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

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|---|---|
| In the Matter of the Accusation Against:<br><br>Marcel Francis Daniels, M.D.<br><br>Physician's & Surgeon's Certificate No. G 68121<br><br>Respondent. | Case No. 800-2023-096566 |

## 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 March 5, 2026.

IT IS SO ORDERED: February 3, 2026.

MEDICAL BOARD OF CALIFORNIA

MD.

Veling Tsai, M.D., Chair
Panel A

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General
LATRICE R. HEMPHILL
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California Department of Justice
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*Attorneys for Complainant*

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

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| In the Matter of the Accusation Against:<br><br>**MARCEL FRANCIS DANIELS, M.D.**<br>**1760 Termino Ave., Ste. 207**<br>**Long Beach, CA 90804**<br><br>**Physician's and Surgeon's Certificate No. G 68121,**<br><br>Respondent. | Case No. 800-2023-096566<br><br>OAH No. 2025081016<br><br>**STIPULATED SETTLEMENT AND DISCIPLINARY ORDER** |

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

## PARTIES

1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Latrice R. Hemphill, Deputy Attorney General.

2. Respondent Marcel Francis Daniels, M.D. (Respondent) is represented in this proceeding by attorney Thomas McAndrews, whose address is: 1230 Rosecrans Ave., Suite 450, Manhattan Beach, CA 90266.

3. On or about March 5, 1990, the Board issued Physician's and Surgeon's Certificate No. G 68121 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2023-096566, and will expire on August 31, 2027, unless renewed.

4. Respondent has represented that he intends on retiring his private practice and changing the status of his Physician's and Surgeon's Certificate No. G 68121 from "renewed and current" to "retired" status in or about December 2025.

## JURISDICTION

5. Accusation No. 800-2023-096566 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 July 17, 2025. Respondent timely filed his Notice of Defense contesting the Accusation.

6. A copy of Accusation No. 800-2023-096566 is attached as exhibit A and incorporated herein by reference.

## ADVISEMENT AND WAIVERS

7. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2023-096566. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

8. 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.

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

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10. Respondent acknowledges the fact that, if adopted by the Board, the Board will report this Stipulated Settlement and Disciplinary Order to the National Practitioner Data Bank (NPDB) and Federation of State Medical Boards (FSMB) and publicly post such enforcement action, and Respondent hereby waives any and all objections thereto.

## CULPABILITY

11. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2023-096566, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

12. 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. 800-2023-096566, 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. G 68121 to disciplinary action.

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

## CONTINGENCY

14. 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.

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

16. 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.

17. 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. G 68121 issued to Respondent MARCEL FRANCIS DANIELS, M.D., shall be and is hereby publicly reprimanded pursuant to California Business and Professions Code section 2227, subdivision (a)(4). This Public Reprimand, which is issued in connection with Respondent's care and treatment of Patient A, as set forth in Accusation No. 800-2023-096566, is as follows:

In September 2020, during Respondent's surgical and post-operative care and treatment of a single patient, he failed to maintain accurate and adequate medical records in violation of Business and Professions Code section 2266, as set forth in Accusation No. 800-2023-096566.

IT IS FURTHER ORDERED that Respondent is subject to the following terms and conditions:

1. CLINICAL COMPETENCE ASSESSMENT PROGRAM. In the event that Respondent reactivates his license and initiates a change from "retired" status to "renewed" or "current" status, Respondent shall enroll in a clinical competence assessment program approved in advance by the Board or its designee. Respondent shall successfully complete the program not later than six (6) months after Respondent's initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

The program shall consist of a comprehensive assessment of Respondent's physical and mental health and the six general domains of clinical competence as defined by the Accreditation

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

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

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

Respondent shall not practice medicine until Respondent has successfully completed the program and has been so notified by the Board or its designee in writing.

2. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement in the amount of $13,708.50 (thirteen thousand seven hundred and eight dollars and fifty cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of this Disciplinary Order.

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 this Disciplinary Order.

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

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

## ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Thomas McAndrews. 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: 12/30/2025

MARCEL FRANCIS DANIELS, M.D.
*Respondent*

I have read and fully discussed with Respondent Marcel Francis Daniels, 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: 12/30/25

THOMAS MCANDREWS
*Attorney for Respondent*

## ENDORSEMENT

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

DATED: _____

Respectfully submitted,

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

LATRICE R. HEMPHILL
Deputy Attorney General
*Attorneys for Complainant*

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

## ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Thomas McAndrews. 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: _____

MARCEL FRANCIS DANIELS, M.D.
*Respondent*

I have read and fully discussed with Respondent Marcel Francis Daniels, 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: _____

THOMAS MCANDREWS
*Attorney for Respondent*

## ENDORSEMENT

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

DATED: 12/30/2025

Respectfully submitted,

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

LATRICE R. HEMPHILL
Deputy Attorney General
*Attorneys for Complainant*

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# Exhibit A

**Accusation No. 800-2023-096566**

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## PARTIES

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

2. On or about March 5, 1990, the Medical Board issued Physician's and Surgeon's Certificate Number G 68121 to Marcel Francis Daniels, 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 August 31, 2027, 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.

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7. Section 2259.7 of the Code states:

The Medical Board of California shall adopt extraction and postoperative care standards in regard to body liposuction procedures performed by a physician and surgeon outside a general acute care hospital, as defined in Section 1250 of the Health and Safety Code. In adopting those regulations, the Medical Board of California shall take into account the most current clinical and scientific information available. A violation of these extraction and postoperative care standards shall constitute unprofessional conduct.

8. Section 2259.8 of the Code states:

(a) Notwithstanding any other provision of law, an elective cosmetic surgery procedure may not be performed on a patient unless the patient has received, within 30 days prior to the elective cosmetic surgery procedure, and confirmed as up-to-date

on the day of the procedure, an appropriate physical examination by, and written clearance for the procedure from, any of the following:

(1) The physician and surgeon who will be performing the surgery.

(2) Another licensed physician and surgeon.

(3) A certified nurse practitioner, in accordance with a certified nurse practitioner's scope of practice, unless limited by protocols or a delegation agreement.

(4) A licensed physician assistant, in accordance with a licensed physician assistant's scope of practice, unless limited by protocols or a delegation agreement.

(b) The physical examination described in subdivision (a) shall include the taking of an appropriate medical history.

(c) An appropriate medical history and physical examination done on the day of the procedure shall be presumed to be in compliance with subdivisions (a) and (b).

(d) "Elective cosmetic surgery" means an elective surgery that is performed to alter or reshape normal structures of the body in order to improve the patient's appearance, including, but not limited to, liposuction and elective facial cosmetic surgery.

(e) Section 2314 shall not apply to this section.

9. 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.

**REGULATORY PROVISIONS**

10. California Code of Regulations, title 16, section 1356.6, states:

(a) A liposuction procedure that is performed under general anesthesia or intravenous sedation or that results in the extraction of 5,000 or more cubic centimeters of total aspirate shall be performed in a general acute-care hospital or in a setting specified in Health and Safety Code Section 1248.1.

(b) The following standards apply to any liposuction procedure not required by subsection (a) to be performed in a general acute-care hospital or a setting specified in Health and Safety Code Section 1248.1:

(1) Intravenous Access and Emergency Plan. Intravenous access shall be available for procedures that result in the extraction of less than 2,000 cubic centimeters of total aspirate and shall be required for procedures that result in the extraction of 2,000 or more cubic centimeters of total aspirate. There shall be a written detailed plan for handling medical emergencies and all staff shall be informed of that plan. The physician shall ensure that trained personnel, together with adequate and appropriate equipment, oxygen, and medication, are onsite and available to handle the procedure being performed and any medical emergency that may arise in connection with that procedure. The physician shall either have admitting privileges at a local general acute-care hospital or have a written transfer agreement with such a

hospital or with a licensed physician who has admitting privileges at such a hospital.

(2) Anesthesia. Anesthesia shall be provided by a qualified licensed practitioner. The physician who is performing the procedure shall not also administer or maintain the anesthesia or sedation unless a licensed person certified in advanced cardiac life support is present and is monitoring the patient.

(3) Monitoring. The following monitoring shall be available for volumes greater than 150 and less than 2,000 cubic centimeters of total aspirate and shall be required for volumes between 2,000 and 5,000 cubic centimeters of total aspirate:

(A) Pulse oximeter

(B) Blood pressure (by manual or automatic means)

(C) Fluid loss and replacement monitoring and recording

(D) Electrocardiogram

(4) Records. Records shall be maintained in the manner necessary to meet the standard of practice and shall include sufficient information to determine the quantities of drugs and fluids infused and the volume of fat, fluid and supranatant extracted and the nature and duration of any other surgical procedures performed during the same session as the liposuction procedure.

(5) Discharge and Postoperative-care Standards.

(A) A patient who undergoes any liposuction procedure, regardless of the amount of total aspirate extracted, shall not be discharged from professionally supervised care unless the patient meets the discharge criteria described in either the Aldrete Scale or the White Scale. Until the patient is discharged, at least one staff person who holds a current certification in advanced cardiac life support shall be present in the facility.

(B) The patient shall only be discharged to a responsible adult capable of understanding postoperative instructions.

**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.

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## DEFINITIONS

12. Abdominoplasty is a surgical procedure that flattens the abdomen by removing extra fat and skin and tightening muscles in the abdominal wall. This procedure is commonly known as a "tummy tuck."

13. Liposuction, also known as body contouring, is a surgical procedure that uses a suction technique to remove fat from specific areas of the body and also contours areas of the body.

14. Sequential compression devices (SCD), also known as squeezers, are devices that apply intermittent pneumatic (air or gas) compression to the legs to help maintain blood flow and reduce the risk of blood clots.

15. A Thrombo-Embolism Deterrent (TED) hose, also known as compression stockings, are medical garments that provide graduated compression to the legs. They are commonly used to prevent blood clots and promote circulation in people at risk of developing deep vein thrombosis or venous thromboembolism.

16. Venous thromboembolism (VTE) is a condition that occurs when a blood clot forms in a vein. Deep vein thrombosis (DVT) occurs when a blood clot forms in a deep vein, most commonly in the legs or thighs.

17. Bilateral pulmonary thromboemboli are blood clots that originate elsewhere in the body most commonly from DVT in the legs, and travel through the bloodstream to lodge in both lungs, blocking blood flow.

18. The Caprini Risk Score is a tool that helps doctors figure out a patient's risk of getting a blood clot, like deep vein thrombosis or pulmonary embolism. Point values are assigned to individual patient characteristics-such as age, body mass index, personal or family history of clots, recent surgeries, and other comorbidities. A Caprini score of zero to two indicates a low risk for which SCDs should be used until the patient is fully ambulatory. A Caprini score of three to six indicates a moderate risk for which a surgeon should consider the use of low molecular

weight heparin[1] (LMWH) post-operatively until the patient is fully ambulatory. Mechanical SCDs during surgery, compression stockings, and early ambulation are also indicated prophylaxes for moderate risk patients. A Caprini score of seven and above indicates a high risk for which surgeons should use LMWH and, if possible, preoperative risk reduction strategies should be implemented, along with the aforementioned prophylaxes in the lower risk categories.

## FACTUAL ALLEGATIONS

19. Respondent is a board-certified plastic surgeon who owns and operates Image MD MedSpa in Long Beach, California.

20. Patient A[2] was a 33-year-old woman who presented to Respondent on or about July 28, 2020. Patient A sought a consult for a breast augmentation, abdominoplasty, and body contouring (liposuction). Patient A indicated that she lost 100 pounds in the past and was now 200 pounds. Following an evaluation of Patient A, Respondent recommended that Patient A lose additional weight prior to undergoing an abdominoplasty and liposuction. Respondent provided Patient A with a quote for the breast augmentation alone, and another quote that included all three procedures. Respondent scheduled Patient A for the breast augmentation, which would be performed on August 28, 2020.

21. On or about August 17, 2020, Patient A presented to Respondent for a pre-operative visit. Respondent discussed the breast augmentation procedure, including the associated risks. Patient A signed a consent form for the breast augmentation procedure. Respondent noted that Patient A had not lost any weight, but Patient A asked that Respondent include the abdominoplasty and liposuction to her surgery. Respondent agreed and the surgery was rescheduled to September 18, 2020, to ensure adequate operating time for all three procedures.

22. On or about August 24, 2020, Patient A again presented to Respondent. During this visit, Respondent discussed the risks associated with the breast augmentation, abdominoplasty, and liposuction, which included hematoma, pulmonary embolism, and blood clots. Patient A signed consent forms for each procedure.

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[1] Low molecular weight heparin (LMWH) is an anticoagulant medication used to prevent and treat blood clots, particularly VTE.

[2] The patient is identified as Patient A to protect her privacy.

23. Respondent submitted an order to perform the surgery at Optum Surgery Center (Optum), in Long Beach California. His surgery order included a request for "SCD/TED hose."

24. On or about September 15, 2020, an Optum nurse completed a VTE Risk Assessment form. The form noted an order for SCD/TED hose, but the VTE risk assessment was not complete. However, during his interview with the Board, Respondent indicated that Patient A had a Caprini score of four (4): one point for obesity; one point for oral contraceptive use; and two points for surgery longer than 60 minutes.

25. On or about September 18, 2020, Patient A presented to Respondent at Optum for her surgical procedure. Patient A again consented to a bilateral breast augmentation with silicone breast implants, abdominoplasty, and liposuction of the back and flanks.[3] Respondent indicated that there was no change in Patient A's condition since her pre-operative visit.

26. Respondent completed the procedures, noting that Patient A tolerated the procedures well and there were no complications. A urinary catheter was placed, and Patient A was discharged later that evening.

27. On or about September 21, 2020, Patient A returned to Respondent for her first postoperative visit. Her dressings and urinary catheter were removed. Respondent examined the abdominal drains to ensure they were draining properly, and Patient A was instructed to call Respondent on September 24 to report her drain output.

28. Later that evening, Patient A expired. The subsequent death certificate indicated that Patient A's cause of death was "Bilateral Pulmonary Thromboemboli" and "Deep Venous Thrombosis Left Common Iliac Vein."[4]

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[3] Flanks refer to the excess fat on the side of the body between the rib cage and the hip. Flanks are commonly known as "love handles."

[4] Deep Venous Thrombosis of the left common iliac vein occurs when a blood clot forms, preventing blood from moving through the iliac vein in the pelvis.

## FIRST CAUSE FOR DISCIPLINE

**(Repeated Negligent Acts)**

29. Respondent Marcel Francis Daniels, M.D. is subject to disciplinary action under Code sections 2234, subdivision (c), and 2259.8, and California Code of Regulations, title 16, section 1356.6 in that Respondent was repeatedly negligent in his care and treatment of Patient A. The circumstances are as follows:

30. Complainant hereby re-alleges the facts set forth in paragraphs 19 through 28, above, as though fully set forth.

31. The standard of care requires documentation of the quantity and type of drugs and fluids infused, and the volumes of fat and fluid extracted, during a liposuction procedure.

32. During the liposuction portion of Patient A's surgery, Respondent noted that "2 liters in/2 liters out," indicating that two liters of tumescent fluid[5] was infiltrated and two liters of lipoaspirate[6] was removed. The nurse's notes indicated that the tumescent fluid formula was "1% lidocaine plain with 1 milligram (mg) epinephrine (50 cubic centimeters total times 2) in one-liter normal saline."

33. Respondent's records indicate that he removed two liters of lipoaspirate during Patient A's procedure, but the records do not indicate how much was fat versus fluid. The records did not include an image of the liposuction canister, which could have indicated these volumes. Additionally, the formulation and volumes of the local anesthetics used were not clear in the record.

34. Respondent's documentation failures, as described in paragraphs 32 and 33, above, constitute a violation of the California Code of Regulations and a simple departure from the standard of care.

35. The standard of care requires that a DVT risk assessment be performed, prior to a surgical procedure, to determine what prophylactic measures should be performed.

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[5] Tumescent fluid is a solution that eases the removal of fat during liposuction procedures.
[6] Lipoaspirate is the fat tissue material removed during a liposuction procedure.

36. There was a DVT Risk & Assessment form found in Patient A's records, but it was incomplete. Respondent did not document Patient A's Caprini score, but he later indicated that the assessment was completed, yielding a Caprini score of four. However, there is no documentation explaining how or why Patient A received that specific Caprini score. Further, Patient A was not asked about her family history of thrombosis or the reason for a dilation and curettage[7] that she had in the past, all of which could have raised her risk assessment score and influenced the recommended prophylaxes. Respondent's failure to appropriately document the DVT risk assessment constitutes a simple departure from the standard of care.

37. The standard of care requires a practitioner to perform an appropriate physical examination within 30 days of the planned cosmetic procedure.

38. Respondent completed a preoperative physical examination during Patient A's visit on or about August 17, 2020. However, Patient A's surgery was not performed until September 18, 2020, which is 32 days after the physical examination. On the day of the surgery, Respondent failed to perform another physical examination, but initialed a box in the records that stated, "no change." Respondent's failure to provide another appropriate physical examination is a violation of Code section 2259.8 and constitutes a simple departure from the standard of care.

**SECOND CAUSE FOR DISCIPLINE**

**(Failure to Maintain Adequate Records)**

39. Respondent Marcel Francis Daniels, M.D. is subject to disciplinary action under Code section 2266 in that Respondent failed to maintain adequate and accurate records in his care and treatment of Patient A. The circumstances are as follows:

40. Paragraphs 19 through 38, above, inclusive, are incorporated herein by reference as if fully set forth.

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[7] Dilation and curettage (D&C) is a procedure that dilates the cervix and surgically removes tissue from inside the uterus.

## 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 G 68121, issued to Respondent Marcel Francis Daniels, M.D.;

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

3. Ordering Respondent Marcel Francis Daniels, 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

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

DATED: JUL 17 2025

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

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