

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

In the Matter of the Accusation Against:

Ian Yip, M.D.

Physician's & Surgeon's
Certificate No. G 73119

Respondent.

Case No. 800-2018-047160

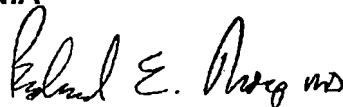
DECISION

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 December 22, 2023.

IT IS SO ORDERED: November 22, 2023.

MEDICAL BOARD OF CALIFORNIA



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

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

In the Matter of the Accusation Against:

Case No. 800-2018-047160

Ian Yip, M.D.
6325 Topanga Canyon Blvd., Suite 315
Woodland Hills, CA 91367

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

Physician's and Surgeon's Certificate
No. G 73119,

Respondent.

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

PARTIES

1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Erin Muellenberg, Esq. of Polsinelli LLP.

2. Respondent Ian Yip, M.D. (Respondent) is represented in this proceeding by attorney Raymond J. McMahon, Esq., whose address is: 5440 Trabuco Road, Irvine, California, 92620.

3. On or about December 10, 1991, the Board issued Physician's and Surgeon's Certificate No. G 73119 to Respondent. The Physician's and Surgeon's Certificate was in full

1 force and effect at all times relevant to the charges brought in Accusation No. 800-2018-047160,
2 and will expire on May 31, 2025, unless renewed.

3 **JURISDICTION**

4 4. On August 17, 2021, Accusation No. 800-2018-047160 was filed before the Board
5 and is currently pending against Respondent. The Accusation and all other statutorily required
6 documents were properly served on Respondent on August 17, 2021. Respondent timely filed his
7 Notice of Defense contesting the Accusation.

8 5. A true and correct copy of Accusation No. 800-2018-047160 is attached hereto as
9 **Exhibit A** and incorporated herein by reference.

10 **ADVISEMENT AND WAIVERS**

11 6. Respondent has carefully read, fully discussed with counsel, and understands the
12 charges and allegations in Accusation No. 800-2018-047160. Respondent has also carefully read,
13 fully discussed with his counsel, and understands the effects of this Stipulated Settlement and
14 Disciplinary Order.

15 7. Respondent is fully aware of his legal rights in this matter, including the right to a
16 hearing on the charges and allegations contained in the Accusation; the right to confront and
17 cross-examine the witnesses against him; the right to present evidence and to testify on his own
18 behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the pro-
19 duction of documents; the right to reconsideration and court review of an adverse decision; and
20 all other rights accorded by the California Administrative Procedure Act and other applicable
21 laws, having been fully advised of same by his counsel.

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

24 **CULPABILITY**

25 9. Respondent understands and agrees that the charges and allegations contained in
26 Accusation No. 800-2018-047160, if proven at a hearing, constitute cause for imposing discipline
27 upon his Physician's and Surgeon's Certificate No. G 73119.
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1 10. Respondent stipulates that, at a hearing, Complainant could establish a *prima facie*
2 case or factual basis for the charges and allegations contained in the Accusation; that he gives up
3 his right to contest those charges and allegations contained in the Accusation; and that he has
4 thereby subjected his Physician's and Surgeon's Certificate to disciplinary action.

5 **CONTINGENCY**

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

15 12. Respondent agrees that if an accusation is ever filed against him before the Board,
16 all of the charges and allegations contained in Accusation No. 800-2018-047160 shall be deemed
17 true, correct and fully admitted by Respondent for purposes of any such proceeding or any other
18 licensing proceeding involving Respondent in the State of California.

19 **ADDITIONAL PROVISIONS**

20 13. This Stipulated Settlement and Disciplinary Order is intended by the parties herein
21 to be an integrated writing representing the complete, final and exclusive embodiment of the
22 agreements of the parties in the above-entitled matter.

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

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

1 **DISCIPLINARY ORDER**

2 IT IS HEREBY ORDERED that the Respondent, Ian Yip, M.D.'s Physician's and
3 Surgeon's Certificate No. G 73119, shall be and hereby is publicly reprimanded pursuant to
4 California Business and Professions Code, section 2227, subdivision (a), subsection (4). This
5 Public Reprimand, which is issued in connection with the charges and allegations contained in
6 Accusation No. 800-2018-047160, is as follows:

7 1. **PUBLIC REPRIMAND.**

8 Respondent failed to maintain adequate and accurate records in connection with the
9 diagnostic evaluation and treatment of central hypothyroidism, and monitoring and prescribing of
10 levothyroxine to Patient 1, as alleged in the Accusation, paragraphs 9 through 31.

11 2. **MEDICAL RECORD KEEPING COURSE.**

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

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

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

28 3. **INVESTIGATION/ENFORCEMENT COST RECOVERY**

1 Respondent is hereby ordered to reimburse the Board its costs of enforcement, including
2 legal review and expert review, as applicable, five thousand four hundred sixty-four dollars
3 (\$5,464.00). Costs shall be payable to the Board. Failure to pay such costs shall be considered a
4 violation of this agreement and shall be deemed an act of unprofessional conduct and a separate
5 and distinct basis for discipline.

6 Any and all requests for a payment plan shall be submitted in writing by Respondent to
7 the Board.

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

10 5. FAILURE TO COMPLY. Any failure by Respondent to comply with the terms and
11 conditions of the Disciplinary Order set forth above shall constitute unprofessional conduct and
12 grounds for further disciplinary action.

13 ACCEPTANCE

14 I have carefully read the above Stipulated Settlement and Disciplinary Order and have
15 fully discussed it with my attorneys, Raymond J. McMahon, Esq. I fully understand this stipulation
16 and the effect it will have on my Physician's and Surgeon's Certificate No. G 73119. I enter into
17 this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and
18 agree to be bound by the Decision and Order of the Medical Board of California.


19
20 DATED: 9/14/23

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22 By: 
23 IAN YIP, M.D.
Respondent

24 I have read and fully discussed with Respondent, Ian Yip, M.D., the terms and conditions
25 and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve
26 its form and content.
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DATED: September 14, 2023

By: 
RAYMOND J. MCMAHON, 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: September 5, 2023.

POLSINELLI LLP


By: ERIN MUELLENBERG

EXHIBIT A
ACCUSATION NO. 800-2018-047160

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5

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

11 In the Matter of the Accusation Against:

Case No. 800-2018-047160

12 **Ian Yip, M.D.**
13 **6325 Topanga Canyon Blvd., Suite 315**
Woodland Hills, CA 91367

A C C U S A T I O N

14 **Physician's and Surgeon's Certificate**
15 **No. G 73119,**

Respondent.

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18 **PARTIES**

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

22 2. On or about December 10, 1991, the Medical Board issued Physician's and Surgeon's
23 Certificate Number G 73119 to Ian Yip, M.D. (Respondent). The Physician's and Surgeon's
24 Certificate was in full force and effect at all times relevant to the charges brought herein and will
25 expire on May 31, 2023, unless renewed.
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JURISDICTION

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2 3. This Accusation is brought before the Board under the authority of the following
3 provisions of the California Business and Professions Code ("Code") unless otherwise indicated.

4 4. Section 2004 of the Code states:

5 The board shall have the responsibility for the following:

6 (a) The enforcement of the disciplinary and criminal provisions of the Medical
7 Practice Act.

8 (b) The administration and hearing of disciplinary actions.

9 (c) Carrying out disciplinary actions appropriate to findings made by a panel or
10 an administrative law judge.

11 (d) Suspending, revoking, or otherwise limiting certificates after the conclusion
12 of disciplinary actions.

13 (e) Reviewing the quality of medical practice carried out by physician and
14 surgeon certificate holders under the jurisdiction of the board.

15 (f) Approving undergraduate and graduate medical education programs.

16 (g) Approving clinical clerkship and special programs and hospitals for the
17 programs in subdivision (f).

18 (h) Issuing licenses and certificates under the board's jurisdiction.

19 (i) Administering the board's continuing medical education program.

20 5. Section 2227 of the Code states:

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

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

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

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

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

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

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

7 6. Section 2234 of the Code, states:

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

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

13 (b) Gross negligence.

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

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

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

26 (d) Incompetence.

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

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

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

7. Section 2266 of the Code states:

The failure of a physician and surgeon to maintain adequate and accurate records
relating to the provision of services to their patients constitutes unprofessional conduct.

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1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Gross Negligence)**

3 8. Respondent is subject to disciplinary action under section 2234, subdivision (b), of
4 the Code, in that he engaged in gross negligence in the care and treatment of Patient 1.¹ The
5 circumstances are as follows:

6 9. Patient 1, a 74 year-old female, was treated by Respondent, a specialist in
7 endocrinology, diabetes, and metabolism, on a monthly basis from August of 2015 through
8 August of 2018.² During this timeframe, Respondent treated Patient 1 for multiple conditions,
9 including pain, anxiety, depression, and hypothyroidism.³ With respect to the patient's
10 hypothyroidism, Respondent treated her with low doses of levothyroxine,⁴ 50-75 mcg daily. The
11 patient's laboratory studies revealed a pattern suggestive of central hypothyroidism.⁵

12 10. Patient 1's July 21, 2015 laboratory test results reflected an elevated TSH level of
13 5.04,⁶ a Free T4 level of 0.8⁷ and a random blood glucose level of 137.⁸ A handwritten note by
14 Respondent on the laboratory report stated, "Pt did not receive thyroid medication x few weeks."

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17 ¹ For privacy purposes, the patient in this Accusation is referred to as Patient 1.

18 ² As of August 2015, Patient 1 had already been an established patient in Respondent's practice.

19 ³ Hypothyroidism (underactive thyroid) is a condition in which the thyroid gland does not produce
20 enough of certain thyroid hormones.

21 ⁴ Levothyroxine is a medication used to treat hypothyroidism. It replaces or provides more
22 thyroid hormone, which is normally produced by the thyroid gland. The brand name for levothyroxine is
23 Synthroid.

24 ⁵ Central hypothyroidism is an uncommon cause of hypothyroidism. It is characterized by a
25 defect in thyroid hormone secretion in an otherwise normal thyroid gland due to insufficient stimulation by
26 thyroid-stimulating hormone (TSH). The disease results from the abnormal function of the pituitary gland,
27 the hypothalamus, or both.

28 ⁶ TSH test measures the amount of TSH in the blood and the results reflect how well the thyroid is
functioning. A normal TSH level ranges from 0.358 to 3.740.

⁷ Free T4 test measures how well the thyroid gland is working by measuring the amount of free
thyroxine (t4) in the blood. A normal Free T4 level ranges from 0.76 to 1.66.

⁸ A random glucose test measures the amount of glucose or sugar circulating in the blood. A
normal random glucose test level ranges from 74 to 106.

1 11. At the time of Patient 1's visit on August 18, 2015, Respondent noted that she had a
2 history of hypothyroidism and was taking levothyroxine 50 mcg daily. Respondent continued the
3 levothyroxine 50 mcg daily and instructed the patient to return in one month.

4 12. At the time of Patient 1's visit on October 13, 2015, Respondent documented that she
5 likely had central hypothyroidism. Thereafter, Respondent continued to document the diagnosis
6 of "likely central hypothyroidism" in the progress notes dated March 10, 2016, April 5, 2016,
7 May 3, 2016, August 23, 2016, January 16, 2017, February 13, 2017, March 13, 2017, April 10,
8 2017, and May 8, 2017.

9 13. On June 21, 2016, Patient 1's laboratory studies reflected a TSH level of 0.610, Free
10 T4 level of 1.0, and elevated random blood glucose level of 137. Almost a year later, on May 8,
11 2017, laboratory studies demonstrated a TSH level of 0.021 and Free T4 level of 1.3.

12 14. On June 5, 2017, Respondent noted that Patient 1 was taking Synthroid 50 mcg daily.
13 He also documented that the patient's thyroid function tests (TFT) were challenging to interpret
14 and that she was on a very low dose of thyroxine 50 mcg, daily. He further documented, "[s]he
15 may have central hypothyroidism because her TSH always on the low end even though her T4
16 was low normal. This time she has surpassed TSH of 0.021. Ask her to stop taking Synthroid."
17 In the Plan Section of Respondent's progress note, he documented, "[h]as suppressed TSH with
18 high normal T4 with very low dosage of Synthroid. Discontinue synthroid."

19 15. At the time of the patient's July 5, 2017 visit, Respondent noted that Patient 1 was
20 still taking Synthroid 50 mcg, daily. In the plan section of his progress note, Respondent again
21 documented, "[h]as suppressed TSH with high normal T4 with very low dosage of Synthroid.
22 Discontinue synthroid."

23 16. At the time of the patient's August 2, 2017 visit, Respondent documented that she
24 was no longer taking Synthroid. In the Plan Section of his progress note, Respondent again
25 documented, "[h]as suppressed TSH with high normal T4 with very low dosage of Synthroid.
26 Discontinue synthroid."

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1 17. Patient 1's February 7, 2018 laboratory studies reflected an elevated TSH level of
2 4.010 and low Free T4 level of 0.7. Respondent handwrote on the laboratory report that the
3 patient likely had central hypothyroid and to restart levothyroxine at 50 mcg daily.

4 18. At the time of Patient 1's March 7, 2018 visit, Respondent noted "TFT showed low
5 T4 of 0.7 and very minimally elevated TSH. Patient likely has central hypothyroidism. And her
6 fatigue likely related to mild hypothyroidism. Will restart her thyroxine at low dosage. Keep her
7 T4 in the mid-range. Will not follow TSH." In the Assessment Section of Respondent's progress
8 note, he documented, "[h]as low T4. Likely cause of her fatigue. Will restart Synthroid at low
9 dosage of 50 mcg daily with empty stomach. Likely has central hypothyroidism. Adjustment of
10 thyroxine will base on her T4 level. Aim to keep T4 at the mid-normal range. Around 1."
11 Respondent prescribed 30 tablets of levothyroxine 50 mcg with 4 refills.

12 19. At the time of Patient 1's next visit, on April 4, 2018, Respondent did not list
13 levothyroxine on her list of active medications. In the Assessment Section of his progress note,
14 he documented, "[s]till has fatigue. Trial of increase levothyroxine to 75 mcg daily."
15 Respondent prescribed 30 tablets of levothyroxine 75 mcg with 4 refills. There was no
16 documentation of the patient's Free T4 or TSH levels while taking the 50 mcg daily
17 levothyroxine dose prescribed one month earlier, on March 7, 2018.

18 20. At the time of Patient 1's visits on May 2, 2018, June 5, 2018, July 30, 2018, and
19 August 21, 2018, Respondent did not document that that she was taking levothyroxine. In his
20 progress note for each of these visits, he documented, "[h]as low T4. Likely cause of her fatigue.
21 Will restart Synthroid at low dosage of 50 mcg daily with empty stomach. Likely has central
22 hypothyroidism. Adjustment of thyroxine will base on her T4 level. Aim to keep T4 at the mid-
23 normal range. Around 1."

24 At the time of Respondent's interview with the Board on September 28, 2020, he stated that
25 he believed that Patient 1's likely central hypothyroidism was related to her use of opioid
26 medication. There was no evaluation of other pituitary hormone function and
27 pituitary/hypothalamic imaging to support a conclusion that the cause of Patient 1's central
28 hypothyroidism was opioid use.

1 21. During the three-year period of August 2015 through August 2018, Respondent
2 evaluated and treated Patient 1 on at least 37 occasions. During that timeframe, he indicated on at
3 least 16 visits that the patient's diagnosis of hypothyroidism was likely due to central
4 hypothyroidism. During that timeframe, Respondent did not pursue evaluation of other pituitary
5 hormones or obtain imaging of the pituitary to exclude a space-occupying lesion such as a tumor.
6 On April 8, 2018, Respondent increased Patient 1's dose of levothyroxine based on symptoms
7 without evaluating her thyroid blood tests at that time.

8 22. The diagnosis of central hypothyroidism should be suspected when the patient's
9 laboratory values reflect repeated low T4, T3,⁹ and TSH levels. The standard of care for the
10 evaluation and treatment of central hypothyroidism is to perform imaging studies and evaluate the
11 presence or absence of other pituitary dysfunction. These steps are necessary to exclude a tumor,
12 mass, or other structural cause of the dysfunction in the pituitary and hypothalamus. When
13 treating central hypothyroidism with levothyroxine, the standard of care requires monitoring of
14 the Free T4 level and maintaining it in the normal or high-normal range.

15 23. Respondent committed an extreme departure from the standard of care in failing to
16 appropriately evaluate and treat Patient 1's suspected central hypothyroidism. Specifically,
17 Respondent failed to evaluate the presence of other pituitary hormone related deficiencies; failed
18 to evaluate her adrenal function; and failed to obtain pituitary/hypothalamic imaging.

19 24. Respondent's acts and/or omissions as set forth in paragraphs 9 through 23, above,
20 whether proven individually, jointly, or in any combination thereof, constitute gross negligence
21 pursuant to section 2234, subdivision (b), of the Code. Therefore, cause for discipline exists.

22 **SECOND CAUSE FOR DISCIPLINE**

23 **(Repeated Negligent Acts)**

24 25. Respondent is subject to disciplinary action under Code section 2234, subdivision (c),
25 in that Respondent committed repeated negligent acts in the care and treatment of Patient 1. The
26 circumstances are as follows:

27 26. The allegations of the First Cause for Discipline are incorporated by reference as if

28 ⁹ T3, triiodothyronine is a hormone made by the thyroid.

1 fully set forth herein.

2 27. Respondent committed the following acts of negligence:

3 28. Respondent failed to appropriately evaluate and treat Patient 1's suspected central
4 hypothyroidism. Specifically, Respondent failed to evaluate the presence of other pituitary
5 hormone related deficiencies, failed to evaluate her adrenal function, and failed to obtain
6 pituitary/hypothalamic imaging.

7 29. After initiating or adjusting a dose of levothyroxine, the standard of care requires that
8 the treating physician repeat measurement of free T4 in four to eight weeks. The standard of care
9 requires objective evidence of insufficient or suboptimal thyroid dose, using laboratory testing,
10 when a physician adjusts a patient's thyroid hormones. Relying on subjective complaints and
11 physical exam alone is not adequate to assess thyroid hormone status.

12 30. Respondent increased Patient 1's dose of levothyroxine from 50 to 75 mcg daily
13 based on nonspecific symptoms without correlating with laboratory testing.

14 31. Respondent's acts and/or omissions as set forth in paragraphs 9 through 31, above,
15 whether proven individually, jointly, or in any combination thereof, constitute repeated acts of
16 negligence pursuant to section 2234, subdivision (c), of the Code. Therefore, cause for discipline
17 exists.

18 **THIRD CAUSE FOR DISCIPLINE**

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

20 32. Respondent's license is subject to disciplinary action under section 2266 of the Code
21 in that he failed to maintain adequate and accurate records concerning the care and treatment of
22 Patient 1. The circumstances are as follows:

23 33. The allegations of the First and Second Causes for Discipline, inclusive, are
24 incorporated herein by reference as if fully set forth.

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26 **PRAYER**

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

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1. Revoking or suspending Physician's and Surgeon's Certificate Number G 73119, issued to Ian Yip, M.D.;

2. Revoking, suspending or denying approval of Ian Yip, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Ian Yip, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: AUG 17 2021



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

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