

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

In the Matter of the Accusation
Against:

Juan Guerrero Bautista, M.D.

Physician's and Surgeon's
Certificate No. A 122998

Respondent.

Case No.: 800-2019-054764

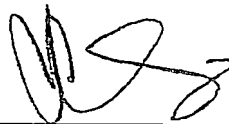
DECISION

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 May 24, 2023.

IT IS SO ORDERED: April 24, 2023.

MEDICAL BOARD OF CALIFORNIA



Laurie Rose Lubiano, J.D., Chair
Panel A

1 ROB BONTA
Attorney General of California
2 STEVE DIEHL
Supervising Deputy Attorney General
3 LYNETTE D. HECKER
Deputy Attorney General
4 State Bar No. 182198
California Department of Justice
5 2550 Mariposa Mall, Room 5090
Fresno, CA 93721
6 Telephone: (559) 705-2320
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7 *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:

14 **JUAN GUERRERO BAUTISTA, M.D.**
15 **1805 E. Fir Ave, Suite 101**
16 **Fresno, CA 93720**

17 **Physician's and Surgeon's Certificate**
18 **No. A 122998**

19 Respondent.

Case No. 800-2019-054764

OAH No. 2022060301

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

20 In the interest of a prompt and speedy settlement of this matter, consistent with the public
21 interest and the responsibility of the Medical Board of California of the Department of Consumer
22 Affairs, the parties hereby agree to the following Stipulated Settlement and Disciplinary Order
23 which will be submitted to the Board for approval and adoption as the final disposition of the
24 Accusation.

PARTIES

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

1 CULPABILITY

2 9. Respondent understands and agrees that the charges and allegations in Accusation
3 No. 800-2019-054764, if proven at a hearing, constitute cause for imposing discipline upon his
4 Physician's and Surgeon's Certificate.

5 10. Respondent agrees that, at a hearing, Complainant could establish a *prima facie* case
6 or factual basis for the charges in Accusation No. 800-2019-054764, a true and correct copy of
7 which is attached hereto as Exhibit A, that Respondent hereby gives up his right to contest those
8 charges, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. A
9 122998 to disciplinary action.

10 11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to
11 discipline and he agrees to be bound by the Board's probationary terms as set forth in the
12 Disciplinary Order below.

13 CONTINGENCY

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

23 13. Respondent agrees that if he ever petitions for early termination or modification of
24 probation, or if an accusation and/or petition to revoke probation is filed against him before the
25 Board, all of the charges and allegations contained in Accusation No. 800-2019-054764 shall be
26 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any
27 other licensing proceeding involving Respondent in the State of California.

28 ///

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

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

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

13 4. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
14 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
15 limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena
16 enforcement, as applicable, in the amount of \$4,500 (four thousand five hundred). Costs shall be
17 payable to the Medical Board of California. Failure to pay such costs shall be considered a
18 violation of probation.

19 Payment must be made in full within 30 calendar days of the effective date of the Order, or
20 by a payment plan approved by the Medical Board of California. Any and all requests for a
21 payment plan shall be submitted in writing by respondent to the Board. Failure to comply with
22 the payment plan shall be considered a violation of probation.

23 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to
24 repay investigation and enforcement costs, including expert review costs (if applicable).

25 5. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
26 under penalty of perjury on forms provided by the Board, stating whether there has been
27 compliance with all the conditions of probation.

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

3 6. GENERAL PROBATION REQUIREMENTS.

4 Compliance with Probation Unit

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

6 Address Changes

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

12 Place of Practice

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

16 License Renewal

17 Respondent shall maintain a current and renewed California physician's and surgeon's
18 license.

19 Travel or Residence Outside California

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

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

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

1 8. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
2 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
3 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
4 defined as any period of time Respondent is not practicing medicine as defined in Business and
5 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
6 patient care, clinical activity or teaching, or other activity as approved by the Board. If
7 Respondent resides in California and is considered to be in non-practice, Respondent shall
8 comply with all terms and conditions of probation. All time spent in an intensive training
9 program which has been approved by the Board or its designee shall not be considered non-
10 practice and does not relieve Respondent from complying with all the terms and conditions of
11 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
12 on probation with the medical licensing authority of that state or jurisdiction shall not be
13 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
14 period of non-practice.

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

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

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

22 Periods of non-practice for a Respondent residing outside of California will relieve
23 Respondent of the responsibility to comply with the probationary terms and conditions with the
24 exception of this condition and the following terms and conditions of probation: Obey All Laws;
25 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
26 Controlled Substances; and Biological Fluid Testing..

27 9. COMPLETION OF PROBATION. Respondent shall comply with all financial
28 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the

1 completion of probation. This term does not include cost recovery, which is due within 30
2 calendar days of the effective date of the Order, or by a payment plan approved by the Medical
3 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate
4 shall be fully restored.

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

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

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

27 13. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
28 a new license or certification, or petition for reinstatement of a license, by any other health care

1 licensing action agency in the State of California, all of the charges and allegations contained in
2 Accusation No. 800-2019-054764 shall be deemed to be true, correct, and admitted by
3 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
4 restrict license.

5 ACCEPTANCE

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

11
12 DATED: 11/3/2022


13 JUAN GUERRERO BAUTISTA, M.D.
14 Respondent

15 I have read and fully discussed with Respondent Juan Guerrero Bautista, M.D. the terms
16 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary
17 Order. I approve its form and content.

18 DATED: 11/3/2022


19 ROBERT CERVANTES
20 Attorney for Respondent

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2 Accusation No. 800-2019-054764 shall be deemed to be true, correct, and admitted by
3 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
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7 discussed it with my attorney, Robert Cervantes. I understand the stipulation and the effect it will
8 have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
9 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
10 Decision and Order of the Medical Board of California.

11
12 DATED: _____

13 JUAN GUERRERO BAUTISTA, M.D.
14 *Respondent*

15 I have read and fully discussed with Respondent Juan Guerrero Bautista, M.D. the terms
16 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary
17 Order. I approve its form and content.

18 DATED: _____

19 ROBERT CERVANTES
20 *Attorney for Respondent*

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ENDORSEMENT

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

DATED: 11/4/2022

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General



LYNETTE D. HECKER
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2019-054764

1 ROB BONTA
Attorney General of California
2 STEVE DIEHL
Supervising Deputy Attorney General
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Deputy Attorney General
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7 *Attorneys for Complainant*

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

12 In the Matter of the Accusation Against:

Case No. 800-2019-054764

13 **JUAN GUERRERO BAUTISTA, M.D.**
14 **1805 E. Fir Ave., Ste. 101**
Fresno, CA 93720

A C C U S A T I O N

15 **Physician's and Surgeon's Certificate**
16 **No. A 122998,**

17 Respondent.

18
19 **PARTIES**

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

23 2. On or about September 26, 2012, the Medical Board issued Physician's and
24 Surgeon's Certificate Number A. 122998 to Juan Guerrero Bautista, M.D. (Respondent). The
25 Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the
26 charges brought herein and will expire on June 30, 2022, 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 725 of the Code states, in pertinent part:

6 (a) Repeated acts of clearly excessive prescribing, furnishing, dispensing,
7 or administering of drugs or treatment, repeated acts of clearly excessive
8 use of diagnostic procedures, or repeated acts of clearly excessive use
9 of diagnostic or treatment facilities as determined by the standard of the
10 community of licensees is unprofessional conduct for a physician and
11 surgeon,

12
13 (c) A practitioner who has a medical basis for prescribing, furnishing,
14 dispensing, or administering dangerous drugs or prescription controlled
15 substances shall not be subject to disciplinary action or prosecution
16 under this section.

17 (d) No physician and surgeon shall be subject to disciplinary action
18 pursuant to this section for treating intractable pain in compliance with
19 Section 2241.5.

20 5. This Section 2227 of the Code states:

21 (a) A licensee whose matter has been heard by an administrative law judge
22 of the Medical Quality Hearing Panel as designated in Section 11371 of
23 the Government Code, or whose default has been entered, and who is
24 found guilty, or who has entered into a stipulation for disciplinary action
25 with the board, may, in accordance with the provisions of this chapter:

26 (1) Have his or her license revoked upon order of the board.

27 (2) Have his or her right to practice suspended for a period not to
28 exceed one year upon order of the board.

 (3) Be placed on probation and be required to pay the costs of
 probation monitoring upon order of the board.

 (4) Be publicly reprimanded by the board. The public reprimand may
 include a requirement that the licensee complete relevant
 educational courses approved by the board.

 (5) Have any other action taken in relation to discipline as part of an
 order of probation, as the board or an administrative law judge
 may deem proper.

1 (b) Any matter heard pursuant to subdivision (a), except for warning letters,
2 medical review or advisory conferences, professional competency
3 examinations, continuing education activities, and cost reimbursement
4 associated therewith that are agreed to with the board and successfully
5 completed by the licensee, or other matters made confidential or
6 privileged by existing law, is deemed public, and shall be made
7 available to the public by the board pursuant to Section 803.1.

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

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

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

...

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

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

(2) When the standard of care requires a change in the diagnosis, act, or 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 licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

...

COST RECOVERY

7. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case, with failure of the licensee to comply subjecting the license to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

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1 **PERTINENT DRUGS AND DEFINITIONS**

2 8. Hematocrit is the percentage of red blood cells in the patient's whole blood. It
3 depends on the number and size of red blood cells. A hematocrit test is usually part of a complete
4 blood count.

5 9. Hyperestrogenemia is a condition of having higher than normal estrogen levels.

6 10. Hypogonadism is a condition in which the male testes or the female ovaries produce
7 little or no sex hormones.

8 11. Testosterone is a Schedule III controlled substance pursuant to Health and Safety
9 Code section 11056(f)(6), and is a dangerous drug as defined by Business and Professions Code
10 section 4211. Testosterone is an anabolic steroid.

11 12. Therapeutic phlebotomy is the removal of blood from the body to treat a health
12 problem. This procedure may be done to treat: too much iron in the blood (hemochromatosis);
13 too many red blood cells in the blood (polycythemia vera); or too much porphyrin in the blood
14 (porphyria).

15 13. Venous stasis involves an inflammation of the skin in the lower legs as a result of
16 chronic venous insufficiency. If the valves or walls of the veins in the legs are not working
17 properly, it is difficult for blood to circulate from the legs back to the heart.

18 **FACTUAL ALLEGATIONS**

19 **Circumstances Related to Patient A¹**

20 14. Patient A was 49-years old when he was first seen by Respondent for medical care in
21 or around August of 2015. Patient A had a history of polycythemia vera, hypogonadism,
22 hyperestrogenemia, and venous stasis of the right ankle and foot that had been treated by
23 phlebotomy resulting in chronic wound management. Respondent noted that Patient A had been
24 purchasing testosterone on the street to self-treat for hypogonadism. Respondent began
25 prescribing testosterone for Patient A as an alternative to him obtaining it illicitly.

26 15. Patient A's hematocrit levels were slightly higher than 54%, in or around the time
27 when Respondent first began prescribing testosterone to Patient A.

28 ¹ The patients' names are redacted to protect their privacy.

1 16. Respondent prescribed testosterone to Patient A from on or about September 11,
2 2015, through on or around December 21, 2020, as follows:

Date	Strength	Quantity	Days' Supply
9/11/2015	200mg/1ml	10	30
11/06/2015	200mg/1ml	10	30
12/21/2015	200mg/1ml	10	46
2/8/2016	200mg/1ml	10	30
3/24/2016	200mg/1ml	10	46
5/3/2016	200mg/1ml	10	46
7/1/2016	200mg/1ml	10	45
8/17/2016	200mg/1ml	10	35
9/21/2016	200mg/1ml	10	35
10/28/2016	200mg/1ml	10	35
12/13/2016	200mg/1ml	10	50
1/20/2017	200mg/1ml	20	70
3/30/2017	200mg/1ml	20	70
6/16/2017	200mg/1ml	20	70
8/25/2017	200mg/1ml	20	70
11/3/2017	200mg/1ml	20	70
1/12/2018	200mg/1ml	10	35
2/24/2018	200mg/1ml	10	35
4/2/2018	200mg/1ml	10	35
5/10/2018	200mg/1ml	10	35
9/15/2018	200mg/1ml	10	35
10/22/2018	200mg/1ml	10	35
12/10/2018	200mg/1ml	10	35
1/17/2019	200mg/1ml	10	35
3/23/2019	200mg/1ml	10	34
4/29/2019	200mg/1ml	10	34
6/3/2019	200mg/1ml	10	34
7/9/2019	200mg/1ml	10	34
8/19/2019	200mg/1ml	10	35
9/26/2019	200mg/1ml	10	35
11/04/2019	200mg/1ml	10	35
3/3/2020	200mg/1ml	24	84
5/26/2020	200mg/1ml	24	84
9/15/2020	200mg/1ml	24	84
12/21/2020	200mg/1ml	24	84

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1 17. Patient A's hematocrit levels from on or about August 11, 2015, to on or about
2 December 11, 2020, are summarized as follows:

Date Lab Ordered	Hematocrit %
8/11/2015	54.4
1/12/2017	56
3/9/2018	57
8/4/2018	57
2/28/2019	61
2/21/2020	54
12/11/2020	56

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8 18. Respondent recognized Patient A's elevated hematocrit and even referred him to
9 hematology for evaluation for therapeutic phlebotomy, but never referred Patient A to an
10 endocrinologist for further evaluation of his elevated hematocrit levels.

11 **Circumstances Related to Patient B**

12 19. Patient B was 42-years old when he first presented to the office and was seen by
13 Respondent, in or around 2015. Patient B reported a history of steroid and bovine testosterone
14 use, which he desired to buy medical grade instead of street grade. Though Respondent initially
15 saw Patient B, a different physician in the office eventually became Patient B's principal treating
16 physician. Despite this, Patient B variously continued to see both Respondent and the other
17 physician.

18 20. In or around 2015, Respondent saw Patient B four times and the other physician saw
19 Patient B once. In or around 2016, Respondent saw Patient B for two visits, the last of which
20 occurred on or about March 10, 2016. The other physician also saw Patient B twice, in or around
21 2016, the last of which occurred on or about August 19, 2016. From on or about July 20, 2015,
22 through on or about July 27, 2016, Respondent prescribed testosterone for Patient B as follows:

23

Date	Strength	Quantity	Days' Supply
7/20/2015	200mg/1ml	8	30
8/21/2015	200mg/1ml	10	30
9/21/2015	200mg/1ml	10	30
10/20/2015	200mg/1ml	4	28
11/21/2015	200mg/1ml	8	28
12/23/2015	200mg/1ml	8	30
1/19/2016	200mg/1ml	8	30

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2/22/2016	200mg/1ml	10	30
3/20/2016	200mg/1ml	10	30
4/18/2016	200mg/1ml	10	30
5/23/2016	200mg/1ml	10	30
6/25/2016	200mg/1ml	10	30
7/27/2016	200mg/1ml	10	30

21. From on or about August 28, 2016, through on or about April 14, 2017, two other physicians in the same office as Respondent prescribed testosterone for Patient B, as follows:

Date	Strength	Quantity	Day's Supply
8/29/2016	200mg/1ml	10	30
10/1/2016	200mg/1ml	10	30
11/2/2016	200mg/1ml	10	30
12/1/2016	200mg/1ml	10	30
1/1/2017	200mg/1ml	10	30
1/30/2017	200mg/1ml	8	28
3/7/2017	200mg/1ml	8	28
4/15/2017	200mg/1ml	8	28

22. On or about May 25, 2017, Patient B was seen by a chiropractor in the office. However, Patient B was not seen by a physician, or other mid-level medical provider in their office in or about the entire year of 2017. Further, Patient B was not seen in the office at all for approximately the entire first half of 2018, until on or about July 13, 2018. Despite this, Respondent prescribed testosterone to Patient B on or about August 11, 2017, on or about November 3, 2017, and on or about January 11, 2018, as follows:

Date	Strength	Quantity	Days' Supply
8/11/2017	200mg/1ml	24	90
11/3/2017	200mg/1ml	24	84
1/11/2018	200mg/1ml	24	84

23. Thereafter, Patient B received prescriptions from one of the other physicians in Respondent's office. Respondent did not consider Patient B to be his patient and Respondent's records do not contain any clinical notes or documentation of exams, consultations, visits, or review of Patient B's records in or around the entire year of 2017, through in or around the first half of 2018.

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1 **Circumstances Related to Patient C**

2 24. Patient C was 56-years old, in or around 2015, when he was first seen by Respondent
3 for medical care. Patient C had a history of various medical conditions including hypogonadism.

4 25. From on or about May 14, 2015, through on or about January 31, 2021, Respondent
5 prescribed testosterone to Patient C as follows:

6

Date	Strength	Quantity	Days Supply
5/14/2015	200mg/1ml	10	30
6/24/2015	200mg/1ml	10	30
8/7/2015	200mg/1ml	10	30
9/18/2015	200mg/1ml	10	30
10/19/2015	200mg/1ml	10	30
1/23/2016	200mg/1ml	10	30
2/22/2016	200mg/1ml	10	30
3/25/2016	200mg/1ml	10	30
4/19/2016	200mg/1ml	10	30
5/20/2016	200mg/1ml	10	30
7/1/2016	200mg/1ml	10	30
7/27/2016	200mg/1ml	10	30
8/23/2016	200mg/1ml	10	30
9/20/2016	200mg/1ml	6	30
10/21/2016	200mg/1ml	10	30
11/17/2016	200mg/1ml	10	30
12/14/2016	200mg/1ml	10	30
1/26/2017	200mg/1ml	10	30
8/22/2018	200mg/1ml	6	28
9/18/2018	200mg/1ml	6	28
10/19/2018	200mg/1ml	6	28
11/15/2018	200mg/1ml	6	28
12/13/2018	200mg/1ml	6	28
1/19/2019	200mg/1ml	6	28
2/16/2019	200mg/1ml	6	28
3/15/2019	200mg/1ml	10	30
3/15/2019	200mg/1ml	10	30
5/20/2019	200mg/1ml	10	42
8/5/2019	200mg/1ml	10	46
9/18/2019	200mg/1ml	10	46
11/8/2019	200mg/1ml	10	46
12/28/2019	200mg/1ml	12	28
1/28/2020	200mg/1ml	12	28
2/28/2020	200mg/1ml	8	28
3/27/2020	200mg/1ml	8	28
4/27/2020	200mg/1ml	8	28

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5/26/2020	200mg/1ml	8	28
6/26/2020	200mg/1ml	8	28
7/27/2020	200mg/1ml	8	28
8/19/2020	200mg/1ml	8	28
9/26/2020	200mg/1ml	8	28
10/28/2020	200mg/1ml	8	28
11/27/2020	200mg/1ml	8	28
12/28/2020	200mg/1ml	8	28
1/31/2021	200mg/1ml	8	28

26. From on or about May 16, 2015, through on or about February 4, 2020, when tested, Patient C's hematocrit levels were as follows:

Date Lab Ordered	Hematocrit %
5/16/2015	51.1
10/5/2015	51
7/17/2018	60
10/29/2018	57
3/13/2019	56
2/4/2020	54

27. Respondent never referred Patient C to an endocrinologist for further evaluation of his elevated hematocrit levels.

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

28. Respondent has subjected his Physician's and Surgeon's Certificate No. A 122998 to disciplinary action under section 2227, as defined by section 2234, subdivision (c), of the Code, in that he committed multiple acts and/or omissions constituting negligence. The circumstances are set forth in Paragraphs 14 through 27, which are hereby incorporated by reference as if fully set forth herein. Additional circumstances are as follows:

Patients A & C

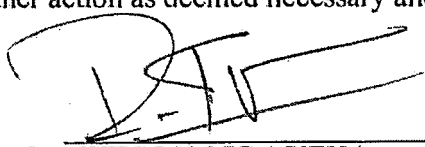
29. The standard of care is to appropriately prescribe hormone replacement therapy, to include not starting therapy if an absolute contraindication exists. The 2010 Endocrine Society Clinical Practice Guideline on Testosterone Therapy in Men with Androgen Deficiency Syndromes recommends against starting testosterone replacement therapy when hematocrit is above 50% and stopping testosterone if hematocrit levels reach 54%.

1 2. Revoking, suspending or denying approval of Juan Guerrero Bautista, M.D.'s
2 authority to supervise physician assistants and advanced practice nurses;

3 3. Ordering Juan Guerrero Bautista, M.D., to pay the Board the costs of the
4 investigation and enforcement of this case, and if placed on probation, the costs of probation
5 monitoring; and

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

7
8 DATED: APR 14 2022



Reji Vorghese
Deputy Director

for: WILLIAM PRASIFKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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