harvard Medical School and
24 Penn Medicine (collectively "Respondent's claims") constitute one or more false, misleading, or
25 deceptive statements, claims, or images for the purpose of or likely to induce the rendering of
26 professional services in violation of Code section 651 (false or misleading advertising).

27 28. Respondent's claims constitute his intentional dissemination of one or more untrue or
28 misleading advertisements or statements concerning his performance of professional services in

1 violation of Code section 17500 (false or misleading statements) and unprofessional conduct
2 pursuant to Code section 2271 (violation of section 17500).

3 29. Respondent's claims constitute one or more violations or attempts to violate the
4 Medical Practice Act in violation of Code section 2234, subdivision (a) (violation of Medical
5 Practice Act).

6 30. Respondent's claims constitute one or more acts involving dishonesty that are
7 substantially related to the qualifications, functions, or duties of a physician and surgeon in
8 violation of Code section 2234, subdivision (e) (dishonesty).

9 31. Respondent's claims constitute general unprofessional conduct in violation of Code
10 section 2234 (general unprofessional conduct).

11 **PRAYER**

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

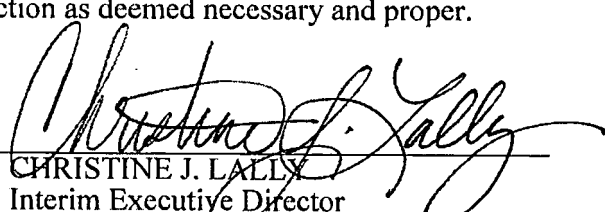
14 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 110045,
15 issued to Christopher Anthony Manios, M.D.;

16 2. Revoking, suspending or denying approval of Christopher Anthony Manios, M.D.'s
17 authority to supervise physician assistants and advanced practice nurses;

18 3. Ordering Christopher Anthony Manios, M.D., if placed on probation, to pay the
19 Board the costs of probation monitoring; and

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

21
22 DATED: December 2, 2019

23 
CHRISTINE J. LALLY
24 Interim Executive Director
25 Medical Board of California
26 Department of Consumer Affairs
27 State of California
28 *Complainant*

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