

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

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

**GEOFFREY ANGELO DIBELLA, M.D.**

**Physician's & Surgeon's  
Certificate No. G 21681**

**Respondent.**

**Case No. 800-2020-064569**

**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 September 15, 2023.**

**IT IS SO ORDERED: August 17, 2023.**

**MEDICAL BOARD OF CALIFORNIA**



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

1 ROB BONTA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 KAROLYN M. WESTFALL  
Deputy Attorney General  
4 State Bar No. 234540  
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7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

14 **GEOFFREY ANGELO DI BELLA, M.D.**  
15 **229 South State College Blvd.**  
**Anaheim, CA 92806**

16 **Physician's and Surgeon's Certificate**  
17 **No. G 21681,**

18 Respondent.

Case No. 800-2020-064569

OAH No. 2023010815

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

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

21 **PARTIES**

22 1. Reji Varghese (Complainant) is the Interim Executive Director of the Medical Board  
23 of California (Board). He brought this action solely in his official capacity and is represented in  
24 this matter by Rob Bonta, Attorney General of the State of California, by Karolyn M. Westfall,  
25 Deputy Attorney General.

26 2. Respondent Geoffrey Angelo Dibella, M.D. (Respondent) is represented in this  
27 proceeding by attorney Raymond J. McMahon, Esq., whose address is: 5440 Trabuco Road  
28 Irvine, CA 92620.

3. On or about November 9, 1971, the Board issued Physician's and Surgeon's Certificate No. G 21681 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2020-064569, and will expire on January 31, 2025, unless renewed.

## JURISDICTION

4. Accusation No. 800-2020-064569 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on January 11, 2023. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A true and correct copy of Accusation No. 800-2020-064569 is attached hereto as Exhibit A and is incorporated herein by reference.

## ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2020-064569. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

8. Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

**CULPABILITY.**

9. Respondent admits that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in Accusation No. 800-

2020-064569, and agrees that he has thereby subjected his Physician's and Surgeon's Certificate No. G 21681 to disciplinary action.

10. Respondent further agrees that if an accusation is filed against him in the future before the Medical Board of California, all of the charges and allegations contained in Accusation No. 800-2020-064569, shall be deemed true, correct, and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California or elsewhere.

11. Respondent agrees that his Physician's and Surgeon's Certificate No. G 21681 is subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

#### CONTINGENCY

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

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

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

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Between 2009 and 2020, you provided care and treatment to three patients that involved prescribing controlled substances. During that time, you maintained sparse and incomplete records for all three patients, as more fully described in Accusation No. 800-2020-064569.

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

Any failure to fully comply with this term and condition of the Decision and Order shall constitute unprofessional conduct and will subject Respondent's Physician's and Surgeon's Certificate to further disciplinary action.

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

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

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

18           Any failure to fully comply with this term and condition of the Decision and Order shall  
19 constitute unprofessional conduct and will subject Respondent's Physician's and Surgeon's  
20 Certificate to further disciplinary action.

21           3.    INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
22 ordered to reimburse the Board its costs of investigation and enforcement in the amount of  
23 \$15,426.00 (fifteen thousand four hundred twenty-six dollars and zero cents). Costs shall be  
24 payable to the Medical Board of California.

25           Payment must be made in full within 30 calendar days of the effective date of the Order, or  
26 by a payment plan approved by the Medical Board of California. Any and all requests for a  
27 payment plan shall be submitted in writing by respondent to the Board. All costs shall be paid in  
28 full within one (1) year of the effective date of this Decision.

1 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to  
2 repay investigation and enforcement costs.

3 Any failure to fully comply with this term and condition of the Decision and Order shall  
4 constitute unprofessional conduct and will subject Respondent's Physician's and Surgeon's  
5 Certificate to further disciplinary action.

6 **ACCEPTANCE**

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

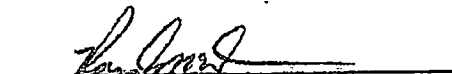
12  
13 DATED:

6/4/2023

  
GEOFFREY ANGELO DIBELLA, M.D.  
Respondent

15 I have read and fully discussed with Respondent Geoffrey Angelo Dibella, 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: June 5, 2023

  
RAYMOND J. MCMAHON, ESQ.  
Attorney for Respondent

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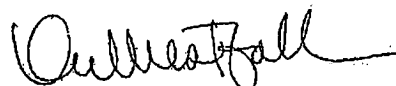
**ENDORSEMENT**

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

DATED: 6/5/23

Respectfully submitted,

ROB BONTA  
Attorney General of California  
ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General



KAROLYN M. WESTFALL  
Deputy Attorney General  
*Attorneys for Complainant*

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11 **MEDICAL BOARD OF CALIFORNIA**  
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13 In the Matter of the Accusation Against:

Case No. 800-2020-064569

14 **GEOFFREY ANGELO DI BELLA, M.D.**  
229 South State College Blvd.  
15 Anaheim, CA 92806

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

16 **Physician's and Surgeon's Certificate**  
17 **No. G 21681,**

Respondent.

18  
19  
20 **PARTIES**

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

24 2. On or about November 9, 1971, the Medical Board issued Physician's and Surgeon's  
25 Certificate No. G 21681 to Geoffrey Angelo Di Bella, 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 January 31, 2025, unless renewed.

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**JURISDICTION**

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2227 of the Code states, in pertinent part:

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

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

(2) Have his or her right to practice suspended for a period not to 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.

...

5. Section 2234 of the Code, state, 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.

(b) Gross negligence.

(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.

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

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

### 9 COST RECOVERY

10 7. Business and Professions Code section 125.3 states that:

11 (a) Except as otherwise provided by law, in any order issued in resolution of a  
12 disciplinary proceeding before any board within the department or before the  
13 Osteopathic Medical Board upon request of the entity bringing the proceeding, the  
14 administrative law judge may direct a licensee found to have committed a violation or  
15 violations of the licensing act to pay a sum not to exceed the reasonable costs of the  
16 investigation and enforcement of the case.

17 (b) In the case of a disciplined licensee that is a corporation or a partnership,  
18 the order may be made against the licensed corporate entity or licensed partnership.

19 (c) A certified copy of the actual costs, or a good faith estimate of costs where  
20 actual costs are not available, signed by the entity bringing the proceeding or its  
21 designated representative shall be prima facie evidence of reasonable costs of  
22 investigation and prosecution of the case. The costs shall include the amount of  
23 investigative and enforcement costs up to the date of the hearing, including, but not  
24 limited to, charges imposed by the Attorney General.

25 (d) The administrative law judge shall make a proposed finding of the amount  
26 of reasonable costs of investigation and prosecution of the case when requested  
27 pursuant to subdivision (a). The finding of the administrative law judge with regard  
28 to costs shall not be reviewable by the board to increase the cost award. The board  
may reduce or eliminate the cost award, or remand to the administrative law judge if  
the proposed decision fails to make a finding on costs requested pursuant to  
subdivision (a).

(e) If an order for recovery of costs is made and timely payment is not made as  
directed in the board's decision, the board may enforce the order for repayment in any  
appropriate court. This right of enforcement shall be in addition to any other rights  
the board may have as to any licensee to pay costs.

(f) In any action for recovery of costs, proof of the board's decision shall be  
conclusive proof of the validity of the order of payment and the terms for payment.

(g)(1) Except as provided in paragraph (2), the board shall not renew or  
reinstate the license of any licensee who has failed to pay all of the costs ordered  
under this section.

1 (2) Notwithstanding paragraph (1), the board may, in its discretion,  
2 conditionally renew or reinstate for a maximum of one year the license of any  
3 licensee who demonstrates financial hardship and who enters into a formal agreement  
4 with the board to reimburse the board within that one-year period for the unpaid  
5 costs.

6 (h) All costs recovered under this section shall be considered a reimbursement  
7 for costs incurred and shall be deposited in the fund of the board recovering the costs  
8 to be available upon appropriation by the Legislature.

9 (i) Nothing in this section shall preclude a board from including the recovery of  
10 the costs of investigation and enforcement of a case in any stipulated settlement.

11 (j) This section does not apply to any board if a specific statutory provision in  
12 that board's licensing act provides for recovery of costs in an administrative  
13 disciplinary proceeding.

#### 14 FIRST CAUSE FOR DISCIPLINE

##### 15 (Gross Negligence)

16 8. Respondent has subjected his Physician's and Surgeon's Certificate No. G 21681 to  
17 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of  
18 the Code, in that he was grossly negligent in his care and treatment of Patient A,<sup>1</sup> as more  
19 particularly alleged hereinafter:

#### 20 PATIENT A

21 9. On or about June 15, 2009,<sup>2</sup> Patient A, a then thirty-three-year-old female, presented  
22 to Respondent for the first time for psychiatric treatment with complaints that included  
23 depression, anxiety, stress, poor concentration, and poor sleep. Patient A had previously been  
24 diagnosed with bipolar disorder and prescribed Lamictal<sup>3</sup> and Ambien.<sup>4</sup>

25 <sup>1</sup> To protect the privacy of the patients involved, the patients' names have not been  
26 included in this pleading. Respondent is aware of the identity of the patients referred to herein.

27 <sup>2</sup> Conduct occurring more than seven (7) years from the filing date of this Accusation is  
28 for informational purposes only and is not alleged as a basis for disciplinary action.

<sup>3</sup> Lamictal (brand name for Lamotrigine) is an anticonvulsant medication used to treat  
seizures and bipolar disorder. It is a dangerous drug pursuant to section 4022 of the Code.

<sup>4</sup> Ambien (brand name for zolpidem) is a Schedule IV controlled substance pursuant to  
Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to section  
4022 of the Code. It is a sedative used for the short-term treatment of insomnia.

10. Between in or around 2009, and in or around 2020, Respondent provided psychiatric treatment to Patient A for bipolar disorder, attention deficit disorder (ADD), and insomnia that included both controlled and non-controlled medications. Throughout that time, Respondent's handwritten notes in Patient A's chart are short, difficult to read, and rarely include significant information related to his neurobehavioral exam, assessment, interventions, or goals.

11. On or about July 27, 2017, Patient A presented to Respondent for a follow-up visit. At that time, Patient A reported she took Lamictal, Ambien, Vyvanse,<sup>5</sup> and dextroamphetamine.<sup>6</sup>

12. On or about December 17, 2018, Patient A presented to Respondent for a follow-up visit for the first time since on or about July 27, 2017. At that time, Patient A reported she took Lamictal, Ambien, and Vyvanse every day, and she took Adderall as needed.

13. Between in or around December 2017, and in or around February 2020, Respondent provided monthly prescriptions to Patient A for controlled medications that included, but was not limited to, Ambien, Vyvanse, and amphetamines. Throughout that time, Respondent only saw Patient A for approximately five (5) clinical visits.

14. Respondent committed gross negligence in his care and treatment of Patient A, which included, but was not limited to, providing monthly prescriptions for controlled substances between in or around July 2017, and in or around February 2020, and only documenting approximately six (6) clinical visits with the patient throughout that time period.

## SECOND CAUSE FOR DISCIPLINE

**(Repeated Negligent Acts)**

15. Respondent has further subjected his Physician's and Surgeon's Certificate No. G 21681 to disciplinary action under sections 2227 and 2234, as defined by section 2234,

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<sup>5</sup> Vyvanse (brand name for lisdexamfetamine) is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to section 4022 of the Code. It is a stimulant medication used to treat attention-deficit hyperactivity disorder (ADHD) and binge-eating disorder.

<sup>6</sup> Dextroamphetamine (brand name Adderall) is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to section 4022 of the Code. It is an amphetamine salts medication used to treat ADHD and narcolepsy.

subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of Patients A, B, and C, as more particularly alleged hereinafter:

**PATIENT B**

16. On or about November 20, 2013, Patient B, a then twenty-year-old female, presented to Respondent for the first time for psychiatric treatment with complaints of ADHD and anxiety. Patient B reported that she was not taking any medication at that time, but had previously been prescribed Lexapro,<sup>7</sup> Zoloft,<sup>8</sup> and Prozac.<sup>9</sup> On exam, Respondent found Patient B to be disorganized, hyperactive, and depressed. At the conclusion of the visit, Respondent diagnosed Patient B with severe anxiety disorder, panic disorder, and ADHD.

17. Between on or about November 20, 2013 and on or about July 29, 2019, Respondent provided psychiatric treatment to Patient B for anxiety disorder, panic disorder, and ADHD, that included prescriptions for both controlled and non-controlled medications. Throughout that time, Respondent's handwritten notes in Patient B's chart are short, difficult to read, and rarely include significant information related to his neurobehavioral exam, assessment, interventions, or goals.

18. On or about November 29, 2017, Patient B presented to Respondent for a follow-up. At that time, Patient B reported that she took Xanax<sup>10</sup> a few times each week. At the conclusion of that visit, Respondent prescribed Patient B clonazepam.<sup>11</sup> Patient B's chart did not include a documented reason for the clonazepam prescription on that date.

<sup>7</sup> Lexapro (brand name for escitalopram) is a selective serotonin reuptake inhibitor (SSRI) medication used to treat depression and anxiety, and is a dangerous drug pursuant to section 4022 of the Code.

<sup>8</sup> Zoloft (brand name for sertraline) is a SSRI medication used to treat depression, obsessive-compulsive disorder, PTSD, anxiety, and panic disorder. It is a dangerous drug pursuant to section 4022 of the Code.

<sup>9</sup> Prozac (brand name for fluoxetine) is a SSRI medication used to treat depression, obsessive-compulsive disorder, bulimia, and panic disorder. It is a dangerous drug pursuant to section 4022 of the Code.

<sup>10</sup> Xanax (brand name for alprazolam) is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to section 4022 of the Code. It is a benzodiazepine medication used to treat anxiety and panic disorder.

<sup>11</sup> Clonazepam (brand name Klonopin) is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to section 4022 of the Code. It is an anti-anxiety medication in the benzodiazepine family.

1           19. Between in or around January 2018, and in or around July 2019, Respondent  
2 prescribed Patient B Xanax and clonazepam. Throughout that time, Patient B's chart did not  
3 include a documented reason for simultaneously prescribing the patient two benzodiazepines.

4 PATIENT C

5           20. On or about September 5, 2012, Patient C, a then forty-four-year-old female,  
6 presented to Respondent for the first time for psychiatric treatment with complaints that included  
7 depression, anxiety, fatigue, migraine, and suicidal thoughts. Patient C had a complex psychiatric  
8 history that included a prior hospitalization and outpatient treatment for an eating disorder and  
9 depression. At that initial visit, Patient C signed a release for her records from her treating  
10 psychologist and neurologist.

11           21. Between on or about September 5, 2012, and on or about October 6, 2020,  
12 Respondent provided psychiatric treatment to Patient C for bipolar disorder, depression, anxiety,  
13 and ADD, that included prescriptions for both controlled and non-controlled medications.  
14 Throughout that time, Respondent's handwritten notes in Patient C's chart are short, difficult to  
15 read, and rarely include significant information related to his neurobehavioral exam, assessment,  
16 interventions, or goals.

17           22. Between in or around 2012, and in or around 2020, Respondent was aware that  
18 Patient C received care and treatment from various specialists including a psychologist,  
19 neurologist, and pain management physician. Throughout that time, Patient C's chart contained  
20 no records from these specialists, and Respondent did not discuss and/or document any  
21 discussions with these specialists regarding their coordination of Patient C's care.

22           23. On or about January 31, 2020, Patient C presented to Respondent for a follow-up visit  
23 with complaints of severe symptoms related to her depression, sleep disturbance, low energy, and  
24 migraines. Patient C reported that she took a variety of medications that included Topamax,<sup>12</sup>

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26 \_\_\_\_\_  
27 <sup>12</sup> Topamax (brand name for topiramate) is an anticonvulsant and nerve pain medication  
28 that can be used to prevent migraines, and a dangerous drug pursuant to section 4022 of the Code.

1 Latuda,<sup>13</sup> Lamictal, Ritalin,<sup>14</sup> Klonopin, Lunesta,<sup>15</sup> and Ambien. At the conclusion of that visit,  
2 Respondent prescribed Patient C 15 tabs of Percocet.<sup>16</sup> Patient C's chart did not include a  
3 documented reason for the Percocet prescription at that time:

4 24. Between on or about January 31, 2020, and on or about June 5, 2020, Respondent  
5 wrote Patient C four prescriptions for 15 tabs of Percocet. Throughout that time, Patient C's chart  
6 did not include a documented reason for prescribing Patient C an opioid medication.

7 25. Respondent committed negligence in his care and treatment of Patients A, B, and C,  
8 which included, but was not limited to, the following:

9 A. Paragraphs 8 through 24, above, are hereby incorporated by reference and  
10 realleged as if fully set forth herein;

11 B. Maintaining sparse and incomplete treatment records for Patient B that, among  
12 other things, fail to include a documented reason for simultaneously prescribing  
13 Patient B two benzodiazepines;

14 C. Prescribing opioid pain medication to Patient C without a documented reason;  
15 and

16 D. Maintaining sparse and incomplete treatment records for Patient C that, among  
17 other things, fail to include discussions with specialists regarding their  
18 coordination of Patient C's care.

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23 <sup>13</sup> Latuda (brand name for lurasidone) is an antipsychotic medication used to treat  
schizophrenia, and a dangerous drug pursuant to section 4022 of the Code.

24 <sup>14</sup> Ritalin (brand name for methylphenidate) is a stimulant medication used to treat ADHD  
25 and narcolepsy, and a dangerous drug pursuant to section 4022 of the Code.

26 <sup>15</sup> Lunesta (brand name for eszopiclone) is a sedative medication used to treat insomnia,  
and a dangerous drug pursuant to section 4022 of the Code.

27 <sup>16</sup> Percocet (brand name for oxycodone and acetaminophen) is a Schedule II controlled  
28 substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous  
drug pursuant to section 4022 of the Code. It is an opioid medication used to treat pain.



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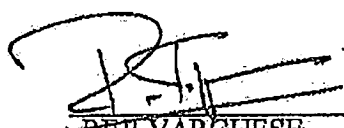
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4. Taking such other and further action as deemed necessary and proper.

DATED: JAN 11 2023



REJI VARGHESE  
Deputy Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

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