

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

In the Matter of the Petition to Revoke
Probation and Accusation
Against:

Bijan Farah, M.D.

Physician's and Surgeon's
Certificate No. A 35772

Respondent.

Case No. 800-2021-074148

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 April 11, 2025.

IT IS SO ORDERED March 13, 2025.

MEDICAL BOARD OF CALIFORNIA

Michelle A. Bholat, MD

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

1 ROB BONTA
2 Attorney General of California
3 EDWARD KIM
4 Supervising Deputy Attorney General
5 CHRISTINA SEIN GOOT
6 Deputy Attorney General
7 State Bar No. 229094
8 300 So. Spring Street, Suite 1702
9 Los Angeles, CA 90013
10 Telephone: (213) 269-6481
11 Facsimile: (916) 731-2117
12 *Attorneys for Complainant*

13 **BEFORE THE**
14 **MEDICAL BOARD OF CALIFORNIA**
15 **DEPARTMENT OF CONSUMER AFFAIRS**
16 **STATE OF CALIFORNIA**

17 In the Matter of the Petition to Revoke
18 Probation and Accusation Against:

19 Case No. 800-2021-074148

20 **BIJAN FARAH, M.D.**
21 **PO BOX 260496**
22 **Encino, CA 91426**

23 **STIPULATED SETTLEMENT AND**
24 **DISCIPLINARY ORDER**

25 **Physician's and Surgeon's**
26 **Certificate No. A 35772,**

27 Respondent.

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

30 **PARTIES**

31 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of
32 California (Board). He brought this action solely in his official capacity and is represented in this
33 matter by Rob Bonta, Attorney General of the State of California, by Christina Sein Goot, Deputy
34 Attorney General.

35 2. Respondent Bijan Farah, M.D. (Respondent) is represented in this proceeding by
36 attorney Nathan Mubasher, Esq., whose address is: 8583 Irvine Center Drive #422, Irvine, CA
37 92618.

38 3. On or about August 25, 1980, the Board issued Physician's and Surgeon's Certificate

1 No. A 35772 to Respondent. The Physician's and Surgeon's Certificate was in full force and
2 effect at all times relevant to the charges brought in Petition to Revoke Probation and Accusation
3 No. 800-2021-074148, and will expire on October 31, 2025, unless renewed.

JURISDICTION

5 4. Petition to Revoke Probation and Accusation No. 800-2021-074148 was filed before
6 the Board, and is currently pending against Respondent. The Petition to Revoke Probation and
7 Accusation and all other statutorily required documents were properly served on Respondent on
8 October 11, 2023. Respondent timely filed his Notice of Defense contesting the Petition to
9 Revoke Probation and Accusation.

10 5. A copy of Petition to Revoke Probation and Accusation No. 800-2021-074148 is
11 attached hereto as Exhibit A and is incorporated herein by reference.

ADVISEMENT AND WAIVERS

13 6. Respondent has carefully read, fully discussed with counsel, and understands the
14 charges and allegations in Petition to Revoke Probation and Accusation No. 800-2021-074148.
15 Respondent has also carefully read, fully discussed with his counsel, and understands the effects
16 of this Stipulated Settlement and Disciplinary Order.

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

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

CULPABILITY

27 9. Respondent admits the truth of each and every charge and allegation in Petition to
28 Revoke Probation and Accusation No. 800-2021-074148.

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

CONTINGENCY

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

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

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

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

DISCIPLINARY ORDER

25 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 35772 issued
26 to Respondent Bijan Farah, M.D. is publicly reprimanded pursuant to California Business and
27 Professions Code section 2227, subdivision (a)(4), as follows:

28 | //

1 **PUBLIC REPRIMAND**

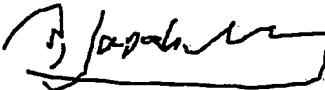
2 The Public Reprimand issued in connection with Petition to Revoke Probation and
3 Accusation No. 800-2021-074148, against Respondent Bijan Farah, M.D., is as follows:

4 "During the course of your probation with the Board pursuant to its Decision, effective
5 October 16, 2020, in the disciplinary action titled *In the Matter of Accusation Against Bijan*
6 *Farah, M.D.*, Case No. 800-2017-029089, you failed to submit proof of completion of education
7 courses taken during the 2021-2022 and 2022-2023 periods, and comply with financial
8 obligations under the terms of your probation, in a timely manner."

9 **ACCEPTANCE**

10 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
11 discussed it with my attorney, Nathan Mubasher. I understand the stipulation and the effect it
12 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
13 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
14 Decision and Order of the Medical Board of California.

16 DATED: 01/26/2025



17 BIJAN FARAH, M.D.
18 *Respondent*

20 I have read and fully discussed with Respondent Bijan Farah, M.D. the terms and
21 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
22 I approve its form and content.

23 DATED: 01/26/2025



24 NATHAN MUBASHER
25 *Attorney for Respondent*

ENDORSEMENT

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

DATED: 1/27/2025

Respectfully submitted,

ROB BONTA
Attorney General of California
EDWARD KIM
Supervising Deputy Attorney General

CHRISTINA SEIN GOOT
Deputy Attorney General
Attorneys for Complainant

LA2023601938
67381670.docx

Exhibit A

Petition to Revoke Probation and Accusation No. 800-2021-074148

ROB BONTA
Attorney General of California
EDWARD KIM
Supervising Deputy Attorney General
CHRISTINA SEIN GOOT
Deputy Attorney General
State Bar No. 229094
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6481
Facsimile: (916) 731-2117
Attorneys for Complainant

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

In the Matter of the Petition to Revoke
Probation and Accusation Against:

Case No. 800-2021-074148

BIJAN FARAH, M.D.
P.O. BOX 260496
Encino, CA 91426

**PETITION TO REVOKE PROBATION
AND ACCUSATION**

**Physician's and Surgeon's
Certificate No. A 35772,**

Respondent.

Complainant alleges:

PARTIES

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

2. On or about August 25, 1980, the Board issued Physician's and Surgeon's Certificate Number A 35772 to Bijan Farah, M.D. (Respondent). The Physician's and Surgeon's Certificate was in effect at all times relevant to the charges brought herein and will expire on October 31, 2025, unless renewed.

DISCIPLINARY HISTORY

28 3. In a disciplinary action titled *In the Matter of Accusation Against Bijan Farah, M.D.*,

1 Case No. 800-2017-029089, the Board issued a Decision, effective October 16, 2020 (Decision),
2 in which Respondent's Physician's and Surgeon's Certificate was revoked. However, the
3 revocation was stayed and his Certificate was placed on probation for a period of three (3) years
4 with certain terms and conditions. A copy of the Decision is attached as Exhibit A and is
5 incorporated by reference.

6 **JURISDICTION**

7 4. This Petition to Revoke Probation and Accusation is brought before the Board under
8 the authority of the following laws. All section references are to the Business and Professions
9 Code unless otherwise indicated.

10 5. Section 2004 of the Code states:

11 The board shall have the responsibility for the following:

12 (a) The enforcement of the disciplinary and criminal provisions of the Medical
13 Practice Act.

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

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

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

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

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

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

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

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

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

29 ///

1 7. Section 2234 of the Code states:

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

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

6 (b) Gross negligence.

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

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

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

14 (d) Incompetence.

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

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

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

21 8. Section 2261 of the Code states: "Knowingly making or signing any certificate or
22 other document directly or indirectly related to the practice of medicine or podiatry which falsely
23 represents the existence or nonexistence of a state of facts, constitutes unprofessional conduct."

24 PROBATION

25 9. At all times after the effective date of the Decision, Probation Condition 14 of the
26 Board's related disciplinary order stated:

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

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

6 **COST RECOVERY**

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

13 **FIRST CAUSE TO REVOKE PROBATION**

14 **(Failure to Complete Education Courses)**

15 11. At all times after the effective date of the Decision, Probation Condition 1 of the
16 Board's related disciplinary order stated:

17 **EDUCATION COURSE.** Within 60 calendar days of the effective date of this
18 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or
19 its designee for its prior approval educational program(s) or course(s) which shall not
20 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.

21 12. Respondent's probation is subject to revocation because he failed to comply with
22 Probation Condition 1, referenced above. The facts and circumstances regarding this violation
23 are as follows: Respondent failed to submit proof of 65 CME hours for each of the following
24 years of probation: 2021-22 and 2022-23.

25 **SECOND CAUSE TO REVOKE PROBATION**

26 **(Failure to Make Himself Available for In Person Interview)**

27 13. At all times after the effective date of the Decision, Probation Condition 11 of the
28 Board's related disciplinary order stated:

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

14. Respondent's probation is subject to revocation because he failed to comply with Probation Condition 11, referenced above. The facts and circumstances regarding this violation are as follows:

15. On or about May 2, 2023, Respondent's probation monitor attempted to schedule a quarterly interview with Respondent at his place of practice. In response, Respondent requested an interview by telephone stating that the probation monitor's "presence at [his] office cost [sic] taxpayers and does not make sense."

THIRD CAUSE TO REVOKE PROBATION

(Failure to Comply with Financial Obligations)

12 16. At all times after the effective date of the Decision, Probation Condition 13 of the
13 Board's related disciplinary order stated:

COMPLETION OF PROBATION. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Respondent's certificate shall be fully restored.

17 17. At all times after the effective date of the Decision, Probation Condition 16 of the
18 Board's related disciplinary order stated:

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

18. Respondent's probation is subject to revocation because he failed to comply with Probation Conditions 13 and 16, referenced above. The facts and circumstances regarding this violation are as follows:

19. Pursuant to Probation Condition 16, Respondent is required to pay probation monitoring costs each calendar year. Respondent failed to pay probation monitoring costs for the year of 2021, in the amount of \$6,483.00, for the year of 2022, in the amount of \$5,485.00, and for the year of 2023, in the prorated amount of \$4,349.00. The total outstanding balance of

1 Respondent's probation monitoring costs is \$16,317.00.

2 20. Respondent is also required to comply with all financial obligations not later than 120
3 calendar days prior to the completion of probation, *i.e.*, June 16, 2023. Respondent failed to pay
4 outstanding probation monitoring costs in the amount of \$16,317.00, prior to June 16, 2023.

5 **FOURTH CAUSE TO REVOKE PROBATION**

6 **(Supervision of Advanced Practice Nurses)**

7 21. At all times after the effective date of the Decision, Probation Condition 7 of the
8 Board's related disciplinary order stated:

9 **SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED**
10 **PRACTICE NURSES.** During probation, Respondent is prohibited from supervising
physician assistants and advanced practice nurses.

11 22. Respondent's probation is subject to revocation because he failed to comply with
12 Probation Condition 7, referenced above. The facts and circumstances regarding this violation
13 are as follows: During an interview with a Board investigator, Respondent admitted that he
14 supervised a nurse practitioner from approximately November 2020 through December 2020.

15 **FIFTH CAUSE TO REVOKE PROBATION**

16 **(General Probation Requirements and Obey All Laws)**

17 23. At all times after the effective date of the Decision, Probation Condition 8 of the
18 Board's related disciplinary order stated:

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

21 24. At all times after the effective date of the Decision, Probation Condition 10 of the
22 Board's related disciplinary order stated, in pertinent part:

23 **Compliance with Probation Unit.** Respondent shall comply with the Board's
24 probation unit.

25 25. Respondent's probation is subject to revocation because he failed to comply with
26 Probation Conditions 8 and 10, referenced above. The facts and circumstances regarding this
27 violation are as follows:

28 26. The allegations of the First through Fourth Causes to Revoke Probation, inclusive, are

1 incorporated herein by reference as if fully set forth.

2 27. The allegations of the First and Second Causes for Discipline below are incorporated
3 herein by reference as if fully set forth.

4 28. Respondent has violated the terms of his probation and has engaged in unprofessional
5 conduct.

6 **FIRST CAUSE FOR DISCIPLINE**

7 **(Misrepresentations)**

8 29. Respondent is subject to disciplinary action under section 2261 of the Code in that he
9 falsely represented facts to the Board. The circumstances are as follows:

10 30. The allegations of the First through Fifth Causes to Revoke Probation, inclusive, are
11 incorporated by reference as if fully set forth herein.

12 31. Pursuant to the conditions of his probation, Respondent prepared and submitted
13 quarterly declarations to the Board that were signed under the penalty of perjury. In response to
14 the question of whether Respondent is current with his probation monitoring costs, Respondent
15 checked the box "yes" on multiple quarterly declarations, despite the fact that he had not paid
16 probation monitoring costs for the years of 2021, 2022, and 2023, as alleged above.

17 **SECOND CAUSE FOR DISCIPLINE**

18 **(General Unprofessional Conduct)**

19 32. Respondent is subject to disciplinary action under section 2234 of the Code in that his
20 action(s) and/or inaction(s) represent unprofessional conduct, generally. The facts and
21 circumstances regarding this violation are as follows:

22 33. The allegations of the First Cause for Discipline, inclusive, are incorporated herein by
23 reference as if fully set forth.

24 ///

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28 ///

PRAYER

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

4 1. Revoking the probation that was granted by the Medical Board of California in Case
5 No. 800-2017-029089 and imposing the disciplinary order that was stayed thereby revoking
6 Physician's and Surgeon's Certificate No. A 35772 issued to Respondent Bijan Farah, M.D.;

7 2. Revoking or suspending Physician's and Surgeon's Certificate No. A 35772, issued
8 to Respondent Bijan Farah, M.D.;

9 3. Revoking, suspending or denying approval of Respondent Bijan Farah, M.D.'s
10 authority to supervise physician's assistants and advanced practice nurses;

11 4. Ordering Respondent Bijan Farah, M.D. to pay the Medical Board of California the
12 reasonable costs of the investigation and enforcement of this case, and, if placed on probation, the
13 costs of probation monitoring; and

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

OCT 11 2023

17 | DATED: _____

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

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Exhibit A

Decision and Order

Medical Board of California Case No. 800-2017-029089

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

In the Matter of the Accusation Against

Bijan Farah, M.D.

Physician's and Surgeon's
License No. A35772

Respondent.

Case No. 800-2017-029089

DECISION

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

This Decision shall become effective at 5:00 p.m. on October 16, 2020.

IT IS SO ORDERED: September 18, 2020.

MEDICAL BOARD OF CALIFORNIA


Ronald H. Lewis, M.D., Chair
Panel A

1 XAVIER BECERRA
2 Attorney General of California
3 E. A. JONES III
4 Supervising Deputy Attorney General
5 JOSHUA M. TEMPLET
6 Deputy Attorney General
7 State Bar No. 267098
8 California Department of Justice
9 300 So. Spring Street, Suite 1702
10 Los Angeles, CA 90013
11 Telephone: (213) 269-6688
12 Facsimile: (916) 731-2117
13 *Attorneys for Complainant*

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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. 800-2017-029089

BIJAN FARAH, M.D.
Encino Town Medical Group
17130 Ventura Boulevard
Encino, CA 91316

OAH No. 2019071119

Physician's and Surgeon's Certificate
No. A 35772,

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

Respondent.

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

PARTIES

1. Christine J. Lally (Complainant) is the Interim Executive Director of the Medical Board of California (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, via Joshua M. Temple, Deputy Attorney General.

2. Respondent Bijan Farah, M.D. (Respondent) is represented in this proceeding by attorney Robert B. Packer, 505 North Brand Boulevard, Suite 1025, Glendale, CA 91203.

1 3. On August 25, 1980, the Board issued Physician's and Surgeon's Certificate No.
2 A 35772 to Bijan Farah, M.D. (Respondent). The Physician's and Surgeon's Certificate was in
3 full force and effect at all times relevant to the charges brought in Accusation No. 800-2017-
4 029089, and will expire on October 31, 2021, unless renewed.

JURISDICTION

6 4. Accusation No. 800-2017-029089 (Accusation) was filed before the Board and is
7 currently pending against Respondent. The Accusation and all other statutorily required
8 documents were properly served on Respondent, on November 27, 2018. Respondent timely filed
9 his Notice of Defense contesting the Accusation.

10 5. A copy of the Accusation is attached as **Exhibit A** and incorporated herein by
11 reference.

ADVISEMENT AND WAIVERS

13 6. Respondent has carefully read, fully discussed with counsel, and understands the
14 charges and allegations in the Accusation. Respondent has also carefully read, fully discussed
15 with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

CULPABILITY

25 9. Respondent understands and agrees that the charges and allegations in the
26 Accusation, if proven at a hearing, constitute cause for imposing discipline on his Physician's and
27 Surgeon's Certificate.

28 //

1 10. Respondent does not contest that, at an administrative hearing, Complainant could
2 establish a prima facie case with respect to the charges and allegations in the Accusation, and that
3 Respondent has thereby subjected his Physician's and Surgeon's Certificate to disciplinary action.
4 Respondent hereby gives up his right to contest those charges.

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

CONTINGENCY

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

18 13. Respondent agrees that if he ever petitions for early termination or modification of
19 probation, or if an Accusation and/or Petition to Revoke Probation is filed against him before the
20 Board, all of the charges and allegations contained in the Accusation shall be deemed true,
21 correct, and fully admitted by Respondent for purposes of any such proceeding or any other
22 licensing proceeding involving Respondent in the State of California.

23 14. The parties understand and agree that Portable Document Format (PDF) and facsimile
24 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile
25 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 Physician's and Surgeon's Certificate No. A 35772 issued
3 to Respondent Bijan Farah, M.D. is revoked. However, the revocation is stayed and Respondent
4 is placed on probation for three years with the following terms and conditions:

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

15 2. **PRESCRIBING PRACTICES COURSE.** Within 60 calendar days of the
16 effective date of this Decision, Respondent shall enroll in a course in prescribing practices
17 approved in advance by the Board or its designee. Respondent shall provide the approved course
18 provider with any information and documents that the approved course provider may deem
19 pertinent. Respondent shall participate in and successfully complete the classroom component of
20 the course not later than six months after Respondent's initial enrollment. Respondent shall
21 successfully complete any other component of the course within one year of enrollment. The
22 prescribing practices course shall be at Respondent's expense and shall be in addition to the CME
23 requirements for renewal of licensure.

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

1 Respondent shall submit a certification of successful completion to the Board or its
2 designee not later than 15 calendar days after successfully completing the course, or not later than
3 15 calendar days after the effective date of the Decision, whichever is later.

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

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

18 Respondent shall submit a certification of successful completion to the Board or its
19 designee not later than 15 calendar days after successfully completing the course, or not later than
20 15 calendar days after the effective date of the Decision, whichever is later.

21 4. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60
22 calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism
23 program, that meets the requirements of California Code of Regulations, title 16, section 1358.1.
24 Respondent shall participate in and successfully complete that program. Respondent shall provide
25 any information and documents that the program may deem pertinent. Respondent shall
26 successfully complete the classroom component of the program not later than six months after
27 Respondent's initial enrollment, and the longitudinal component of the program not later than the
28 time specified by the program, but no later than one year after attending the classroom

1 component. The professionalism program shall be at Respondent's expense and shall be in
2 addition to the CME requirements for renewal of licensure.

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

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

11 5. PRACTICE MONITORING. Within 30 calendar days of the effective date
12 of this Decision, Respondent shall submit to the Board or its designee for prior approval as a
13 practice monitor the name and qualifications of one or more licensed physicians and surgeons
14 whose licenses are valid and in good standing, and who are preferably American Board of
15 Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or
16 personal relationship with Respondent, or other relationship that could reasonably be expected to
17 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
18 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
19 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

20 The Board or its designee shall provide the approved monitor with copies of the Decision
21 and Accusation, and a proposed monitoring plan. Within 15 calendar days of receipt of the
22 Decision, Accusation, and proposed monitoring plan, the monitor shall submit a signed statement
23 that the monitor has read the Decision and Accusation, fully understands the role of a monitor,
24 and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the
25 proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed
26 statement for approval by the Board or its designee.

27 Within 60 calendar days of the effective date of this Decision, and continuing throughout
28 probation, Respondent's shall be monitored by the approved monitor. Respondent shall make all

1 records available for immediate inspection and copying on the premises by the monitor at all
2 times during business hours and shall retain the records for the entire term of probation.

3 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
4 date of this Decision, Respondent shall receive a notification from the Board or its designee to
5 cease the practice of medicine within three calendar days after being so notified. Respondent shall
6 cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

7 The monitor shall submit a quarterly written report to the Board or its designee which
8 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
9 are within the standards of practice of medicine, and whether Respondent is practicing medicine
10 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the
11 quarterly written reports to the Board or its designee within ten calendar days after the end of the
12 preceding quarter.

13 If the monitor resigns or is no longer available, Respondent shall, within five calendar days
14 of such resignation or unavailability, submit to the Board or its designee, for prior approval, the
15 name and qualifications of a replacement monitor who will be assuming that responsibility within
16 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
17 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
18 notification from the Board or its designee to cease the practice of medicine within three calendar
19 days after being so notified. Respondent shall cease the practice of medicine until a replacement
20 monitor is approved and assumes monitoring responsibility.

21 In lieu of a monitor, Respondent may participate in a professional enhancement program
22 approved in advance by the Board or its designee that includes, at minimum, quarterly chart
23 review, semi-annual practice assessment, and semi-annual review of professional growth and
24 education. Respondent shall participate in the professional enhancement program at Respondent's
25 expense during the term of probation.

26 6. NOTIFICATION. Within seven days of the effective date of this Decision,
27 the Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or
28 the Chief Executive Officer at every hospital where privileges or membership are extended to

1 Respondent, at any other facility where Respondent engages in the practice of medicine,
2 including all physician and locum tenens registries or other similar agencies, and to the Chief
3 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
4 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
5 calendar days.

6 This condition shall apply to any change in hospitals, other facilities, or insurance carrier.

7. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED
8 PRACTICE NURSES. During probation, Respondent is prohibited from supervising physician
9 assistants and advanced practice nurses.

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

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

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

18 10. GENERAL PROBATION REQUIREMENTS.

19 Compliance with Probation Unit

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

21 Address Changes

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

27 ///

28 ///

1 Place of Practice

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

5 License Renewal

6 Respondent shall maintain a current and renewed California physician's and surgeon's
7 license.

8 Travel or Residence Outside California

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

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

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

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

28 Practicing medicine in another state of the United States or federal jurisdiction while on probation

1 with the medical licensing authority of that state or jurisdiction shall not be considered non-
2 practice. A Board-ordered suspension of practice shall not be considered as a period of non-
3 practice.

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

9 Respondent's period of non-practice while on probation shall not exceed two years.

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

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

15 13. COMPLETION OF PROBATION. Respondent shall comply with all
16 financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to
17 the completion of probation. Upon successful completion of probation, Respondent's certificate
18 shall be fully restored.

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

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

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

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

ACCEPTANCE

13 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
14 discussed it with my attorney, Robert B. Packer. I understand the stipulation and the effect it will
15 have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
16 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
17 Decision and Order of the Medical Board of California.

19 DATED: 05/28/026 BY: JIAN FARAH, M.D.
20 Respondent

21 I have read and fully discussed with Respondent Bijan Farah, M.D. the terms and
22 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
23 I approve its form and content.

25 DATED: ROBERT B. PACKER
26 PACKER, O'LEARY & CORSON
27 *Attorney for Respondent*

1 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
2 determining whether or not to grant the request, or to take any other action deemed appropriate
3 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
4 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
5 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
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10 Board, which may be adjusted on an annual basis. Such costs shall be payable to the Board and
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15 have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
16 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
17 Decision and Order of the Medical Board of California.

19 | DATED:

BIJAN FARAH, M.D.
Respondent

21 I have read and fully discussed with Respondent Bijan Farah, M.D. the terms and
22 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
23 I approve its form and content.

25 DATED:

ROBERT B. PACKET
PACKER, O'LEARY & CORSON
Attorney for Respondent

ENDORSEMENT

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

DATED: May 28, 2020

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
E. A. JONES III
Supervising Deputy Attorney General

Joshua M. Templet
JOSHUA M. TEMPLET

JOSHUA M. TEMPLET
Deputy Attorney General
Attorneys for Complainant

LA2018501907
34100947

Exhibit A

Accusation No. 800-2017-029089

1 XAVIER BIECERRA
2 Attorney General of California
3 JUDITH T. ALVARADO
4 Supervising Deputy Attorney General
5 CHRISTINA SEIN GOOT
6 Deputy Attorney General
7 State Bar No. 229094
8 California Department of Justice
9 300 So. Spring Street, Suite 1702
10 Los Angeles, CA 90013
11 Telephone: (213) 269-6481
12 Facsimile: (213) 897-9395
13 *Attorneys for Complainant*

14 FILED
15 STATE OF CALIFORNIA
16 MEDICAL BOARD OF CALIFORNIA
17 SACRAMENTO, Nov. 27 2018
18 BY _____ ANALYST

19 BEFORE THE
20 MEDICAL BOARD OF CALIFORNIA
21 DEPARTMENT OF CONSUMER AFFAIRS
22 STATE OF CALIFORNIA

23 In the Matter of the Accusation Against:

24 Case No. 800-2017-029089

25 Bijan Farah, M.D.
26 PO BOX 260496
27 ENCINO, CA 91426

28 ACCUSATION

29 Physician's and Surgeon's Certificate
30 No. A 35772,

31 Respondent.

32 Complainant alleges:

33 PARTIES

34 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official
35 capacity as the Executive Director of the Medical Board of California, Department of Consumer
36 Affairs (Board).

37 2. On or about August 25, 1980, the Board issued Physician's and Surgeon's Certificate
38 Number A 35772 to Bijan Farah, M.D. (Respondent). The Physician's and Surgeon's Certificate
39 was in full force and effect at all times relevant to the charges brought herein and will expire on
40 October 31, 2019, unless renewed.

JURISDICTION

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

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

8 5. Section 2234 of the Code, states in pertinent part:

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

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

14 (b) Gross negligence.

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

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

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

25

26 6. Section 2242 of the Code states:

27 "(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022
28 without an appropriate prior examination and a medical indication, constitutes unprofessional

conduct.

"(b) No licensee shall be found to have committed unprofessional conduct within the meaning of this section if, at the time the drugs were prescribed, dispensed, or furnished, any of the following applies:

"(I) The licensee was a designated physician and surgeon or podiatrist serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and if the drugs were prescribed, dispensed, or furnished only as necessary to maintain the patient until the return of his or her practitioner, but in any case no longer than 72 hours.

"(2) The licensee transmitted the order for the drugs to a registered nurse or to a licensed vocational nurse in an inpatient facility, and if both of the following conditions exist:

"(A) The practitioner had consulted with the registered nurse or licensed vocational nurse who had reviewed the patient's records.

“(B) The practitioner was designated as the practitioner to serve in the absence of the patient’s physician and surgeon or podiatrist, as the case may be.

"(3) The licensee was a designated practitioner serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and was in possession of or had utilized the patient's records and ordered the renewal of a medically indicated prescription for an amount not exceeding the original prescription in strength or amount or for more than one refill.

"(4) The licensee was acting in accordance with Section 120582 of the Health and Safety Code."

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."

FACTUAL BACKGROUND

8. At all times relevant to the charges herein, Respondent was a licensed physician and surgeon practicing internal medicine, urgent care, and general primary care.

111

111

Patient 1¹

2 9. Patient 1 is a female born in 1981. From approximately January 2014 through at least
3 October 2016, Respondent treated her for Depression, Anxiety, Insomnia, and Attention Deficit
4 Disorder (ADD). He prescribed Adderall,² clonazepam,³ and Ambien⁴ on a regular basis. During
5 this time period, Patient 1 also received prescriptions for Adderall, clonazepam, Ambien, and
6 alprazolam⁵ from at least three other physicians, using four or more pharmacies on a regular
7 basis.

8 10. Vital signs were recorded at each visit and were significant for frequent reports of
9 tachycardia with heart rates ranging from 100 to 116, which were never addressed by
10 Respondent. Although Patient 1 was tachycardic on a number of occasions, Respondent often
11 checked the box "Vital signs normal."

12 11. During this time period, no CURES reports were included or referenced in Patient I's
13 medical record. There was no controlled substances agreement, electrocardiograms (EKG), or lab
14 results and orders on file. Urine toxicology screening was not performed. Preventative care, such
15 as flu shots and Pap smears were also not performed. Respondent did not question Patient I.
16 regarding tobacco, alcohol, caffeine, or illicit drug use, and no family history or review of
17 systems were ever noted. There were also no referrals to psychology.

18 12. With respect to Patient 1's ADD, there was no mention in the medical record of any
19 specific symptoms of ADD. Routine scales or questionnaires were not reviewed or recorded, nor
20 was there any documentation regarding the age of diagnosis or how the symptoms affected
21 Patient 1's function. There was no other workup performed to rule out other causes of Patient 1's
22 symptoms, such as thyroid testing, and there was no mention of what type of work Patient 1 did

¹ Patients are referred to by number to protect privacy.

² Adderall is a mixture of dL-amphetamine and L-amphetamine salts in the ratio of 3:1 and is a central nervous system stimulant. It is a Schedule II controlled substance and a dangerous drug.

26 3 Clonazepam is a benzodiazepine. It is a Schedule IV controlled substance and a dangerous drug.

27 Ambien is a brand name for zolpidem, a sedative. It is a Schedule IV controlled substance and a dangerous drug.

28 5 Alprazolam is a benzodiazepine. It is a Schedule IV controlled substance and a dangerous drug.

1 to necessitate daily medication. There was no effort to address or recommend behavioral
2 modifications and no documentation of how the medications specifically improved the patient's
3 function.

4 13. With respect to Respondent's charting, no social or family history was ever
5 documented, nor was there any review of systems. There was minimal documentation regarding
6 Patient 1's specific symptoms. For example, Respondent treated her for depression and anxiety
7 yet never assessed suicidal thoughts, provoking factors, triggers, etc. Physical examinations were
8 often minimal and Patient 1 presented on two occasions with specific complaints of a seb and
9 hand pain, which were never addressed or examined.

10 **Patient 2**

11 14. Patient 2 is a female born in 1972. She referred herself to Respondent for chronic
12 low back pain; anxiety, and chronic nausea. Respondent treated Patient 2 from 2014 through
13 2017. He prescribed Norco,⁶ Soma,⁷ Valium,⁸ and Zofran regularly.

14 15. In the medical records, most of the "Chief Complaints" were repeated as "re-
15 evaluation of current medication." The History of Present Illness is typically noted only as the
16 list of diagnoses and medications "helping." Most of the assessments were noted as "Low Back,
17 Chronic Pain Syndrome, Anxiety, Nausea" and the majority of the physical examinations are
18 noted as reporting some tenderness and spasm in the low back. No CURES reports were included
19 in the chart nor referenced in the chart notations.

20 16. Respondent prescribed Soma and Norco on a monthly basis. During the same time
21 period, Patient 2 was receiving controlled substances, including Norco and diazepam from
22 another physician and utilizing at least three different pharmacies on a regular basis. Respondent
23 also prescribed Zofran (ondansetron) 4 mg one tab twice a day as needed for nausea.

24 17. In or about July 2014, Patient 2 reportedly began seeing a pain management physician

25 ⁶ Norco is a combination of acetaminophen and hydrocodone. Hydrocodone is an opioid
26 pain medication. It is a Schedule II controlled substance and a dangerous drug.

27 ⁷ Soma is a brand name for carisoprodol, a muscle relaxer. It is a Schedule IV controlled
28 substance and a dangerous drug.

⁸ Valium is a brand name for diazepam, a benzodiazepine. It is a Schedule IV controlled
substance and a dangerous drug.

1 and had been treated with Suboxone.⁹ On or about April 17, 2015, Respondent diagnosed Patient
2 with opioid dependence. However, at the next visit, on or about July 10, 2015, Respondent
3 prescribed Norco, Soma, and Valium. Respondent continued to prescribe these controlled
4 substances at the following visits. In or about September 2015, Respondent advised Patient 2 to
5 see a pain management specialist, however, he continued to prescribe Norco, Soma, and Valium
6 until April 2017. There was no discussion of opiate dependence other than the diagnosis of
7 "opioid dependence" on April 17, 2015.

8 18. Patient 2's medical record did not contain a controlled substances agreement or any
9 laboratory studies. Blood testing and urine toxicology screenings were never performed. There
10 were no specific referrals to any physical therapists, counselors, psychiatrists, orthopedic or
11 neurosurgeons.

12 19. Over the course of the care, Respondent never addressed or evaluated Patient 2's
13 nausea and there was little mention of any symptoms of anxiety other than "anxiety," "insomnia,"
14 or "Valium helping." Preventative care such as Pap smears, vaccinations, or lab studies were
15 never discussed, ordered, or performed.

16 Patient 3

17 20. Patient 3 is a male born in 1982. Respondent treated him approximately every month
18 for chronic knee pain for the time period of February 2014 through July 2016. On or about
19 February 7, 2014, Patient 3 indicated that he "would like to go back on the 'Norco' for knee
20 pain." At this visit and each subsequent visit, Respondent prescribed Norco (10 mg x 30 tablets).

21 21. During this time period, Patient 3 was also receiving alprazolam from another
22 provider, and from February 2016 through June 2016, he was receiving prescriptions for Norco
23 from both Respondent and another provider on a monthly basis. There was no controlled
24 substance agreement in the medical record. No CURES reports were included or referenced in
25 Patient 3's medical record.

26 22. Over the course of Respondent's treatment, Patient 3 intermittently took ibuprofen

27
28 ⁹ Suboxone contains a combination of buprenorphine and naloxone. Buprenorphine is an
opioid medication. Suboxone is a Schedule III controlled substance and a dangerous drug.

1 and, although there was mention of physical therapy, there were no referrals or therapy notes
2 included in Patient 3's chart. Respondent's treatment plan was for Patient 3 to use the Norco as
3 needed and follow up with an orthopedic surgeon. There were no documents from any other
4 providers, such as surgeons or physical therapists, in Patient 3's medical record.

5 23. On or about May 30, 2014, Patient 3 reported being unemployed, uninsured, and
6 unable to afford a repeat MRI of his knee. Respondent's diagnoses of Patient 3 included left knee
7 pain, chronic meniscus tear, chronic ACL tear and chondromalacia, however, prior MRI revealed
8 a normal meniscus and no resulting ligament damage.

9 24. Respondent treated Patient 3 with antibiotics on two occasions. On or about
10 December 16, 2015, Patient 3 reported coughing without mucus, sore throat, congestion and
11 fatigue for two days. His vital signs were normal without fever and his examination was
12 significant for "alert and oriented" appearance, red throat, and clear lungs. Respondent did not
13 examine the sinuses. The patient was diagnosed with "acute sinusitis, cough" and prescribed
14 azithromycin and Flonase. On or about February 5, 2016, Patient 3 reported sore throat and sinus
15 congestion. His vital signs were normal with no fever and his examination was notable only for a
16 limp and knee pain. The chest, lung, head, and neck examinations were noted as "unremarkable."
17 Respondent diagnosed the patient with acute pharyngitis and acute sinusitis and prescribed
18 azithromycin 500 mg for 3 days.

19 25. With respect to Respondent's charting, no social or family history or review of
20 systems was ever documented and the History of Present Illness is often brief. The physical
21 examinations are often inconsistent such as the patient's height varying 1 to 2 inches between
22 visits. There are a number of different handwritings found in Patient 3's chart and it is difficult to
23 tell exactly who took the history and made the chart notations.

Patient 4

25 26. Patient 4 is a female born in 1986, who was employed by Respondent in his medical
26 spa. She treated with Respondent monthly from 2014 through September 2017. Respondent
27 diagnosed her with generalized anxiety disorder and depression. Most of the physical
28 examinations noted only "General: alert, calm. Exam normal." Respondent claimed he was not

Patient 4's primary care physician.

2 27. Respondent prescribed clonazepam (Klonopin), lorazepam^{1d} (Ativan), and alprazolam
3 (Xanax) to Patient 4 on a regular basis. From June 2016 through January 2017, Respondent
4 prescribed Klonopin 1 mg #60 per month. From July 2014 through January 2016, he prescribed
5 Ativan 1 mg #60 per month. From March through May 2016, he prescribed Xanax 1 mg #60 per
6 month. Respondent also dispensed 60 Xanax tablets from his office on February 5, 2016. In May
7 2016, Patient 4 was receiving lorazepam and clonazepam from another physician within four days
8 of filling a prescription from Respondent.

9 28. On or about October 23, 2014, Patient 4 had one episode of heart palpitations with a
10 heart rate of 132. The history noted "re-evaluation on current medical condition. Reassessment
11 GAD [generalized anxiety disorder] and depression. Currently on Ativan and Celexa." An EKG
12 was performed, which was essentially normal. Respondent diagnosed palpitations, generalized
13 anxiety disorder, and depression and advised the patient to "continue current medications."

14 29. On or about October 14, 2016, Patient 4 complained of sore throat and nasal
15 congestion. Her temperature was normal and an examination was notable only for red throat,
16 nasal congestion, and clear lungs. No sinus examination was noted. Respondent diagnosed her
17 with acute sinusitis and dispensed azithromycin. On or about May 31, 2016, she complained of
18 cough, sore throat, phlegm, sinus congestion and fatigue for three days. Vital signs were notable
19 for a temperature of 98.0°F and pulse of 95 bpm. The exam was notable only for throat and
20 nasopharynx congestion, erythematous, and clear lungs. No sinus examination was noted.
21 Respondent diagnosed her with acute sinusitis and acute pharyngitis, and dispensed amoxicillin.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence – Patients 1, 2, and 3)

24 30. Respondent's license is subject to disciplinary action under section 2234, subdivision
25 (b), of the Code in that he was grossly negligent in his care and treatment of Patients 1, 2, and 3.
26 The circumstances are as follows:

28 1⁰ Lorazepam is a benzodiazepine. It is a Schedule IV controlled substance and a dangerous drug;

1 31. Complainant refers to and, by this reference, incorporates Paragraphs 8 through 25,
2 above, as though set forth fully herein.

3 32. Controlled substances, including benzodiazepines and stimulant/amphetamine
4 medications used for the treatment of ADD, are pharmaceutical agents with an inherent potential
5 for abuse and misuse.

6 33. Under the standard of care for prescribing controlled substances, methods of
7 monitoring for abuse and diversion include:

- 8 a. the use of a Stimulant or Controlled Substance Agreement, which details the
9 risks of the medications, including the agreement that the patient will not abuse
10 or divert the medication, nor receive medications from other providers, as well
11 as alternatives to the high-risk medications;
- 12 b. routine monitoring of CURES reports to ensure the patient is not prescribed
13 medications by other providers;
- 14 c. random urine toxicology/drug screens to ensure both that the patient is taking
15 the prescribed medications and is not mixing it with other illicit medications;
- 16 d. regular visits (typically every 2-3 months for Attention Deficit disorder) to
17 assess the patient's response to treatment and ensure that the medication is
18 working, as well as offering adjunct or alternative treatments if appropriate; and
- 19 e. prescribing of only small quantities at a time (typically 30 days per
20 prescription).

21 34. Respondent's care and treatment of Patient 1, as set forth above in Paragraphs 9
22 through 13, includes the following act and/or omission which constitutes an extreme departure
23 from the standard of care: Respondent's failure to monitor for abuse or misuse of three different
24 controlled substances.

25 35. The standard of care for prescribing opiates is to prescribe these medications only
26 when all safer alternative agents have been tried and are unsuccessful, and the benefits clearly
27 outweigh the risks. They are typically used only short-term and at the lowest doses possible
28 given the significant risks associated with narcotics.

1 36. The standard of care in prescribing opiates includes the following principles:

2 a. discussion of risks and benefits of therapy with patients, including alternatives;

3 b. evaluation of risk factors for opiate-related harms and ways to mitigate/reduce

4 patient risks;

5 c. review of prescription drug monitoring program (PDMP) data [the CURES

6 system in California];

7 d. use of urine drug testing (typically every 6-12 months);

8 e. screening for and arranging for treatment of opioid use disorder; and

9 f. avoid prescribing doses more than 90 Morphine milligram equivalents

10 (MME)/day without good justification.

11 37. Because of the potential risks associated with narcotics, the standard of care for

12 treating chronic back pain is to use other modalities, such as anti-inflammatories, physical

13 therapy, topical patches, ice, heat, stretching, and occasional interventions such as nerve ablation

14 or epidurals, depending on the underlying etiology.

15 38. The standard of care requires a physician to consider opioid dependence/use disorder

16 in all patients taking chronic opiates, especially those on multiple medications. If a standardized

17 screening assessment or tool is not used, the physician should question the patient regarding

18 symptoms of dependence and misuse on a regular basis.

19 39. Patients with suspected opiate use disorder or addiction are typically treated with

20 Suboxone/buprenorphine, Methadone, or a detox program in conjunction with an addiction

21 specialist or mental health provider. Continuing high dose opiates in a patient with a known

22 addiction disorder is contraindicated and further perpetuates the addiction. Therefore, it is the

23 standard of care to wean patients with a known addiction off of all controlled substances in a

24 controlled manner and treat the underlying psychological aspects of the patient's addiction.

25 40. The standard of care is to avoid prescribing benzodiazepines when possible and when

26 they are used, to prescribe sparingly (e.g., one to two times per week) or very short term (e.g., less

27 than 6 weeks), and only after notifying the patient of the risks of the medication and having

28 considered all safer alternatives.

1 41. Respondent's care and treatment of Patient 2, as set forth above in Paragraphs 14
2 through 19, includes the following acts and/or omissions which constitute extreme departures
3 from the standard of care:

- a. Respondent prescribed opiates without monitoring for abuse, misuse or diversion. Respondent also did not counsel the patient regarding the risks of opiates or offer safer alternatives.
- b. Respondent prescribed narcotics and other controlled substances to a patient with a known opiate use disorder.
- c. Respondent prescribed benzodiazepines long term without any counseling regarding the associated risks or efforts to offer safer alternatives.

11 42. Respondent's care and treatment of Patient 3, as set forth above in Paragraphs 20
12 through 25, includes the following act and/or omission which constitute an extreme departure
13 from the standard of care: Respondent prescribed opiates without monitoring for abuse, misuse
14 or diversion. Respondent also did not counsel the patient regarding the risks of opiates or offer
15 safer alternatives.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts – Patients 1, 2, 3, and 4)

18 43. Respondent's license is subject to disciplinary action under section 2234, subdivision
19 (c), of the Code in that he committed repeated negligent acts in his care and treatment of Patients
20 1, 2, 3, and 4. The circumstances are as follows:

21 44. Complainant refers to and, by this reference, incorporates Paragraphs 8 through 29,
22 above, as though set forth fully herein.

23 45. The allegations of the First Cause for Discipline are incorporated by reference as if
24 fully set forth herein.

25 46. The standard of care in the diagnosis of ADD includes reviewing standard DSM
26 criteria, which include a minimum of five symptoms of inattention (with or without hyperactivity
27 and impulsiveness) that have persisted for at least 6 months to a degree that they are impacting
28 daily activities. The symptoms must have presented prior to age 12, be present in two or more

1 settings, and not be due to another condition. The symptoms include inattention to detail, careless
2 mistakes, difficulty sustaining attention to tasks, poor listening skills, lack of follow through,
3 difficulty with organization of tasks and activities, avoiding activities that require sustained
4 attention, losing items, being easily distracted, and forgetfulness.

5 47. The diagnosis of ADD is often made by a primary care physician using these standard
6 criteria, often in conjunction with a psychologist or psychiatrist, especially if the diagnosis is not
7 clear-cut. Monitoring of patients on medications for ADD typically includes asking specifically
8 about the above symptoms and how they are affecting the patient's daily functioning, as well as
9 any side effects of the medications. Many practitioners use a standardized questionnaire such as
10 the Adult Attention Deficit Hyperactivity Disorder (ADHD) Self-Report Scale (ASRS-v1.1)
11 Symptom Checklist.

12 48. The standard of care requires a physician to keep timely, legible, and accurate
13 medical records. This includes a description of the History of Present Illness, pertinent review of
14 systems, social and family history, and accurate physical examinations pertinent to the presenting
15 complaints or diagnoses addressed. It is the responsibility of the treating physician to review and
16 take into account all documentation entered by medical assistants, students, or other providers and
17 correct any errors.

18 49. Standard vital signs include the measurement of a patient's heart rate, which is
19 normally between 60 and 90 beats per minute. Measurements over 100 beats per minute are
20 considered elevated and termed "tachycardia." Tachycardia can be a sign of other disease
21 including hyperthyroidism, intrinsic heart disease, arrhythmia, excess caffeine or stimulant intake
22 including cocaine or amphetamines, anemia, electrolyte disturbances, dehydration, infection or
23 withdrawal from addictive substances. Standard workup of tachycardia includes thorough
24 physical examination of the heart, lungs, and pulses, as well as examination of the thyroid. In
25 patients with persistent tachycardia, a workup including EKG and lab work to assess for anemia,
26 thyroid disease, electrolyte abnormalities, and illicit drug use is the standard of care.

27 50. Respondent's care and treatment of Patient 1, as set forth above in Paragraphs 9
28 through 13, includes the following acts and/or omissions which constitute repeated negligent acts:

- 1 a. Respondent's failure to monitor for abuse or misuse of three different
2 controlled substances.
- 3 b. Respondent did not confirm or monitor Patient 1's diagnosis of ADD with
4 standard DSM criteria.
- 5 c. Respondent did not record accurate documentation and did not address or
6 acknowledge pertinent examinations or findings, or address patient complaints.
- 7 d. Respondent's failure to address Patient 1's recurrent tachycardia.

8 51. The standard of care is to avoid prescribing Soma, especially in combination with
9 opiates and benzodiazepines, given there are safer alternatives available. It is indicated only for
10 acute pain or spasm to be used for a maximum of three weeks. Muscle spasms are typically
11 treated in standard practice with mechanical means such as physical therapy, ultrasound therapy,
12 stretching, yoga, heat, or treating the underlying cause of the spasm. Muscle relaxants are used
13 sparingly in the treatment of back and neck pain, and typically only for short periods of time.

14 52. The standard of care for the diagnosis and treatment of lumbar disc disease is to treat
15 the underlying cause which involves removing or repairing the underlying derangement in the
16 disk and/or spine. In patients where surgery is contraindicated or not appropriate, the basics of
17 treatment include physical rehabilitation such as exercises, increasing core strength,
18 physiotherapy to reduce pain and spasm, as well as to increase function. Other alternatives
19 include non-narcotic medications such as Ibuprofen, Tylenol, topical patches or gels, neuropathic
20 treatments such as Neurontin, Duloxetine, Lyrica or epidural injections, nerve ablation, or
21 acupuncture. Opiate medications are indicated only when patients have true contraindications for
22 surgery or for short-term (i.e., a few months) while awaiting surgery.

23 53. Primary care physicians identified by the patients as their primary care providers are
24 responsible for ensuring patients receive appropriate preventative screening measures such as
25 immunizations, Pap smears, and mammograms. Consultants who are not a patient's primary care
26 physician typically report back to the patient's "primary" physician with regular consultation
27 notes. Any physician who prescribes medications is responsible for following up on any
28 abnormal results and monitoring kidney and liver function in patients taking chronic medications.

1 54. The standard of care in the evaluation of abdominal pain includes a thorough history
2 and physical including assessing the severity and duration of the pain, provoking or palliating
3 factors, associated symptoms, as well as any pertinent past medical or surgical history. Standard
4 physical examination includes assessment of the overall appearance of the patient including vital
5 signs (especially pulse, blood pressure, and temperature), hydration status, possibility of
6 pregnancy, and degree of pain. Assessment should include a thorough physical examination. In
7 women, it is also important to rule out pregnancy and perform a pelvic examination.

8 55. Chronic nausea can be a sign of serious disease including pancreatic dysfunction,
9 gallbladder disease, *Helicobacter pylori* (*H. pylori*) infection, medication side effects or kidney
10 infection. The standard of care for treatment of nausea begins with an effort to determine an
11 underlying cause or etiology. Evaluation typically includes a thorough abdominal examination,
12 questioning regarding associated symptoms, provoking and palliating factors, over-the-counter
13 medications, illicit drug use, etc. Testing often includes measurement of pancreatic and liver
14 enzymes, testing for *H. pylori*, and in some cases imaging.

15 56. Respondent's care and treatment of Patient 2, as set forth above in Paragraphs 14
16 through 19, includes the following acts and/or omissions which constitute repeated negligent acts:

- 17 a. Respondent prescribed opiates without monitoring for abuse, misuse or
18 diversion. Respondent also did not counsel the patient regarding the risks of
19 opiates or offer safer alternatives.
- 20 b. Respondent prescribed narcotics and other controlled substances to a patient
21 with a known opiate use disorder.
- 22 c. Respondent prescribed benzodiazepines long term without any counseling
23 regarding the associated risks or efforts to offer safer alternatives.
- 24 d. Respondent prescribed Soma long-term without attempting safer alternatives or
25 counseling the patient regarding the risks of the medication.
- 26 e. Respondent's lack of further evaluation or attempting safer alternative
27 treatments for the patient's subjective back pain.
- 28 f. Respondent did not offer or recommend preventative measures such as Pap

smears or flu shots, did not monitor the patient's kidney or liver function, and did not make any effort to communicate with any of the patient's concurrent or past providers.

- g. Respondent did not record accurate or thorough documentation and it is unclear in the record who exactly is performing the elements of the patient visits.
- h. Respondent's substandard management of the patient's abdominal pain, pelvic pain, and nausea.

8 57. Knee pain in a young person is typically caused by trauma and overuse and surgical
9 repair is usually successful. Knee pain in a young person is rarely severe enough to warrant
10 opiate use and pharmacologic treatment typically includes acetaminophen, oral NSAIDs, topical
11 NSAIDs, intra-articular corticosteroid injections, physical therapy, and in some cases, surgical
12 intervention. The standard of care provides that, only if these modalities have failed and the
13 patient is not a candidate for surgery, should opiates be used, and in that case, with caution and
14 only for short periods of time.

15 58. The standard of care is that antibiotics should only be prescribed for cough in patients
16 with documented pneumonia or pertussis. Sinus infections should be treated with antibiotics only
17 when they are severe or lasting more than 10 days without improvement. When antibiotics are
18 indicated, macrolides such as azithromycin are not recommended. Instead, Amoxicillin or
19 Augmentin are recommended first-line as they have better penetration into the sinuses. Sore
20 throat or "pharyngitis" should be treated with antibiotics only when there is a positive test for
21 Streptococcus.

22 59. Respondent's care and treatment of Patient 3, as set forth above in Paragraphs 20
23 through 25, includes the following acts and/or omissions which constitute repeated negligent acts:

24 a. Respondent prescribed opiates without monitoring for abuse, misuse or diversion. Respondent also did not counsel the patient regarding the risks of opiates or offer safer alternatives.

25 b. Respondent's treatment of the patient's knee pain with narcotics without attempting safer alternatives or insisting on a more definitive treatment by a

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27

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surgeon.

- c. Respondent's prescription of antibiotics.
- d. Respondent did not record accurate or thorough documentation and it is unclear in the record who exactly is performing the elements of the patient visits.

5 60. The standard of care is to avoid prescribing benzodiazepines when possible and when
6 they are used, to prescribe sparingly (e.g., one to two times per week) or very short term (e.g., less
7 than 6 weeks), and only after notifying the patient of the risks of the medication and having
8 considered all safer alternatives. Anxiety is typically treated with cognitive therapy, relaxation
9 techniques such as meditation or deep breathing exercises, exercise, and SSRI medications such
10 as Celexa or Buspar.

11 61. Respondent's care and treatment of Patient 4, as set forth above in Paragraphs 26
12 through 29, includes the following acts and/or omissions which constitute repeated negligent acts:

- a. Respondent's prescribing of benzodiazepines long term without any counseling regarding the associated risks or efforts to offer safer alternatives.
- b. Respondent's prescription of antibiotics.
- c. Respondent did not record accurate or thorough documentation and it is unclear in the record who exactly is performing the elements of the patient visits.

THIRD CAUSE FOR DISCIPLINE

(Prescribing Without an Appropriate Prior Examination – Patients 1, 2, 3, and 4)

62. Respondent's license is subject to disciplinary action under section 2242, subdivision (a), of the Code in that he prescribed, dispensed, and/or furnished "dangerous drugs"¹¹ to Patients 1, 2, 3, and 4 without an appropriate prior examination and a medical indication.

63. Complainant refers to and, by this reference, incorporates Paragraphs 8 through 29.

11 "Dangerous drug" is defined as "any drug or device unsafe for self-use in humans or
25 animals, and includes the following: (a) Any drug that bears the legend: "Caution: federal law
26 prohibits dispensing without prescription," "Rx only," or words of similar import. (b) Any device
27 that bears the statement: "Caution: federal law restricts this device to sale by or on the order of a
28 _____." "Rx only," or words of similar import. the blank to be filled in with the designation of the
practitioner licensed to use or order use of the device. (c) Any other drug or device that by
federal or state law can be lawfully dispensed only on prescription or furnished pursuant to
Section 406."

1 above, as though set forth fully herein.

2 64. The allegations of the First Cause for Discipline are incorporated by reference as if
3 fully set forth herein.

4 65. Complainant refers to and, by this reference, realleges the allegations set forth in
5 Paragraphs 46, 47, 50(a) and (b), 51, 52, 56(a) through (d), 57 through 59(c), 60 through 61(b),
6 above, as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

7 (Failure to Maintain Adequate Records - Patients 1, 2, 3, and 4)

8 66. Respondent's license is subject to disciplinary action under section 2266 of the Code
9 in that he failed to maintain adequate records concerning the care and treatment of Patients 1, 2,
10 3, and 4. The circumstances are as follows:

11 67. Complainant refers to and, by this reference, incorporates Paragraphs 8 through 29,
12 above, as though set forth fully herein.

13 68. Complainant refers to and, by this reference, realleges the allegations set forth in
14 Paragraphs 48, 50(c), 56(g), 59(d), and 61(c).

PRAYER

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

17 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 35772,
18 issued to Bijan Farah, M.D.;

19 2. Revoking, suspending or denying approval of Bijan Farah, M.D.'s authority to
20 supervise physician assistants and advanced practice nurses;

21 3. Ordering Bijan Farah, M.D., if placed on probation, to pay the Board the costs of
22 probation monitoring; and

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

2
3 DATED: November 27, 2018

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5 
6 KIMBERLY KIRCHMEYER
7 Executive Director
8 Medical Board of California
9 Department of Consumer Affairs
10 State of California
11 *Complainant*

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