

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

In the Matter of the Application of:

Haydee Beatriz Docasar, M.D.  
6785 W. Russell Rd., Ste. 130  
Las Vegas, NV 89118-1862

Physician's and Surgeon's  
Certificate No. C 170417

Applicant.

Case No. 800-2020-066082

AGREEMENT FOR  
SURRENDER OF LICENSE

**TO ALL PARTIES:**

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

1. Complainant, William Prasifka, is the Executive Director of the Medical Board of California, Department of Consumer Affairs ("Board").
2. Haydee Beatriz Docasar, M.D. ("Applicant") has carefully read and fully understands the effect of this Agreement.
3. Applicant understands that by signing this Agreement she is enabling the Board to issue this order accepting the surrender of license without further process. Applicant understands and agrees that Board staff and counsel for complainant may communicate directly with the Board regarding this Agreement, without notice to or participation by Applicant. The Board will not be disqualified from further action in this matter by virtue of its consideration of this Agreement.

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1           4.     Applicant acknowledges that on October 2, 2020, a Decision was  
2 rendered wherein she was issued a Physician's and Surgeon's License on a  
3 probationary basis for a period of three (3) years, with various terms and  
4 conditions.

5           5.     The current disciplinary action provides in pertinent part, "Following the  
6 effective date of this Decision, if applicant ceases practicing due to retirement or  
7 health reasons or is otherwise unable to satisfy the terms and conditions of  
8 probation, applicant may request to surrender her license." (Condition #11).

9           6.     Upon acceptance of the Agreement by the Board, Applicant  
10 understands she will no longer be permitted to practice as a physician and  
11 surgeon in California, and also agrees to surrender her wallet certificate, wall  
12 license and any D.E.A. Certificate(s) for an address in California.

13          7.     Applicant fully understands and agrees that if Applicant ever files an  
14 application for relicensure or reinstatement in the State of California, the Board  
15 shall treat it as a Petition for Reinstatement of a revoked license in effect at the  
16 time the Petition is filed. In addition, any Medical Board Investigation Report(s),  
17 including all referenced documents and other exhibits, upon which the Board is  
18 predicated, and any such Investigation Report(s), attachments, and other exhibits,  
19 that may be generated subsequent to the filing of this Agreement for Surrender of  
20 License, shall be admissible as direct evidence, and any time-based defenses,  
21 such as laches or any applicable statute of limitations, shall be waived when the  
22 Board determines whether to grant or deny the Petition.

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**ACCEPTANCE**

I, Haydee Beatriz Docasar, M.D. have carefully read the above Agreement and enter into it freely and voluntarily, with the optional advice of counsel, and with full knowledge of its force and effect, do hereby surrender Physician's and Surgeon's Certificate No. C 170417, to the Medical Board of California for its acceptance. By signing this Agreement for Surrender of License, I recognize that upon its formal acceptance by the Board, I will lose all rights and privileges to practice as a Physician and Surgeon in the State of California and that I have delivered to the Board my wallet certificate and wall license.

Haydee Beatriz Docasar  
Haydee Beatriz Docasar, M.D.

7/9/2021  
Date

\_\_\_\_\_  
Attorney or Witness

\_\_\_\_\_  
Date

William Prasifka  
William Prasifka  
Executive Director  
Medical Board of California

JUL 20 2021  
Date

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State of Nevada - County of Clark

Signed and sworn to (or affirmed)

before me on 7-9-2021 by Haydee Beatriz Docasar

(Notary Stamp)

[Signature]  
(Signature of Notarial Officer)

