

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

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

**AAZIB KHAN, M.D.**

**Physician's and Surgeon's  
Certificate No. A 168622**

**Respondent.**

**Case No.: 800-2020-072176**

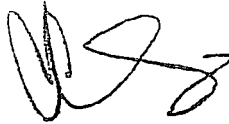
**DECISION**

**The attached Stipulated Settlement is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.**

**This Decision shall become effective at 5:00 p.m. on August 24, 2023.**

**IT IS SO ORDERED: July 25, 2023.**

**MEDICAL BOARD OF CALIFORNIA**



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

1 ROB BONTA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 KALEV KASEORU  
Deputy Attorney General  
4 State Bar No. 331645  
1300 I Street, Suite 125  
5 P.O. Box 944255  
Sacramento, CA 94244-2550  
6 Telephone: (916) 210-7508  
Facsimile: (916) 327-2247  
7 E-mail: Kalev.Kaseoru@doj.ca.gov  
*Attorneys for Complainant*  
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9  
10 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
**DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**  
12

13 In the Matter of the Accusation Against:

14 **AAZIB KHAN, M.D.**  
2425 Sonoma Street  
15 Redding, CA 96001-3026

16 **Physician's and Surgeon's Certificate No.**  
A 168622

17 Respondent.  
18

Case No. 800-2020-072176

OAH No. 2022120436

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

19  
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. Reji Varghese (Complainant) is the Interim Executive Director of the Medical Board  
25 of California (Board). He brought this action solely in his official capacity and is represented in  
26 this matter by Rob Bonta, Attorney General of the State of California, by Kalev Kaseoru, Deputy  
27 Attorney General.  
28

1           2.     Respondent Aazib Khan, M.D. (Respondent) is represented in this proceeding by  
2 attorney Amelia F. Burroughs, Esq., whose address is: 1600 Humboldt Road, Suite 1  
3 Chico, CA 95928-8100.

4           3.     On April 23, 2020, the Board issued Physician's and Surgeon's Certificate No. A  
5 168622 to Aazib Khan, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full  
6 force and effect at all times relevant to the charges brought in Accusation No. 800-2020-072176,  
7 and will expire on April 30, 2024, unless renewed.

8   **JURISDICTION**

9           4.     Accusation No. 800-2020-072176 was filed before the Board, and is currently  
10 pending against Respondent. The Accusation and all other statutorily required documents were  
11 properly served on Respondent on June 2, 2022. Respondent timely filed his Notice of Defense  
12 contesting the Accusation.

13          5.     A copy of Accusation No. 800-2020-072176 is attached as Exhibit A and  
14 incorporated herein by reference.

15   **ADVISEMENT AND WAIVERS**

16          6.     Respondent has carefully read, fully discussed with counsel, and understands the  
17 charges and allegations in Accusation No. 800-2020-072176. Respondent has also carefully read,  
18 fully discussed with his counsel, and understands the effects of this Stipulated Settlement and  
19 Disciplinary Order.

20          7.     Respondent is fully aware of his legal rights in this matter, including the right to a  
21 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine  
22 the witnesses against him; the right to present evidence and to testify on his own behalf; the right  
23 to the issuance of subpoenas to compel the attendance of witnesses and the production of  
24 documents; the right to reconsideration and court review of an adverse decision; and all other  
25 rights accorded by the California Administrative Procedure Act and other applicable laws.

26          8.     Respondent voluntarily, knowingly, and intelligently waives and gives up each and  
27 every right set forth above.

28     ///

1 **CULPABILITY**

2 9. Respondent understands and agrees that the charges and allegations in Accusation  
3 No. 800-2020-072176, 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 the Accusation, and that Respondent hereby gives up his right  
7 to contest those charges.

8 11. Respondent does not contest that, at an administrative hearing, Complainant could  
9 establish a prima facie case with respect to the charges and allegations in Accusation No. 800-  
10 2020-072176, a true and correct copy of which is attached hereto as Exhibit A, and that he has  
11 thereby subjected his Physician's and Surgeon's Certificate, No. G 62641 to disciplinary action.

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

15 **ACKNOWLEDGMENT**

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

19 **CONTINGENCY**

20 14. This stipulation shall be subject to approval by the Medical Board of California.  
21 Respondent understands and agrees that counsel for Complainant and the staff of the Medical  
22 Board of California may communicate directly with the Board regarding this stipulation and  
23 settlement, without notice to or participation by Respondent or his counsel. By signing the  
24 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek  
25 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails  
26 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
27 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal  
28

1 action between the parties, and the Board shall not be disqualified from further action by having  
2 considered this matter.

3 15. Respondent agrees that if he ever petitions for early termination or modification of  
4 probation, or if an accusation and/or petition to revoke probation is filed against him before the  
5 Board, all of the charges and allegations contained in Accusation No. 800-2020-072176 shall be  
6 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any  
7 other licensing proceeding involving Respondent in the State of California.

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

11 17. In consideration of the foregoing admissions and stipulations, the parties agree that  
12 the Board may, without further notice or opportunity to be heard by the Respondent, issue and  
13 enter the following Disciplinary Order:

14 **DISCIPLINARY ORDER**

15 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 168622 issued  
16 to Respondent Aazib Khan, M.D. is revoked. However, the revocation is stayed and Respondent  
17 is placed on probation for thirty-five (35) months from the effective date of the Decision on the  
18 following terms and conditions:

19 1. **EDUCATION COURSE**

20 Within 60 calendar days of the effective date of this Decision, and on an annual basis  
21 thereafter, Respondent shall submit to the Board or its designee for its prior approval educational  
22 program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation.  
23 The educational program(s) or course(s) shall be aimed at correcting any areas of deficient  
24 practice or knowledge and shall be Category I certified. The educational program(s) or course(s)  
25 shall be at Respondent's expense and shall be in addition to the Continuing Medical Education  
26 (CME) requirements for renewal of licensure. Following the completion of each course, the  
27 Board or its designee may administer an examination to test Respondent's knowledge of the  
28 course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours

1 were in satisfaction of this condition.

2 2. **MEDICAL RECORD KEEPING COURSE**

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

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

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

20 3. **PROFESSIONALISM PROGRAM (ETHICS COURSE)**

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

1 and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of  
2 licensure.

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

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

11 4. **CLINICAL COMPETENCE ASSESSMENT PROGRAM**

12 Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a  
13 clinical competence assessment program approved in advance by the Board or its designee.  
14 Respondent shall successfully complete the program not later than six (6) months after  
15 Respondent's initial enrollment unless the Board or its designee agrees in writing to an extension  
16 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 3 and no more than 5  
24 days as determined by the program for the assessment and clinical education evaluation.  
25 Respondent shall pay all expenses associated with the clinical competence assessment program.

26 At the end of the evaluation, the program will submit a report to the Board or its designee  
27 which unequivocally states whether the Respondent has demonstrated the ability to practice  
28 safely and independently. Based on Respondent's performance on the clinical competence

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

5 Determination as to whether Respondent successfully completed the clinical competence  
6 assessment program is solely within the program's jurisdiction. If Respondent fails to enroll,  
7 participate in, or successfully complete the clinical competence assessment program within the  
8 designated time period, Respondent shall receive a notification from the Board or its designee to  
9 cease the practice of medicine within three (3) calendar days after being so notified. The  
10 Respondent shall not resume the practice of medicine until enrollment or participation in the  
11 outstanding portions of the clinical competence assessment program have been completed. If the  
12 Respondent did not successfully complete the clinical competence assessment program, the  
13 Respondent shall not resume the practice of medicine until a final decision has been rendered on  
14 the accusation and/or a petition to revoke probation. The cessation of practice shall not apply to  
15 the reduction of the probationary time period.

16 Within 60 days after Respondent has successfully completed the clinical competence  
17 assessment program, Respondent shall participate in a professional enhancement program  
18 approved in advance by the Board or its designee, which shall include quarterly chart review,  
19 semi-annual practice assessment, and semi-annual review of professional growth and education.  
20 Respondent shall participate in the professional enhancement program at Respondent's expense  
21 during the term of probation, or until the Board or its designee determines that further  
22 participation is no longer necessary.

23 5. **PRACTICE MONITOR**

24 Within 30 calendar days of the effective date of this Decision, Respondent shall submit to  
25 the Board or its designee for prior approval as a Practice monitor, the name and qualifications of  
26 one or more licensed physicians and surgeons whose licenses are valid and in good standing, and  
27 how are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall  
28 have no prior or current business or personal relationship with Respondent, or other relationship



1 that could reasonably be expected to compromise the ability of the monitor to render fair and  
2 unbiased reports to the Board, including, but not limited to any form of bartering, shall be in  
3 Respondent's field of practice, and must agree to serve as Respondent's monitor. Respondent  
4 shall pay all monitoring costs.

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

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

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

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

27 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days  
28 of such resignation or unavailability, submit to the Board or its designee, for prior approval, the

1 name and qualifications of a replacement monitor who will be assuming that responsibility within  
2 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60  
3 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
4 notification from the Board or its designee to cease the practice of medicine within three (3)  
5 calendar days after being so notified., Respondent shall cease the practice of medicine until a  
6 replacement monitor is approved and assumes monitoring responsibility.

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

12 6. **NOTIFICATION**

13 Within seven (7) days of the effective date of this Decision, the Respondent shall provide a  
14 true and correct copy of this Decision and Accusation to the Chief of Staff or the Chief Executive  
15 Officer at every hospital where privileges or membership are extended to Respondent, at any  
16 other facility where Respondent engages in the practice of medicine, including all physician and  
17 locum tenens registries or other similar agencies, and to the Chief Executive Officer at every  
18 insurance carrier which extends malpractice coverage to Respondent. Respondent shall submit  
19 proof of compliance to the Board or its designee within 15 calendar days. This condition shall  
20 apply to any change(s) in hospitals, other facilities or insurance carrier.

21 7. **OBEY ALL LAWS**

22 Respondent shall obey all federal, state and local laws, all rules governing the practice of  
23 medicine in California and remain in full compliance with any court ordered criminal probation,  
24 payments, and other orders.

25 8. **INVESTIGATION/ENFORCEMENT COST RECOVERY**

26 Respondent is hereby ordered to reimburse the Board its costs of investigation and  
27 enforcement, including, but not limited to, expert review, amended accusations, legal reviews,  
28 investigation(s), and subpoena enforcement, as applicable, in the amount of \$21,156.60 (twenty-

1 one thousand one hundred fifty-six dollars and sixty cents). Costs shall be payable to the Medical  
2 Board of California. Failure to pay such costs shall be considered a violation of probation.

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

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

9 **9. QUARTERLY DECLARATIONS**

10 Respondent shall submit quarterly declarations under penalty of perjury on forms provided  
11 by the Board, stating whether there has been compliance with all the conditions of probation.

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

14 **10. GENERAL PROBATION REQUIREMENTS.**

15 Compliance with Probation Unit

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

17 Address Changes

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

23 Place of Practice

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

27 License Renewal

28 Respondent shall maintain a current and renewed California physician's and surgeon's

1 license.

2 Travel or Residence Outside California

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

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

9 11. INTERVIEW WITH THE BOARD OR ITS DESIGNEE

10 Respondent shall be available in person upon request for interviews either at Respondent's  
11 place of business or at the probation unit office, with or without prior notice throughout the term  
12 of probation.

13 12. NON-PRACTICE WHILE ON PROBATION

14 Respondent shall notify the Board or its designee in writing within 15 calendar days of any  
15 periods of non-practice lasting more than 30 calendar days and within 15 calendar days of  
16 Respondent's return to practice. Non-practice is defined as any period of time Respondent is not  
17 practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at  
18 least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other  
19 activity as approved by the Board. If Respondent resides in California and is considered to be in  
20 non-practice, Respondent shall comply with all terms and conditions of probation. All time spent  
21 in an intensive training program which has been approved by the Board or its designee shall not  
22 be considered non-practice and does not relieve Respondent from complying with all the terms  
23 and conditions of probation. Practicing medicine in another state of the United States or Federal  
24 jurisdiction while on probation with the medical licensing authority of that state or jurisdiction  
25 shall not be considered non-practice. A Board-ordered suspension of practice shall not be  
26 considered as a period of non-practice.

27 In the event Respondent's period of non-practice while on probation exceeds 18 calendar  
28 months, Respondent shall successfully complete the Federation of State Medical Boards's Special

1 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program  
2 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model  
3 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

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

11 13. **COMPLETION OF PROBATION**

12 Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not  
13 later than 120 calendar days prior to the completion of probation. This term does not include cost  
14 recovery, which is due within 30 calendar days of the effective date of the Order, or by a payment  
15 plan approved by the Medical Board and timely satisfied. Upon successful completion of  
16 probation, Respondent's certificate shall be fully restored.

17 14. **VIOLATION OF PROBATION**

18 Failure to fully comply with any term or condition of probation is a violation of probation.  
19 If Respondent violates probation in any respect, the Board, after giving Respondent notice and the  
20 opportunity to be heard, may revoke probation and carry out the disciplinary order that was  
21 stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed  
22 against Respondent during probation, the Board shall have continuing jurisdiction until the matter  
23 is final, and the period of probation shall be extended until the matter is final.

24 15. **LICENSE SURRENDER**

25 Following the effective date of this Decision, if Respondent ceases practicing due to  
26 retirement or health reasons or is otherwise unable to satisfy the terms and conditions of  
27 probation, Respondent may request to surrender his or her license. The Board reserves the right to  
28 evaluate Respondent's request and to exercise its discretion in determining whether or not to

1 grant the request, or to take any other action deemed appropriate and reasonable under the  
2 circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar  
3 days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent  
4 shall no longer practice medicine. Respondent will no longer be subject to the terms and  
5 conditions of probation. If Respondent re-applies for a medical license, the application shall be  
6 treated as a petition for reinstatement of a revoked certificate.

7 16. **PROBATION MONITORING COSTS**

8 Respondent shall pay the costs associated with probation monitoring each and every year of  
9 probation, as designated by the Board, which may be adjusted on an annual basis. Such costs  
10 shall be payable to the Medical Board of California and delivered to the Board or its designee no  
11 later than January 31 of each calendar year.

12 17. **FUTURE ADMISSIONS CLAUSE.**

13 If Respondent should ever apply or reapply for a new license or certification, or petition for  
14 reinstatement of a license, by any other health care licensing action agency in the State of  
15 California, all of the charges and allegations contained in Accusation No. 800-2020-072176 shall  
16 be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of  
17 Issues or any other proceeding seeking to deny or restrict license.

18 **ACCEPTANCE**

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

24  
25 DATED: 6/8/2023

  
\_\_\_\_\_  
AAZIB KHAN, M.D.  
Respondent

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

4 DATED: 06.09.2023

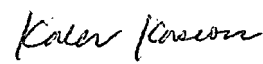
  
5 AMELIA F. BURROUGHS, ESQ.  
6 *Attorney for Respondent*

7 **ENDORSEMENT**

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

10 DATED: June 9, 2023

11 Respectfully submitted,  
12 ROB BONTA  
13 Attorney General of California  
14 ALEXANDRA M. ALVAREZ  
15 Supervising Deputy Attorney General

  
16 KALEV KASEORU  
17 Deputy Attorney General  
18 *Attorneys for Complainant*

19 SA2022300963  
20 37238251.docx

**Exhibit A**

**Accusation No. 800-2020-072176**



1 ROB BONTA  
Attorney General of California  
2 STEVEN D. MUNI  
Supervising Deputy Attorney General  
3 KALEV KASEORU  
Deputy Attorney General  
4 State Bar No. 331645  
1300 I Street, Suite 125  
5 P.O. Box 944255  
Sacramento, CA 94244-2550  
6 Telephone: (916) 210-7508  
Facsimile: (916) 327-2247  
7 E-mail: Kalev.Kaseoru@doj.ca.gov  
*Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

Case No. 800-2020-072176

14 **Aazib Khan, M.D.**  
15 **5223 Garlenda Dr.**  
**El Dorado Hills, CA 95762-5532**

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

16 **Physician's and Surgeon's Certificate**  
17 **No. A 168622,**

Respondent.

18  
19 Complainant alleges:

20  
21 **PARTIES**

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

25 2. On or about April 23, 2020, the Medical Board issued Physician's and Surgeon's  
26 Certificate Number A 168622 to Aazib Khan, M.D. (Respondent). The Physician's and Surgeon's  
27 Certificate was in full force and effect at all times relevant to the charges brought herein and will  
28 expire on April 30, 2024, unless renewed.

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 **STATUTORY PROVISIONS**

10 5. Section 2234 of the Code states:

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

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

16 "(b) Gross negligence.

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

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

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

27 "(d) Incompetence.



1 enforcement of the case, with failure of the licensee to comply subjecting the license to not being  
2 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be  
3 included in a stipulated settlement.

4 **FIRST CAUSE FOR DISCIPLINE**

5 **(Gross Negligence)**

6 9. Respondent Aazib Khan, M.D., is subject to a disciplinary action under section 2234,  
7 subdivision (b), in that his care and treatment of Patient A<sup>1</sup> was grossly negligent. The  
8 circumstances are as follows:

9 10. On or about the evening of October 12, 2020, Patient A, a 72-year-old male, and  
10 retired cardiologist, experienced chest pains, and after a 911 call and EMS transport, arrived at  
11 the emergency department of the Shasta Regional Medical Center in Redding, CA. Initially,  
12 Patient A had 8/10 chest pain and an EKG performed at 6:41 p.m. revealed suspected inferior  
13 STEMI<sup>2</sup> (myocardial infarction). The EKG stated, "Meets ST elevation MI criteria". Patient A  
14 was initially treated with nitroglycerin and aspirin whereupon chest pain was reduced and  
15 reported as 5/10. An EKG performed at 6:52 p.m. revealed at least 1mm inferior ST elevation  
16 consistent with acute infarct.

17 11. At 7:01 p.m. on October 12, 2020, an emergency room physician at Shasta Regional  
18 Medical Center, saw the patient with the results of another EKG, performed at 6:56 p.m., which  
19 showed an acute inferior ST elevation myocardial infarction. The physician interpreted it as a  
20 non-ST elevation myocardial infarction. The EKG had approximately 1-1.5mm of ST elevation in  
21 leads ii, iii, and avf. There was mild less than 1mm ST elevation in V6. There was a mild less  
22 than 1mm ST depression in V1 and V2 and 1.5mm downsloping ST depression in AVL. Another  
23 EKG at 7:19 p.m. produced similar results but with no significant ST depression in V1 and V2.

24  
25  
26 <sup>1</sup> Patient names are redacted to protect confidentiality and will be provided during  
Discovery.

27 <sup>2</sup> ST-Segment Elevation Myocardial Infarction is a myocardial infarction that causes a  
28 distinct pattern on an electrodiagram (ECG or EKG). It is a very serious type of heart attack  
during which one of the major arteries to the heart is blocked.

1           12. The Emergency Room physician who evaluated Patient A noted that he was having  
2 chest pain and did not look well. The ER<sup>3</sup> physician reports calling Respondent about five times,  
3 however Respondent states that he believes he was called only twice. Respondent reported that  
4 the first call was at or around 7:05 p.m. asking him to review the patient's EKG (necessitating a  
5 trip to the facility) and that the second call was at or around 7:38 p.m. to discuss the results of  
6 troponin being administered to the patient.

7           13. Respondent claims to have met with Patient A at the hospital between 9:48 and 9:53  
8 p.m. but there are no notes or other documentation regarding any evaluation, discussion or  
9 interaction with Patient A. Patient A confirmed a meeting with Respondent at the hospital on the  
10 night of his admission. When asked at an interview to explain this lack of documentation  
11 Respondent stated that for NSTEMI's<sup>4</sup> he usually has a discussion with the ER physician or  
12 hospital physician and does not physically come into the hospital. Respondent admits coming to  
13 the hospital for a consult but failed to provide an explanation for the lack of documentation  
14 regarding his interaction with Patient A.

15           14. Respondent stated in his written response to Patient A's complaint, and during an  
16 interview, that he read Patient A's EKG as a NSTEMI. Respondent stated that based on his  
17 recollection, Patient A had no ongoing chest pain, despite the ER and hospital physicians  
18 reporting and recording that Patient A had ongoing pain, and that upon consultation with Patient  
19 A, a decision was made to have Patient A go to the Cath lab the next morning for a cardiac  
20 catheterization and not that evening. The ER and hospital physicians do not recall ever meeting  
21 with Respondent on the evening of October 12, 2020 and the hospital physician was not even  
22 aware that Respondent had physically been at the hospital and had met with Patient A.

23           15. There was no documentation of any plan of care that included a cardiac  
24 catheterization for Patient A for the morning of October 13, 2020. There was no documentation  
25 that any risks, benefits, alternatives or process of the procedure were discussed by Respondent  
26

27           <sup>3</sup> ER stands for Emergency Room.

28           <sup>4</sup> NSTEMI stands for Non-ST Segment Myocardial Infarction. Compared to STEMI an  
NSTEMI is typically less damaging to the heart.

1 with Patient A. Respondent stated that his visit with Patient A was not a formal consult and just a  
2 discussion on managing the situation.

3 16. Respondent claimed to have spoken to the hospital physician who admitted Patient A  
4 regarding advice and treatment, but the hospital physician does not recall any such conversation  
5 and was unaware Respondent had even been present at the hospital or met with Patient A. There  
6 is no documentation of any such interaction or conversation.

7 17. In an interview, the ER physician was asked if he had interacted with or spoke to  
8 Respondent in person when Respondent was at the hospital and he stated that Respondent did not  
9 speak with him during his visit to the ER or afterwards.

10 18. The ER and hospital physicians discussed Patient A's case on the night of October 12,  
11 2020 and, per documented records, indicated that Patient A was having ongoing chest pain which  
12 had not been resolved with the administration of morphine and heparin. After the initial two calls  
13 by the ER physician prior to Respondent seeing Patient A, both the ER and hospital physicians  
14 stated they had no conversations with Respondent that night.

15 19. Patient A is a retired cardiologist and in examining his own EKG results and  
16 discussing his case with the other physicians, including his own cardiologist, made repeated  
17 requests to undergo a cardiac catheterization on the evening of October 12, 2020.

18 20. Patient A underwent cardiac catheterization in the afternoon of October 13, 2020  
19 based on his own repeated requests. Respondent was not involved in that procedure.

20 21. Respondent wrote a note on October 13, 2020 at 5:25 p.m. It stated that Patient A had  
21 chest pain for one day and had undergone left heart catheterization with significant RCA  
22 thrombus. Respondent's assessment was a Non-ST elevation myocardial infarction.

23 22. During an interview on November 8, 2021 Respondent still agreed with his original  
24 assessment and diagnosis of Patient A's condition as a Non-ST elevation myocardial infarction.

25 23. Respondent's failure to document any of his interactions and evaluations of Patient  
26 A's condition, history, EKG readouts, test results, diagnosis, treatment and/or proposed  
27 treatment(s), and communication and discussion(s) with other physicians regarding the diagnosis  
28

1 and treatment of Patient A during a formal consultation and evaluation of Patient A is an extreme  
2 departure from the standard of care.

3  
4 **SECOND CAUSE FOR DISCIPLINE**

5 **(Repeated Negligent Acts)**

6 24. Respondent Aazib Khan, M.D., is subject to disciplinary action under section 2234,  
7 subdivision (c), in that he was repeatedly negligent in his care of Patient A. The circumstances are  
8 as follows:

9 25. Complaint re-alleges paragraphs 9 through 23, and those paragraphs are incorporated  
10 by reference as if fully set forth herein.

11 26. The gross departure from the standard of care set forth in paragraph 23, is  
12 incorporated by reference as if fully set forth herein and serve as repeated negligent acts.

13 27. Respondent's care and treatment of Patient A was repeatedly negligent in the  
14 following respects:

15 a. Respondent failed to document any evaluations, diagnoses, interactions and  
16 prescribed or proposed treatment of Patient A on the night of October 12, 2020.

17 b. Respondent failed to document any planned course of treatment or care, or any  
18 discussions with Patient A regarding proposed medical procedures, timing, their attendant risks,  
19 benefits or alternative treatment plans with regard to the care and treatment of Patient A for  
20 October 12, 2020.

21 c. Respondent failed to communicate his observations and recommendation(s) for  
22 care to the other physicians.

23 d. Respondent incorrectly diagnosed a NSTEMI on the evening of October 12,  
24 2020.

25 e. Respondent failed to immediately schedule a cardiac catheterization for Patient  
26 A for October 12, 2020.

27 ///

28 ///

1 **THIRD CAUSE FOR DISCIPLINE**

2 **(Failure to Maintain Adequate and Accurate Records)**

3 28. Respondent's license is subject to disciplinary action under section 2266 in that he  
4 failed to properly keep adequate and accurate medical records for Patient A. The circumstances  
5 are as follows:

6 29. Complainant realleges paragraphs 9 through 27 and those paragraphs are incorporated  
7 by reference as if fully set forth herein.

8 **PRAYER**

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

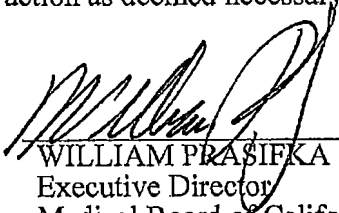
11 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 168622,  
12 issued to Aazib Khan, M.D.;

13 2. Revoking, suspending or denying approval of Aazib Khan, M.D.'s authority to  
14 supervise physician assistants and advanced practice nurses;

15 3. Ordering Aazib Khan, M.D., to pay the Board the costs of the investigation and  
16 enforcement of this case, and if placed on probation, the costs of probation monitoring; and

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

18  
19 DATED: JUN 02 2022

20   
21 WILLIAM PRASIFKA  
22 Executive Director  
23 Medical Board of California  
24 Department of Consumer Affairs  
25 State of California  
26 Complainant

24 SA2022300963  
25 Accusation with Board requested revisions edits.docx