

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

In the Matter of the Third Amended
Accusation Against:

Lawton Wai-Choy Tang, M.D.

Physician's and Surgeon's
Certificate No. A 104375

Respondent.

Case No.: 800-2017-032539
and 800-2021-082022

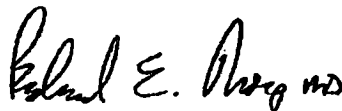
DECISION

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

This Decision shall become effective at 5:00 p.m. on October 20, 2023.

IT IS SO ORDERED: September 22, 2023.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA
Attorney General of California
2 EDWARD KIM
Supervising Deputy Attorney General
3 CHRISTINA SEIN GOOT
Deputy Attorney General
4 State Bar No. 229094
California Department of Justice
5 300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
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7 *Attorneys for Complainant*

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

12 In the Matter of the Third Amended
Accusation Against:
13 **LAWTON WAI-CHOY TANG, M.D.**
14 **125 North Raymond Avenue, Suite 212**
Pasadena, CA 91103-4534
15 **Physician's and Surgeon's**
Certificate No. A 104375

Case Nos. 800-2017-032539 and 800-2021-082022

OAH No. 2021010785

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

16 Respondent.
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18
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 Deputy Director of the Medical Board of
23 California (Board). He brought this action solely in his official capacity and is represented in this
24 matter by Rob Bonta, Attorney General of the State of California, by Christina Sein Goot, Deputy
25 Attorney General.

26 2. Respondent Lawton Wai-Choy Tang, M.D. (Respondent) is represented in this
27 proceeding by attorneys Peter R. Osinoff and Derek F. O'Reilly-Jones, whose address is: 355
28 South Grand Avenue, Suite 1750, Los Angeles, CA 90071.

1 every right set forth above.

2 **CULPABILITY**

3 10. Respondent understands and agrees that the charges and allegations in Third
4 Amended Accusation No. 800-2017-032539, if proven at a hearing, constitute cause for imposing
5 discipline upon his Physician's and Surgeon's Certificate.

6 11. Respondent does not contest that, at an administrative hearing, Complainant could
7 establish a *prima facie* case with respect to the charges and allegations contained in Third
8 Amended Accusation No. 800-2017-032539, that he has thereby subjected his license to
9 disciplinary action and hereby gives up his right to contest those charges.

10 12. 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 13. This stipulation shall be subject to approval by the Medical Board of California.
15 Respondent understands and agrees that counsel for Complainant and the staff of the Medical
16 Board of California may communicate directly with the Board regarding this stipulation and
17 settlement, without notice to or participation by Respondent or his counsel. By signing the
18 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek
19 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails
20 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary
21 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal
22 action between the parties, and the Board shall not be disqualified from further action by having
23 considered this matter.

24 14. Respondent agrees that if he ever petitions for early termination or modification of
25 probation, or if an accusation and/or petition to revoke probation is filed against him before the
26 Board, all of the charges and allegations contained in Third Amended Accusation No. 800-2017-
27 032539 shall be deemed true, correct and fully admitted by Respondent for purposes of any such
28 proceeding or any other licensing proceeding involving Respondent in the State of California.

1 2. EDUCATION COURSE. Within 60 calendar days of the effective date of this
2 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
3 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours
4 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at
5 correcting any areas of deficient practice or knowledge and shall be Category I certified. The
6 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to
7 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the
8 completion of each course, the Board or its designee may administer an examination to test
9 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65
10 hours of CME of which 40 hours were in satisfaction of this condition.

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

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

25 Respondent shall submit a certification of successful completion to the Board or its
26 designee not later than 15 calendar days after successfully completing the course, or not later than
27 15 calendar days after the effective date of the Decision, whichever is later.

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1 4. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
2 the effective date of this Decision, Respondent shall enroll in a professionalism program, that
3 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.
4 Respondent shall participate in and successfully complete that program. Respondent shall
5 provide any information and documents that the program may deem pertinent. Respondent shall
6 successfully complete the classroom component of the program not later than six (6) months after
7 Respondent's initial enrollment, and the longitudinal component of the program not later than the
8 time specified by the program, but no later than one (1) year after attending the classroom
9 component. The professionalism program shall be at Respondent's expense and shall be in
10 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

19 5. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days
20 of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment
21 program approved in advance by the Board or its designee. Respondent shall successfully
22 complete the program not later than six (6) months after Respondent's initial enrollment unless
23 the Board or its designee agrees in writing to an extension of that time.

24 The program shall consist of a comprehensive assessment of Respondent's physical and
25 mental health and the six general domains of clinical competence as defined by the Accreditation
26 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to
27 Respondent's current or intended area of practice. The program shall take into account data
28 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),

1 Accusation(s), and any other information that the Board or its designee deems relevant. The
2 program shall require Respondent's on-site participation for a minimum of three (3) and no more
3 than five (5) days as determined by the program for the assessment and clinical education
4 evaluation. Respondent shall pay all expenses associated with the clinical competence
5 assessment program.

6 At the end of the evaluation, the program will submit a report to the Board or its designee
7 which unequivocally states whether the Respondent has demonstrated the ability to practice
8 safely and independently. Based on Respondent's performance on the clinical competence
9 assessment, the program will advise the Board or its designee of its recommendation(s) for the
10 scope and length of any additional educational or clinical training, evaluation or treatment for any
11 medical condition or psychological condition, or anything else affecting Respondent's practice of
12 medicine. Respondent shall comply with the program's recommendations.

13 Determination as to whether Respondent successfully completed the clinical competence
14 assessment program is solely within the program's jurisdiction.

15 If Respondent fails to enroll, participate in, or successfully complete the clinical
16 competence assessment program within the designated time period, Respondent shall receive a
17 notification from the Board or its designee to cease the practice of medicine within three (3)
18 calendar days after being so notified. The Respondent shall not resume the practice of medicine
19 until enrollment or participation in the outstanding portions of the clinical competence assessment
20 program have been completed. If the Respondent did not successfully complete the clinical
21 competence assessment program, the Respondent shall not resume the practice of medicine until a
22 final decision has been rendered on the accusation and/or a petition to revoke probation. The
23 cessation of practice shall not apply to the reduction of the probationary time period.

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

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

5 The Board or its designee shall provide the approved monitor with copies of the 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 effective
17 date of this Decision, Respondent shall receive a notification from the Board or its designee to
18 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
19 shall cease the practice of medicine until a monitor is approved to provide monitoring
20 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 whether Respondent is practicing medicine
24 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the
25 quarterly written reports to the Board or its designee within 10 calendar days after the end of the
26 preceding quarter.

27 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
28 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 review, semi-annual practice assessment, and semi-annual review of professional growth and
10 education. Respondent shall participate in the professional enhancement program at
11 Respondent's expense during the term of probation.

12 7. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the
13 solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice
14 where: 1) Respondent merely shares office space with another physician but is not affiliated for
15 purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that
16 location.

17 If Respondent fails to establish a practice with another physician or secure employment in
18 an appropriate practice setting within 60 calendar days of the effective date of this Decision,
19 Respondent shall receive a notification from the Board or its designee to cease the practice of
20 medicine within three (3) calendar days after being so notified. The Respondent shall not resume
21 practice until an appropriate practice setting is established.

22 If, during the course of the probation, the Respondent's practice setting changes and the
23 Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent
24 shall notify the Board or its designee within five (5) calendar days of the practice setting change.
25 If Respondent fails to establish a practice with another physician or secure employment in an
26 appropriate practice setting within 60 calendar days of the practice setting change, Respondent
27 shall receive a notification from the Board or its designee to cease the practice of medicine within
28 three (3) calendar days after being so notified. The Respondent shall not resume practice until an

1 appropriate practice setting is established.

2 8. PROHIBITED PRACTICE. During probation, Respondent is required to practice in
3 a setting that is 100% physician-owned. After the effective date of this Decision, all patients
4 being treated by the Respondent shall be notified that the Respondent is required to practice in a
5 setting that is 100% physician-owned. Any new patients must be provided this notification at the
6 time of their initial appointment.

7 Respondent shall maintain a log of all patients to whom the required oral notification was
8 made. The log shall contain the: 1) patient's name, address and phone number; 2) patient's
9 medical record number, if available; 3) the full name of the person making the notification; 4) the
10 date the notification was made; and 5) a description of the notification given. Respondent shall
11 keep this log in a separate file or ledger, in chronological order, shall make the log available for
12 immediate inspection and copying on the premises at all times during business hours by the Board
13 or its designee, and shall retain the log for the entire term of probation.

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

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

23 10. SUPERVISION OF PHYSICIAN ASSISTANTS. During probation, Respondent is
24 prohibited from supervising physician assistants.

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

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1 12. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
2 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
3 limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena
4 enforcement, as applicable, in the amount of \$8,235.00 (eight thousand and two hundred thirty-
5 five dollars and zero cents). Costs shall be payable to the Medical Board of California. Failure to
6 pay such costs shall be considered a violation of probation.

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

11 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility
12 to repay investigation and enforcement costs.

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

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

18 14. GENERAL PROBATION REQUIREMENTS.

19 Compliance with Probation Unit

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

21 Address Changes

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

27 Place of Practice

28 Respondent shall not engage in the practice of medicine in Respondent's or patient's place

1 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
2 facility.

3 License Renewal

4 Respondent shall maintain a current and renewed California physician's and surgeon's
5 license.

6 Travel or Residence Outside California

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

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

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

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

1 period of non-practice.

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

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

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

9 Periods of non-practice for a Respondent residing outside of California will relieve
10 Respondent of the responsibility to comply with the probationary terms and conditions with the
11 exception of this condition and the following terms and conditions of probation: Obey All Laws;
12 General Probation Requirements; and Quarterly Declarations.

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

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

26 19. LICENSE SURRENDER. Following the effective date of this Decision, if
27 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
28 the terms and conditions of probation, Respondent may request to surrender his or her license.

1 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
2 determining whether or not to grant the request, or to take any other action deemed appropriate
3 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
4 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
5 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
6 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
7 application shall be treated as a petition for reinstatement of a revoked certificate.

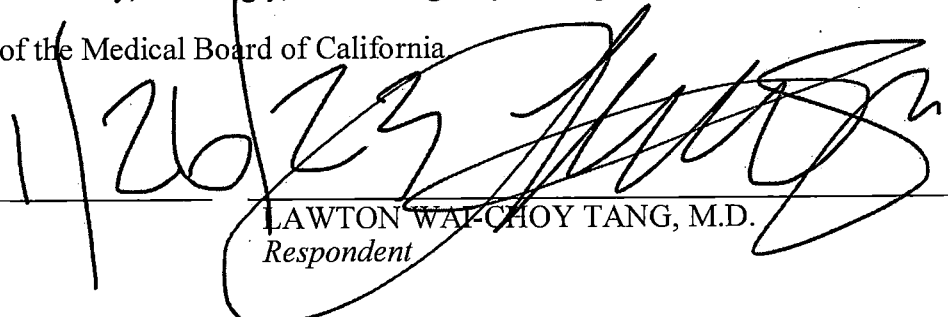
8 20. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
9 with probation monitoring each and every year of probation, as designated by the Board, which
10 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
11 California and delivered to the Board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

13 21. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
14 a new license or certification, or petition for reinstatement of a license, by any other health care
15 licensing action agency in the State of California, all of the charges and allegations contained in
16 Third Amended Accusation No. 800-2017-032539 shall be deemed to be true, correct, and
17 admitted by Respondent for the purpose of any Statement of Issues or any other proceeding
18 seeking to deny or restrict license.

19 ACCEPTANCE

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


25
26 DATED: _____

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28 LAWTON WAI-CHOY TANG, M.D.
Respondent

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


DATED: 1/27/2023


PETER R. OSINOFF, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: 1/27/2023

Respectfully submitted,
ROB BONTA
Attorney General of California
EDWARD KIM
Supervising Deputy Attorney General

CHRISTINA SEIN GOOT
Deputy Attorney General
Attorneys for Complainant

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7

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

10 In the Matter of the Third Amended Accusation
11 and Request for Civil Penalty Against:

Case No. 800-2017-032539

12 **Lawton Wai-Choy Tang, M.D.**
13 **125 North Raymond Avenue, Suite 212**
Pasadena, CA 91103-4534

**THIRD AMENDED ACCUSATION
AND REQUEST FOR CIVIL
PENALTY**

14 **Physician's and Surgeon's Certificate**
15 **No. A 104375,**

16 Respondent.

17
18 **PARTIES**

19 1. William Prasifka (Complainant) brings this Third Amended Accusation and Request
20 for Civil Penalty (Third Amended Accusation) solely in his official capacity as the Executive
21 Director of the Medical Board of California, Department of Consumer Affairs (Board).

22 2. On or about June 11, 2008, the Medical Board issued Physician's and Surgeon's
23 Certificate Number A 104375 to Lawton Wai-Choy Tang, M.D. (Respondent). The Physician's
24 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
25 herein and will expire on December 25, 2022, unless renewed.

26 **JURISDICTION**

27 3. This Third Amended Accusation is brought before the Board under the authority of
28 the following laws. All section references are to the Business and Professions Code (Code)

1 unless otherwise indicated.

2 4. Section 2227 of the Code provides that a licensee who is found guilty under the
3 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed
4 one year, placed on probation and required to pay the costs of probation monitoring, or such other
5 action taken in relation to discipline as the Board deems proper.

6 5. Section 2225.5 of the Code, states:

7 (a) (1) A licensee who fails or refuses to comply with a request for the certified
8 medical records of a patient, that is accompanied by that patient's written
9 authorization for release of records to the board, within 15 days of receiving the
10 request and authorization, shall pay to the board a civil penalty of one thousand
11 dollars (\$1,000) per day for each day that the documents have not been produced after
12 the 15th day, up to ten thousand dollars (\$10,000), unless the licensee is unable to
13 provide the documents within this time period for good cause.

14 (2) A health care facility shall comply with a request for the certified medical
15 records of a patient that is accompanied by that patient's written authorization for
16 release of records to the board together with a notice citing this section and describing
17 the penalties for failure to comply with this section. Failure to provide the
18 authorizing patient's certified medical records to the board within 30 days of
19 receiving the request, authorization, and notice shall subject the health care facility to
20 a civil penalty, payable to the board, of up to one thousand dollars (\$1,000) per day
21 for each day that the documents have not been produced after the 30th day, up to ten
22 thousand dollars (\$10,000), unless the health care facility is unable to provide the
23 documents within this time period for good cause. For health care facilities that have
24 electronic health records, failure to provide the authorizing patient's certified medical
25 records to the board within 15 days of receiving the request, authorization, and notice
26 shall subject the health care facility to a civil penalty, payable to the board, of up to
27 one thousand dollars (\$1,000) per day for each day that the documents have not been
28 produced after the 15th day, up to ten thousand dollars (\$10,000), unless the health
care facility is unable to provide the documents within this time period for good
cause. This paragraph shall not require health care facilities to assist the board in
obtaining the patient's authorization. The board shall pay the reasonable costs of
copying the certified medical records.

(b) (1) A licensee who fails or refuses to comply with a court order, issued in
the enforcement of a subpoena, mandating the release of records to the board shall
pay to the board a civil penalty of one thousand dollars (\$1,000) per day for each day
that the documents have not been produced after the date by which the court order
requires the documents to be produced, up to ten thousand dollars (\$10,000), unless it
is determined that the order is unlawful or invalid. Any statute of limitations
applicable to the filing of an accusation by the board shall be tolled during the period
the licensee is out of compliance with the court order and during any related appeals.

(2) Any licensee who fails or refuses to comply with a court order, issued in the
enforcement of a subpoena, mandating the release of records to the board is guilty of
a misdemeanor punishable by a fine payable to the board not to exceed five thousand
dollars (\$5,000). The fine shall be added to the licensee's renewal fee if it is not paid
by the next succeeding renewal date. Any statute of limitations applicable to the
filing of an accusation by the board shall be tolled during the period the licensee is

1 out of compliance with the court order and during any related appeals.

2 (3) A health care facility that fails or refuses to comply with a court order,
3 issued in the enforcement of a subpoena, mandating the release of patient records to
4 the board, that is accompanied by a notice citing this section and describing the
5 penalties for failure to comply with this section, shall pay to the board a civil penalty
6 of up to one thousand dollars (\$1,000) per day for each day that the documents have
7 not been produced, up to ten thousand dollars (\$10,000), after the date by which the
8 court order requires the documents to be produced, unless it is determined that the
9 order is unlawful or invalid. Any statute of limitations applicable to the filing of an
10 accusation by the board against a licensee shall be tolled during the period the health
11 care facility is out of compliance with the court order and during any related appeals.

12 (4) Any health care facility that fails or refuses to comply with a court order,
13 issued in the enforcement of a subpoena, mandating the release of records to the
14 board is guilty of a misdemeanor punishable by a fine payable to the board not to
15 exceed five thousand dollars (\$5,000). Any statute of limitations applicable to the
16 filing of an accusation by the board against a licensee shall be tolled during the period
17 the health care facility is out of compliance with the court order and during any
18 related appeals.

19 (c) Multiple acts by a licensee in violation of subdivision (b) shall be
20 punishable by a fine not to exceed five thousand dollars (\$5,000) or by imprisonment
21 in a county jail not exceeding six months, or by both that fine and imprisonment.
22 Multiple acts by a health care facility in violation of subdivision (b) shall be
23 punishable by a fine not to exceed five thousand dollars (\$5,000) and shall be
24 reported to the State Department of Public Health and shall be considered as grounds
25 for disciplinary action with respect to licensure, including suspension or revocation of
26 the license or certificate.

27 (d) A failure or refusal of a licensee to comply with a court order, issued in the
28 enforcement of a subpoena, mandating the release of records to the board constitutes
unprofessional conduct and is grounds for suspension or revocation of his or her
license.

(e) Imposition of the civil penalties authorized by this section shall be in
accordance with the Administrative Procedure Act (Chapter 5 (commencing with
Section 11500) of Division 3 of Title 2 of the Government Code).

(f) For purposes of this section, "certified medical records" means a copy of the
patient's medical records authenticated by the licensee or health care facility, as
appropriate, on a form prescribed by the board.

(g) For purposes of this section, a "health care facility" means a clinic or health
facility licensed or exempt from licensure pursuant to Division 2 (commencing with
Section 1200) of the Health and Safety Code.

6. Section 2234 of the Code, states:

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.

1 (b) Gross negligence.

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

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

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

14 (d) Incompetence.

15 (e) The commission of any act involving dishonesty or corruption that is
16 substantially related to the qualifications, functions, or duties of a physician and
17 surgeon.

18 (f) Any action or conduct that would have warranted the denial of a certificate.

19 (g) The failure by a certificate holder, in the absence of good cause, to attend
20 and participate in an interview by the board. This subdivision shall only apply to a
21 certificate holder who is the subject of an investigation by the board.

22 7. Section 2236 of the Code states:

23 (a) The conviction of any offense substantially related to the qualifications,
24 functions, or duties of a physician and surgeon constitutes unprofessional conduct
25 within the meaning of this chapter [Chapter 5, the Medical Practice Act]. The record
26 of conviction shall be conclusive evidence only of the fact that the conviction
27 occurred.

28 (b) The district attorney, city attorney, or other prosecuting agency shall notify
the Medical Board of the pendency of an action against a licensee charging a felony
or misdemeanor immediately upon obtaining information that the defendant is a
licensee. The notice shall identify the licensee and describe the crimes charged and
the facts alleged. The prosecuting agency shall also notify the clerk of the court in
which the action is pending that the defendant is a licensee, and the clerk shall record
prominently in the file that the defendant holds a license as a physician and surgeon.

(c) The clerk of the court in which a licensee is convicted of a crime shall,
within 48 hours after the conviction, transmit a certified copy of the record of
conviction to the board. The division may inquire into the circumstances surrounding
the commission of a crime in order to fix the degree of discipline or to determine if
the conviction is of an offense substantially related to the qualifications, functions, or
duties of a physician and surgeon.

(d) A plea or verdict of guilty or a conviction after a plea of nolo contendere is
deemed to be a conviction within the meaning of this section and Section 2236.1.
The record of conviction shall be conclusive evidence of the fact that the conviction
occurred.

1 8. Section 2236.1 of the Code states:

2 (a) A physician and surgeon's certificate shall be suspended automatically
3 during any time that the holder of the certificate is incarcerated after conviction of a
4 felony, regardless of whether the conviction has been appealed. The Division of
5 Medical Quality¹ shall, immediately upon receipt of the certified copy of the record of
6 conviction, determine whether the certificate of the physician and surgeon has been
7 automatically suspended by virtue of his or her incarceration, and if so, the duration
8 of that suspension. The division shall notify the physician and surgeon of the license
9 suspension and of his or her right to elect to have the issue of penalty heard as
10 provided in this section.

11 (b) Upon receipt of the certified copy of the record of conviction, if after a
12 hearing it is determined therefrom that the felony of which the licensee was convicted
13 was substantially related to the qualifications, functions, or duties of a physician and
14 surgeon, the Division of Medical Quality shall suspend the license until the time for
15 appeal has elapsed, if no appeal has been taken, or until the judgment of conviction
16 has been affirmed on appeal or has otherwise become final, and until further order of
17 the division. The issue of substantial relationship shall be heard by an administrative
18 law judge from the Medical Quality Hearing Panel sitting alone or with a panel of the
19 division, in the discretion of the division.

20 (c) Notwithstanding subdivision (b), a conviction of any crime referred to in
21 Section 2237, or a conviction of Section 187, 261, 262, or 288 of the Penal Code,
22 shall be conclusively presumed to be substantially related to the qualifications,
23 functions, or duties of a physician and surgeon and no hearing shall be held on this
24 issue. Upon its own motion or for good cause shown, the division may decline to
25 impose or may set aside the suspension when it appears to be in the interest of justice
26 to do so, with due regard to maintaining the integrity of and confidence in the medical
27 profession.

28 (d) (1) Discipline may be ordered in accordance with Section 2227, or the
Division of Licensing may order the denial of the license when the time for appeal
has elapsed, the judgment of conviction has been affirmed on appeal, or an order
granting probation is made suspending the imposition of sentence, irrespective of a
subsequent order under Section 1203.4 of the Penal Code allowing the person to
withdraw his or her plea of guilty and to enter a plea of not guilty, setting aside the
verdict of guilty, or dismissing the accusation, complaint, information, or indictment.

(2) The issue of penalty shall be heard by an administrative law judge from the
Medical Quality Hearing Panel sitting alone or with a panel of the division, in the
discretion of the division. The hearing shall not be had until the judgment of
conviction has become final or, irrespective of a subsequent order under Section
1203.4 of the Penal Code, an order granting probation has been made suspending the
imposition of sentence; except that a licensee may, at his or her option, elect to have
the issue of penalty decided before those time periods have elapsed. Where the
licensee so elects, the issue of penalty shall be heard in the manner described in this
section at the hearing to determine whether the conviction was substantially related to
the qualifications, functions, or duties of a physician and surgeon. If the conviction
of a licensee who has made this election is overturned on appeal, any discipline
ordered pursuant to this section shall automatically cease. Nothing in this subdivision
shall prohibit the division from pursuing disciplinary action based on any cause other

¹ Pursuant to Code section 2004, reference to the Division of Medical Quality or the
Division of Licensing are deemed to refer to the Board.

1 than the overturned conviction.

2 (e) The record of the proceedings resulting in the conviction, including a
3 transcript of the testimony therein, may be received in evidence.

4 (f) The other provisions of this article setting forth a procedure for the
5 suspension or revocation of a physician and surgeon's certificate shall not apply to
6 proceedings conducted pursuant to this section.

7 9. Section 2261 of the Code states:

8 Knowingly making or signing any certificate or other document directly or
9 indirectly related to the practice of medicine or podiatry which falsely represents the
10 existence or nonexistence of a state of facts, constitutes unprofessional conduct.

11 10. Section 2266 of the Code states: The failure of a physician and surgeon to maintain
12 adequate and accurate records relating to the provision of services to their patients constitutes
13 unprofessional conduct.

14 11. Section 2264 of the Code states:

15 The employing, directly or indirectly, the aiding, or the abetting of any
16 unlicensed person or any suspended, revoked, or unlicensed practitioner to engage in
17 the practice of medicine or any other mode of treating the sick or afflicted which
18 requires a license to practice constitutes unprofessional conduct.

19 12. Section 2052 of the Code provides:

20 (a) Notwithstanding Section 146, any person who practices or attempts to
21 practice, or who advertises or holds himself or herself out as practicing, any system or
22 mode of treating the sick or afflicted in this state, or who diagnoses, treats, operates
23 for, or prescribes for any ailment, blemish, deformity, disease, disfigurement,
24 disorder, injury, or other physical or mental condition of any person, without having
25 at the time of so doing a valid, unrevoked, or unsuspended certificate as provided in
26 this chapter or without being authorized to perform the act pursuant to a certificate
27 obtained in accordance with some other provision of law is guilty of a public offense,
28 punishable by a fine not exceeding ten thousand dollars (\$10,000), by imprisonment
pursuant to subdivision (h) of Section 1170 of the Penal Code, by imprisonment in a
county jail not exceeding one year, or by both the fine and either imprisonment.

(b) Any person who conspires with or aids or abets another to commit any act
described in subdivision (a) is guilty of a public offense, subject to the punishment
described in that subdivision.

(c) The remedy provided in this section shall not preclude any other remedy
provided by law.

13. Section 2285 of the Code states:

The use of any fictitious, false, or assumed name, or any name other than his or
her own by a licensee either alone, in conjunction with a partnership or group, or as
the name of a professional corporation, in any public communication, advertisement,

1 sign, or announcement of his or her practice without a fictitious-name permit obtained
2 pursuant to Section 2415 constitutes unprofessional conduct. This section shall not
3 apply to the following:

4 (a) Licensees who are employed by a partnership, a group, or a professional
5 corporation that holds a fictitious name permit.

6 (b) Licensees who contract with, are employed by, or are on the staff of, any
7 clinic licensed by the State Department of Health Services under Chapter 1
8 (commencing with Section 1200) of Division 2 of the Health and Safety Code.

9 (c) An outpatient surgery setting granted a certificate of accreditation from an
10 accreditation agency approved by the medical board.

11 (d) Any medical school approved by the division or a faculty practice plan
12 connected with the medical school.

13 14. Section 2286 of the Code states:

14 It shall constitute unprofessional conduct for any licensee to violate, to attempt
15 to violate, directly or indirectly, to assist in or abet the violation of, or to conspire to
16 violate any provision or term of Article 18 (commencing with Section 2400), of the
17 Moscone-Knox Professional Corporation Act (Part 4 commencing with Section
18 13400) of Division 3 of Title 1 of the Corporations Code), or of any rules and
19 regulations duly adopted under those laws.

20 15. Section 13401.5 of the Corporations Code states, in pertinent part:

21 "Notwithstanding subdivision (d) of Section 13401 and any other provision of
22 law, the following licensed persons may be shareholders, officers, directors, or
23 professional employees of the professional corporations designated in this section so
24 long as the sum of all shares owned by those licensed persons does not exceed 49
25 percent of the total number of shares of the professional corporation so designated
26 herein, and so long as the number of those licensed persons owning shares in the
27 professional corporation so designated herein does not exceed the number of persons
28 licensed by the governmental agency regulating the designated professional
corporation. This section does not limit employment by a professional corporation
designated in this section to only those licensed professionals listed under each
subdivision. Any person duly licensed under Division 2 (commencing with Section
500) of the Business and Professions Code, the Chiropractic Act, or the Osteopathic
Act may be employed to render professional services by a professional corporation
designated in this section.

"(a) Medical corporation.

"(1) Licensed doctors of podiatric medicine.

"(2) Licensed psychologists.

"(3) Registered nurses.

"(4) Licensed optometrists.

"(5) Licensed marriage and family therapists.

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- “(6) Licensed clinical social workers.
- “(7) Licensed physician assistants.
- “(8) Licensed chiropractors.
- “(9) Licensed acupuncturists.
- “(10) Naturopathic doctors.
- “(11) Licensed professional clinical counselors.
- “(12) Licensed physical therapists.
- “(13) Licensed pharmacists.
- “(14) Licensed midwives.

“...“

16. Section 650 of the Code states:

“(a) Except as provided in Chapter 2.3 (commencing with Section 1400) of Division 2 of the Health and Safety Code, the offer, delivery, receipt, or acceptance by any person licensed under this division or the Chiropractic Initiative Act of any rebate, refund, commission, preference, patronage dividend, discount, or other consideration, whether in the form of money or otherwise, as compensation or inducement for referring patients, clients, or customers to any person, irrespective of any membership, proprietary interest, or coownership in or with any person to whom these patients, clients, or customers are referred is unlawful.

“(b) The payment or receipt of consideration for services other than the referral of patients which is based on a percentage of gross revenue or similar type of contractual arrangement shall not be unlawful if the consideration is commensurate with the value of the services furnished or with the fair rental value of any premises or equipment leased or provided by the recipient to the payer.

“(c) The offer, delivery, receipt, or acceptance of any consideration between a federally qualified health center, as defined in Section 1396d(1)(2)(B) of Title 42 of the United States Code, and any individual or entity providing goods, items, services, donations, loans, or a combination thereof to the health center entity pursuant to a contract, lease, grant, loan, or other agreement, if that agreement contributes to the ability of the health center entity to maintain or increase the availability, or enhance the quality, of services provided to a medically underserved population served by the health center, shall be permitted only to the extent sanctioned or permitted by federal law.

“(d) Except as provided in Chapter 2.3 (commencing with Section 1400) of Division 2 of the Health and Safety Code and in Sections 654.1 and 654.2 of this code, it shall not be unlawful for any person licensed under this division to refer a person to any laboratory, pharmacy, clinic (including entities exempt from licensure pursuant to Section 1206 of the Health and Safety Code), or health care facility solely because the licensee has a proprietary interest or coownership in the laboratory, pharmacy, clinic, or health care facility, provided, however, that the

1. licensee's return on investment for that proprietary interest or coownership shall be
2. based upon the amount of the capital investment or proportional ownership of the
3. licensee which ownership interest is not based on the number or value of any
4. patients referred. Any referral excepted under this section shall be unlawful if the
5. prosecutor proves that there was no valid medical need for the referral.

6. "(e) Except as provided in Chapter 2.3 (commencing with Section 1400) of
7. Division 2 of the Health and Safety Code and in Sections 654.1 and 654.2 of this
8. code, it shall not be unlawful to provide nonmonetary remuneration, in the form of
9. hardware, software, or information technology and training services, as described
10. in subsections (x) and (y) of Section 1001.952 of Title 42 of the Code of Federal
11. Regulations, as amended October 4, 2007, as published in the Federal Register (72
12. Fed. Reg. 56632 and 56644), and subsequently amended versions.

13. "(f) "Health care facility" means a general acute care hospital, acute
14. psychiatric hospital, skilled nursing facility, intermediate care facility, and any
15. other health facility licensed by the State Department of Public Health under
16. Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety
17. Code.

18. "(g) Notwithstanding the other subdivisions of this section or any other
19. provision of law, the payment or receipt of consideration for advertising, wherein a
20. licensee offers or sells services through a third-party advertiser, shall not constitute
21. a referral of patients when the third-party advertiser does not itself recommend,
22. endorse, or otherwise select a licensee. The fee paid to the third-party advertiser
23. shall be commensurate with the service provided by the third-party advertiser. If
24. the licensee determines, after consultation with the purchaser of the service, that
25. the service provided by the licensee is not appropriate for the purchaser or if the
26. purchaser elects not to receive the service for any reason and requests a refund, the
27. purchaser shall receive a refund of the full purchase price as determined by the
28. terms of the advertising service agreement between the third-party advertiser and
the licensee. The licensee shall disclose in the advertisement that a consultation is
required and that the purchaser will receive a refund if not eligible to receive the
service. This subdivision shall not apply to basic health care services, as defined
in subdivision (b) of Section 1345 of the Health and Safety Code, or essential
health benefits, as defined in Section 1367.005 of the Health and Safety Code and
Section 10112.27 of the Insurance Code. The entity that provides the advertising
shall be able to demonstrate that the licensee consented in writing to the
requirements of this subdivision. A third-party advertiser shall make available to
prospective purchasers advertisements for services of all licensees then advertising
through the third-party advertiser in the applicable geographic region. In any
advertisement offering a discount price for a service, the licensee shall also
disclose the regular, nondiscounted price for that service.

29. "(h) A violation of this section is a public offense and is punishable upon a
30. first conviction by imprisonment in a county jail for not more than one year, or by
31. imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code, or by
32. a fine not exceeding fifty thousand dollars (\$50,000), or by both that imprisonment
33. and fine. A second or subsequent conviction is punishable by imprisonment
34. pursuant to subdivision (h) of Section 1170 of the Penal Code, or by that
35. imprisonment and a fine of fifty thousand dollars (\$50,000)."

36. ///

37. ///

COST RECOVERY

17. Section 125.3 of the Code states:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board, upon request of the entity bringing the proceeding, the administrative law judge may 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.

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

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

(d) The administrative law judge shall make a proposed finding of the amount of reasonable costs of investigation and prosecution of the case when requested pursuant to subdivision (a). The finding of the administrative law judge with regard 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.

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

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

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

(j) This section does not apply to any board if a specific statutory provision in that

1 board's licensing act provides for recovery of costs in an administrative disciplinary
2 proceeding.

3 **FIRST CAUSE FOR DISCIPLINE**

4 **(Conviction of a Substantially Related Crime)**

5 18. Respondent is subject to disciplinary action under section 2236 of the Code, in that he
6 was convicted of an offense substantially related to the qualifications, functions, or duties of a
7 physician. The circumstances are as follows:

8 19. On or about October 21, 2019, in the Superior Court of California for the County of
9 Los Angeles in proceedings entitled *People of the State of California vs. Lawton Tang*
10 [*Defendant No. 1*], *Yanxue Wei aka Sally Wei* [*Defendant No. 2*], and *Melody Hsieh aka Melody*
11 *Hsieh Hornstra aka Meng Fang Hsieh* [*Defendant No.3*], case number GA106085, Respondent
12 was convicted, upon his plea of nolo contendere, of conspiring, aiding or abetting another to
13 practice medicine without a certificate in violation of section 2052, subdivision (b), of the
14 Business and Professions Code, a misdemeanor, as alleged in Count 1 of the original Felony
15 Complaint for Arrest Warrant signed on July 5, 2019. The remaining count (Count 3)² against
16 Respondent in the applicable criminal complaint was dismissed pursuant to the plea negotiation.

17 20. Count 1 of the Complaint to which Respondent pleaded nolo contendere stated, "On
18 or between May 7, 2017 and March 1, 2019, in the County of Los Angeles, the crime of
19 Conspiring, Aiding or Abetting Another to Practice Medicine Without a Certificate, in violation
20 of Business and Professions Code Section 2052(b), a Felony, was committed by Lawton Wai
21 Choi Tang, who conspired with and/or abetted another to practice and/or attempt to practice,
22 and/or advertise or hold himself or herself out as practicing, a system or mode of treating the sick
23 or afflicted in the State of California, without having a valid, unrevoked, and unsuspended
24 certificate as provided in Chapter 5, of Division 2, of the Business and Professions Code, or
25 without being authorized to perform the act pursuant to a certificate obtained in accordance with
26 some other provision of law."

27 21. On or about October 21, 2019, imposition of sentence was suspended and Respondent

28 ² Participating in patient referral rebates when licensed in the healing arts or as a
chiropractor, in violation of Code section 650, originally charged as a Felony.

1 was placed on summary probation for a period of three years with terms and conditions,
2 including,³ that he serve 3 days in Los Angeles County Jail, pay fines and assessments, make
3 restitution to victims, obey all laws, and cooperate with the Board and provide proof to the court
4 that every office where he practices is majority owned (51%) by doctors and minority interests by
5 licensed healthcare providers per section 13401.5, subdivision (a) of the California Corporations
6 Code, and be physically present to supervise medical assistants while they are assisting in patient
7 treatment; front office work, clerical work, and the filling out of forms are excluded from this
8 condition.

9 22. The circumstances of the crime are as follows:

10 Patient A⁴

11 23. In or around 2015, Patient A, a 47-year-old Chinese woman who had been staying at
12 the San Gabriel Hilton, noticed an advertisement offering facials nearby at “Beautiful Glow,”
13 located at 225 West Valley Blvd., San Gabriel, California 91776. Responding to the ad, she
14 went to Beautiful Glow and met the owner, “Sally.” Sally persuaded Patient A to purchase a
15 package deal that included weight loss treatment, fat freezing and thermage. Sally also gave
16 Patient A weight loss capsules to try out for two weeks prior to seeing a doctor. After the two-
17 week trial, Patient A received a prescription for phentermine (30 mg tablets) from Respondent
18 containing capsules similar to those that she received from Sally. Later, Patient A received
19 medical treatments at Beautiful Glow, which included injections to lighten her skin and additional
20 injections to lose weight. On or about April 6, 2017, Patient A received medical treatment at
21 Beautiful Glow, including several injections. However, later that day, when Patient A returned to
22 her hotel room, she passed out and was taken to the emergency room (ER) at San Gabriel Valley
23 Medical Center. Patient A told ER personnel that after she had beauty injections, she started to
24 feel dizzy and had a headache. Patient A was treated at the ER for possible side effects of the
25 medications and later released.

26 24. The Board opened an investigation into this matter after receiving a complaint from
27

28 ³ As used herein, “including” means including, without limitation.

⁴ Patients are designated by letters to address privacy concerns.

1 Patient A. On or about January 18, 2018, Department of Consumer Affairs (DCA) investigators
2 for the Board went to Beautiful Glow in San Gabriel, California and upon entry, asked who was
3 in charge. The employees at Beautiful Glow replied, "Sally Wei," who was not present at that
4 time. However, her brother, who identified himself as an administrator at Beautiful Glow, agreed
5 to speak to the investigators. He informed them that his sister, Sally Wei, owned 51 % of
6 Beautiful Glow, and another individual, Melody Hsieh, owned 49%.⁵ He also told them that
7 Beautiful Glow at that location, performed massages, facials and non-invasive procedures, such
8 as cool sculpting⁶ of fat. A short time later, Respondent appeared and told the investigators that
9 he was the only physician practicing at Beautiful Glow at that location. He further told them that
10 he worked in his capacity as a physician and surgeon for Slim Glow Corp, which is a California
11 general corporation doing business as "Beautiful Glow" at 225 West Valley Blvd., San Gabriel,
12 CA 91776 (Beautiful Glow), and is wholly owned by unlicensed individuals (namely, Yan Xue
13 ("Sally") Wei and Melody Hsieh). When asked, Respondent said that he handled the medical
14 side of the business and that he paid a fee to the owners for the administrative portion.
15 Respondent also admitted to the investigators that Sally did not have a medical license, and that
16 she handled the "business end" of Beautiful Glow. He then explained all of the medical practices
17 that took place at Beautiful Glow, including Botox injections, removal of moles and skin tags,
18 and skin lightening procedures, including a vitamin based (ascorbic acid) solution that is put into
19 an I.V. solution. Other providers at the location performed medical services. For example, he
20 said that he would start the I.V. and a nurse would monitor it. Regarding injections, he stated that
21 he oversaw the process and a nurse could give the injections. He also said that he wrote
22 prescriptions for medication, such as phentermine, for weight loss. Respondent also provided a
23 tour of Beautiful Glow for the investigator. He showed them where the medication was kept. He

24
25 ⁵ On or about October 21, 2019, in Los Angeles County Superior Court of California in
26 criminal case number GA106085, each of Defendant No. 2, Sally Wei and Defendant No. 3,
27 Melody Hsieh, was convicted, upon a plea of nolo contendere, of practicing medicine without a
28 certification in violation of section 2052, subdivision (a), of the Code, a misdemeanor, and each
was sentenced to three years summary probation with terms and conditions.

⁶ Cool sculpting, also known as "CoolSculpting," refers to cryolipolysis, which is a
medical procedure that seeks to dispose of excess fat cells underneath the skin through a freezing
process.

1 also explained that depending on the procedure, he would bring any necessary medication from
2 one of his other offices to Beautiful Glow.

3 25. On or about May 4, 2018, an investigator for the Board interviewed Sally Wei at
4 Beautiful Glow through an interpreter. At that time, she provided a tour of the location, which
5 included offices, a pool area, and examination and treatment rooms. She stated that her legal
6 name was Yan Xue Wei, and explained that she and Melody Hsieh owned Beautiful Glow
7 through a corporation named Slim Glow. She said that she was the president and owned 51 % of
8 the stock, and that Melody Hsieh was the vice president and owned 49% of the stock. She also
9 stated that Respondent was not a stockholder of Slim Glow, but that he was hired as the medical
10 director, approximately two and a half years prior to that date and was paid \$6,000.00 a month.
11 She also said that she was trained in China as an esthetician, but had no formal medical training.
12 She stated that she did not hold any professional licenses in California. She said that she spoke
13 Cantonese, Mandarin and English. She also admitted that she gave Patient A weight loss
14 medication,⁷ and that she believed that she only gave her two days' worth of medications. She
15 said that Respondent approved the medication for Patient A at that time and only wanted her to
16 have a trial to see how she reacted before giving her a prescription. She acknowledged that the
17 pills were not labeled, but that she gave Patient A directions on how to take them.

18 26. On or about August 20, 2018, an investigator received a certified copy of a business
19 license from the City of San Gabriel for Respondent at 227 West Valley Blvd, #268 B&C, San
20 Gabriel, CA 91776, with a mailing address at 225 West Valley Blvd., #H288, San Gabriel, CA
21 91776.

22 27. On or about August 21, 2018, an investigator spoke to an employee at the Revenue
23 Collection Administrator for the City of San Gabriel who explained to the investigator that
24 Beautiful Glow is the dba (doing business as) of Slim Glow Corp., and that the permit was filed
25 on May 14, 2014, and that Beautiful Glow was physically at 225 W. Valley Blvd., #H288, with a
26 mailing address of 227 W. Valley Blvd., #268C. She also explained that the location was also
27 Respondent's office.

28 ⁷ Providing diet medication to a patient is the practice of medicine.

1 28. On or about October 4, 2018, an investigator downloaded nine photographs from
2 Beautiful Glow's website which advertised Respondent and a variety of medical treatments,
3 including injectables like Botox and Juvederm, "whitening shot," stem cell treatments, surgical
4 lifts of the eyelids, buttocks, breasts, neck and face, as well as breast reduction, liposuction,
5 tummy tucks and implants of various types.

6 29. On or about October 10, 2018, a Los Angeles County Superior Court Judge signed a
7 search warrant for Respondent's office and Beautiful Glow at multiple locations. On or about
8 October 18, 2018, a team of sworn investigators executed search warrants at Beautiful Glow at
9 225 West Valley Blvd., #H288, San Gabriel, California, and 227 West Valley Blvd. #268 B & C,
10 San Gabriel, California. The investigators were assisted by a special master (who is fluent in
11 written and spoken English, Mandarin and Cantonese languages and familiar with medical
12 records), who reviewed all the records to determine which files contained medical records that
13 reflected medical care and were responsive to the search warrant.

14 30. On or about October 18, 2018, during the search at Beautiful Glow, investigators
15 interviewed Respondent who said that Sally Wei and Melody Hsieh were the owners of Beautiful
16 Glow and that he did not own any part of Beautiful Glow. He also initially admitted that he was
17 the medical director at Beautiful Glow, and described his compensation arrangement with
18 Beautiful Glow. He explained that when patients came to Beautiful Glow and paid out-of-pocket,
19 Beautiful Glow would take the money initially, and then pay him later.⁸ For example, if
20 Respondent performed a Botox injection for a patient at Beautiful Glow, the patient would pay
21 Beautiful Glow. Then, Beautiful Glow would keep approximately 12 to 16 percent of the
22 proceeds and pay Respondent the remainder because he supplies the Botox and does a majority of
23 the work. He also stated that he supervised the registered nurses at Beautiful Glow who provide
24 patients with shots, IV injections, and other basic medical services. He also stated that he
25 advertises Botox injections, tummy tucks, breast augmentation, buttocks lifts, and micro stem cell
26 infusion on the Beautiful Glow website. He further stated that a registered nurse, named "Jack,"

27
28 ⁸ On the other hand, regarding patients with insurance, he would bill their insurance
through his billing process and would be paid by the insurance carriers directly.

1 was hired by Beautiful Glow but was supervised by him. He said that all the nurses are
2 employees of Beautiful Glow, but he supervised them. He also said that he believed Sally Wei or
3 Melody Hsieh were the custodian of medical records at Beautiful Glow.

4 31. During the search on or about October 18, 2018, at Beautiful Glow, several
5 documents were obtained, including numerous patient medical files documenting medical
6 procedures provided at Beautiful Glow, and documentation showing financial payments between
7 Beautiful Glow and Respondent.

8 32. An Inspection Report, eight photographs, and a decision from the Board of Barbering
9 and Cosmetology report that on or about March 7, 2013, an inspection was conducted on Slim
10 Glow and that after an investigation, Melody Hsieh and Yan (Sally) Xui Wei were found to have
11 committed the unauthorized practice of medicine and were subsequently cited for violating Code
12 section 7320. On December 23, 2013, the violation was upheld and they were fined.

13 33. A citation, Inspection Report, photographs, and a decision from the Board of
14 Barbering and Cosmetology further report that on or about July 19, 2013, a follow up inspection
15 was conducted on Slim Glow, and that as a result of the inspection, the investigation found that
16 Melody Hsieh and Yan (Sally) Xui Wei continued to commit the unauthorized practice of
17 medicine and they were subsequently cited a second time for violating Code section 7320. On
18 October 27, 2014, the violation was upheld and they were fined.

19 34. During the time Respondent worked at Beautiful Glow, Respondent was the medical
20 director of Beautiful Glow (including during the period Patients A, B, C and D were treated
21 there), and Beautiful Glow, its owners, employees and/or its contractors, practiced medicine
22 without a valid physician's and surgeon's certificate issued by the Board. In addition, while
23 Respondent worked at Beautiful Glow, estheticians at Beautiful Glow performed CoolSculpting
24 on patients without adequate supervision and/or in violation of the applicable standard of care.
25 Finally, Respondent also paid Beautiful Glow for patient referrals, and Beautiful Glow paid
26 Respondent a portion of the professional fee collected for patients referred to him.

27 35. Many of the medications administered at Beautiful Glow such as Glutathione, HCG,
28 B12, amino acids etc. could cause severe allergic reactions including airway emergencies.

1 36. Beautiful Glow's patient "consumption" sheets which contained patient names were
2 kept in a drawer at the location that anyone could access.

3 Patient B

4 37. The records of Patient B were obtained during the search warrant execution and on or
5 about November 13, 2018, an investigator interviewed Patient B who stated that on or about
6 January 11, 2017, Respondent saw Patient B at Beautiful Glow in connection with eyelid surgery.
7 He failed to obtain her vitals, check her blood pressure or temperature on that day.

8 **SECOND CAUSE FOR DISCIPLINE**

9 **(Aiding or Abetting the Unlicensed (Corporate) Practice of Medicine)**

10 38. Respondent is subject to disciplinary action under Code sections 2264, 2052,
11 subdivision (b), 2285, and 2286 and section 13401.5 of the Corporations Code in that Respondent
12 aided and abetted the unlicensed practice of medicine by individuals and/or corporations,
13 including violations of the fictitious name practice laws and the Moscone-Knox Professional
14 Corporation Act with respect to the prohibitions against the corporate practice of medicine. The
15 circumstances are as follows:

16 39. The allegations of the First Cause for Discipline are incorporated herein by reference
17 as if fully set forth, and represent aiding and abetting the unlicensed practice of medicine and the
18 corporate practice of medicine. In addition, Respondent did not obtain a fictitious business name
19 permit for Beautiful Glow.

20 **THIRD CAUSE FOR DISCIPLINE**

21 **(Gross Negligence)**

22 40. Respondent is subject to disciplinary action under section 2234, subdivision (b), of
23 the Code in that Respondent was grossly negligent in connection with the care and treatment of
24 patients. The circumstances are as follows:

25 41. The allegations of the First and Second Causes for Discipline, are incorporated herein
26 by reference as if fully set forth, and represent acts of gross negligence.

27 Factual Allegations re Patient C

28 42. In or around February 2017, Patient C went to Beautiful Glow seeking to receive

1 treatments to lose weight. She paid Beautiful Glow for a package of CoolSculpting treatments.
2 On or about February 21, 2017, through in or around April 2017, Patient C received several
3 CoolSculpting treatments at Beautiful Glow which were performed by an aesthetician named "Ivy
4 Wu," who did not possess a valid license to practice professionally as a nurse, physician assistant
5 or doctor. Further, Respondent did not meet the patient, and/or failed to adequately manage
6 and/or supervise the treatment of Patient C.

7 43. A major concern of Patient C was that Beautiful Glow advertised that Respondent
8 was the doctor affiliated with Beautiful Glow. As the "key doctor" for Beautiful Glow,
9 Respondent provided Beautiful Glow with the imprimatur of a legitimate medical practice.

10 Factual Allegations re Patient D

11 44. On or about October 18, 2018, during the service of a search warrant at Beautiful
12 Glow, a DCA investigator interviewed a woman who was at the location waiting for a massage,
13 who was identified by her California driver's license, Patient D. Patient D stated that she had
14 learned about Beautiful Glow from Yelp in or around February 2017, and scheduled a
15 consultation with someone named "Annie." She then purchased a package (a weight loss plan
16 which included massage, injections, CoolSculpting, and prescription weight loss drugs) that cost
17 approximately \$5,000 to \$6,000. She had purchased at least two such plans since becoming a
18 Beautiful Glow customer. She stated that she visited Beautiful Glow approximately twice a week
19 for massages and had received about 40 CoolSculpting treatments. She also said that the massage
20 and CoolSculpting were provided by "Ivy." She also received injections once a week from a
21 male nurse named "Jack." She was not sure what was in the injections, but they were supposed to
22 help with weight loss. In or around November 2017, Respondent saw Patient D for the first time
23 in connection with prescriptions for weight loss medication. Her visit with Respondent lasted no
24 more than 10 minutes. Respondent failed to ask her any questions about her medical history or
25 drugs she was currently taking, and failed to take any vitals, such as pulse or blood pressure.
26 However, she was weighed and her measurements were taken. Respondent ordered HCG⁹ for

27 _____
28 ⁹ HCG is human chorionic gonadotropin, a hormone produced during pregnancy. As a
prescription medication, HCG is used mainly to treat fertility issues.

1 Patient D at Beautiful Glow on or about each of the following dates: April 12, 2018, August 30,
2 2018, and October 4, 2018, and glutathione (antioxidant) on or about April 5, 2018. Respondent
3 negligently failed to adequately evaluate, assess and/or treat the patient.

4 Patients A, B, C and D

5 45. Each of Patients A, B, C and D received medical treatment at Beautiful Glow,
6 without a prior adequate medical evaluation for such treatment, for which Respondent was
7 responsible and committed grossly negligent acts. The circumstances are as follows:

8 A. In or around December 2016, and January, February and March 2017, Patient A
9 received medicine, injection therapy, and/or CoolSculpting treatments at Beautiful Glow.
10 On or about April 10, 2017, a prescription from Respondent for phentermine for Patient A
11 was filled by CVS pharmacy.

12 B. On or about January 11, 2017, Respondent performed surgery on Patient B at
13 Beautiful Glow. He failed to adequately evaluate the patient prior to her treatment, e.g.,
14 obtaining her vitals, checking her blood pressure or temperature on that day.

15 C. On or about February 21, 2017, through in or around April 2017, Patient C
16 received several CoolSculpting treatments at Beautiful Glow. Respondent did not
17 adequately evaluate or adequately supervise any evaluations and/or treatments of Patient C.

18 D. In or around February 2017, and thereafter, Patient D received treatments at
19 Beautiful Glow, including CoolSculpting and HCG injections. Respondent did not
20 adequately evaluate or adequately supervise any evaluations and/or treatments of Patient D.

21 46. Beginning in or around 2015 through 2019, Respondent acted as the medical director
22 for Beautiful Glow and in a grossly negligent manner, failed to adequately perform, manage
23 and/or supervise personnel providing medical services, and/or document the same, including, in
24 connection with the failure to adequately obtain patient histories, perform assessments (including
25 physical examinations), formulate treatment plans, and/or the failure to adequately supervise
26 medical staff in performing or providing medical services such as CoolSculpting, and/or
27 providing injections, and/or the failure to maintain adequate and accurate medical records for
28 patients at Beautiful Glow, including Patients A, B, C and D. During his interview with

1 investigators, Respondent stated that he saw on average five to ten patients a week for evaluations
2 and treated about five patients a week at Beautiful Glow. He also stated that "RNs" at Beautiful
3 Glow would do "really simple things like for instance . . . - an IV injection or something like that,
4 like mostly . . . ascorbic acid, . . . glutathione, . . . vitamin B12 shots, really basic things."
5 However, the patient records at Beautiful Glow failed to adequately document the medications
6 provided to its patients, including HCG, glutathione, and Vitamin C injections and administration
7 amounts. When questioned about medical records, Respondent replied that patient medical
8 records were an "administrative side" responsibility; not his responsibility. As a result, Patient A
9 could not obtain a copy of her medical records to determine what medications she was injected
10 with that caused her to go to the hospital, because such records did not exist. Furthermore, during
11 the time Respondent was the medical director of Beautiful Glow, medical staff and/or estheticians
12 provided medical treatment to patients, including CoolSculpting and/or other invasive treatments
13 without adequate evaluations and/or supervision.

14 47. Many of the medications administered at Beautiful Glow such as Glutathione, HCG,
15 B12, amino acids etc., can cause severe allergic reactions, including airway emergencies.
16 Respondent's failure to ensure that emergency equipment (e.g., defibrillator or crash cart) was
17 available at Beautiful Glow constitutes gross negligence.

18 48. Respondent committed gross negligence in connection with the filing location of
19 Beautiful Glow's patient "consumption" sheets with patient names, which were kept in a drawer
20 that anyone could access.

21 FOURTH CAUSE FOR DISCIPLINE

22 (Repeated Negligent Acts)

23 49. Respondent is subject to disciplinary action under section 2234, subdivision (c), of
24 the Code in that Respondent engaged in repeated negligent acts in the care and treatment of
25 patients. The circumstances are as follows:

26 50. The allegations of the First through Third Causes for Discipline, inclusive, are
27 incorporated herein by reference as if fully set forth, and represent repeated negligent acts.

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1 **FIFTH CAUSE FOR DISCIPLINE**

2 **(Incompetence)**

3 51. Respondent is subject to disciplinary action under section 2234, subdivision (d), of
4 the Code in that Respondent demonstrated incompetence. The circumstances are as follows:

5 52. The allegations of the First through Fourth Causes for Discipline, inclusive, are
6 incorporated herein by reference as if fully set forth, and represent incompetence, including in
7 connection with Respondent's record-keeping practices.

8 **SIXTH CAUSE FOR DISCIPLINE**

9 **(Fee Splitting)**

10 53. Respondent is subject to disciplinary action under Business and Professions Code
11 section 650, in that he shared fees and/or paid or received referrals, for medical services and/or
12 committed related unprofessional conduct. The circumstances are as follows:

13 54. The allegations of the First through Fifth Causes for Discipline, inclusive, are
14 incorporated herein by reference as if fully set forth, and represent illegal fee sharing between
15 Respondent and unlicensed persons and/or corporations, which constitutes unprofessional
16 conduct.

17 **SEVENTH CAUSE FOR DISCIPLINE**

18 **(Patient E - Gross Negligence, Negligence, Dishonest and Corrupt Acts,**

19 **Misrepresentations, and Failure to Maintain Adequate and Accurate Records)**

20 55. Respondent is subject to disciplinary action under sections 2234, subdivisions (b), (c)
21 and (e), 2261 and 2266 of the Code in that Respondent engaged in gross negligence, negligence,
22 and dishonest and corrupt acts, and made misrepresentations, and failed to maintain adequate and
23 accurate records of the medical and/or surgical services he provided, in connection with patient
24 care and treatment. The circumstances are as follows:

25 56. The allegations of the First through Sixth Causes for Discipline, inclusive, are
26 incorporated herein by reference as if fully set forth.

27 **Patient E**

28 57. In addition, Patient E complained to the Board that Respondent committed fraud by

1 claiming that he was a board certified surgeon by the American Board of Surgery and American
2 Board of Plastic Surgery and that he committed medical malpractice when he performed
3 blepharoplasty surgery on her eyelids on or about October 17, 2018, failed to provide her medical
4 records in a timely manner, and exhibited poor hygiene during surgery (inadequate hand
5 hygiene).

6 58. On or about October 3, 2018, Respondent consulted with Patient E at his Angel
7 Plastic Surgery location in West Covina about her desire to address her "eye bags." Respondent
8 explained to Patient E that he could remove eye bags from the outside of her eyes. He explained
9 the side effects and recovery time of the procedure. During their conversation, Respondent noted
10 his background and credentials to Patient E. There is an undated chart note that describes limited
11 initial consultation information.

12 59. On or about October 17, 2018, Respondent performed surgery on Patient E, a 37-
13 year-old nurse, but failed to take her vitals, such as her blood pressure or temperature. Patient E
14 also did not see any life-saving equipment for emergencies at the location. Given her background
15 as a registered nurse, she believed that Respondent should have had equipment to do a proper
16 medical assessment of the patient. Prior to the surgery, Patient E was given three pills to
17 consume, which were identified as Xanax, 2 mg tablets. Respondent's record failed to document
18 this adequately. Patient E became sedated after taking the pills. During surgery, Patient E woke
19 up and felt a severe pain on her left eyelid. She felt another injection into her left eyelid and
20 passed out again. When she awoke, she was at home and still under the influence of Xanax.
21 Later, while moving at home, her wound opened and started bleeding.

22 60. Thereafter, Respondent saw Patient E at multiple visits to address on-going
23 complications from the surgery that continued to occur as follows:

24 (a) On or about October 19, 2018, Patient E complained to Respondent about
25 swelling on the left side of her face and the possibility that it needed to be drained;

26 (b) On or about October 24, 2018, Patient E saw Respondent at a follow-up visit
27 and he drained her left eye by cutting it open;

28 (c) On or about October 29, 2018, Patient E returned to Respondent for a follow up

1 visit. Because her left eye was still swollen, Respondent told her to massage it. Although
2 Patient E had misgivings about this treatment plan, Respondent reassured her that it would be
3 fine. Thereafter, Patient E went home and massaged her eye to reduce the swelling. However,
4 this massaging action caused the wound to open. She called Respondent, and he told her to return
5 to his office. Upon her return to Respondent's office, Respondent told her that he would have to
6 open the wound up again, and instructed her to lie on his examination table. He administered a
7 local numbing agent, opened up her lower eyelid and used a "hook" in her lower eyelid to pull her
8 cheek muscle higher to correct her ectropion.¹⁰ Because Patient E was awake throughout the
9 duration of this whole procedure, she heard Respondent tell her that he needed a different size
10 thread and observed him reach into his pockets and yell for his assistant. This lack of hygiene
11 concerned Patient E and she asked Respondent what he was doing. After he pulled her face up
12 more, he sutured the wound.

13 (d) In or around the week prior to the Thanksgiving holiday in November 2018,
14 Patient E saw Respondent at his Pasadena surgery center because her left eye was drooping due to
15 the scarring. Respondent proposed his plan to sew her left eye shut to lift up her face and stop the
16 drooping in her left eye. However, Patient E declined to undergo the procedure.

17 (e) On or about November 28, 2018, Patient E returned to Respondent for a follow
18 up visit. Respondent examined her and stitched the corner of her left eyelids together.

19 (f) On or about December 2, 2018, Patient E's stitches came open and her left,
20 lower eyelid was drooping. She went to see Respondent again. Respondent told Patient E that he
21 wanted to open her eyelids again and lift her face up. She declined. There is no documentation
22 associated with this visit in Respondent's medical records.

23 61. Respondent's records in connection with his care and treatment of Patient E are
24 inaccurate and inadequate and violate the applicable standard of care.

25 62. On or about July 22, 2019, a DCA investigator downloaded a copy of Respondent's
26 biography on the Angel Plastic Surgery website, which stated that he "remains actively involved
27

28 ¹⁰ This is a condition in which the eyelid turns outward. This leaves the inner eyelid
surface exposed and prone to irritation.

1 in education by teaching surgeons in training from Huntington Memorial Hospital and University
2 of Southern California, and that he was “featured at the Breast and Body Contouring Symposium
3 held each year with [Dr. J.R.]” However, in fact, Dr. J.R., has had very little to no contact with
4 Respondent since 2006, and has not had any professional contact with Respondent since
5 Respondent completed his training. In addition, Dr. J.R. has never had any professional
6 affiliation with Respondent and Respondent has never been an instructor at the Breast and Body
7 Contouring Symposium.

8 63. On or about October 28, 2019, a DCA investigator interviewed Respondent with his
9 attorney. During the interview, Respondent indicated that he had previously taken and passed his
10 examinations for his specialty board certifications in general surgery and plastic surgery and that
11 they were time-limited (10-year duration) certifications, and had expired. In fact, Respondent
12 was never board certified in these specialties.

13 64. Respondent made false representations and misrepresentations, and/or committed
14 dishonest and/or corrupt acts as set forth above.

15 65. Respondent’s actions above, including his statements and/or representations
16 regarding his professional training and credentials statements represent gross negligence and/or
17 negligent acts.

18 **EIGHTH CAUSE FOR DISCIPLINE**

19 **(Patient F - Gross Negligence, Negligence, and Inadequate Record Keeping)**

20 66. Respondent is subject to disciplinary action under sections 2234, subdivisions (b) and
21 (c) and 2266, of the Code in that Respondent engaged in gross negligence, repeated negligent acts
22 and failed to maintain adequate and accurate records in connection with the care and treatment of
23 a patient. The circumstances are as follows:

24 67. The allegations of the First through Seventh Causes for Discipline, inclusive, are
25 incorporated herein by reference as if fully set forth.

26 **Patient F**

27 68. On or about April 27, 2018, Patient F visited Midas Medical Spa in Los Angeles, and
28 was seen by nurse practitioner, J.L. She underwent a collagen “skin test,” immediately followed

1 by peri-orbital Bellafill injections (six syringes) administered by J.L. The records of Patient F do
2 not adequately document (a) a "good faith exam" note upon initially meeting with the patient, (b)
3 that a follow-up appointment would be scheduled, (c) the patient's return for the administration of
4 "light therapy" two additional times between April and October of 2018, and (d) whether the
5 patient had undergone collagen injections in the past. The inadequate and inaccurate record
6 keeping of Patient F's care represents gross negligence and repeated negligent acts of Respondent
7 as the supervisor of J.L. and as the owner of Midas Medical Spa.

8 **NINTH CAUSE FOR DISCIPLINE**

9 **(Record Keeping)**

10 69. Respondent is subject to disciplinary action under Code section 2266 in that he failed
11 to maintain adequate and accurate records relating to the provision of services to patients. The
12 circumstances are as follows:

13 70. The allegations of the First through Eighth Causes for Discipline, inclusive, are
14 incorporated herein by reference as if fully set forth.

15 **TENTH CAUSE FOR DISCIPLINE**

16 **(Failure to Provide Medical Records and Unprofessional Conduct)**

17 71. Respondent is subject to disciplinary action and to imposition of a civil penalty under
18 Code sections 2225.5 and 2234, generally, in that he failed to provide certified medical records
19 and committed unprofessional conduct. The circumstances are as follows:

20 72. The allegations of the First through Ninth Causes for Discipline, inclusive, are
21 incorporated herein by reference as if fully set forth, and represent unprofessional conduct.

22 73. Respondent failed to provide certified records for Patients A, B, and C and when
23 questioned about patient medical records, Respondent replied that patient medical records were
24 an "administrative side" responsibility; not his responsibility.

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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 104375, issued to Respondent Lawton Wai-Choy Tang, M.D.;
2. Revoking, suspending or denying approval of Respondent Lawton Wai-Choy Tang, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Respondent Lawton Wai-Choy Tang, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring;
4. Ordering Respondent Lawton Wai-Choy Tang, M.D. to pay a civil penalty in the amount of \$10,000.00 pursuant to Code section 2225.5; and
5. Taking such other and further action as deemed necessary and proper.

DATED: JUL 15 2022



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