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

In the Matter of the Accusation Against: **Usama Shokry Mitry, M.D.** **Physician's and Surgeon's Certificate No. A 51830** Respondent.	**Case No.:** 800-2021-077806

ORDER CORRECTING NUNC PRO TUNC CLERICAL ERROR IN "RESPONDENT NAME" PORTION OF DECISION

On its own motion, the Medical Board of California (hereafter "Board") finds that there is a clerical error in the "Respondent Name" portion of the Decision in the above-entitled matter and that such clerical error should be corrected.

IT IS HEREBY ORDERED that the Respondent name contained on the Decision Order Page in the above-entitled matter be and hereby is amended and corrected nunc pro tunc as of the date of entry of the decision to read as "***Usama Shokry Mitry***".

June 26, 2025

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

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

In the Matter of the Accusation Against: Usama Shokry Miltry, M.D. Physician's and Surgeon's Certificate No. A 51830 Respondent.	Case No.: 800-2021-077806

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 July 7, 2025.

IT IS SO ORDERED: June 6, 2025.

MEDICAL BOARD OF CALIFORNIA

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

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

In the Matter of the Accusation Against: **USAMA SHOKRY MITRY, M.D.** **12400 Bloomfield Ave** **Santa Fe Springs, CA 90670-4750** **Physician's and Surgeon's Certificate No. A 51830,** Respondent.	Case No. 800-2021-077806 OAH No. 2024050960 **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 Trina L. Saunders, Deputy Attorney General.

2. Respondent Usama Shokry Mitry, M.D. (Respondent) is represented in this proceeding by attorney Derek F. O'Reilly-Jones, Esq., whose address is 355 South Grand Avenue, Suite 1750 Los Angeles, CA 90071.

3. On or about April 19, 1993, the Board issued Physician's and Surgeon's Certificate

No. A 51830 to Usama Shokry Mitry, M.D. (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. 800-2021-077806, and will expire on April 30, 2025, unless renewed.

JURISDICTION

4. Accusation No. 800-2021-077806 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on February 29, 2024. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2021-077806 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2021-077806. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2021-077806, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case

or factual basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent does not contest that, at an administrative hearing, Complainant could establish a prima facie case with respect to the charges and allegations in Accusation No. 800-2021-077806, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. A 51830 to disciplinary action.

CONTINGENCY

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

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

14. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2021-077806 shall be deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 51830 issued to Respondent Usama Shokry Mitry, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for thirty-five (35) months on the following terms and conditions

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

2. 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 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.

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

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

4. PROFESSIONALISM PROGRAM (ETHICS COURSE) Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1. Respondent shall participate in and successfully complete that program. Respondent shall

provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six (6) months after Respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom component. The professionalism program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A professionalism program 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 program would have been approved by the Board or its designee had the program 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 program or not later than 15 calendar days after the effective date of the Decision, whichever is later.

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

The Board or its designee shall provide the approved monitor with copies of the Decision(s) and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees

with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement for approval by the Board or its designee.

Within 60 calendar days of the effective date of this Decision, and continuing throughout probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall make all records available for immediate inspection and copying on the premises by the monitor at all times during business hours and shall retain the records for the entire term of probation.

If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective date of this Decision, 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. Respondent shall cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

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

If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60 calendar days of the resignation or unavailability of the monitor, 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. Respondent shall cease the practice of medicine until a replacement monitor is approved and assumes monitoring responsibility.

In lieu of a monitor, Respondent may participate in a professional enhancement program approved in advance by the Board or its designee that includes, at minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and

education. Respondent shall participate in the professional enhancement program at Respondent's expense during the term of probation.

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

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

7. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES. During probation, Respondent is prohibited from supervising physician assistants and advanced practice nurses, with the exception of his current nurse practitioner, Diane Perdue.

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

9. 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, amended accusations, legal reviews, investigation(s), and subpoena enforcement, as applicable, in the amount of $33,505.00 (thirty-three thousand five hundred five dollars and no cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

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 a violation of probation.

The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility

to repay investigation and enforcement costs, including expert review costs.

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

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

11. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

In the event Respondent should leave the State of California to reside or to practice Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of

departure and return.

12. 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.

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

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

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

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

Periods of non-practice for a Respondent residing outside of California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws;

General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing.

14. 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. This term does not include cost recovery, which is due within 30 calendar days of the effective date of the Order, or by a payment plan approved by the Medical Board and timely satisfied. Upon successful completion of probation, Respondent's certificate shall be fully restored.

15. VIOLATION OF PROBATION. Failure to fully comply with any term or 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 heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

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

17. 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 Medical Board of

California and delivered to the Board or its designee no later than January 31 of each calendar year.

18. 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. 800-2021-077806 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.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Derek F. O'Reilly-Jones, Esq.. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. 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.

DATED: 12/30/24

USAMA SHOKRY MITRY, M.D.
Respondent

I have read and fully discussed with Respondent Usama Shokry Mitry, 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: 12/30/2024

DEREK F. O'REILLY-JONES, 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: December 31, 2024

Respectfully submitted,

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

Trina L. Saunders

TRINA L. SAUNDERS
Deputy Attorney General
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: **USAMA SHOKRY MITRY, M.D.** **12400 Bloomfield Ave** **Santa Fe Springs, CA 90670** **Physician's and Surgeon's Certificate No. A 51830,** Respondent.	Case No. 800-2021-077806 **ACCUSATION**

Complainant alleges:

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 April 19, 1993, the Board issued Physician's and Surgeon's Certificate Number A 51830 to Usama Shokry Mitry, 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 April 30, 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 and criminal 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.

(f) Approving undergraduate and graduate medical education programs.

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

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

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

5. 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.

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

STATUTORY PROVISIONS

6. Section 2234 of the Code, states:

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

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

(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.

(d) Incompetence.

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

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

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

7. Section 2238 of the Code states:

A violation of any federal statute or federal regulation or any of the statutes or regulations of this state regulating dangerous drugs or controlled substances constitutes

unprofessional conduct.

8. 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.

9.. Section 725 of the Code states:

(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of the community of licensees is unprofessional conduct for a physician and surgeon, dentist, podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech-language pathologist, or audiologist.

(b) Any person who engages in repeated acts of clearly excessive prescribing or administering of drugs or treatment is guilty of a misdemeanor and shall be punished by a fine of not less than one hundred dollars ($100) nor more than six hundred dollars ($600), or by imprisonment for a term of not less than 60 days nor more than 180 days, or by both that fine and imprisonment.

(c) A practitioner who has a medical basis for prescribing, furnishing, dispensing, or administering dangerous drugs or prescription controlled substances shall not be subject to disciplinary action or prosecution under this section.

(d) No physician and surgeon shall be subject to disciplinary action pursuant to this section for treating intractable pain in compliance with Section 2241.5.

10. Section 741 of the Code states:

(a) Notwithstanding any other law, when prescribing an opioid or benzodiazepine medication to a patient, a prescriber shall do the following:

(1) Offer the patient a prescription for naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid-induced respiratory depression when one or more of the following conditions are present:

(A) The prescription dosage for the patient is 90 or more morphine milligram equivalents of an opioid medication per day.

(B) An opioid medication is prescribed within a year from the date a prescription for benzodiazepine has been dispensed to the patient.

(C) The patient presents with an increased risk for opioid overdose, including a patient with a history of opioid overdose, a patient with a history of opioid use disorder, or a patient at risk for returning to a high dose of opioid medication to which the patient is no longer tolerant.

(2) Consistent with the existing standard of care, provide education to the patient on opioid overdose prevention and the use of naloxone hydrochloride or

another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid-induced respiratory depression.

(3) Consistent with the existing standard of care, provide education on opioid overdose prevention and the use of naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid-induced respiratory depression to one or more persons designated by the patient, or, for a patient who is a minor, to the minor's parent or guardian.

(b) A prescriber is not required to provide the education specified in paragraphs (2) or (3) of subdivision (a) if the patient receiving the prescription declines the education or has received the education within the past 24 months.

(c) This section does not apply to a prescriber under any of the following circumstances:

(1) When prescribing to an inmate or a youth under the jurisdiction of the Department of Corrections and Rehabilitation or the Division of Juvenile Justice within the Department of Corrections and Rehabilitation.

(2) When ordering medications to be administered to a patient while the patient is in either an inpatient or outpatient setting.

(3) When prescribing medications to a patient who is terminally ill, as defined in subdivision (c) of Section 11159.2 of the Health and Safety Code.

COST RECOVERY

11. 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.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence – 6 Patients)

12. Respondent, Usama Shokry Mitry, M.D. is subject to disciplinary action under section 2234, subdivision (b), of the Code for the commission of acts or omissions involving gross negligence in the care and treatment of Patients 1, 2, 3, 4, 5, and 6.[1] The circumstances are as follows:

[1] The patients are identified by numbers to protect their privacy.

Patient 1

13. Patient 1 (or "patient"), a 47-year-old female, treated with Respondent from approximately 2014 through 2021,[2] for various conditions including anxiety disorder, depression, chronic pain syndrome, lumbar disc degeneration and canal stenosis, opioid dependence, schizoaffective disorder, and bipolar disorder. The patient also had a history of drug use and was a social drinker. During this time period, Respondent was prescribing both benzodiazepines and opioids to Patient 1, primarily alprazolam (Xanax) and methadone.[3]

14. By July 2018, the patient presented with serious heart-related symptoms (e.g., arrhythmia or irregular heartbeat, heart palpitations, etc.), memory loss and lack of concentration (despite the patient being 42 years of age at the time), wandering episodes, cognitive and speech impairment, as well as worsening mental health. Respondent ordered tests and renewed the methadone for Patient 1. However, Respondent failed to order appropriate follow-up cardiac testing when the patient presented with symptoms consistent with arrhythmia. For example no EKG (Electrocardiogram, which is a test to quickly detect heart problems and monitor the heart's health) was done, despite serious heart-related symptoms and the patient's use of methadone, which can cause heart arrhythmia.

15. As stated above, during his treatment of Patient 1, Respondent also prescribed a combination of controlled substances, including benzodiazepines (e.g., alprazolam, Wellbutrin) and opioids (e.g., methadone)[4] for her. These medications, when used concurrently, potentiate

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[2] These are approximate dates based on the medical records which were available to the Board. Treatment provided prior to 2016 is referenced for historical purposes. Per Respondent, he had been prescribing to Patient 1 both opioids (e.g., Vicodin, Ultram, and Neurontin) as well as benzodiazepines (e.g., Wellbutrin, an antidepressant) since at least 2010-2011. Also, per Respondent, as early as the end of 2011, he and the patient had also discussed her [the patient's] medications and her possible dependency thereon.

[3] These medications are all controlled substances, with most having serious side effects and risk for addiction. They are also dangerous drugs pursuant to section 4022 of the Code. Specifically, alprazolam is a benzodiazepine used to treat anxiety. Methadone is an opioid like heroin or opium. Methadone is often used to treat pain and/or narcotic drug addiction.

[4] It should also be noted that the standard of care for a provider in California, after January 1, 2019, is, when prescribing opioids concurrently with a benzodiazepine, the provider must offer a prescription for naloxone (Narcan), and educate the patient regarding overdose prevention and the use of naloxone. There is no documentation that Respondent offered the patient a prescription for naloxone, despite the concurrent prescriptions for benzodiazepines and opioids to the patient after January 1, 2019.

the patient's medications' adverse effects, such as motor impairment, cognitive impairment,[5] and respiratory depression, which can lead to death. Also during the time period from 2014 to 2021, Respondent treated Patient 1 for anxiety with long-term benzodiazepines, with no documentation that the patient was treated with therapy or safer first-line medication alternatives such as SSRIs (selective serotonin reuptake inhibitors, which are a class of medications most commonly prescribed to treat depression/anxiety).

16. Also, there is no documentation that Respondent evaluated the patient's progress toward any treatment objectives such as using a 1-10 pain scale to assess the level of pain (analgesia). For example, the pain levels described were vague and frequently failed to specifically describe the anatomical location of pain, quality of pain, timing of pain, palliation, and provocation of pain. Moreover, Respondent failed to consistently evaluate other treatment goals such as the patient's activity level (functional goals), adverse effects (side effects), aberrant behaviors (e.g., drug or alcohol use), and the patient's affect (e.g., mood changes, depression or anxiety).

17. Moreover, despite the long-term use of opioids for chronic non-cancer pain, Respondent failed to adequately specify measurable goals and objectives to evaluate Patient 1's treatment progress, and failed to include an exit strategy for discontinuing controlled substances therapy in the event that tapering or termination of controlled substances became necessary. Lastly, Respondent failed to perform pill counting and/or drug screening to adequately monitor Patient 1, who was being prescribed chronic, long-tern opioids and benzodiazepines, and Respondent failed to establish a diagnosis of medical necessity for the prescribing of chronic opioids for Patient 1's pain.

18. Overall, Respondent committed the acts and/or omissions, described above, in his care and treatment of Patient 1 which represent extreme departures from the standard of care.

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[5] As stated above, by July 2018, Patient 1 had presented to Respondent with such symptoms/adverse effects (e.g., wandering episodes, speech impairment, memory loss, personality changes, agitation, etc.), but there is no documentation that Respondent changed his prescribing to the patient.

19. The above acts or omissions constitute gross negligence under the Code, and therefore subject Respondent's medical license to discipline.

Patient 2

20. Patient 2 (or "patient"), a 77-year-old male, was treated by Respondent from approximately August 2014 through 2021 for chronic disease management including hypertension, hyperlipidemia, diabetes, mild chronic kidney disease, and obesity.[6] Patient 2 also had depression and anxiety, and was diagnosed with prostate cancer in about 2020.

21. During the time period from about 2014 through 2021 (approximately 7 years), Respondent prescribed multiple medications for the patient's comorbidities, as well as controlled substances such as alprazolam (a.k.a., Xanax, a benzodiazepine used to treat anxiety), and zolpidem (a.k.a., Ambien, a sedative/hypnotic used as a sleep aid).[7]

22. Specifically, Respondent prescribed to Patient 2 zolpidem from November 2014 to September 2021 (nearly 7 years). The long-term use of this sedative/hypnotic is well outside guidance and may be beyond the period of time for which zolpidem was tested. Also, Respondent treated the patient for anxiety with a long-term benzodiazepine (alprazolam) from November 2014 through August 2021, without documentation that the patient had been first treated with therapy or safer medication alternatives such as SSRIs. This placed the patient at risk of negative health outcomes and was an extreme departure from the standard of care.

23. Moreover, during his treatment of Patient 2, Respondent prescribed a combination of controlled substances including opiates (e.g., hydrocodone, oxycodone, tramadol), a benzodiazepine (alprazolam), as well as a sedative/hypnotic (zolpidem) to him. This potentially deadly combination of medications was prescribed to Patient 2, a patient who showed a history of heavy alcohol use, which placed Patient 2 at increased risk for adverse effects. In doing so, Respondent failed to adequately monitor/manage Patient 2's chronic use of opiate medications,

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[6] Treatment provided prior to 2016 is referenced for historical purposes.

[7] Per CURES, Patient 2 had also been filling prescriptions for opioids such oxycodone and hydrocodone during 2014-2015. It appeared that oxycodone and hydrocodone were used for a limited time period, but tramadol (also an opioid pain medication) was used consistently, and while the patient was also taking alprazolam and zolpidem from February 16, 2016 to March 14, 2018.

which were sometimes combined with a benzodiazepine and a hypnotic. This "triple threat" or concurrent usage of opioids, a benzodiazepine, and a hypnotic agent (especially in a patient with depression and who used alcohol) is an extreme departure from the standard of care.

24. Overall, Respondent committed the acts and/or omissions, described above, in his care and treatment of Patient 2 which represent extreme departures from the standard of care.

25. The above acts or omissions constitute gross negligence under the Code, and therefore subject Respondent's medical license to discipline.

Patient 3

26. Patient 3 (or "patient"), a 67-year-old female, was treated by Respondent from approximately August 2014 through 2021 for various conditions including depression, anxiety, and insomnia.[8] The patient also had a history of knee and back pain, and she had risk factors such as being obese and being a smoker. Patient 3 was also treating with a psychologist during this time period. Per the records available to the Board, Respondent prescribed to Patient 3 multiple medications, including both opioids (Tylenol # 3-Tylenol with codeine 30 mg) and benzodiazepines, (lorazepam, a benzodiazepine used to treat anxiety), as well as a sedative/hypnotic (zolpidem/Ambien).

27. Specifically, for the patient's insomnia, Respondent prescribed zolpidem for long-term use throughout the period from 2014 through 2021 (approximately seven years). The use of zolpidem is indicated for short-term treatment of insomnia (up to 35 days). This long-term use of zolpidem at a high dose (10 mg) placed the patient at a higher risk for adverse effects, and represented an extreme departure from the standard of care. Also, Respondent treated the patient for anxiety with a long-term benzodiazepine (lorazepam) with no documentation that the patient had been treated with therapy or other safer alternative medications.

28. Although Patient 3 was being prescribed multiple controlled substances (opioids, benzodiazepine, hypnotic) over several years, Respondent provided only scant information regarding the patient's controlled substance use over this multi-year treatment period, and the medical record is devoid of useful information in regard to the patient's controlled substance use.

[8] Treatment provided prior to 2016 is referenced for historical purposes.

For example, there was no documentation to show whether Narcan (naloxone, an overdose antidote) was prescribed to Patient 3 to prevent overdose. There was no documentation to show why certain combinations of drugs were given,[9] and there was no documentation to show whether there was a written controlled substance contract to educate the patient regarding the dangers of the use of multiple controlled medications.

29. Overall, Respondent committed the acts and/or omissions, described above, in his care and treatment of Patient 3 which represent extreme departures from the standard of care.

30. The above acts or omissions constitute gross negligence under the Code, and therefore subject Respondent's medical license to discipline.

Patient 4

31. Patient 4 (or "patient"), a 62-year-old female, was treated by Respondent from approximately 2014 through 2021 for various conditions including depression, anxiety, back and knee pain, dysphagia (difficulty swallowing), hypertension, and hyperlipidemia.[10] The patient also had Multiple Sclerosis (MS), was wheelchair bound, and suffered from neurogenic bladder (lack of bladder control) and spasticity (muscle increase/stiffness caused by nerve damage). During the time period stated above, the patient was also seen regularly by other pain management providers for pain pump management, and also a neurologist who treated the patient with various medications including zolpidem and Tysabri (an immunosuppressive drug used to treat MS). Per the records, Respondent prescribed to Patient 4 various controlled medications including hydrocodone (an opiate painkiller), diazepam (Valium, a benzodiazepine used to treat anxiety and muscle spasms), and zolpidem. Respondent also prescribed Celexa (an SSRI antidepressant) and Effexor (an SNRI antidepressant) for Patient 4.

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[9] For example, during a Board interview, Respondent was asked why the following three medications were necessary: (1) Escitalopram (Lexapro, an SSRI antidepressant used to treat major depressive disorder and generalized anxiety), (2) Lorazepam, and (3) Zolpidem. Respondent asserted that it was necessary to give all three medications to the patient because escitalopram does not treat anxiety, and lorazepam does not treat insomnia. However, it should be noted that escitalopram is approved to treat anxiety, and lorazepam is a sedating medication and is used as a sleep aid.

[10] Treatment provided prior to 2016 is referenced for historical purposes.

32. Specifically, Respondent prescribed zolpidem to Patient 4 from September 2019 to July 2021 (nearly two years), while concurrently prescribing benzodiazepines (diazepam) and opioids (hydrocodone), without any evidence that naloxone (overdose antidote) was offered to her. These medications, when used concurrently, potentiate the individual medications' adverse effects, such as motor impairment, cognitive impairment, and respiratory depression, which can lead to death. This long-term prescribing of zolpidem by Respondent to Patient 4, while concurrently prescribing benzodiazepines and opioids, without prescribing naloxone, is an extreme departure from the standard of care.

33. Moreover, Respondent's notes rarely discussed his treatment plan and objectives for long-term controlled substance use, and there was no documentation of a written controlled substance contract between Respondent and Patient 4, despite Respondent's long-term prescribing of controlled substances to Patient 4. These omissions also represent extreme departures from the standard of care.

34. Overall, Respondent committed the acts and/or omissions, described above, in his care and treatment of Patient 4 which represent extreme departures from the standard of care.

35. The above acts or omissions constitute gross negligence under the Code, and therefore subject Respondent's medical license to discipline.

Patient 5

36. Patient 5 (or "patient"), an 80-year-old male, was treated by Respondent from approximately 2014 through 2021 for various conditions including chronic pain, diabetes, hypertension, obesity, and renal disease.[11] Respondent prescribed both controlled (e.g., hydrocodone, which is an opiate analgesic) and non-controlled medications (e.g., diabetes medication) to Patient 5. The records also show that Patient 5 was not always compliant with his use of the medications.

37. Specifically, Respondent treated Patient 5 for muscle-skeletal pain with chronic opioids (hydrocodone) from about 2014 to 2017, despite poor evidence for the chronic use of opioids (e.g., MRI report showing the patient's back was, at worst, with mild muscle-skeletal

[11] Treatment provided prior to 2016 is referenced for historical purposes.

disease). In doing so, Respondent committed an extreme departure from the standard of care regarding his use of chronic opioids in his treatment of Patient 5.

38. Also, there was no evidence that Respondent evaluated the patient's progress toward any treatment objectives. For example, Respondent did not utilize a 1-10 pain scale to assess Patient 5's level of pain. The pain levels described were vague, and frequently failed to specifically describe the anatomical location of pain, quality of pain, timing of pain, palliation, and provocation of pain. Respondent also failed to consistently evaluate other treatment goals such as the patient's activity level (functional goals), adverse effects (side effects), aberrant behaviors (signs of drug or alcohol use, unsanctioned dose escalation, and early refill requests), and the patient's affect (changes to mood, depression or anxiety). This is also an extreme departure from the standard of care regarding Respondent's ongoing assessment of Patient 5.

39. Respondent also failed to specify measurable goals and objectives used to evaluate treatment progress of the patient. Chart notes failed to show discernible improvement in pain and associated symptoms during the treatment period. Respondent also failed to include an exit strategy for discontinuing controlled substances therapy in the event that tapering or termination of controlled substances therapy became necessary. This is an extreme departure from the standard of care regarding Respondent's failure to have a comprehensive pain management plan.

40. Also, in or about January 2018, Respondent ordered a FIT (Fecal Immunochemical Test) colon cancer screening test for the patient. Although Respondent received a positive FIT test which indicated a higher than average risk for colon cancer, Respondent failed to advise the patient to have a colonoscopy, but instead ordered a second FIT test, which was negative.[12] There was no additional follow-up. This is an extreme departure from the standard of care regarding follow-up for colon cancer.

41. Overall, Respondent committed the acts and/or omissions, described above, in his care and treatment of Patient 5 which represent extreme departures from the standard of care.

42. The above acts or omissions constitute gross negligence under the Code, and therefore subject Respondent's medical license to discipline.

[12] A negative FIT test does not necessarily mean that the patient does not have cancer.

Patient 6

43. Patient 6 (or "patient"), a 42-year-old female, was treated by Respondent from approximately 2014 through 2021.[13] At the age of 34, the patient was shot, became paralyzed and was wheelchair bound. Patient 6 also suffered from various conditions over the years, including pain, spasms, depression, anxiety, and she required wound care for a decubitus ulcer (pressure ulcer/bedsore). During the above time period, Respondent prescribed to the patient multiple medications including zolpidem, hydrocodone, and oxycodone (opioid analgesics), and diazepam (a benzodiazepine to treat muscle spasms and anxiety),[14] as well as other controlled substances.

44. Per the records available for review, Respondent prescribed zolpidem to Patient 6 from September 2019 to July 2021 (nearly two years), despite zolpidem being indicated for only short-term treatment (up to 35 days). Additionally, Respondent prescribed a combination of controlled substances including benzodiazepines (diazepam), as well as opioids (hydrocodone and oxycodone) concurrently with zolpidem. These medications, when used concurrently, potentiate the individual medications' adverse effects, and is an extreme departure from the standard of care.

45. Overall, Respondent committed the acts and/or omissions, described above, in his care and treatment of Patient 6 which represent extreme departures from the standard of care.

46. The above acts or omissions constitute gross negligence under the Code, and therefore subject Respondent's medical license to discipline.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts - 6 Patients)

47. Respondent, Usama Shokry Mitry, M.D. is subject to disciplinary action under section 2234, subdivision (c), of the Code for the commission of acts or omissions involving negligence in the care and treatment of Patients 1, 2, 3, 4, 5, and 6, described above.

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[13] Treatment provided prior to 2016 is referenced for historical purposes.

[14] In January of 2019, there was a warning issued from a pharmaceutical company that the patient was at risk for an overdose from being on an opioid, benzodiazepine, and zolpidem. In August 2019, there was another warning letter regarding the long-term use of zolpidem.

48. The facts and allegations set forth in the First Cause for Discipline are incorporated by reference as if fully set forth.

49. Each of the alleged acts of gross negligence set forth in the First Cause for Discipline, above, is also a negligent act.

50. Respondent was also negligent in his care of Patients 1, 2, 3, 4, 5, and 6, by Respondent's failure to fully evaluate/monitor each patient's compliance with their controlled substance prescriptions through the use of pill counts and drug screens.

51. Respondent was also negligent in his care of Patient 3 by prescribing medications with dangerous interactions (lorazepam, Tylenol with codeine, and zolpidem).

52. Respondent was also negligent in his care of Patient 6 by failing to offer/prescribe to the patient naloxone/Narcan, despite the patient being prescribed opioids and benzodiazepines concurrently from 2019 to 2021.[15]

53. The above acts or omissions constitute repeated negligent acts under the Code, and therefore subject Respondent's medical license to discipline.

THIRD CAUSE FOR DISCIPLINE

(Excessive Prescribing - 6 Patients)

54. By reason of the facts and allegations set forth in the First and Second Causes for Discipline above, Respondent, Usama Shokry Mitry, M.D. is subject to disciplinary action under section 725 of the Code in that Respondent excessively prescribed dangerous drugs to Patients 1, 2, 3, 4, 5, and 6, above.

FOURTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Medical Records - 6 Patients)

55. By reason of the facts and allegations set forth in the First and Second Causes for Discipline above, Respondent, Usama Shokry Mitry, M.D. is subject to disciplinary action under

[15] It should be noted that the standard of care for a provider in California, after January 1, 2019, is, when prescribing opioids concurrently with a benzodiazepine, the provider must offer a prescription for naloxone (Narcan), and educate the patient regarding overdose prevention and the use of naloxone. The medical record shows no evidence of naloxone being offered to the patient until October 27, 2021.

section 2266 of the Code in that Respondent failed to maintain adequate and accurate records of his care and treatment of Patients 1, 2, 3, 4, 5 and 6, above.

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FIFTH CAUSE FOR DISCIPLINE

(Offer of Opioid Reversal Drug - 6 Patients)

56. Respondent, Usama Shokry Mitry, is subject to disciplinary action under section 741 of the Code, in that Respondent failed to timely offer Patients 1, 2, 3, 4, 5 and 6, above, a prescription for naloxone hydrochloride (Narcan) or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid-induced respiratory depression. The circumstances are as follows:

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

SIXTH CAUSE FOR DISCIPLINE

(Violation of Federal/State Drug Statutes - 6 Patients)

58. Respondent , Usama Shokry Mitry, is subject to disciplinary action under section 2238 of the Code, in that Respondent violated federal/state drug statutes in his care and treatment of Patients 1, 2, 3, 4, 5 and 6, above. The circumstances are as follows:

59. The allegations of the First, Second, Third, and Fifth Causes for Discipline, inclusive, are incorporated herein by reference as if fully set forth.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 51830, issued to Respondent Usama Shokry Mitry, M.D.;

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

3. Ordering Respondent Usama Shokry Mitry, 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

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

DATED: FEB 29 2024

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

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