

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

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

**Alan Katsui Anzai, M.D.**

**Physician's & Surgeon's  
Certificate No G 77199**

**Respondent.**

**Case No. 800-2018-042681**

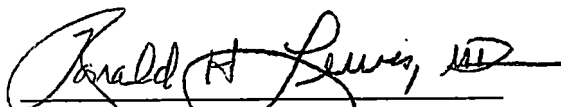
**DECISION**

**The attached Stipulated Settlement and Disciplinary Order for Public Reprimand 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 July 2, 2021**

**IT IS SO ORDERED June 3, 2021**

**MEDICAL BOARD OF CALIFORNIA**



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

1 XAVIER BECERRA  
Attorney General of California  
2 STEVEN D. MUNI  
Supervising Deputy Attorney General  
3 AARON L. LENT  
Deputy Attorney General  
4 State Bar No. 256857  
1300 I Street, Suite 125  
5 P.O. Box 944255  
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7

8 *Attorneys for Complainant*

9

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

13 In the Matter of the Accusation Against:

14 **ALAN KATSUI ANZAI, M.D.**  
15 **2345 Fair Oaks Blvd.**  
**Sacramento, CA 95825**

16 **Physician's and Surgeon's Certificate**  
17 **No. G 77199**

18 Respondent.

Case No. 800-2018-042681

OAH No. 2020100105

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER FOR PUBLIC  
REPRIMAND**

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**

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1. William Prasifka (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Aaron L. Lent, Deputy Attorney General.

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1 CULPABILITY

2 9. Respondent understands and agrees that, at an administrative hearing, Complainant  
3 could establish a *prima facie* case with respect to the charges and allegations contained in  
4 Accusation No. 800-2018-042681, a true and correct copy of which is attached as Exhibit A, and  
5 that he has thereby subjected his Physician's and Surgeon's Certificate No. G 77199 to  
6 disciplinary action.

7 10. Respondent agrees that his Physician's and Surgeon's Certificate is subject to  
8 discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the  
9 Disciplinary Order below.

10 RESERVATION

11 11. The admissions made by Respondent herein are only for the purposes of this  
12 proceeding, or any other proceedings in which the Medical Board of California or other  
13 professional licensing agency is involved, and shall not be admissible in any other criminal or  
14 civil proceeding.

15 CONTINGENCY

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

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

1 14. In consideration of the foregoing admissions and stipulations, the parties agree that  
2 the Board may, without further notice or opportunity to be heard by the Respondent, issue and  
3 enter the following Disciplinary Order:

4 **DISCIPLINARY ORDER**

5 **A. PUBLIC REPRIMAND**

6 IT IS HEREBY ORDERED that Respondent Alan Katsui Anzai, M.D., as holder of  
7 Physician's and Surgeon's Certificate No. G 77199 shall be and hereby is publicly reprimanded  
8 pursuant to Business and Professions Code section 2227, subdivision (a)(4) as follows:

9 "You failed to appropriately manage Patient A's, Patient B's, and Patient C's pain  
10 management treatments and conduct periodic evaluations."

11 "You also failed to maintain adequate and accurate medical records."

12 **B. CLINICAL COMPETENCE ASSESSMENT PROGRAM.** Within 60 calendar

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

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

27 At the end of the evaluation, the program will submit a report to the Board or its designee  
28 which unequivocally states whether the Respondent has demonstrated the ability to practice

1 safely and independently. Based on Respondent's performance on the clinical competence  
2 assessment, the program will advise the Board or its designee of its recommendation(s) for the  
3 scope and length of any additional educational or clinical training, evaluation or treatment for any  
4 medical condition or psychological condition, or anything else affecting Respondent's practice of  
5 medicine. Respondent shall comply with the program's recommendations.

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

8 If Respondent fails to enroll, participate in, or successfully complete the clinical  
9 competence assessment program within the designated time period, Respondent shall receive a  
10 notification from the Board or its designee to cease the practice of medicine within three (3)  
11 calendar days after being so notified. The Respondent shall not resume the practice of medicine  
12 until enrollment or participation in the outstanding portions of the clinical competence assessment  
13 program have been completed. If the Respondent did not successfully complete the clinical  
14 competence assessment program, the Respondent shall not resume the practice of medicine until a  
15 final decision has been rendered on the accusation and/or a petition to revoke probation. The  
16 cessation of practice shall not apply to the reduction of the probationary time period. Any  
17 violation of this condition or failure to complete the program and program recommendations shall  
18 be considered unprofessional conduct and grounds for further disciplinary action.

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1 ACCEPTANCE

2 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
3 discussed it with my attorney, Thomas E. Still. I understand the stipulation and the effect it will  
4 have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and  
5 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
6 Decision and Order of the Medical Board of California.

7  
8 DATED: 3/12/21

Alan Katsui Anzai MD  
9 ALAN KATSUI ANZAI, M.D.  
Respondent

10 I have read and fully discussed with Respondent Alan Katsui Anzai, M.D. the terms and  
11 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
12 I approve its form and content.

13 DATED: 3/15/21

Thomas E. Still  
14 THOMAS E. STILL  
Attorney for Respondent

15  
16 ENDORSEMENT

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

19 DATED: 3/17/2021

20 Respectfully submitted,

21 XAVIER BECERRA  
Attorney General of California  
22 STEVEN D. MUNI  
Supervising Deputy Attorney General

Aaron L. Lent  
23 AARON L. LENT  
24 Deputy Attorney General  
25 Attorneys for Complainant  
26

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**Exhibit A**

**Accusation No. 800-2018-042681**



1 XAVIER BECERRA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 AARON L. LENT  
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8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

Case No. 800-2018-042681

14 **Alan Katsui Anzai, M.D.**  
15 **2345 Fair Oaks Blvd.**  
**Sacramento, CA 95825**

**A C C U S A T I O N**

16 **Physician's and Surgeon's Certificate**  
17 **No. G 77199,**

18 Respondent.

19  
20 **PARTIES**

21 1. William Prasifka (Complainant) brings this Accusation solely in his official capacity  
22 as the Executive Director of the Medical Board of California, Department of Consumer Affairs  
23 (Board).

24 2. On or about July 30, 1993, the Medical Board issued Physician's and Surgeon's  
25 Certificate No. G 77199 to Alan Katsui Anzai, M.D. (Respondent). The Physician's and  
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
27 herein and will expire on June 30, 2021, unless renewed.

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**JURISDICTION**

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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 2227 of the Code provides, in pertinent part, that a licensee who is found  
6 guilty under the Medical Practice Act may have his or her license revoked, suspended for a period  
7 not to exceed one year, placed on probation and required to pay the costs of probation monitoring,  
8 or such other action taken in relation to discipline as the Board deems proper.

9       5.    Section 2234 of the Code, states, in pertinent part:

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

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

15           “(b) Gross negligence.

16           “(c) Repeated negligent acts. To be repeated, there must be two or more  
17 negligent acts or omissions. An initial negligent act or omission followed by a  
18 separate and distinct departure from the applicable standard of care shall constitute  
19 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  
22 negligent act.

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

28           “(d) Incompetence.

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

4           “(f) Any action or conduct that would have warranted the denial of a certificate.

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

8           6. Unprofessional conduct under Section 2234 of the Code is conduct which breaches  
9 the rules or ethical code of the medical profession, or conduct which is unbecoming to a member  
10 in good standing of the medical profession, which demonstrates an unfitness to practice medicine.  
11 (*Shea v. Board of Medical Examiners* (1978) Cal.App.3d 564, 575.)

12           7. Section 2242 of the Code states:

13           “(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in  
14 Section 4022 without an appropriate prior examination and a medical indication,  
15 constitutes unprofessional conduct. An appropriate prior examination does not  
16 require a synchronous interaction between the patient and the licensee and can be  
17 achieved through the use of telehealth, including, but not limited to, a self-screening  
18 tool or a questionnaire, provided that the licensee complies with the appropriate  
19 standard of care.

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

23           “(1) The licensee was a designated physician and surgeon or podiatrist serving  
24 in the absence of the patient’s physician and surgeon or podiatrist, as the case may be,  
25 and if the drugs were prescribed, dispensed, or furnished only as necessary to  
26 maintain the patient until the return of the patient’s practitioner, but in any case no  
27 longer than 72 hours.

28           “(2) The licensee transmitted the order for the drugs to a registered nurse or to a

1 licensed vocational nurse in an inpatient facility, and if both of the following  
2 conditions exist:

3 “(A) The practitioner had consulted with the registered nurse or licensed  
4 vocational nurse who had reviewed the patient’s records.

5 “(B) The practitioner was designated as the practitioner to serve in the absence  
6 of the patient’s physician and surgeon or podiatrist, as the case may be.

7 “(3) The licensee was a designated practitioner serving in the absence of the  
8 patient’s physician and surgeon or podiatrist, as the case may be, and was in  
9 possession of or had utilized the patient’s records and ordered the renewal of a  
10 medically indicated prescription for an amount not exceeding the original prescription  
11 in strength or amount or for more than one refill.

12 “(4) The licensee was acting in accordance with Section 120582 of the Health  
13 and Safety Code.

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

17 9. Section 4021 of the Code states:

18 “ ‘Controlled substance’ means any substance listed in Chapter 2 (commencing  
19 with Section 11053) of Division 10 of the Health and Safety Code.”

20 10. Section 4022 of the Code states:

21 “ ‘Dangerous drug’ or ‘dangerous device’ means any drug or device unsafe for  
22 self-use, in humans or animals, and includes the following:

23 “(a) Any drug that bears the legend: ‘Caution: federal law prohibits dispensing  
24 without prescription,’ ‘Rx only,’ or words of similar import.

25 “(b) Any device that bears the statement: ‘Caution: federal law restricts this  
26 device to sale by or on the order of a \_\_\_\_\_,’ ‘Rx only,’ or words of similar  
27 import, the blank to be filled in with the designation of the practitioner licensed to use  
28 or order use of the device.

1                   “(c) Any other drug or device that by federal or state law can be lawfully  
2 dispensed only on prescription or furnished pursuant to Section 4006.”

3                   **PERTINENT DRUG INFORMATION**

4           11. Alprazolam – Generic name for Xanax. Alprazolam is a member of the  
5 benzodiazepine family and is a short-acting medication commonly used for the short-term  
6 management of anxiety disorders. Specifically panic disorder or generalized anxiety disorder,  
7 Alprazolam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title  
8 21 section 1308.14(c) and Health and Safety Code section 11057, subdivision (d), and a  
9 dangerous drug pursuant to Business and Professions Code section 4022.

10           12. Carisoprodol – Generic name for Soma. Carisoprodol is a centrally acting skeletal  
11 muscle relaxant. On January 11, 2012, carisoprodol was classified a Schedule IV controlled  
12 substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c). It is a dangerous  
13 drug pursuant to Business and Professions Code section 4022.

14           13. Hydrocodone Bitartrate with Acetaminophen – Generic name for the drugs Vicodin,  
15 Norco, and Lortab. Hydrocodone bitartrate with acetaminophen is an opioid analgesic  
16 combination product used to treat moderate to moderately severe pain. Prior to October 6, 2014,  
17 hydrocodone with acetaminophen was a Schedule III controlled substance pursuant to Code of  
18 Federal Regulations Title 21 section 1308.13(e). On October 6, 2014, hydrocodone combination  
19 products were reclassified as Schedule II controlled substances. Hydrocodone bitartrate with  
20 acetaminophen is a dangerous drug pursuant to California Business and Professions Code section  
21 4022 and is a Schedule II controlled substance pursuant to California Health and Safety Code  
22 section 11055, subdivision (b).

23           14. Lorazepam – generic name for Ativan. Lorazepam is a member of the benzodiazepine  
24 family and is a fast-acting anti-anxiety medication used for the short-term management of severe  
25 anxiety. Lorazepam is a Schedule IV controlled substance pursuant to Code of Federal  
26 Regulations Title 21 section 1308.14(c) and California Health and Safety Code section 11057,  
27 subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.  
28



1 sections 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and  
2 treatment of Patient A and Patient B<sup>1</sup>, as more particularly alleged hereafter:

3 Patient A

4 19. On or about September 2006, Respondent began treating Patient A for lower back  
5 pain and insomnia. Respondent's treatment of Patient A continued until April 23, 2014.

6 20. On or about March 3, 2012, through May 18, 2012, Respondent prescribed Patient A  
7 10 mg four times per day of methadone hydrochloride in addition to 1 mg once a day of  
8 Alprazolam.

9 21. On or about July 13, 2012, through October 10, 2013, Respondent prescribed Patient  
10 A 10 mg eight times per day of methadone hydrochloride in addition to 1 mg twice a day of  
11 Alprazolam.

12 22. On or about June 15, 2013, through October 22, 2013, Respondent communicated  
13 with Patient A via electronic mail principally regarding refilling Patient A's methadone  
14 prescriptions. No in-person appointments, video conferences, or telephonic communications were  
15 conducted between the Respondent and Patient A during this period of time. There is no other  
16 indication documented in Patient A's medical records of Respondent periodically reviewing the  
17 course of pain treatment for Patient A.

18 23. On or about June 2013 through December 2013, there is no documentation in the  
19 medical records of Patient A that Respondent conducted periodic reviews of the course of pain  
20 treatment for Patient A and/or made appropriate modifications of treatment based on Patient A's  
21 progress or lack of progress.

22 24. On or about June 2013 through December 2013, there is no documentation in the  
23 medical records of Patient A that Respondent performed a physical examination and/or took a  
24 medical history of Patient A.

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27 <sup>1</sup> To protect the privacy of the patients, the patients' names and information were not  
28 included in this pleading. Respondent is aware of Patient A's, Patient B's and Patient C's  
identities. All witnesses will be fully identified in discovery.

1           25. On or about June 2013 through December 2013, there is no documentation of a stated  
2 objective(s) and/or treatment plan in Respondent's medical records of Patient A as to the care and  
3 treatment of Patient A.

4           26. On or about June 2013 through December 2013, there is no documentation that  
5 Respondent discussed the risks and benefits of the use of controlled substances with other  
6 treatment modalities with Patient A.

7 Patient B

8           27. On or about April 2010, Respondent began treating Patient B for back and knee pain.

9           28. On or about February 18, 2011, through March 29, 2017, Respondent prescribed  
10 Patient B 325 mg/10 mg tab eight times per day of hydrocodone bitartrate-acetaminophen.

11           29. On or about December 14, 2012, Respondent prescribed Patient B 60 mg two times  
12 per day of morphine sulfate.

13           30. On or about January 28, 2013, through March 29, 2017, Respondent prescribed  
14 Patient B 60 mg six times per day of morphine sulfate.

15           31. On or about March 2, 2012, through February 20, 2014, Respondent prescribed  
16 Patient B 350 mg tab four times per day of carisoprodol.

17           32. On or about June 2013 through July 2017, there is no documentation in the medical  
18 records of Patient B that Respondent conducted periodic reviews of the course of pain treatment  
19 for Patient B and/or made appropriate modifications of treatment based on Patient B's progress or  
20 lack of progress.

21           33. On or about June 2013 through July 2017, there is no documentation in the medical  
22 records of Patient B that Respondent performed a complete physical examination and/or took a  
23 medical history of Patient B which includes, but not limited to, an assessment of Patient B's pain,  
24 Patient B's physical and psychological status and function, substance abuse history, history of  
25 prior pain treatments, assessment of any underlying or co-existing conditions, and documentation  
26 of recognized medical indications for the use of controlled substance such as opiates for pain  
27 control.

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- 1           44. On or about March 30, 2017, Respondent prescribed Patient C 325 mg/10 mg nine  
2 times per day of hydrocodone bitartrate-acetaminophen.
- 3           45. On or about May 22, 2017 through July 17, 2017, Respondent prescribed Patient C  
4 325 mg/10 mg seven times per day of hydrocodone bitartrate-acetaminophen.
- 5           46. On or about August 14, 2017, through January 2, 2019, Respondent prescribed  
6 Patient C 325 mg/10 mg seven times per day of acetaminophen-hydrocodone bitartrate.
- 7           47. On or about April 1, 2011, through April 8, 2013, Respondent prescribed Patient C 30  
8 mg three times per day of morphine sulfate.
- 9           48. On or about April 25, 2013, through August 5, 2016, Respondent prescribed Patient C  
10 60 mg three times per day of morphine sulfate.
- 11          49. On or about September 2, 2016, Respondent prescribed Patient C 60 mg two times  
12 per day of morphine sulfate.
- 13          50. On or about September 27, 2016, Respondent prescribed Patient C 15 mg seven times  
14 per day of morphine sulfate.
- 15          51. On or about December 21, 2016, Respondent prescribed Patient C 15 mg five times  
16 per day of morphine sulfate.
- 17          52. On or about January 18, 2017, Respondent prescribed Patient C 15 mg four times per  
18 day of morphine sulfate.
- 19          53. On or about February 15, 2017, Respondent prescribed Patient C 15 mg three times  
20 per day of morphine sulfate.
- 21          54. On or about March 14, 2017, Respondent prescribed Patient C 15 mg two times per  
22 day of morphine sulfate.
- 23          55. On or about June 2013 through March 2017, there is no documentation in the medical  
24 records of Patient C that Respondent performed a physical examination and/or took a medical  
25 history of Patient C which includes, but not limited to, an assessment of Patient C's pain, Patient  
26 C's physical and psychological status and function, substance abuse history, history of prior pain  
27 treatments, assessment of any underlying or co-existing conditions, and documentation of  
28 ///

1 recognized medical indications for the use of controlled substance such as opiates for pain  
2 control.

3 **THIRD CAUSE FOR DISCIPLINE**  
4 **(Prescribing Controlled Substances Without Appropriate**  
5 **Examination or Medical Indication)**

6 56. Respondent Alan Katsui Anzai, M.D., has subjected his Physician's and Surgeon's  
7 Certificate No. G 77199 to disciplinary action under sections 2227, 2234, and 2242, of the Code  
8 in that Respondent has prescribed controlled substances and dangerous drugs to Patients A, B,  
9 and C without an appropriate examination or medical indication as more particularly alleged in  
10 paragraphs 18 through 55, above, and those paragraphs are incorporated by reference as if fully  
11 set forth herein.

12 **FOURTH CAUSE FOR DISCIPLINE**  
13 **(Failure to Maintain Adequate and Accurate Records)**

14 57. Respondent Alan Katsui Anzai, M.D., has subjected his Physician's and Surgeon's  
15 Certificate No. G 77199 to disciplinary action under sections 2227 and 2234, as defined by  
16 section 2266, of the Code in that Respondent failed to maintain adequate and accurate medical  
17 records relating to his care and treatment of Patients A, B, and C as more particularly alleged in  
18 paragraphs 18 through 56, above, and those paragraphs are incorporated by reference as if fully  
19 set forth herein.

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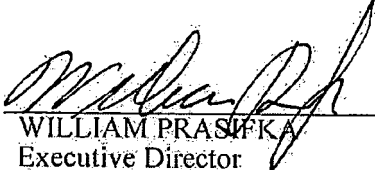
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PRAYER

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 No. G 77199, issued to Alan Katsui Anzai, M.D.;
2. Revoking, suspending or denying approval of Alan Katsui Anzai, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Alan Katsui Anzai, 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: JUL 07 2020

  
\_\_\_\_\_  
WILLIAM PRASIFKA  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

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