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

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| In the Matter of the Accusation Against:<br><br>Tuan Cong Dang, M.D.<br><br>Physician's & Surgeon's Certificate No. A 64701<br><br>Respondent. | Case No. 800-2021-076006 |

# 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 January 24, 2025.

IT IS SO ORDERED: December 26, 2024.

MEDICAL BOARD OF CALIFORNIA

Michelle A. Bholat, MD

Michelle Anne Bholat, M.D., Chair
Panel A

ROB BONTA
Attorney General of California
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*Attorneys for Complainant*

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

| | |
|---|---|
| In the Matter of the Accusation Against:<br><br>**TUAN CONG DANG, M.D.**<br>**3350 La Jolla Village Dr**<br>**San Diego, CA 92161-0002**<br><br>**Physician's and Surgeon's Certificate No. A 64701**<br><br>Respondent. | Case No. 800-2021-076006<br><br>OAH No. 2024070036<br><br>**STIPULATED SETTLEMENT AND DISCIPLINARY ORDER** |

IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled 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 Rob Bonta, Attorney General of the State of California, by Tessa L. Heunis, Deputy Attorney General.

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2. Respondent Tuan Cong Dang, M.D. (Respondent) is represented in this proceeding by attorneys David Rosenberg, Esq., whose address is: 10815 Rancho Bernardo Road, Suite 260, San Diego, CA 92127.

3. On or about March 27, 1998, the Board issued Physician's and Surgeon's Certificate No. A 64701 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. 800-2021-076006, and will expire on October 31, 2025, unless renewed.

## JURISDICTION

4. On February 27, 2024, Accusation No. 800-2021-076006 was filed before the Board and is currently pending against Respondent. A true and correct copy of the Accusation and all other statutorily required documents were properly served on Respondent on February 27, 2024. Respondent timely filed his Notice of Defense contesting the Accusation. A true and correct copy of Accusation No. 800-2021-076006 is attached as Exhibit A and incorporated herein by reference.

## ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and fully understands the charges and allegations in Accusation No. 800-2021-076006. Respondent has also carefully read, fully discussed with his counsel, and fully understands the effects of this Stipulated Settlement and Disciplinary Order.

6. 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.

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

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## CULPABILITY

8. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in Accusation No. 800-2021-076006 and that his Physician's and Surgeon's Certificate No. A 64701 is therefore subject to discipline.

9. Respondent agrees that if he ever petitions for modification of the disciplinary order, or if an accusation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2021-076006 shall be deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California or elsewhere.

10. Respondent agrees that his Physician's and Surgeon's Certificate No 64701 is subject to discipline and agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

## CONTINGENCY

11. 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.

12. 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.

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

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

**DISCIPLINARY ORDER**

IT IS HEREBY ORDERED that Respondent TUAN CONG DANG, M.D., holder of Physician's and Surgeon's Certificate No. A 64701, shall be and hereby is Publicly Reprimanded pursuant to Business and Professions Code section 2227. This Public Reprimand, which is issued in connection with the allegation as set forth in Accusation No. 800-2021-076006, is as follows:

> During the period July 2019 through October 2022, you committed gross negligence in your care and treatment of Patient 1, and repeated negligent acts in your care and treatment of Patient 2, as more particularly alleged in Accusation No. 800-2021-076006.

1. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices 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 prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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been approved by the Board or its designee had the course been taken after the effective date of this Decision.

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

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

The program shall consist of a comprehensive assessment of Respondent's physical and mental health and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to Respondent's current or intended area of practice. The program shall take into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. The program shall require Respondent's on-site participation as determined by the program for the assessment and clinical education and evaluation. Respondent shall pay all expenses associated with the clinical competence assessment program.

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

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

If Respondent fails to enroll, participate in, or successfully complete the clinical competence assessment program within the designated time period, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. The Respondent shall not resume the practice of medicine until enrollment or participation in the outstanding portions of the clinical competence assessment program have been completed. If the Respondent did not successfully complete the clinical competence assessment program, the Respondent shall not resume the practice of medicine until a final decision has been rendered on the accusation.

3. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but not limited to, expert review, legal reviews, investigation(s), and subpoena enforcement, as applicable, in the amount of $34,300 (thirty-four thousand and three hundred dollars). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered unprofessional conduct and grounds for further disciplinary action.

Payment must be made in full within 30 calendar days of the effective date of the Order, or by a payment plan approved by the Medical Board of California. Any and all requests for a payment plan shall be submitted in writing by Respondent to the Board. Failure to comply with the payment plan shall be considered unprofessional conduct and grounds for further disciplinary action.

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

4. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2021-076006 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

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

**ACCEPTANCE**

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney(s), David Rosenberg, Esq. I fully understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. A 64701. Having the benefit of counsel, I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

Egnyte Sign

DATED: Nov 21, 2024

TUAN CONG DANG, M.D.
*Respondent*

I have read and fully discussed with Respondent Tuan Cong Dang, 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: 11/21/24

DAVID ROSENBERG, 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: 11/21/24

Respectfully submitted,

ROB BONTA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General

TESSA L. HEUNIS
Deputy Attorney General
*Attorneys for Complainant*

# Exhibit A

**Accusation No. 800-2021-076006**

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*Attorneys for Complainant*

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

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|---|---|
| In the Matter of the Accusation Against:<br><br>**TUAN CONG DANG, M.D.**<br>**12468 Darkwood Rd**<br>**San Diego, CA 92129-3758**<br><br>**Physician's and Surgeon's Certificate No. A 64701,**<br><br>Respondent. | Case No. 800-2021-076006<br><br>**A C C U S A T I O N** |

## PARTIES

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

2. On or about March 27, 1998, the Medical Board issued Physician's and Surgeon's Certificate No. A 64701 to Tuan Cong Dang, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on October 31, 2025, unless renewed.

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## JURISDICTION

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

4. Section 2004 of the Code states:

> The board shall have the responsibility for the following:
>
> (a) The enforcement of the disciplinary ... provisions of the Medical Practice Act.
>
> (b) The administration and hearing of disciplinary actions.
>
> (c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.
>
> (d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.
>
> (e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.
>
> ...

5. Section 2220 of the Code states:

> Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. The board shall enforce and administer this article as to physician and surgeon certificate holders, ... and the board shall have all the powers granted in this chapter for these purposes including, but not limited to:
>
> (a) Investigating complaints from the public, from other licensees, from health care facilities, or from the board that a physician and surgeon may be guilty of unprofessional conduct. ...
>
> ...

6. Section 2221 of the Code states:

> (a) The board may deny a physician's and surgeon's certificate to an applicant guilty of unprofessional conduct or of any cause that would subject a licensee to revocation or suspension of their license. ...
>
> ...

7. Section 2227 of the Code states:

> (a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered

into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

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

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

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

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

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

...

**STATUTORY PROVISIONS**

8. 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.

(b) Gross negligence.

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

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

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

...

**COST RECOVERY**

9. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to 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, with failure of the licensee to comply subjecting the license to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

## FACTUAL ALLEGATIONS

10. At all relevant times, Respondent was a physician who was board-certified in Internal Medicine, practicing at the VA San Diego Health Care System.

*Patient 1*:[1]

11. Respondent treated Patient 1 from on or about January 5, 2010, through January 27, 2021.

*Prescribing controlled substances for pain*

12. At the time of first meeting Respondent, Patient 1 was already receiving hydrocodone from a previous provider for chronic abdominal pain.

13. Over the years, Patient 1 had multiple health issues that required the continued use of various opiates.

14. From 2019 onwards, Patient 1 was receiving from Respondent a combination of short- and long-term acting morphine medications, among others.

15. Between May 1, 2019, and February 28, 2021, Respondent documented three primary care encounters at which he performed some examination of Patient 1. These were on or about July 9, 2019, August 27, 2019, and February 14, 2020.[2]

16. During these three face-to-face visits over a seven-month period, Respondent did not examine the areas that were the sources of Patient 1's pain and for which he prescribed controlled substances.

17. For the period between May 1, 2019, and February 28, 2021, Respondent's chart for Patient 1 contains no evidence of at least one physical examination dedicated to evaluating

[1] Patient names are known to all parties but not disclosed to protect patient privacy.

[2] During this period, Respondent also documented in Patient 1's chart two Primary Care encounters that were telephonic – on or about July 17, 2020, and January 19, 2021 – both during the COVID pandemic.

Patient 1's functional capacity associated with the source of pain for which the opioids were prescribed continuously.

*Control of Diabetes Mellitus*

18. The American Diabetes Association ("ADA") uses the following criteria to diagnose diabetes:[3]

- A fasting blood sugar (fasting glucose)[4] of 126 mg/dL or more
- A1C[5] of 6.5 % or more

19. On or about February 14, 2020, Respondent noted that Patient 1's A1C results in October 2019 had been 6.6%. Patient 1 was to have started the antidiabetic agent, Metformin, in October but he never got the medication filled. Respondent noted, further, that Patient 1 was not checking his fasting sugars at home.

20. Respondent documented in Patient 1's chart that Patient 1 was "borderline DM [diabetes mellitus]," and ordered an A1C test.

21. On or about February 21, 2020, Respondent reviewed the lab results, which showed an A1C of 8.4%. Respondent called Patient 1 and advised him to restart the metformin 500 mg twice daily and recheck his A1C in three months (which would be roughly May 21, 2020).

22. On or about July 17, 2020, during or after a telephone visit, Respondent documented that Patient 1 had "restarted on metformin 2/21/20." Patient 1 was not checking his fasting sugars at home and Respondent told him to do an A1C test "in a few days and before the next visit."

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[3] The ADA uses the following criteria to diagnose prediabetes: a fasting blood sugar of 100 mg/dL to 125 mg/dL (impaired fasting glucose), an A1C of 5.7 % to 6.4 %.

[4] A fasting glucose test means no caloric intake for eight to twelve hours before the test. Prediabetes may be referred to as impaired glucose tolerance (IGT) or impaired fasting glucose (IFG), depending on what test was used when it was detected. The expected values for normal fasting blood glucose concentration are between 70 mg/dL and 100 mg/dL. A fasting blood glucose concentration of 126 mg/dL or higher indicates diabetes.

[5] The A1C test – also known as the hemoglobin A1C or HbA1c test – is a simple blood test that measures a patient's average blood sugar levels over the past three months. It is one of the commonly-used tests to diagnose prediabetes and diabetes, and is also the main test to help manage a patient's diabetes. Higher A1C levels are linked to diabetes complications and provide a glimpse into how well the patient's diabetes management plan has been working over the last three months.

23. There is no indication in the chart that Patient 1 did the A1C test after the telephone visit.

24. On or about September 25, 2020, lab results showed Patient 1's glucose was 499 mg/dL and his A1C was 13.6%. Respondent noted in his chart that he spoke with Patient 1 and that Patient 1 "will restart Metformin 1000 mg BID." In addition, Patient 1 was advised to decrease his carbohydrate intake and do "aggressive hydration." Respondent noted, further, that he would have a glucometer[6] sent to Patient 1. Respondent did not offer Patient 1 insulin or a second oral agent.

25. On or about January 19, 2021, Respondent noted that Patient 1 was having hyperglycemic symptoms that were "to be expected" since Patient 1 was recently on prednisone for Henoch-Schönlein purpura. At that point, Respondent noted that Patient 1 should continue metformin and also start the antidiabetic medication, alogliptin, at 25mg per day if Patient 1's home fasting sugars were above 200 mg/dL.

*Anemia*

26. Patient 1 reportedly had blood transfusion(s) on unspecified date(s) for a hemoglobin under 7,[7] around February 2019.

27. In the records reviewed (May 1, 2019, through February 28, 2021), available hemoglobin results are:

July 2019: 8.3

August 2019: 7.7

October 2019: 8.4

[6] A glucose meter, also referred to as a "glucometer," is a medical device for determining the approximate concentration of glucose in the blood. It can also be a strip of glucose paper dipped into a substance and measured to the glucose chart. It is a key element of glucose testing, including home blood glucose monitoring (HBGM) performed by people with diabetes mellitus or hypoglycemia. A small drop of blood, obtained from slightly piercing a fingertip with a lancet, is placed on a disposable test strip that the meter reads and uses to calculate the blood glucose level. The meter then displays the level in units of mg/dL or mmol/L.

[7] A low hemoglobin count (for men) is generally defined as less than 13.2 grams of hemoglobin per deciliter of blood. A low hemoglobin level is considered critical when it falls below 7 g/dL.

February 2020: 9.4

September 2020: 11

28. Per the available records, in July 2019, Patient 1 was symptomatic for anemia, complaining of fatigue and weakness.

29. Respondent submitted consults for an upper endoscopy and colonoscopy,[8] in July 2019 and again in August 2019. Reportedly, the scheduling department was unable to reach Patient 1 and/or schedule the procedures on each occasion and the orders were discontinued.

30. On or about February 14, 2020, Respondent saw Patient 1 and noted that a complete blood count (CBC) would be done that day. If Patient 1 was still anemic, he would enter a third consult for upper endoscopy and colonoscopy.

31. Patient 1's hemoglobin count remained low: 9.4 in February 2020, and 11 in September 2020.

32. There is no documentation of another referral for an endoscopy/colonoscopy, and no further comment by Respondent about Patient 1's persistent anemia.

*Patient 2:*

33. Respondent treated Patient 2 from on or about August 31, 2000, through approximately October 25, 2022 ("the treatment period").

34. Patient 2 had neck and low back pain that required the use of various opiates, among other treatments.

35. Patient 2's chart for the treatment period contains seven primary care clinic notes, including one video encounter during the COVID pandemic.

36. None of the six face-to-face visits documented physical examination findings reflecting Patient 2's back or neck pain. The one video encounter did not document an attempt by Respondent to have Patient 2 ambulate to assess gait, stance and stride. There was no attempt by Respondent to visualize Patient 2 flex anteriorly or laterally at the abdomen. There was no attempt by Respondent to visualize Patient 2 rotate, flex, and extend at the neck.

[8] An endoscopy could determine whether Patient 1's iron-deficiency anemia originated from blood loss from lesions in the gastrointestinal tract.

37. On or about October 8, 2021, Respondent added baclofen (a muscle relaxant for spasms) to Patient 2's medications. Respondent did not perform any exam of the area of the reported spasm.

**FIRST CAUSE FOR DISCIPLINE**

**(Gross Negligence)**

38. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of Patient 1, as more fully set out in paragraphs 10 through 32, above, which are hereby realleged and incorporated by this reference as if fully set forth herein, and that include, but are not limited to:

39. Respondent failed to properly manage Patient 1's diabetes mellitus and/or collaborate with Patient 1 to optimize control of his diabetes mellitus.

**SECOND CAUSE FOR DISCIPLINE**

**(Repeated Negligent Acts)**

40. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of Patient 1 and/or Patient 2 that include, but are not limited to:

*Patient 1:*

41. Paragraphs 10 through 32, 38, and 39, above, are hereby realleged and incorporated by this reference as if fully set forth herein.

42. Respondent failed to properly manage Patient 1's diabetes mellitus and/or collaborate with Patient 1 to optimize control of his diabetes mellitus.

43. Respondent failed to properly evaluate the continued use of opiates in the management of Patient 1's non-malignant pain.

44. Respondent failed to properly work up Patient 1's symptomatic anemia.

*Patient 2*:

45. Paragraphs 10 and 33 through 37, above, are hereby realleged and incorporated by this reference as if fully set forth herein.

46. Respondent failed to properly evaluate the continued use of opiates in the management of Patient 2's non-malignant pain.

**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 No. A 64701, issued to Respondent Tuan Cong Dang, M.D.;

2. Revoking, suspending or denying approval of Respondent Tuan Cong Dang, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Tuan Cong Dang, 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; and

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

DATED: FEB 27 2024

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