

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

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

**Lawrence Daniel Robinson Jr., M.D.**

**Physician's and Surgeon's  
Certificate No. C 35069**

**Case No.: 800-2022-092809**

**Respondent.**

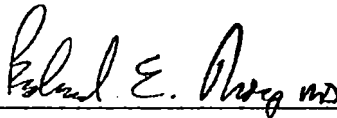
**DECISION**

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

**This Decision shall become effective at 5:00 p.m. on September 11, 2024.**

**IT IS SO ORDERED: August 12, 2024.**

**MEDICAL BOARD OF CALIFORNIA**



**Richard E. Thorp, Chair  
Panel B**

1 ROB BONTA  
Attorney General of California  
2 JUDITH T. ALVARADO  
Supervising Deputy Attorney General  
3 CATHERINE B. KIM  
Deputy Attorney General  
4 State Bar No. 201655  
300 So. Spring Street, Suite 1702  
5 Los Angeles, CA 90013  
Telephone: (213) 269-6246  
6 Facsimile: (916) 731-2117  
E-mail: Catherine.Kim@doj.ca.gov  
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 Accusation Against:

13 **Lawrence Daniel Robinson, Jr., M.D.**  
14 **13929 Marquesas Way, Apt. 219A**  
15 **Marina del Rey, CA 90292-6031**

16 **Physician's and Surgeon's Certificate**  
17 **No. C 35069,**

18 Respondent.

Case No. 800-2022-092809

OAH No. 2024020657

19 **STIPULATED SETTLEMENT AND**  
20 **DISCIPLINARY ORDER**

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

23 **PARTIES**

24 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of  
25 California (Board). He brought this action solely in his official capacity and is represented in this  
26 matter by Rob Bonta, Attorney General of the State of California, by Catherine B. Kim, Deputy  
27 Attorney General.

28 2. Respondent Lawrence Daniel Robinson, Jr., M.D. (Respondent) is represented in this  
proceeding by attorneys Henry R. Fenton and Benjamin J. Fenton, whose address is: 1990 S.  
Bundy Drive, Suite 777, Los Angeles, CA 90025.

///

3. On or about June 5, 1973, the Board issued Physician's and Surgeon's Certificate No. C 35069 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2022-092809, and will expire on September 30, 2024, unless renewed.

## JURISDICTION

4. Accusation No. 800-2022-092809 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on August 24, 2023. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2022-092809 is attached as exhibit A and incorporated herein by reference.

## **ADVISEMENT AND WAIVERS**

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2022-092809. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

**CULPABILITY**

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2022-092809, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case or factual basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

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

## CONTINGENCY

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

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

14. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2022-092809 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

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

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

## DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. C 35069 issued to Respondent LAWRENCE DANIEL ROBINSON, JR., M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions:

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

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

A medical record keeping course taken after the acts that gave rise to the charges in the

1 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
2 or its designee, be accepted towards the fulfillment of this condition if the course would have  
3 been approved by the Board or its designee had the course been taken after the effective date of  
4 this Decision.

5 Respondent shall submit a certification of successful completion to the Board or its  
6 designee not later than 15 calendar days after successfully completing the course, or not later than  
7 15 calendar days after the effective date of the Decision, whichever is later.

8 3. PROHIBITED PRACTICE. During probation, Respondent is prohibited from issuing  
9 vaccine exemptions for any patients. After the effective date of this Decision, all patients being  
10 treated by the Respondent shall be notified that the Respondent is prohibited from issuing vaccine  
11 exemptions for any patients. Any new patients must be provided this notification at the time of  
12 their initial appointment.

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

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

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

1           5.    SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE  
2 NURSES. During probation, Respondent is prohibited from supervising physician assistants and  
3 advanced practice nurses.

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

7           7.    INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
8 ordered to reimburse the Board its costs of investigation and enforcement, including, but not  
9 limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena  
10 enforcement, as applicable, in the amount of \$33,164.55 (thirty-three thousand one hundred sixty-  
11 four dollars and fifty-five cents). Costs shall be payable to the Medical Board of California.  
12 Failure to pay such costs shall be considered a violation of probation.

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

17           The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility  
18 to repay investigation and enforcement costs, including expert review costs.

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

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

24           9.    GENERAL PROBATION REQUIREMENTS.

25           Compliance with Probation Unit

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

27           Address Changes

28           Respondent shall, at all times, keep the Board informed of Respondent's business and

1 residence addresses, email address (if available), and telephone number. Changes of such  
2 addresses shall be immediately communicated in writing to the Board or its designee. Under no  
3 circumstances shall a post office box serve as an address of record, except as allowed by Business  
4 and Professions Code section 2021, subdivision (b).

5 Place of Practice

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

9 License Renewal

10 Respondent shall maintain a current and renewed California physician's and surgeon's  
11 license.

12 Travel or Residence Outside California

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

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

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

22 11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
23 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
24 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
25 defined as any period of time Respondent is not practicing medicine as defined in Business and  
26 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct  
27 patient care, clinical activity or teaching, or other activity as approved by the Board. If  
28 Respondent resides in California and is considered to be in non-practice, Respondent shall



1 comply with all terms and conditions of probation. All time spent in an intensive training  
2 program which has been approved by the Board or its designee shall not be considered non-  
3 practice and does not relieve Respondent from complying with all the terms and conditions of  
4 probation. Practicing medicine in another state of the United States or Federal jurisdiction while  
5 on probation with the medical licensing authority of that state or jurisdiction shall not be  
6 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
7 period of non-practice.

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

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

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

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

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

26 13. VIOLATION OF PROBATION. Failure to fully comply with any term or condition  
27 of probation is a violation of probation. If Respondent violates probation in any respect, the  
28 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and

1 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke  
2 Probation, or an Interim Suspension Order is filed against Respondent during probation, the  
3 Board shall have continuing jurisdiction until the matter is final, and the period of probation shall  
4 be extended until the matter is final.

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

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

20 16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for  
21 a new license or certification, or petition for reinstatement of a license, by any other health care  
22 licensing action agency in the State of California, all of the charges and allegations contained in  
23 Accusation No. 800-2022-092809 shall be deemed to be true, correct, and admitted by  
24 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or  
25 restrict license.

#### 26 ACCEPTANCE

27 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
28 discussed it with my attorneys, Henry R. Fenton and Benjamin J. Fenton. I understand the

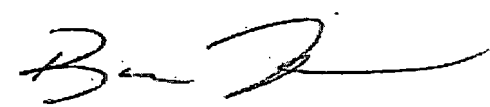
1 stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this  
2 Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree  
3 to be bound by the Decision and Order of the Medical Board of California.

4  
5 DATED: 07/11/24

  
LAWRENCE DANIEL ROBINSON, JR., M.D.  
*Respondent*

8 I have read and fully discussed with Respondent Lawrence Daniel Robinson, Jr., M.D. the  
9 terms and conditions and other matters contained in the above Stipulated Settlement and  
10 Disciplinary Order. I approve its form and content.

11  
12 DATED: 07/11/2024

  
HENRY R. FENTON  
BENJAMIN J. FENTON  
*Attorneys for Respondent*

15 **ENDORSEMENT**

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

18  
19 DATED: \_\_\_\_\_

Respectfully submitted,

20 ROB BONTA  
Attorney General of California  
21 JUDITH T. ALVARADO  
Supervising Deputy Attorney General  
22

23  
24 CATHERINE B. KIM  
Deputy Attorney General  
25 *Attorneys for Complainant*  
26

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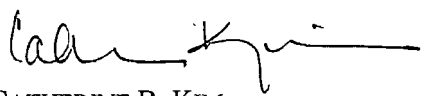
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16 **ENDORSEMENT**

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

19 DATED: 7/11/2024

Respectfully submitted,

20 ROB BONTA  
21 Attorney General of California  
22 JUDITH T. ALVARADO  
Supervising Deputy Attorney General

23   
24 CATHERINE B. KIM  
25 Deputy Attorney General  
26 *Attorneys for Complainant*

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1 ROB BONTA  
Attorney General of California  
2 EDWARD KIM  
Supervising Deputy Attorney General  
3 JONATHAN NGUYEN  
Deputy Attorney General  
4 State Bar No. 263420  
Department of Justice  
5 300 So. Spring Street, Suite 1702  
Los Angeles, CA 90013  
6 Telephone: (213) 269-6434  
Facsimile: (916) 731-2117  
7 *Attorneys for Complainant*

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10 **BEFORE THE**  
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12 In the Matter of the Accusation Against:

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13 **Lawrence Daniel Robinson Jr., M.D.**  
14 **13929 Marquesas Way Apt. 219A**  
**Marina Del Rey, CA 90292-6031**

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

15 **Physician's and Surgeon's**  
16 **Certificate No. C 35069,**

17 **Respondent.**

18 **PARTIES**

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

22 2. On or about June 5, 1973, the Medical Board issued Physician's and Surgeon's  
23 Certificate Number C 35069 to Lawrence Daniel Robinson Jr., M.D. (Respondent). The  
24 Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the  
25 charges brought herein and will expire on September 30, 2024, unless renewed.

26 **JURISDICTION**

27 3. This Accusation is brought before the Board, under the authority of the following  
28

1 laws. All section references are to the Business and Professions Code (Code) unless otherwise  
2 indicated.

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

7 5. Section 2220 of the Code states:

8 Except as otherwise provided by law, the board may take action against all  
9 persons guilty of violating this chapter. The board shall enforce and administer this  
10 article as to physician and surgeon certificate holders, including those who hold  
11 certificates that do not permit them to practice medicine, such as, but not limited to,  
retired, inactive, or disabled status certificate holders, and the board shall have all the  
powers granted in this chapter for these purposes including, but not limited to:

12 (a) Investigating complaints from the public, from other licensees, from health  
13 care facilities, or from the board that a physician and surgeon may be guilty of  
unprofessional conduct. The board shall investigate the circumstances underlying a  
14 report received pursuant to Section 805 or 805.01 within 30 days to determine if an  
interim suspension order or temporary restraining order should be issued. The board  
15 shall otherwise provide timely disposition of the reports received pursuant to Section  
805 and Section 805.01.

16 (b) Investigating the circumstances of practice of any physician and surgeon  
17 where there have been any judgments, settlements, or arbitration awards requiring the  
physician and surgeon or his or her professional liability insurer to pay an amount in  
18 damages in excess of a cumulative total of thirty thousand dollars (\$30,000) with  
respect to any claim that injury or damage was proximately caused by the physician's  
and surgeon's error, negligence, or omission.

19 (c) Investigating the nature and causes of injuries from cases which shall be  
20 reported of a high number of judgments, settlements, or arbitration awards against a  
physician and surgeon.

### 21 STATUTORY PROVISIONS

22 6. Section 2234 of the Code, states:

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

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

27 (b) Gross negligence.

28 (c) Repeated negligent acts. To be repeated, there must be two or more  
negligent acts or omissions. An initial negligent act or omission followed by a

1 separate and distinct departure from the applicable standard of care shall constitute  
2 repeated negligent acts.

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

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

11 (d) Incompetence.

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

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

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

19 7. Section 2266 of the Code states:

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

23 8. Section 120325 of the Health and Safety Code states:

24 In enacting this chapter, but excluding Section 120380, and in enacting Sections  
25 120400, 120405, 120410, and 120415, it is the intent of the Legislature to provide:

26 (a) A means for the eventual achievement of total immunization of appropriate  
27 age groups against the following childhood diseases:

- 28 (1) Diphtheria.
- (2) Hepatitis B.
- (3) Haemophilus influenzae type b.
- (4) Measles.
- (5) Mumps.
- (6) Pertussis (whooping cough).
- (7) Poliomyelitis.
- (8) Rubella.
- (9) Tetanus.

1 (10) Varicella (chickenpox).

2 (11) Any other disease deemed appropriate by the department, taking into  
3 consideration the recommendations of the Advisory Committee on Immunization  
4 Practices of the United States Department of Health and Human Services, the  
5 American Academy of Pediatrics, and the American Academy of Family Physicians.

6 (b) That the persons required to be immunized be allowed to obtain  
7 immunizations from whatever medical source they so desire, subject only to the  
8 condition that the immunization be performed in accordance with the regulations of  
9 the department and that a record of the immunization is made in accordance with the  
10 regulations.

11 (c) Exemptions from immunization for medical reasons.

12 (d) For the keeping of adequate records of immunization so that health  
13 departments, schools, and other institutions, parents or guardians, and the persons  
14 immunized will be able to ascertain that a child is fully or only partially immunized,  
15 and so that appropriate public agencies will be able to ascertain the immunization  
16 needs of groups of children in schools or other institutions.

17 (e) Incentives to public health authorities to design innovative and creative  
18 programs that will promote and achieve full and timely immunization of children.

### 19 COST RECOVERY

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

### 26 FACTUAL ALLEGATIONS

27 10. At all relevant times in this Accusation, Respondent Lawrence Daniel Robinson Jr.,  
28 M.D., was a physician and surgeon providing medical care at his private medical practice office  
in Lancaster, California specializing in pediatric care.

11. In 2015, the California Legislature amended Health and Safety Code section 120325  
to eliminate personal beliefs as a basis for exemption from required immunizations for school-  
aged children. Consequently, school-aged children, not subject to any other exception, were  
required to have immunizations for 10 vaccine-preventable childhood illnesses as a condition of  
public school attendance. After the statutory amendment became effective, the Board began



1 receiving complaints from schools, primary care providers, and parents that physicians were  
2 issuing medical exemptions from required vaccinations that did not appear to have a bona fide  
3 medical basis.

4 12. California Department of Public Health (CDPH), revoked several exemptions from  
5 vaccinations issued by Respondent, which had been tracked under the California Immunization  
6 Registry Medical Exemption (CAIR-ME) secure site for physicians to issue and manage  
7 standardized medical exemptions for children in school or child care.

8 13. On or about June 26, 2023, an investigator and medical consultant with the Health  
9 Quality Investigation Unit of the Division of Investigation interviewed (Subject Interview)  
10 Respondent on behalf of the Board about his care and treatment of the patients in this matter.

11 **Patient 1<sup>1</sup>**

12 14. Patient 1 was 13-years-old on or about August 26, 2022, when Respondent issued a  
13 permanent CAIR-ME medical exemption form for the following vaccines: DTaP, HepB, Hib,  
14 IPV, MMR, Tdap, VAR/VZV. The form stated the following basis for the exemption:

15 **Medical Basis for Exemption: Other Condition**

16 **Other Condition Specified: Medical**

17 **Description of Condition: Family medical history of anaphylaxis due to**  
18 **immunizations**

19 15. In a chart note dated August 23, 2019, the entry for "History of Present Illness"  
20 states: "Child has hx of first degree relative died suddenly from a child hood immunization prior  
21 Kindergarten; Complete form exempting patient from vaccines." However, the offending  
22 immunization(s) is not specified.

23 16. In a chart note dated August 26, 2019, Respondent diagnosed Patient 1 with an  
24 allergy to food dye and noted that Patient 1 had a history of mild intermittent asthma.

25 17. Respondent saw Patient 1 from in or around 2012 to 2022. Patient 1 had seen  
26 Respondent for recurrent otitis media, acute pharyngitis, viral syndrome, well child care, possible  
27 autism spectrum disorder, and speech delay.

28 <sup>1</sup> Patients are referred to by numbers to address privacy concerns.

1 18. During the Subject Interview, Respondent stated that given Patient 1's family history,  
2 he felt it more appropriate for Patient 1 to be immunized at a tertiary care center, however the  
3 mother declined this option. This discussion was not documented in the records. Respondent  
4 admitted to not documenting "alternative approaches."

5 **Patient 2**

6 19. Patient 2 was 15-years-old on or about August 26, 2022, when Respondent issued a  
7 permanent CAIR-ME medical exemption form for the following vaccines: DTaP, HepB, Hib,  
8 IPV, MMR, Tdap, VAR/VZV. The form stated the following basis for the exemption:

9 **Medical Basis for Exemption:** Other Condition.

10 **Other Condition Specified:** History of family anaphylaxis.

11 **Description of Condition:** Family history of anaphylaxis due to immunizations.

12 20. In a chart note dated August 23, 2019, the entry for "History of Present Illness"  
13 states: "Patient is her [sic] to receive vaccine exemption. Child's first degree relative died  
14 suddenly from kindergarten vaccine." However, the offending immunization(s) is not specified.

15 21. In a chart note dated August 26, 2019, Respondent documented that Patient 2 has a  
16 history of ear surgery, and food dye and seasonal allergies. Respondent also documented the  
17 Patient 2's asthma, and history of sinus allergies, and healing avulsions to her legs due to a  
18 treadmill injury.

19 22. Respondent saw Patient 2 from in or around 2013 to 2022. Patient 2 had seen  
20 Respondent for well child care, otitis media, hearing loss, viral syndrome, mild intermittent  
21 asthma, and avulsions to her legs due to a treadmill accident.

22 23. During the Subject Interview, Respondent explained that given Patient 2's family  
23 history, he felt it more appropriate for the sibling of this patient to be immunized at a tertiary care  
24 center, however the mother declined this option. He explained that he applied the same rationale  
25 to Patient 2. However, again, this discussion is not documented in the records.

26 **Patient 3**

27 24. Patient 3 was 14-years-old on or about April 20, 2022, when Respondent issued a  
28 permanent CAIR-ME medical exemption form for the following vaccines: DTaP, HepB, Hib,

1 IPV, MMR, Tdap, VAR/VZV. The form stated the following basis for the exemption:

2 **Medical Basis for Exemption:** Other Condition

3 **Other Condition Specified:** N/A religious beliefs

4 **Description of Condition:** Procedure and treatment not carried out because of  
5 patient's decision for reasons of belief and group pressure

6 25. In a chart note dated April 15, 2022, the entry to "History of Present Illness" states:  
7 "This is visit for patient to complete a school for [sic] stating that she and her family are  
8 conscientious objectors of all immunizations." The reason for the visit appears to be "vaccine  
9 hesitancy."

10 26. Respondent saw Patient 3 from in or around 2011 to 2022. Patient 3 had seen  
11 Respondent for issues including, well child care, mild URI, allergic rhinitis, intermittent asthma,  
12 atopic conjunctivitis, acute bronchitis, night cough, sinusitis, varicella, cervical spine sprain,  
13 contusion of right arm and shoulder, possible ovarian cyst, UTI, gastritis, depression, and grief  
14 reaction. During the Subject Interview, Respondent explained that he did not recall the rationale  
15 for providing this exemption.

16 **Patient 4**

17 27. Patient 4 was 16-years-old on or about March 3, 2022, when Respondent issued a  
18 permanent CAIR-ME medical exemption form for the following vaccines: DTaP, HepB, Hib,  
19 IPV, MMR, VAR/VZV. The form stated the following basis for the exemption:

20 **Medical Basis for Exemption:** Anaphylaxis

21 **Description of Condition:** severe asthma, severe allergies, atopic dermatitis

22 28. Respondent issued a second permanent CAIR-ME medical exemption form, on or  
23 about March 7, 2022, for the following vaccines: DTaP, HepB, Hib, IPV, MMR, Tdap,  
24 VAR/VZV. The form stated the following basis for the exemption:

25 **Medical Basis for Exemption:** Anaphylaxis

26 **Description of Condition:** severe asthma, severe allergies, atopic dermatitis

27 29. Supporting documentation with the exemption is a note by Respondent to the Patient  
28 4's parent dated January 24, 2016, and also dated August 17, 2021, which states that "the patient

1 had an anaphylactic reaction to a previous childhood vaccine.” The vaccine is not specified. The  
2 note also states that Respondent strongly recommends that future immunizations for the child be  
3 terminated.

4 30. On or about May 11, 2021, Respondent saw Patient 4 and noted that the patient  
5 would need immunizations for DTaP, Hepatitis A and IPV.

6 31. In a chart note dated June 8, 2021, Patient 4’s mother stated the patient had and  
7 “anaphylactic reaction to a child hood vaccine” and that she had a video of the incident.  
8 Respondent’s plan was to review the video on Thursday (June 10, 2021). However, there is no  
9 record that Respondent actually reviewed the video.

10 32. On or about August 16, 2021, Respondent documented a history of anaphylactic  
11 reaction after receiving childhood vaccine consisting of generalized urticaria and problems  
12 breathing. However, the vaccine is again not specified. The anaphylactic event is not adequately  
13 documented.

14 33. Respondent saw Patient 4 from 2019 to 2022. Patient 4 had been seen for cerumen  
15 impaction, adenoidal hypertrophy, sleep disorder, otitis media, conjunctivitis, dacryocystitis, URI,  
16 sinusitis, atopic dermatitis, intermittent asthma, cough, and vaginitis secondary to improper  
17 wiping techniques.

#### 18 **FIRST CAUSE FOR DISCIPLINE**

##### 19 **(Gross Negligence)**

20 34. Respondent Lawrence Daniel Robinson Jr., M.D. is subject to disciplinary action  
21 under sections 2234, subdivision (b), of the Code, in that he was grossly negligent in his care and  
22 treatment of Patients 1, 2, 3, and 4. The circumstances are as follows:

23 35. The facts and allegations set forth in paragraphs 10 through 33 above, are  
24 incorporated by reference and re-alleged as if fully set forth herein.

25 36. Respondent based his vaccine exemptions on factors not considered

26 ///

27 ///

28 ///

1 Contraindications<sup>2</sup> or Precautions<sup>3</sup> by the guidelines issued by the Centers for Disease Control  
2 and Prevention or the American Academy of Pediatrics. Immunization exemptions in California  
3 are provided by a licensed physician in a written statement that includes (1) the patient has a  
4 physical condition or medical circumstance such that the required immunization is not indicated;  
5 (2) which vaccines are exempted; (3) whether the exemption is permanent or temporary, and  
6 expiration date if temporary.

7 **Inappropriate Rationale for Medical Exemption**

8 37. Each of Respondent's vaccine exemptions to Patients 1, 2, and 3 represents gross  
9 negligence based on a lack of sufficient rationale as follows:

10 **Patient 1**

11 38. In the case of Patient 1, a family history of a relative's, e.g., cousin, death or  
12 anaphylaxis following immunization; history of intermittent asthma; allergy to food dye, recurrent  
13 otitis media, acute pharyngitis, viral syndrome, possible autism spectrum disorder, and speech  
14 delay are not considered Contraindications or Precautions for routine immunizations.

15 **Patient 2**

16 39. In the case of Patient 2, a family history of a relative's, e.g., cousin, death or  
17 anaphylaxis following immunization, history of family anaphylaxis, family history of anaphylaxis  
18 due to immunizations; history of ear surgery, food dye and seasonal allergies, otitis media,  
19 hearing loss, viral syndrome, mild intermittent asthma, and avulsions to legs due to treadmill  
20 accident are not considered Contraindications or Precautions for routine immunizations.

21 **Patient 3**

22 40. In the case of Patient 3, a history of mild URI, allergic rhinitis, intermittent asthma,  
23 atopic conjunctivitis, acute bronchitis, night cough, sinusitis, varicella, cervical spine sprain,  
24 contusion of right arm and shoulder, possible ovarian cyst, UTI, gastritis, depression, grief  
25 reaction, religious preference, religious beliefs, reasons of belief and group pressure, patient and

26 <sup>2</sup> A vaccine exemption contraindication is a condition in a recipient that increases the risk  
27 for a serious adverse reaction.

28 <sup>3</sup> A vaccine exemption precaution is a condition in a recipient that might increase the risk  
for a serious reaction, might cause diagnostic confusion, or might compromise the ability to  
produce immunity.

1 family being conscientious objectors of all immunizations, and vaccine hesitancy are not  
2 considered Contraindications or Precautions for routine immunizations.

3 **Global Vaccine Exemptions**

4 41. There are specific Contraindications and Precautions that apply to individual  
5 vaccines. There are some Precautions that are common to all vaccines, for example moderate or  
6 severe acute illness; this Precaution would be temporary, resulting in deferral of immunization.  
7 There is no ingredient common to all vaccines that would serve as a Contraindication.

8 **Patients 1, 2, and 3**

9 42. Each of Respondent's global (for all) vaccine exemptions issued to Patients 1, 2, and  
10 3 based on unsupported reasons represents gross negligence.

11 **Patient 4**

12 43. In the case of Patient 4, Respondent committed gross negligence as follows: He  
13 provided medical exemptions for all vaccines listed, instead of providing exemption(s) for the  
14 specific vaccine(s) that may have resulted in anaphylaxis. He failed to obtain any documentation  
15 (and/or adequately document) about the specific vaccine(s) administered, the date of vaccine  
16 administration, and the timing of symptoms of possible anaphylaxis to confirm the diagnosis of  
17 an anaphylactic reaction that would constitute a Contraindication to a specific vaccine.

18 **Permanent Vaccine Exemptions**

19 44. Respondent issued exemptions to Patient 4 that were permanent in duration.  
20 Permanent exemptions to specific vaccines are appropriate when Contraindications are present  
21 that are not expected to be temporary. For example, live viral vaccines such as MMR may be  
22 Contraindicated for patients with significantly impaired immunity such as a primary  
23 immunodeficiency. Some exemptions are more appropriately temporary if the underlying  
24 Contraindication or Precaution is impermanent; for example, a patient being treated for  
25 malignancy. Therefore, depending on the physical condition or medical circumstance of the  
26 patient: (1) the provision of permanent exemptions for some vaccines may apply; or (2) the  
27 provision of temporary exemptions for all vaccines may apply. However, the permanent  
28 exemptions to all vaccines listed based on the diagnoses noted above are not indicated and

1 constitute gross negligence.

2 **Inadequate Medical Record Keeping**

3 45. Respondent committed gross negligence by diagnosing vaccine anaphylaxis in Patient  
4 4 without adequate documentation as set forth herein. Patient 4 may have experienced an  
5 anaphylactic reaction to vaccine administration in 2021 as indicated by the history of sudden  
6 onset of generalized urticaria and difficulty breathing. However, Respondent failed to adequately  
7 document his determination about whether the patient had anaphylaxis in response to one or more  
8 vaccines. His records include no history of vaccine administration before the possible  
9 anaphylactic event in May or June 2021. The interval between vaccine administration and the  
10 possible anaphylactic event is not documented. The specific vaccine(s) administered prior to the  
11 possible anaphylactic event is not documented. In general, anaphylaxis requires immediate  
12 treatment, for example administration of epinephrine as soon as possible, contacting emergency  
13 medical services, and possible transfer to a higher level of medical care. However, Respondent  
14 failed to document whether the patient required immediate treatment for the possible anaphylactic  
15 event. Non-severe allergic reactions may occur following immunization. Alternatively, hives  
16 and difficulty breathing may be due to other allergens or causes. The specific vaccine(s)  
17 administered, the date of vaccine administration, and the timing of symptoms of possible  
18 anaphylaxis must be documented to diagnose an anaphylactic reaction that would constitute a  
19 Contraindication to a specific vaccine. Respondent failed to adequately obtain (and/or document)  
20 any documentation of the specific vaccine(s) administered, the date of vaccine administration,  
21 and the timing of symptoms of possible anaphylaxis to confirm the diagnosis of an anaphylactic  
22 reaction that would constitute a Contraindication to a specific vaccine.

23 **SECOND CAUSE FOR DISCIPLINE**

24 **(Repeated Negligent Acts)**

25 46. Respondent Lawrence Daniel Robinson Jr., M.D. is subject to disciplinary action  
26 under section 2234, subdivision (c), of the Code, in that he committed repeated acts of negligence  
27 in his care and treatment of Patients 1, 2, 3, and 4. The circumstances are as follows:

28 47. The allegations of the First Cause for Discipline are incorporated by reference as if

1 fully set forth herein.

2 48. The facts and allegations set forth in the First Cause for Discipline, above, whether  
3 proven individually, jointly, or in any combination thereof, represent repeated acts of negligence.  
4 As such, cause for discipline exists.

5 **THIRD CAUSE FOR DISCIPLINE**

6 **(Inadequate and Inaccurate Records)**

7 49. Respondent Lawrence Daniel Robinson Jr., M.D. is subject to disciplinary action  
8 under section 2266 of the Code, in that he failed to maintain adequate and accurate records. As  
9 set forth above, Respondent's medical records fail to adequately and accurately document his care  
10 and treatment of Patients 1, 2, 3, and 4.

11 50. The facts and allegations of the First Cause for Discipline are incorporated by  
12 reference as if fully set forth herein.

13 51. The facts and allegations set forth in the First Cause for Discipline, above, whether  
14 proven individually, jointly, or in any combination thereof, represent the failure to maintain  
15 adequate and accurate records. As such, cause for discipline exists.

16 **DISCIPLINE CONSIDERATIONS**

17 52. To determine the degree of discipline, if any, to be imposed on Respondent,  
18 Complainant alleges that on or about February 21, 2018, in a prior disciplinary action titled *In the*  
19 *Matter of the Accusation Against: Lawrence Daniel Robinson, Jr.*, before the Board, Case  
20 Number 800-2014-005993, Respondent's medical license was revoked, the revocation was stayed  
21 and Respondent was placed on probation for 35 months in connection with repeated negligent  
22 acts in the care and treatment of a patient. That decision is now final and is incorporated by  
23 reference as if fully set forth.

24 **PRAYER**

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

27 1. Revoking or suspending Physician's and Surgeon's Certificate Number C 35069,  
28 issued to Respondent Lawrence Daniel Robinson Jr., M.D.;



2. Revoking, suspending or denying approval of Respondent Lawrence Daniel Robinson Jr., M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Lawrence Daniel Robinson Jr., 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. Taking such other and further action as deemed necessary and proper.

DATED: **NOV 02 2023**

JENNA JONES FOR  
REJI VARGHESE  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

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