

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

In the Matter of the Accusation
Against:

Fayez Romman, M.D.

Physician's & Surgeon's
Certificate No. A 79983

Respondent

Case No. 800-2017-039103

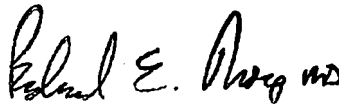
DECISION

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 October 29, 2021.

IT IS SO ORDERED September 30, 2021.

MEDICAL BOARD OF CALIFORNIA



Richard E. Thorp, M.D., Chair
Panel B

1 ROB BONTA
Attorney General of California
2 STEVEN D. MUNI
Supervising Deputy Attorney General
3 VERONICA VO
Deputy Attorney General
4 State Bar No. 230698
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8 *Attorneys for Complainant*
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10
11 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
12 **DEPARTMENT OF CONSUMER AFFAIRS**
13 **STATE OF CALIFORNIA**

14 In the Matter of the Accusation Against:

15 **FAYEZ ROMMAN, M.D.**
16 **PO Box 581231**
Elk Grove, CA 95758-0021

17 **Physician's and Surgeon's Certificate**
18 **No. A 79983**

19 Respondent.

Case No. 800-2017-039103

OAH No. 2020120575

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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

23 **PARTIES**

24 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of
25 California (Board). He brought this action solely in his official capacity and is represented in this
26 matter by Rob Bonta, Attorney General of the State of California, by Veronica Vo, Deputy
27 Attorney General.

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1 CULPABILITY

2 9. Respondent agrees that, at an administrative hearing, Complainant could establish a
3 *prima facie* case with respect to the charges and allegations contained in Accusation No. 800-
4 2017-039103 and that he gives up his right to contest the charges and has thereby subjected his
5 Physician's and Surgeon's Certificate to disciplinary action. Respondent further agrees to be
6 bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

7 10. Respondent further agrees that if he fails to successfully complete the educational,
8 medical record keeping, and professionalism courses, which are more fully described below,
9 within the required time, all of the charges and allegations contained in Accusation No. 800-
10 2017-039103, shall be deemed true, correct, and fully admitted by Respondent for purposes of
11 any further proceeding before the Board, and that his failure to complete any of the three courses
12 shall constitute unprofessional conduct and grounds for further disciplinary action.

13 CONTINGENCY

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

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

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1 program(s) or course(s) and submit proof of completion to the Board within one year of the
2 effective date of this Decision.

3 **C. MEDICAL RECORD KEEPING COURSE.**

4 Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a
5 course in medical record keeping approved in advance by the Board or its designee. Respondent
6 shall provide the approved course provider with any information and documents that the approved
7 course provider may deem pertinent. Respondent shall participate in and successfully complete
8 the classroom component of the course not later than six (6) months after Respondent's initial
9 enrollment. Respondent shall successfully complete any other component of the course within
10 one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense
11 and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of
12 licensure.

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

18 Respondent shall submit a certification of successful completion to the Board or its
19 designee not later than 15 calendar days after successfully completing the course, or not later than
20 15 calendar days after the effective date of the Decision, whichever is later.

21 **D. PROFESSIONALISM PROGRAM (ETHICS COURSE).**

22 Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a
23 professionalism program, that meets the requirements of Title 16, California Code of Regulations
24 (CCR) section 1358.1. Respondent shall participate in and successfully complete that program.
25 Respondent shall provide any information and documents that the program may deem pertinent.
26 Respondent shall successfully complete the classroom component of the program not later than
27 six (6) months after Respondent's initial enrollment, and the longitudinal component of the
28 program not later than the time specified by the program, but no later than one (1) year after

1 attending the classroom component. The professionalism program shall be at Respondent's
2 expense and shall be in addition to the Continuing Medical Education (CME) requirements for
3 renewal of licensure.

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

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

12 **E. FAILURE TO COMPLY.**

13 If Respondent fails to enroll, participate in, or successfully complete the education, medical
14 record keeping or professionalism courses within the designated time period, Respondent shall,
15 upon receipt of a notification from the Board or its designee to cease the practice of medicine,
16 shall cease the practice of medicine within three (3) calendar days after being so notified. The
17 Respondent shall not resume the practice of medicine until enrollment or participation in the
18 outstanding portions of the education, medical record keeping or professionalism courses have
19 been completed. If the Respondent does not successfully complete the education, medical record
20 keeping or professionalism courses, the Respondent shall not resume the practice of medicine
21 until a final decision has been rendered on the accusation and/or a petition to revoke
22 probation. Any violation of this condition or failure to complete any of the program and/or
23 program recommendations shall be considered unprofessional conduct and grounds for further
24 disciplinary action.

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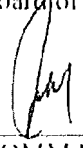
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ACCEPTANCE

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

DATED: 6-10-21



FAYEZ ROMMAN, M.D.
Respondent

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

DATED: 6/10/21



LAWRENCE S. GIARDINA ESQ.
Attorney for Respondent

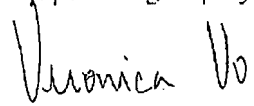
ENDORSEMENT

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

DATED: June 11, 2021

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVEN D. MUNI
Supervising Deputy Attorney General



VERONICA VO
Deputy Attorney General
Attorneys for Complainant

SA2020303428
Romman Stipulated Settlement.docx

Exhibit A

1 XAVIER BECERRA
Attorney General of California
2 STEVEN D. MUNI
Supervising Deputy Attorney General
3 VERONICA VO
Deputy Attorney General
4 State Bar No. 230698
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11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
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13 In the Matter of the Accusation Against:

Case No. 800-2017-039103

14 **Fayez Romman, M.D.**
PO Box 581231
15 Elk Grove, CA 95758-0021

ACCUSATION

16 Physician's and Surgeon's Certificate
No. A 79983,

17

Respondent.

18

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 26, 2002, the Medical Board issued Physician's and Surgeon's
25 Certificate Number A 79983 to Fayez Romman, 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 May 31, 2022, 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 2227 of the Code provides that a licensee who is found guilty under the
6 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed
7 one year, placed on probation and required to pay the costs of probation monitoring, or such other
8 action taken in relation to discipline as the Board deems proper.

9 5. Section 2234 of the Code, states:

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
conduct includes, but is not limited to, the following:

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

14 (b) Gross negligence.

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

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

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

22 ...

23 6. Unprofessional Conduct under Business and Professions Code section 2234 is
24 conduct which breaches the rules or ethical conduct of the medical profession, or conduct which
25 is unbecoming to a member in good standing of the medical profession, and which demonstrates
26 an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d
27 564, 575)

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1 7. Section 2256 of the Code states: Any intentional violation of Sections 5326.2 to
2 5326.8, inclusive, of the Welfare and Institutions Code, relating to the rights of involuntarily
3 confined inpatients, constitutes unprofessional conduct.

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

7 **FACTUAL ALLEGATIONS**

8 9. Respondent is a psychiatrist who at all times relevant to the charges brought herein
9 worked at Sierra Vista Hospital in California.

10 **Patient A**

11 10. On or about May 11, 2017, Patient A¹, a minor, was taken to the emergency room and
12 placed in custody pursuant to California Welfare and Institutions Code section 5150², after
13 making statements of self-harm.

14 11. On or about May 12, 2017, Patient A was admitted into Sierra Vista Hospital. The
15 admitting physician evaluated the patient on this day. A separate physician provided care from
16 around May 13, 2017 through May 14, 2017, during which he placed a hold on Patient A
17 pursuant to California Welfare and Institutions Code section 5250³. This physician placed this

18 _____
19 ¹ To protect the privacy of the patients involved, the patient names have not been included
in this pleading. Respondent is aware of the identity of the patients referred to herein.

20 ² California Welfare and Institutions Code section 5150 provides that when a person, as a
21 result of a mental health disorder, is a danger to others, or to himself or herself, or gravely
22 disabled, a peace officer, professional person in charge of a facility designated by the county for
23 evaluation and treatment, member of the attending staff, as defined by regulation, of a facility
24 designated by the county for evaluation and treatment, designated members of a mobile crisis
team, or professional person designated by the county may, upon probable cause, take, or cause to
25 be taken, the person into custody for a period of up to 72 hours for assessment, evaluation, and
26 crisis intervention, or placement for evaluation and treatment in a facility designated by the
27 county for evaluation and treatment and approved by the State Department of Health Care
28 Services.

³ California Welfare and Institutions Code section 5250 states: "If a person is detained for
72 hours under the provisions of Article 1 (commencing with Section 5150), or under court order
for evaluation pursuant to Article 2 (commencing with Section 5200) or Article 3 (commencing
with Section 5225) and has received an evaluation, he or she may be certified for not more than
14 days of intensive treatment related to the mental health disorder or impairment by chronic
alcoholism, under the [conditions listed in subsections (a) through (d)]."

1 hold on the patient due to continued suicidal ideation. The admitting physician saw Patient A
2 once more around May 15, 2017, before taking a planned absence from work. Respondent
3 assumed care of Patient A from around May 16, 2017, through Patient A's discharge on May 22,
4 2017.

5 12. On or about May 14, 2017, Patient A's father requested Patient A be discharged from
6 the hospital. However, around May 17, 2017, the father agreed to voluntarily keep Patient A in
7 the hospital. Later on that day, Patient A's father changed his mind and requested Patient A be
8 discharged. Because Respondent did not believe Patient A was ready for discharge, Respondent
9 placed Patient A on a second hold pursuant to Welfare and Institutions Code section 5150.

10 13. On or about May 18, 2017, a Certification Review Hearing was held in Sacramento
11 County to determine whether Patient A should remain in the hospital based upon concerns she
12 was a continued danger to herself. The hearing officer considered the evidence and determined
13 there was probable cause to believe that Patient A did in fact pose a danger to herself. Thus, based
14 on this ruling, the hospital had the authority pursuant to California Welfare and Institutions Code
15 section 5250, to continue to treat Patient A for an additional 14 days from when the hold was
16 placed on May 17, 2017.

17 14. Patient A's medical chart reflects entries from the professionals who treated her,
18 including the admitting physician, covering physician, Respondent, nurses, case managers and
19 social workers. Patient A's medical chart indicates she was diagnosed with Major Depressive
20 Disorder, recurrent. Patient A disclosed to two of the case managers that she lived with her father
21 and his new wife. Patient A expressed grief over her separation from her biological mother, who
22 lived in Nevada. Though this information was readily known, the medical chart does not reflect
23 the biological mother was contacted to provide consent for treatment. The medical chart does not
24 have a copy of a divorce decree nor custody agreement indicating Patient A's father had full
25 custody. Thus, the presumption in the absence of that documentation is that there is split legal
26 custody. In order to engage in treatment, both parents were required to consent.

27 15. While hospitalized from about May 12, 2017, through May 22, 2017, Patient A went
28 through several legal proceedings pursuant to California Welfare and Institutions Code section

1 5150 and 5250. The "Physician's Order Sheet" and "legal holds section" within the medical chart
2 should at all times contain the status of these legal proceedings to ensure protection of Patient A's
3 civil rights. Yet, the documentation in these sections is inconsistent and at times, does not
4 accurately describe whether the patient was in the hospital on voluntary or involuntary status.

5 Patient B

6 16. On or about June 27, 2019, Patient B, was admitted to the emergency room and
7 subsequently placed in custody pursuant to California Welfare and Institutions Code section
8 5150, after a determination of being gravely disabled.

9 17. On or about July 1, 2019, Patient B was transferred to Sierra Vista Hospital to obtain
10 treatment for her underlying medical as well as psychiatric conditions. Upon admission, Patient B
11 presented with disorganized, tangential ideas. Patient B was difficult to diagnose due to her
12 inability to respond to questions based on her manic state.

13 18. Prior to entering Sierra Vista, Patient B had a history of abnormal liver enzymes,
14 abnormal renal panel, and hypertension. Upon admission to Sierra Vista, Patient B's blood
15 pressure was 199/85 with a pulse of 98. Patient B was placed on an alcohol detoxification
16 protocol and was transferred to the emergency room overnight for stabilization. While in the
17 hospital, Patient B had an extensive medical workup. Patient B had ongoing blood pressure
18 elevation over the first three weeks of her stay as well as dehydration and headaches. On or about
19 July 10, 2019, Patient B again had to be transferred to the emergency department. Despite these
20 symptoms, Respondent did not diagnose Patient B with alcohol withdrawal nor did he document
21 it in Patient B's discharge paperwork.

22 19. On or about July 2, 2019, a hold was placed on Patient B pursuant to California
23 Welfare and Institutions Code section 5250 because the patient was disorganized, gravely
24 disabled, and unable to care for herself.

25 20. During the course of Patient B's hospital stay, she was diagnosed with
26 Schizoaffective Disorder, bipolar type, cannabis abuse, hypertension and abnormal liver enzymes.
27 Respondent attempted to treat Patient B with antipsychotic medications. However, Patient B was
28 noncompliant with her medications and often refused them. Patient B refused medications on or

1 about July 5, 2019, July 9, 2019, July 10, 2019, July 11, 2019, July 13, 2019, July 14, 2019, July
2 16, 2019, July 17, 2019, July 19, 2019, July 20, 2019, July 22, 2019, and July 23, 2019.

3 21. On or about July 5, 2019, a Certification Review Hearing was held in San Joaquin
4 County to determine whether Patient B should remain in the hospital based upon concerns she
5 was gravely disabled. The hearing officer considered the evidence and determined there was
6 probable cause to believe that Patient B was in fact gravely disabled. Thus, based on this ruling,
7 the hospital had the authority pursuant to California Welfare and Institutions Code section 5250,
8 to continue to treat Patient B for an additional 14 days from date of the initial hold on July 2,
9 2019.

10 22. On or about July 10, 2019, Respondent filed a declaration with the Sacramento
11 County Court to explain that Patient B lacked the capacity to consent to the medications
12 prescribed to her. Based on those declarations, Respondent requested the court allow him to treat
13 Patient B with specific medications against her will including the following⁴: Seroquel, Haldol,
14 Risperidone, Thorazine, Geodon and Lithium⁵. A Sacramento County Superior Court Judge
15 approved this request on July 11, 2019 (Riese Hearing). There is no documentation from
16 Respondent in the "Physician's Orders" on or after July 11, 2019, to explain that Patient B could
17 be treated involuntarily.

18 23. On or about July 15, 2019, pursuant to California Welfare and Institutions Code
19 section 5270.15⁶, another hold was placed on Patient B because the patient continued to exhibit
20 symptoms demonstrating grave disability.

21 24. On or about July 17, 2019, a Certification Review Hearing was held in Sacramento
22 County to determine whether Patient B should remain hospitalized for an additional 30 days
23 based upon concerns she was gravely disabled. The hearing officer considered the evidence and
24 determined there was probable cause to believe that Patient B was gravely disabled. Thus, based

25 ⁴ A class of psychotropic medications used to treat symptoms of schizophrenia and bipolar
26 disorder.

26 ⁵ Lithium is a mood stabilizer.

27 ⁶ California Welfare and Institutions Code section states that upon the completion of a 14-
28 day period of intensive treatment pursuant to Section 5250, the person may be certified for an
additional period of not more than 30 days of intensive treatment under both of the [conditions
listed in subsections (1) and (2)].

1 on this ruling, the hospital had the authority pursuant to California Welfare and Institutions Code
2 section 5270, to continue to treat Patient B for an additional 30 days from July 15, 2019.

3 Respondent did not document the "Physician's Orders" to reflect Patient B's legal status. In fact,
4 there were no "Physician's Orders" at all from about July 12, 2019 through July 16, 2019.

5 25. On or about July 19, 2019, Respondent filed an additional declaration with the
6 Sacramento County Court to explain that Patient B continued to lack the capacity to consent to
7 the medications prescribed to her. Respondent again requested the court allow him to treat Patient
8 B with the medications against her will. A Sacramento County Superior Court Judge approved
9 this request on about July 23, 2019 (Riese Hearing).

10 26. Although there were two Riese hearings for Patient B, there is no documentation in
11 the "Physician's Orders" to note the court's ruling from July 11, 2019. Namely, the "Physician's
12 Orders" do not document that Patient B could be medicated with specific medications against her
13 will.

14 27. On or about August 5, 2019, Patient B was discharged Against Medical Advice
15 (AMA), with a diagnosis of Schizoaffective Disorder, bipolar type and cannabis abuse. Though
16 there is mention of medical issues consisting of hypertension, anemia, abnormal liver enzymes
17 and abnormal renal panel, there is no mention that Patient B suffered from symptoms consistent
18 with alcohol withdrawal.

19 **FIRST CAUSE FOR DISCIPLINE**

20 **(Gross Negligence)**

21 28. Respondent's license is subject to disciplinary action under section 2234, subdivision
22 (b), and section 2256, of the Code in that he was grossly negligent in his care and treatment of
23 Patients A and B. The circumstances set forth in Paragraphs 9 through 27, above, are incorporated
24 here by reference as if fully set forth herein.

25 29. Respondent was grossly negligent in his care and treatment of Patient A for his acts
26 and omissions, including but not limited to, the following:

27 (a) Failing to consistently and accurately document within the "Physician's Orders" and
28 "legal holds section" in Patient A's medical chart whether Patient A was in the hospital

1 voluntarily or involuntarily pursuant to California Welfare and Institutions Code section 5150 and
2 5250;

3 (b) Failing to identify and document the person(s) able to provide consent for treatment
4 for Patient A, a minor.

5 30. Respondent was grossly negligent in his care and treatment of Patient B for his acts
6 and omissions, including but not limited to, the following:

7 (a) Failing to consistently and accurately document within the "Physician's Orders" in
8 Patient B's medical chart whether Patient B was in the hospital voluntarily or involuntarily
9 pursuant to California Welfare and Institutions Code section 5270;

10 (b) Failing to document Patient B's medical chart to reflect the Sacramento Superior
11 Court Orders from July 11, 2019, granting the hospital consent to administer specific medications
12 to Patient B on an involuntary basis;

13 (c) Failure to diagnose alcohol withdrawal;

14 (d) Failure to document Patient B's emergency room visits due to alcohol withdrawal.

15 **SECOND CAUSE FOR DISCIPLINE**

16 **(Repeated Negligent Acts)**

17 31. Respondent is subject to disciplinary action under sections 2234, subdivision (c), of
18 the Code in that he was repeatedly negligent in his care and treatment of Patient's A and B. The
19 circumstances set forth in Paragraphs 9 through 30, above, are incorporated here by reference as
20 if fully set forth herein.

21 **THIRD CAUSE FOR DISCIPLINE**

22 **(Failure to Maintain Adequate and Accurate Medical Records)**

23 32. Respondent is subject to disciplinary action under section 2266 of the Code in that he
24 failed to maintain adequate and accurate medical records in his care and treatment of Patients A
25 and B. The circumstances set forth in Paragraphs 9 through 30, above, are incorporated here by
26 reference as if fully set forth herein.

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1 **FOURTH CAUSE FOR DISCIPLINE**

2 **(General Unprofessional Conduct)**

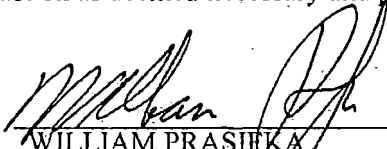
3 33. Respondent is subject to disciplinary action under sections 2234 and 2256 of the
4 Code, in that he has engaged in conduct which breaches the rules or ethical code of the medical
5 profession, or conduct which is unbecoming to a member in good standing of the medical
6 profession, and which demonstrated an unfitness to practice medicine. The circumstances set
7 forth in Paragraphs 9 through 30, above, are incorporated here by reference as if fully set forth
8 herein.

9 **PRAYER**

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

- 12 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 79983, issued
13 to Fayez Romman, M.D.;
- 14 2. Revoking, suspending or denying approval of Fayez Romman, M.D.'s authority to
15 supervise physician assistants and advanced practice nurses;
- 16 3. Ordering Fayez Romman, M.D., if placed on probation, to pay the Board the costs of
17 probation monitoring; and
- 18 4. Taking such other and further action as deemed necessary and proper.

19
20 DATED: NOV 09 2020



WILLIAM PRASIOTKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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