

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

In the Matter of the Accusation Against:	)	
	)	
	)	
DANIEL C. SUSOTT, M.D.	)	
	)	Case No. 03-2011-214323
	)	
	)	OAH No. 2013050823
Physician's and Surgeon's	)	
Certificate No. G 49257	)	
	)	
Respondent.	)	
_____	)	

DECISION

The attached Proposed Decision is hereby adopted by the Medical Board of California, Department of Consumer Affairs, State of California, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on November 15, 2013.

IT IS SO ORDERED October 18, 2013.

MEDICAL BOARD OF CALIFORNIA

By: 
Dev Gnanadev, M.D., Vice Chairman
Panel B

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

In the Matter of the Accusation Against:

DANIEL C. SUSOTT, M.D.,

Physician and Surgeon's Certificate No.
G 49257,

Respondent.

Case No. 03-2011-214323

OAH No. 2013050823

PROPOSED DECISION

Administrative Law Judge Ruth S. Astle, State of California, Office of Administrative Hearings, heard this matter in Oakland, California, on August 26, and 27, 2013.

Jane Zack Simon, Deputy Attorney General, represented complainant.

Respondent Daniel C. Susott, M.D. was present and unrepresented.

Submission of the matter was deferred to September 5, 2013, for settlement discussions. No settlement was reached. The matter was submitted on September 5, 2013.

FACTUAL FINDINGS

1. Complainant Kimberly Kirchmeyer made this accusation in her official capacity as the Interim Executive Director of the Medical Board of California (Board).

2. On May 30, 2003, Physician and Surgeon's Certificate No. G 49257 was issued by the Board to Daniel C. Susott, M.D. (respondent). Respondent's certificate is renewed and current, and will expire on September 30, 2014.

First Cause for Discipline - Unprofessional Conduct/Gross Negligence /Repeated Negligent Acts/Medical Records/False Statements/Dishonest-Corrupt Acts

3. In 2010, respondent began to work with BeLegally Green (BLG), a business entity which facilitated recommendations for medical marijuana by providing physicians to perform the necessary evaluations at the International Cannabis and Hemp Expo (ICHE)

event at the Cow Palace in Daly City, California. Respondent worked at the ICHE event from 8:00 a.m. until 8:00 p.m. on April 17 and 18, 2010. Respondent's job was to evaluate event attendees who sought recommendations for the use of medical marijuana. A non-physician staff member for BLG assisted in screening and processing patients. Over the course of the two day event, respondent conducted a total of 254 patient evaluations. He issued 171 recommendations valid for three months and 83 recommendations valid for one year.

4. A BLG file was created for each patient evaluated at the April 2010 ICHE event. Patients presented to respondent for evaluation with a file that contained a registration form, which was completed by the patient and contained demographic information, height and weight, and an indication of "pulse" and "BP"; the patient's driver's license; a "Medical Marijuana Acknowledgment of Disclosure and Informed consent" form, which set forth a number of possible side effects and risks of marijuana, and was signed by each patient and initialed by respondent; a brief BLG disclaimer form; an Authorization for Release of Protected Health Information; a "New Health Care Consumer Questionnaire", which was completed by each patient and consisted of boxes to check for past medical history. At the time of each evaluation, respondent completed an untitled form for documenting the history and physical examination (H&P form), which indicated the date of the evaluation, patient name, check boxes indicating that medical records and prescriptions were reviewed, a box labeled "subjective" in which complaints were written, a box labeled "objective" with subsections for seven organ systems, a place for diagnosis and check boxes for the length of the recommendation, questionnaire review with patient, follow-up with primary care physician for medical conditions, follow-up with medical records, and lines to check to indicate discussion of various matters with the patient. Finally, each file contains a "Physician Recommendation for Therapeutic Cannabis, State of California, which respondent completed for each patient seen. Each signed Physician Recommendation form affirmatively represented that respondent had reviewed the patient's medical history and pertinent medical records and had determined that the use of cannabis was for the relief of symptoms associated with a medical disorder, and that the patient had not been able to find an acceptable alternative treatment for the medical conditions.

5. Respondent explained the process he used to evaluate patients at the ICHE event during a January 9, 2012 interview with the Medical Board investigative staff. He saw patients after they were screened by BLG staff. Respondent took a medical history for each patient and reviewed medical records if available. The evaluations were perfunctory and designed to meet the requirements of the Compassionate Use Act. He admitted that he did not perform meaningful physical examination beyond looking at scars or injuries. He only had his stethoscope with him. He judged the patients' heart and lungs by looking at them. Patients who presented with medical records were given a full year recommendation; those without medical records were given a three month "provisional" recommendation and asked to provide additional records to BLG. Subsequently produced medical records were reviewed by non-physician BLG staff, who made the determination whether or not to issue a full year recommendation without any involvement or approval by respondent or another physician. Respondent did not arrange for follow-up with any patients seen at the ICHE

event, and had no communication with any patient's primary care physician, even when no medical records were provided.

6. The Medical Board's expert witness reviewed the patient records of 25 of the 254 patients seen by respondent at the ICHE. None of the 25 patient records reviewed contain documentation of a thorough or adequate medical history or patient examination, and all of the charts reflect a generic and superficial assessment by respondent. For example, the "objective" portion of the H&P form in each case indicates normal findings in every single category; each patient chart contains a check mark next to the box marked "blood pressure" indicating a normal blood pressure, even though no blood pressure was taken for any of the patients, and respondent did not have the equipment available to take a blood pressure. There is no documentation of a pertinent physical examination or evaluation of the patients' individual medical conditions or complaints in any of the patient files, no documentation or assessment of prior treatment, no indication or documentation to support respondent's conclusion that marijuana was an appropriate treatment for the patients' medical conditions. No treatment plan is set out for any patient, and respondent made no plan for follow-up or coordination with primary care physicians. Respondent's records contain no notation regarding the history questionnaires completed by the patients, even where those forms plainly contained contradictory information.

7. Respondent saw 254 patients over the course of two, 12 hour days. The time periods indicate that respondent spent, at most, seven minutes with each patient. During these brief encounters, respondent would have had to take a medical history, review medical records, and/or request follow-up records, reviewed the patient questionnaire, discussed follow-up with a primary care physician, discussed the risks and benefits of medical cannabis, the method of use, and issued a recommendation for marijuana.

8. The H&P forms completed by respondent for each of the 25 charts indicate that in each patient encounter he examined seven organ systems: heart, neck, cardiovascular, lung, abdominal, extremities and neurologic. Respondent documented a normal review of each of these systems for all 25 patients, although he acknowledged that he did not actually conduct an examination that could support such a conclusion. Every patient chart has a check mark next to the line for blood pressure, signifying a normal blood pressure, although no measurement was taken, and contains a diagnosis although respondent had inadequate information upon which to base a diagnosis.

9. A number of patients seen by respondent at the ICHE event disclosed conditions such as asthma, anxiety, depression, bipolar disorder, schizophrenia, fatigue, cough, attention deficit disorder or dizziness. Each of these conditions presents a possible contraindication for marijuana use, and many of them are explicitly listed on the Informed Consent form as a potential side effect of marijuana use, and many of these are conditions that might be exacerbated by the use of marijuana. There is no indication in respondent's records or in his interview that he considered, evaluated or assess potential contraindications or exacerbation of symptoms prior to issuing a recommendation for medical marijuana.

10. It was established by clear and convincing evidence through the testimony of a qualified expert that respondent's conduct constituted gross negligence (an extreme departure from the standard of practice), and repeated negligent acts (a simple departure from the standard of practice) for the patients he evaluated at the ICHE event. Respondent failed to perform appropriate or adequate evaluations of patients prior to recommending marijuana as a medical treatment, including but not limited to taking a complete and thorough medical and social history, performing a physical or mental status examination, consulting with the patient's other health care providers or making an individualized determination as to whether or not there was an indication for the medical use of marijuana and/or whether or not marijuana was an appropriate treatment for each patient. Respondent failed to arrange for follow-up regarding the recommended treatment's efficacy and/or changes in the patients' condition, or for coordination with a primary care physician. Respondent undertook to evaluate 254 patients in a limited time period, making it impossible for him to adequately meet the clinical needs of each patient, or to adequately evaluate, examine and treat each patient. Respondent issued "provisional" three month marijuana recommendations to numerous patients who presented with no medical records or other documentation, and without conducting the evaluation necessary to support his conclusion that the patient suffered from medical conditions that would benefit from the medical use of marijuana. He further delegated to non-medical BLG personnel the responsibility to review subsequently provided medical records and thereafter determine whether to extend the duration of the three month recommendation issued by respondent at the ICHE event. Respondent failed to adequately assess or evaluate his decision to recommend marijuana for patients who reported symptoms that may be exacerbated by marijuana, or for which the use of marijuana might be contraindicated. Respondent failed to either conduct an appropriate medical evaluation or to refer to other providers those patients who complained of potentially serious medical conditions.

11. It was established by clear and convincing evidence through a qualified expert that respondent engaged in unprofessional conduct, created false, inadequate, and inaccurate medical records, and committed acts of dishonesty and corruption substantially related to the practice of medicine. Respondent's medical record for each of the 25 charts reviewed by the Board's expert falsely reflect a normal and thorough physical examination when in fact, respondent failed to conduct the examination indicated in his records. Respondent failed to adequately and accurately document pertinent medical information, including, the patients' vital signs, objective findings, the history of the patients' subjective complaints and past treatment for those complaints, whether the patients had tried alternative treatments and the results of those treatments, the medical basis for the patients' diagnosis, whether the patients were under the care of other physicians for their stated complaints, respondent's rationale for recommending medical marijuana, or other clinical details which could have potentially elucidated the patients clinical situation. Respondent also failed to document any assessment of inconsistencies or unusual information on the patient health questionnaires. Respondent signed Physician Recommendation for Therapeutic Cannabis forms for each patient seen at the ICHE event which falsely represented that he had conducted a medical examination sufficient to determine that each patient would benefit from the use of cannabis and that the

patients' had not been able to find an acceptable alternative treatment for specified medical conditions.

Second Cause for Discipline-Unprofessional Conduct/Aiding and Abetting Unlicensed Practice/Dishonest Corrupt Acts/False Statements/False Advertising/Practice Without Fictitious Name Permit

12. In 2012 – 2013, respondent lived primarily in Hawaii. Respondent advised a Board investigator that he met a woman named Darlene Weaver at a cannabis event. Respondent established a California medical corporation: Physician Wellness Medical Group (PWMG). In documents filed with the Secretary of State, respondent was listed as Chief Executive Officer, Chief Financial Officer and Director; he obtained a Fictitious Name Permit (FNP) from the Board. Darlene Weaver (Weaver) was listed as the Secretary and Agent for Service of Process. She holds no health professional license or certificate issued by any agency or board in the State of California. Respondent and Weaver entered into a business relationship under which respondent and Weaver used the PWMG “umbrella” to operate a number of medical practices, which appear to have focused on medical marijuana recommendations and medical weight loss. Respondent is identified in advertisements as the medical director and/or physician for a variety of medical enterprises doing business under names such as “weed4wellness,” “Can-Care (CanCare, Can Care) Wellness,” “Wellness Center,” “Weightbgonefast.com,” and “i-Care Wellness.” None of these medical practices, which operated in locations around the San Francisco Bay Area, had a Fictitious Name Permit. The various practice locations were staffed either by Weaver or by unlicensed individuals who were hired by and reported to Weaver.

13. According to respondent, the business model for his medical marijuana recommendation practice was that Weaver would handle the “business end of things” for his California medical practice. Respondent was located in Hawaii, and utilized “telemedicine” to conduct medical marijuana evaluations through “live video chat” or Skype connections. Advertisements for respondent’s practices represented that licensed medical doctors would conduct “honest, compassionate, and thorough medical cannabis evaluations.” In reality, patients were frequently not seen by any physician, and recommendations for the use of marijuana were issued without any evaluation or involvement of a physician. Respondent’s medical offices were staffed with unlicensed and medically untrained personnel with no physician on the premises. The Board conducted three undercover operations at two different locations.

14. An example of respondent’s practice includes seeing a patient on April 3, 2012. C.O. presented for an appointment in Walnut Creek to obtain a renewal for her medical marijuana recommendation. C.O. completed a patient questionnaire disclosing rheumatoid arthritis, osteoarthritis, fibromyalgia, bursitis, and restless leg syndrome, as well as a history of high blood pressure, and sleep disorders. Weaver was present at the office, and indicated that the doctor was “running late.” C.O. met with Weaver, who did not speak with respondent or any other physician. No physical examination was performed; no prior medical records were reviewed or obtained. Weaver noted in C.O.’s medical record that “Pt.

has signs of lupus” and was “always in constant pain” and that treatment options were discussed with the patient. Diagnosis codes for rheumatoid arthritis and fibromyalgia were entered by Weaver in the medical record. Weaver provided C.O. with a recommendation for medical marijuana, which had respondent’s signature and was issued under the name “Physician Wellness Medical Group.: The Physician’s Statement includes the assertion by respondent that: “This certified that C.O. was evaluated in my office for a serious medical condition, and in my opinion, may benefit from the use of marijuana. I have discussed the potential risks and benefits of marijuana with the patient. I approved her use of marijuana as medicine. If my patient chooses to use marijuana as medicine, I will continue to monitor her medical condition and provide advice on her progress at least annually . . .”

15. On February 22, 2012, R.S. presented for an appointment at the Wellness Center in Brentwood, California, to obtain a medical marijuana recommendation. R.S. completed a patient questionnaire disclosing that her “wrist hurts from accident.” R.S. provided a single page radiology report from 2008, indicating the presence of an old wrist fracture. Weaver was present at the office and took the patient’s pulse and blood pressure. R.S. did not see or speak to respondent, or any other physician, and was not provided the opportunity to do so. Weaver recorded a diagnosis code for a vitamin deficiency in the medical records created for R.S., and noted that treatment options were discussed with the patient. Weaver provided R.S. with a recommendation for medical marijuana with respondent’s signature and was issued under the name “Physician Wellness Medical Group.: The Physician’s Statement includes the assertion by respondent that: “This certified the C.O. was evaluated in my office for a serious medical condition, and in my opinion, may benefit from the use of marijuana. I have discussed the potential risks and benefits of marijuana with the patient. I approved her use of marijuana as medicine. If my patient chooses to use marijuana as medicine, I will continue to monitor her medical condition and provide advice on her progress at least annually . . .”

16. On March 7, 2012, J.R. presented for an appointment at the Wellness Center in Brentwood, California, to obtain a medical marijuana recommendation. Weaver typed the patient questionnaire for J.R., who was unable to do it himself. He disclosed that he suffered from a condition which resulted in cramping in all parts of the body, as well as a history of heart disease. J.R. provided a single page letter from a physician confirming his diagnosis. Weaver was present at the office. No physical examination or other evaluation was performed. Weaver recorded the patient’s blood pressure and pulse as “0” in the medical records. Based on his interaction with her, J.R. was under the impression that Weaver was a physician, and he did not see or speak to respondent or any other physician and was not provided an opportunity to do so. Weaver provided J.R. with a recommendation for medical marijuana with respondent’s signature and was issued under the name “Physician Wellness Medical Group.: The Physician’s Statement includes the assertion by respondent that: “This certified that C.O. was evaluated in my office for a serious medical condition, and in my opinion, may benefit from the use of marijuana. I have discussed the potential risks and benefits of marijuana with the patient. I approved his use of marijuana as medicine. If my patient chooses to use marijuana as medicine, I will continue to monitor his medical condition and provide advice on his progress at least annually . . .”

17. On March 5, 2012, C.B. was issued a recommendation for medical marijuana with respondent's signature and was issued under the name "Physician Wellness Medical Group.": The Physician's Statement includes the assertion by respondent that: "This certified the C.B. was evaluated in my office for a serious medical condition, and in my opinion, may benefit from the use of marijuana. I have discussed the potential risks and benefits of marijuana with the patient. I approved his use of marijuana as medicine. If my patient chooses to use marijuana as medicine, I will continue to monitor his medical condition and provide advice on his progress at least annually . . ." In fact, C.B. did not use medical marijuana, but wanted a recommendation because his housemates used marijuana and he felt he should have a recommendation to "safeguard" himself. C.B. gave his identification to a friend, who went to one of the clinics operated under respondent's license, and obtained a recommendation in C.B.'s name.

18. Over the course of the Board's investigation, several investigators made undercover visits to respondent's practice. On March 13, 2013, an investigator using the undercover identification J.S. presented at Can Care Wellness in Antioch. He met with an office employee identified as Lopez and explained that he had no significant health problems, but that marijuana helped him relax and manage stress, and he wanted to be legal. He provided no medical records, and completed a patient questionnaire stating that marijuana helped him relax and helped with achy hands. Lopez advised him that if he did not have any questions for the doctor, the recommendation was complete, but that if he did have questions, he could connect him to the doctor through Skype. No physical examination was performed, and J.S. had no contact with respondent or any other physician. J.S. was issued a document entitled "Physician Statement and Recommendation" which bore respondent signature and was issued under the name "Can-Care Wellness Center." In the Physician Statement Respondent affirmed that he had examined and evaluated J.S., that it was his assessment that J.S. qualified to use cannabis for medical purposes, that the staff of respondent's clinic would continue to monitor the patients' status, and that respondent had discussed with J.S. the potential medical benefits and risks of cannabis use.

19. On March 13, 2012, an investigator using the undercover identification B.M.D. presented at Can Care Wellness in Antioch for a drop in visit. B.M.D. completed a patient questionnaire stating that he had a history of migraine headaches, but provided no medical records. Lopez advised B.M.D. that he would see the doctor via video conference, and he was provided with a form about telemedicine. No physical examination was performed, and no questions were asked about his medical condition. Lopez provided him with a recommendation and asked if he had any questions for the doctor. After B.M.D. advised Lopez that he wished to speak with the doctor, she attempted without success to reach respondent. B.M.D. was issued a document entitled "Physician Statement and Recommendation" which bore respondent signature and was issued under the name "Can-Care Wellness Center." In the Physician Statement Respondent affirmed that he had examined and evaluated B.D.M., that it was his assessment that B.D.M. qualified to use cannabis for medical purposes, that the staff of respondent's clinic would continue to monitor

the patients' status, and that respondent had discussed with B.D.M. the potential medical benefits and risks of cannabis use.

20. On April 3, 2013, an investigator using an undercover identification of J.M.P. presented at i-Care Wellness in Dublin. She approached the woman behind the front desk, Catherine, and requested a marijuana recommendation. J.M.P. stated that she had no real medical problem, but was stressed. She stated that she did not have medical records or a primary care physician. Catherine asked her questions about her stress, and then provided her with a recommendation for medical marijuana. J.M.P. told Catherine that she wished to speak with Dr. Susott, who was contacted by telephone and provided J.M.P. with some general information about medical marijuana. No physical examination was performed, and respondent did not ask J.M.P. about her medical history or condition. J.M.P. was issued a document entitled "Physician Statement and Recommendation" which bore respondent signature and was issued under the name "420 Physicians i-Care Wellness Center." In the Physician Statement respondent affirmed that he had examined and evaluated J.M.P., that it was his assessment that J.M.P. qualified to use cannabis for medical purposes, that the staff of respondent's clinic would continue to monitor the patients' status, and that respondent had discussed with J.M.P. the potential medical benefits and risks of cannabis use.

21. It was established by clear and convincing evidence through the testimony of a qualified expert that respondent's conduct constitutes general unprofessional conduct, unprofessional conduct employing, aiding or abetting of unlicensed persons to engage in the practice of medicine; and unprofessional conduct knowingly making or signing false certificates or documents relating to the practice of medicine as well as dishonest and corrupt acts substantially related to the practice of medicine, and dissemination of information about his medical practice which falsely and misleadingly represented that medical marijuana recommendations would be issued following an evaluation by a licensed physician. The advertisements and representations constitute unprofessional conduct; and constitutes the practice of medicine and the advertising of the practice of medicine in which respondent failed to use his own name or an approved fictitious name.

22. Robert M. Franklin, M.D. testified as an expert for the Board. He is employed by the City of San Francisco, at the Southeast Health Center. He spends 75 percent of his clinical time in emergency care and 25 percent of his time in urgent care. He has recommended marijuana to patients. He also is an Emergency Department Physician at Kaiser Hospital, South San Francisco. Dr. Franklin reviewed 25 medical records for patients evaluated by respondent. He states that no a single one meets the standard of practice. Dr. Franklin finds respondent's thinking regarding the use of marijuana is irrational and incomplete. Respondent indicates that he thinks marijuana may be therapeutic for asthma, though he did not specify the route of administration or the dosage and frequency at which it might be helpful. This is an example of an extreme departure from the standard of practice for recommending medical marijuana. Dr. Franklin found that respondent used scant care in examining patients and documenting critical information in the medical records.

Other Matters

23. Respondent did not testify on his own behalf at the hearing. According to his interview with the Board on January 9, 2012, respondent went to the University of California, San Diego, and Michigan State University. He received a B.S. degree in psychology. Respondent attended medical school at the University of Hawaii and graduated in 1978. He completed a flex internship at Worcester General Hospital, Worcester City Hospital, Massachusetts. Respondent did a residency in general preventive medicine at the University of Hawaii, School of Public Health, which he completed in 1982. Respondent did not have any hospital privileges at the time of the interview.

24. Paul von Hartmann testified on respondents behalf. He is a self-described cannabis scholar. He extolls the virtues of cannabis as an herb. He is convinced that cannabis can be used as a preventative therapy for its many benefits. He further suggests that there is a First Amendment right to use marijuana because mankind has been given every herb-bearing seed by the Creator. This defense is not valid in this proceeding.

25. Respondent is unable or unwilling to comply with the requirements for recommending medical marijuana in California. His belief that marijuana is good for every ailment and condition does not excuse him from following the standard of practice in California for the recommendation of medical marijuana. It is not in the public interest to allow respondent to continue to be licensed to practice medicine in California.

LEGAL CONCLUSIONS

1. By reason of the matters set forth in Factual Findings 3 through 10, and 22, cause for disciplinary action exists pursuant to Business and Professions Code sections 2234 (unprofessional conduct), 2234, (b) (gross negligence) and (c) (repeated negligent acts). The facts set forth in these Factual Findings set forth above constitute an extreme departure from the standard of practice. By reason of matters set forth in Factual Findings 3 through 9, and 11 and 22, cause for disciplinary action exists pursuant to Business and Professions Code sections 2234 (unprofessional conduct), 2261(knowingly signing any certificate which falsely represents a state of facts), 2266 (failure to maintain accurate records), and 2234, subdivision (e) (dishonesty).

2. The matters set forth in Factual Findings 12 through 21, cause for disciplinary action exists pursuant to Business and Professions Code section 2234 (general unprofessional conduct), 2261, subdivision (e) (dishonesty), 2264 (aiding and abetting the unlicensed practice of medicine), 2261(knowingly signing any certificate which falsely represents a state of facts), 2272 (failure to use a proper name), and 651 (dissemination of false or misleading information).

3. The matters set forth in Factual Findings 23 through 25, have been considered in making the following order.

ORDER

Physician and Surgeon's Certificate No. G 49257 issued to respondent Daniel C. Susott, M.D., is hereby revoked pursuant to Legal Conclusions 1 and 2, separately and jointly.

DATED: September 20, 2013

Ruth S. Astle

RUTH S. ASTLE

Administrative Law Judge

Office of Administrative Hearings

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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO July 24, 2013
BY: [Signature] ANALYST

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

11 In the Matter of the Accusation Against:

Case No. 03-2011-214323

12 **DANIEL C. SUSOTT, M.D.**
13 3645 Woodlawn Terrace Place
14 Honolulu, HI 96822

FIRST AMENDED ACCUSATION

15 Physician's and Surgeon's Certificate No. G49257

16 Respondent.

17
18
19 The Complainant alleges:

20 **PARTIES**

21 1. Kimberly Kirchmeyer (Complainant) brings this First Amended Accusation solely in
22 her official capacity as the Interim Executive Director of the Medical Board of California (Board)
23 Department of Consumer Affairs.

24 2. On May 30, 2003, the Medical Board of California issued Physician's and Surgeon's
25 Certificate Number G49257 to Daniel C. Susott, M.D. (Respondent.) Said certificate is renewed
26 and current with an expiration date of September 30, 2014.

27 ///

28 ///

JURISDICTION

3. This First Amended Accusation is brought before the Medical Board of California¹ under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

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

B. Section 2234 of the Code provides that the Medical Board shall take action against any licensee who is charged with unprofessional conduct. Unprofessional conduct includes, but is not limited to:

(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 [Chapter 5, the Medical Practice Act]

(b) Gross negligence.

(c) Repeated negligent acts

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

C. Section 2266 of the Code provides that the failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to his or her patients constitutes unprofessional conduct.

D. Section 2261 of the Code provides that knowingly making or signing any certificate or other document directly or indirectly related to the practice of medicine which falsely represents the existence or nonexistence of a state of facts, constitutes unprofessional conduct.

¹ The term "Board" means the Medical Board of California. "Division of Medical Quality" shall also be deemed to refer to the Board.

1 E. Section 2264 of the Code provides that the employing, directly or indirectly, the
2 aiding, or the abetting of any unlicensed person or any suspended, revoked, or unlicensed
3 practitioner to engage in the practice of medicine or any other mode of treating the sick or
4 afflicted which requires a license to practice constitutes unprofessional conduct.

5 F. Section 2272 of the Code provides that any advertising of the practice of
6 medicine in which the licensee fails to use his or her own name or approved fictitious name
7 constitutes unprofessional conduct.

8 G. Section 2271 of the Code provides that any advertising in violation of Section
9 17500, relating to false or misleading advertising, constitutes unprofessional conduct. Section
10 17500 of the Code provides that it is unlawful for any person, firm, corporation or association, or
11 any employee thereof, to make any statement which is untrue or misleading in connection with
12 professional services offered.

13 H. Section 651 of the Code provides that it is unlawful and cause for discipline for
14 a licensee to disseminate or cause to be disseminated any form of public communication
15 containing a false, fraudulent, misleading or deceptive statement, claim or image for the purpose
16 of or likely to induce the rendering of professional services or furnishing of products in
17 connection with the professional practice or business for which he or she is licensed.

18 **FIRST CAUSES FOR DISCIPLINE**

19 (Unprofessional Conduct/Gross Negligence/Repeated Negligent Acts/
20 Medical Records/False Statements/Dishonest-Corrupt Acts)

21 4. In 2010, Respondent began to work with BeLegallyGreen (BLG), a business entity
22 which facilitated recommendations for medical marijuana by providing physicians to perform the
23 necessary patient evaluations. According to Respondent, BLG was at the time of the events
24 alleged in this First Amended Accusation, owned by two individuals who were not licensed to
25 practice medicine.

26 5. In April 2010, Respondent was one of two physicians assigned by BLG to conduct
27 patient evaluations at the International Cannabis and Hemp Expo (ICHE) event at the Cow Palace
28 in Daly City, California. Respondent worked the ICHE event from 8 a.m. until 8 p.m. on April

1 17 and 18, 2010. Respondent's job was to evaluate event attendees who sought recommendations
2 for the use of medical marijuana. Non-physician staff members from BLG assisted in screening
3 and processing patients. Over the course of the two day ICHE event, Respondent conducted a
4 total of 254 patient evaluations. He issued 171 recommendations valid for 3 months, and 83
5 recommendations valid for one year.

6 6. A BLG file was created for each patient evaluated at the April 2010 ICHE event.
7 Patients presented to Respondent for evaluation with a file consisting of: A "Be Legally Green
8 LLC Registration Form" which was completed by the patient and contained demographic
9 information, height and weight, and an indication of "pulse" and "BP"; the patient's driver's
10 license; a "Medical Marijuana Acknowledgment of Disclosure and Informed Consent" form
11 which set forth a number of possible side effects and risks of marijuana, and was signed by each
12 patient and initialed by Respondent; a brief BLG disclaimer form; an Authorization for Release of
13 Protected Health Information; a "New Health Care Consumer Questionnaire" which was
14 completed by each patient and consisted of boxes to check for past medical history. At the time
15 of each evaluation, Respondent completed an untitled form for documenting the history and
16 physical examination (H&P form), which indicated the date of the evaluation, patient name,
17 check boxes indicating that medical records and prescriptions were reviewed, a box labeled
18 "subjective" in which complaints were written, a box labeled "objective" with subsections for
19 seven organ systems, a place for diagnosis and check boxes for the length of the recommendation,
20 questionnaire review with patient, follow-up with primary care physician for medical conditions,
21 follow-up with medical records, and lines to check to indicate discussion of various matters with
22 the patient. Finally, each file contains a "Physician Recommendation for Therapeutic Cannabis,
23 State of California" which Respondent completed for each patient seen. Each signed Physician
24 Recommendation form affirmatively represented that Respondent had reviewed the patient's
25 medical history and pertinent medical records and had determined that the use of cannabis was for
26 the relief of symptoms associated with a medical disorder, and that the patient had not been able
27 to find an acceptable alternative treatment for the medical conditions.
28

1 7. Respondent explained the process he used to evaluate patients at the ICHE event
2 during a January 9, 2012 interview with Medical Board investigative staff. He saw patients after
3 they had been "screened" by BLG staff. Respondent stated that he took a medical history for
4 each patient and reviewed medical records if available. Respondent described his evaluations as
5 "...kind of perfunctory...to meet the requirements of 215"; he did not perform any meaningful
6 physical examination² beyond "looking at scars or injuries." Indeed, the only medical equipment
7 Respondent had with him at the event was his stethoscope. While Respondent claimed to have
8 evaluated patients' heart and lungs, he did not use the stethoscope for this task; instead, he
9 asserted, "...you know, they looked healthy...and they looked like their heart and lungs were
10 functioning." Patients who presented with medical records were given a full year
11 recommendation; those without medical records were given a 3 month "provisional"
12 recommendation and asked to provide additional records to BLG. Subsequently produced
13 medical records were reviewed by non-physician BLG staff who made the determination whether
14 to issue a full year recommendations without any involvement or approval by Respondent or
15 another physician. Respondent did not arrange for follow-up with any patients seen at the ICHE
16 event, and had no communication with any patient's primary physician, even where no medical
17 records were provided.

18 8. The records for 25 of the 254 patients seen by Respondent at the April 2010 event
19 were randomly selected for review by the Medical Board's expert witness. None of the 25 patient
20 records reviewed contain documentation of a thorough or adequate medical history or patient
21 examination, and all of the charts reflect a generic and superficial assessment by Respondent. For
22 example, the "objective" portion of the H&P form in each case indicates normal findings in every
23 single category; each patient chart contains a check mark next to the box marked "blood pressure"
24 indicating a normal blood pressure, even though no blood pressure was taken for any of the
25 patients, and Respondent did not even have the equipment available to do so. There is no

26
27 ² Respondent telephoned the Medical Board investigator two hours after the interview and
28 stated that he recalled that he had conducted "some" physical examinations over the course of the weekend.

1 documentation of a pertinent physical examination or evaluation of the patients' individual
2 medical conditions or complaints in any of the patient files, no documentation or assessment of
3 prior treatment, and no indication or documentation to support Respondent's conclusion that
4 marijuana was an appropriate treatment for the patients' medical conditions. No treatment plan is
5 set forth for any patient, and Respondent made no plan for follow-up or coordination with
6 primary care physicians. Respondent's records contain no notation regarding the history
7 questionnaires completed by the patients, even where those forms contained plainly contradictory
8 information.

9 9. Respondent saw 254 patients over the course of two, 12 hour days. The time periods
10 indicate that Respondent spent, at most, 3-7 minutes with each patient, and most likely far less
11 than that. During these brief encounters, Respondent purports to have taken a medical history,
12 reviewed medical records and/or requested follow-up with records, reviewed the patient
13 questionnaire, discussed follow-up with primary care physician, discussed the risks and benefits
14 of medical cannabis, the method of ingestion, and issued a recommendation for marijuana.
15 Respondent's H&P form for each patient represents that these steps were taken.

16 10. The H&P forms completed by Respondent for each of the 25 patient charts indicate
17 that in each patient encounter he examined 7 organ systems: heart, neck, cardiovascular, lung,
18 abdominal, extremities and neurologic. Respondent documented a normal review of each of these
19 systems for all 25 patients, although he acknowledged that he did not actually conduct an
20 examination that could support such a conclusion. Similarly, virtually every patient chart has a
21 check mark next to the line for blood pressure, signifying a normal blood pressure, although no
22 measurement was taken, and contains a diagnosis although Respondent had inadequate
23 information upon which to base a diagnosis.

24 11. A number of the patients seen by Respondent at the ICHE event disclosed conditions
25 such as insomnia, asthma, anxiety, depression, bipolar disorder, schizophrenia, fatigue, cough,
26 attention deficit disorder or dizziness. Each of these conditions presents a possible
27 contraindication for marijuana use, and many of them are explicitly listed on the Informed
28 Consent form as a potential side effect of marijuana use, and many of these are conditions that

1 might be exacerbated by the use of marijuana. There is no indication in Respondent's records or
2 in his interview that he considered, evaluated or assessed potential contraindications or
3 exacerbation of symptoms prior to issuing a recommendation for marijuana.

4 12. Respondent is guilty of unprofessional conduct and respondent's license is subject to
5 disciplinary action pursuant to Sections 2234 and/or 2234(b) and/or (c) of the Code in that
6 Respondent committed gross negligence and/or repeated negligent acts for the patients he
7 evaluated at the ICHE event, including but not limited to the following:

8 A. Respondent failed to perform appropriate or adequate evaluations of patients
9 prior to recommending marijuana as a medical treatment, including but not limited to taking a
10 complete and thorough medical and social history, performing a physical or mental status
11 examination, consulting with the patient's other health care providers or making an individualized
12 determination whether a medical indication for the use of marijuana actually existed or whether
13 marijuana was an appropriate treatment for each patient's condition.

14 B. Respondent failed to arrange for follow-up regarding the recommended
15 treatment's efficacy and/or changes in the patients' condition, or for coordination with primary
16 care physicians.

17 C. Respondent undertook to evaluate 254 patients in a limited time period,
18 rendering it impossible for him to adequately meet the clinical needs of each patient, or to
19 adequately evaluate, examine and treat each patient.

20 D. Respondent issued "provisional" three month marijuana recommendations to
21 numerous patients who presented with no medical records or other documentation, and without
22 conducting the evaluation necessary to support his conclusion that the patients suffered from
23 medical conditions that would benefit from the use of marijuana. He further delegated to non-
24 medical BLG personnel the responsibility to review subsequently provided medical records and
25 thereafter determine whether to extend the duration of the "provisional" 3 month recommendation
26 issued by Respondent at the ICHE event.

1 E. Respondent failed to adequately assess or evaluate his decision to recommend
2 marijuana for patients who reported symptoms that may be exacerbated by marijuana, or for
3 which the use of marijuana might be contraindicated.

4 F. Respondent failed to either conduct an appropriate medical evaluation or to
5 refer to other providers those patients who complained of potentially serious medical conditions.

6 13. Respondent is subject to disciplinary action pursuant to Sections 2234 and/or 2261
7 and/or 2266 and/or 2234(e) of the Code in that he engaged in unprofessional conduct, created
8 false and/or inadequate and inaccurate medical records, and committed acts of dishonesty and
9 corruption substantially related to the practice of medicine:

10 A. Respondent's record for each of the 25 charts reviewed by the Board falsely
11 reflect a normal and thorough physical examination when in fact, Respondent failed to conduct the
12 thorough examination indicated in his records.

13 B. Respondent failed to adequately and accurately document pertinent medical
14 information, including, but not limited to: patient vital signs, objective findings, the history of the
15 patients' subjective complaints and past treatment for those complaints, whether the patients had
16 tried alternative treatments and the results of those treatments, the medical bases for the patients'
17 diagnosis, whether the patients were under the care of other physicians for their stated complaints,
18 Respondent's rationale for recommending medical marijuana, or other clinical details which
19 could have potentially elucidated the patients clinical situation. Respondent also failed to
20 document any assessment of inconsistencies or unusual information on the patient health
21 questionnaires.

22 C. Respondent signed Physician Recommendation for Therapeutic Cannabis forms
23 for each patient seen at the ICHE event which falsely represented that he had conducted a medical
24 examination sufficient to determine that each patient would benefit from the use of cannabis and
25 that the patients had not been able to find an acceptable alternative treatment for specified
26 medical conditions.

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28 ///

1 **SECOND CAUSES FOR DISCIPLINE**

2 (Unprofessional Conduct/Aiding and Abetting Unlicensed Practice/

3 Dishonest Corrupt Acts/False Statements/False Advertising/Practice Without FNP)

4 14. In 2012-2013, Respondent lived primarily in Hawaii. Respondent advised a Medical
5 Board investigator that he met a woman named Darlene Weaver at a cannabis event. Respondent
6 at some point established a California medical corporation entitled "Physician Wellness Medical
7 Group" (PWMG). In documents filed with the Secretary of State, Respondent was listed as the
8 Chief Executive Officer, Chief Financial Officer and Director of PWMG; he obtained a Fictitious
9 Name Permit from the Board for Physician Wellness Medical Group. Darlene Weaver was listed
10 as PWMG's Secretary and Agent for Service of Process. Darlene Weaver holds no health
11 professional license or certificate issued by any agency or board in the State of California.
12 Respondent and Darlene Weaver entered into a business relationship under which Respondent
13 and Weaver used the PWMG "umbrella" to operate a number of medical practices, which appear
14 to have focused primarily on medical marijuana recommendations and medical weight loss.
15 Respondent was identified in advertisements as the medical director and/or physician for a variety
16 of medical enterprises doing business under names such as "weed4wellness," "Can-Care
17 Wellness," "CanCare Wellness," "Can Care Wellness," "Wellness Center,"
18 "Weightbgonefast.com," and "i-Care Wellness." None of these medical practices, which operated
19 in locations around the San Francisco Bay Area, had a Fictitious Name Permit. The various
20 practice locations were staffed either by Darlene Weaver or by unlicensed individuals who were
21 hired by and reported to Darlene Weaver.

22 15. According to Respondent, the business model for his medical marijuana
23 recommendation practice was that Darlene Weaver handled the "business end of things" for his
24 California medical practice. Respondent was located in Hawaii, and utilized what he called
25 "telemedicine" to conduct medical marijuana evaluations through "live video chat" or Skype
26 connections. Advertisements for Respondent's practices represented that licensed medical
27 doctors would conduct "honest, compassionate, and thorough medical cannabis evaluations." In
28 reality, patients were frequently never seen by any physician, and recommendations for the use of

1 marijuana were issued without any evaluation or involvement of a physician. Respondent's
2 medical offices were staffed with unlicensed and medically untrained personnel; no physician
3 was on the premises. Examples of this practice are as follows:

4 A. On April 3, 2012, C.O. presented for an appointment at PWMG in Walnut
5 Creek to obtain a renewal of her medical marijuana recommendation. C.O. completed a patient
6 questionnaire disclosing rheumatoid arthritis, osteoarthritis, fibromyalgia, bursitis and restless leg,
7 as well as a history of high blood pressure and sleep disorders. Darlene Weaver was present at the
8 office, and indicated that the doctor was "running late." C.O. met with Darlene Weaver; she
9 neither saw nor spoke with Respondent or any other physician. No physical examination was
10 performed; no prior medical records were reviewed or obtained. Darlene Weaver noted in C.O.'s
11 medical record that "Pt. has signs of lupus" and was "always in constant pain" and that treatment
12 options were discussed with the patient. Diagnosis codes for rheumatoid arthritis and
13 fibromyalgia were entered by Darlene Weaver in the medical record created for C.O. Darlene
14 Weaver provided C.O. with a recommendation for medical marijuana, entitled "Physician's
15 Statement" which bore Respondent's signature and was issued under the name "Physician
16 Wellness Medical Group." The Physician's Statement includes the assertion by Respondent:
17 "This certifies that C.O. was evaluated in my office for a serious medical condition, and in my
18 opinion, may benefit from the use of marijuana. I have discussed the potential risks and benefits
19 of marijuana with the patient. I approved her use of marijuana as medicine. If my patient
20 chooses to use marijuana as medicine, I will continue to monitor her medical condition and
21 provide advice on her progress at least annually..."

22 B. On February 22, 2012, R.S. presented for an appointment at the "Wellness
23 Center" in Brentwood, California, to obtain a medical marijuana recommendation. R.S.
24 completed a patient questionnaire disclosing that her "wrist hurts from accident." R.S. provided a
25 single page radiology report from 2008, indicating the presence of an old wrist fracture. Darlene
26 Weaver was present at the office and took R.S.'s pulse and blood pressure. R.S. neither saw nor
27 spoke with Respondent, or any physician, and was not provided the opportunity to do so. Darlene
28 Weaver recorded a diagnosis code for a vitamin deficiency in the medical records created for

1 R.S., and noted that treatment options were discussed with the patient. Darlene Weaver provided
2 R.S. with a recommendation for medical marijuana, entitled "Physician's Statement" which bore
3 Respondent's signature and was issued under the name "Physician Wellness Medical Group."
4 The Physician's Statement includes the assertion by Respondent: "This certifies that R.S. was
5 evaluated in my office for a serious medical condition, and in my opinion, may benefit from the
6 use of marijuana. I have discussed the potential risks and benefits of marijuana with the patient.
7 I approved her use of marijuana as medicine. If my patient chooses to use marijuana as medicine,
8 I will continue to monitor her medical condition and provide advice on her progress at least
9 annually..."

10 C. On March 7, 2012, J.R. presented for an appointment at the "Wellness Center"
11 in Brentwood, California, to obtain a medical marijuana recommendation. Darlene Weaver typed
12 the patient questionnaire for J.R., who was unable to do so himself. He disclosed that he suffered
13 from a condition which resulted in cramping in all parts of the body, as well as a history of heart
14 disease. J.R. provided a single page letter from a physician confirming his diagnosis. Darlene
15 Weaver was present at the office; no physical examination or other evaluation was performed;
16 indeed, Darlene Weaver recorded J.R.'s blood pressure and pulse as "0" in the medical records
17 created for J.R. Based on his interaction with her, J.R. was under the impression that Darlene
18 Weaver was a physician, and he neither saw nor spoke with Respondent or any physician and was
19 not provided the opportunity to do so. Darlene Weaver provided J.R. with a recommendation for
20 medical marijuana, entitled "Physician's Statement" which bore Respondent's signature and was
21 issued under the name "Physician Wellness Medical Group." The Physician's Statement includes
22 the assertion by Respondent: "This certifies that J.R. was evaluated in my office for a serious
23 medical condition, and in my opinion, may benefit from the use of marijuana. I have discussed
24 the potential risks and benefits of marijuana with the patient. I approved his use of marijuana as
25 medicine. If my patient chooses to use marijuana as medicine, I will continue to monitor his
26 medical condition and provide advice on him progress at least annually..."

27 D. On March 5, 2012, C.B. was issued a recommendation for medical marijuana,
28 entitled "Physician's Statement" which bore Respondent's signature and was issued under the

1 name "Physician Wellness Medical Group." In the Physician's Statement, Respondent certified
2 that C.B. was evaluated in his office for a serious medical condition that might in his opinion
3 benefit from the use of marijuana; that Respondent discussed the potential risks and benefits of
4 marijuana with C.B., and that he approved his use of marijuana as medicine. Respondent further
5 represented that he would continue to monitor C.B.'s medical condition, and that he had provided
6 instructions for the use of marijuana. In fact, C.B. did not use medical marijuana, but wanted a
7 recommendation because his housemates used marijuana and he felt he should have a
8 recommendation to "safeguard" himself. C.B. gave his identification to a friend, who went to one
9 of the clinics operated under Respondent's license, and obtained a recommendation in C.B.'s
10 name.

11 16. Over the course of the Medical Board's investigation of Respondent, several Board
12 investigators made undercover visits to Respondent's practice as follows:

13 A. On March 13, 2013, an investigator using the undercover identification J.S.
14 presented at Can Care Wellness in Antioch. He met with an office employee identified as
15 Katherine Lopez and explained that he had no significant health problems, but that marijuana
16 helped him relax and manage stress, and he wanted to "be legal." He provided no medical
17 records, and completed a patient questionnaire stating that marijuana helped him relax and helped
18 with achy hands. Katherine Lopez advised J.S. that if he did not have any questions for the
19 doctor, the recommendation was complete, but that if he did have questions, she could connect
20 him to the doctor through "Skype." No physical examination was performed, and J.S. had no
21 contact with Respondent or any physician. J.S. was issued a document entitled "Physician
22 Statement and Recommendation "which bore Respondent's signature and was and issued under
23 the name "Can-Care Wellness Center." In the Physician Statement Respondent affirmed that he
24 had examined and evaluated J.S., that it was his assessment that J.S. qualified to use cannabis for
25 medical purposes, that the staff of Respondent's clinic would continue to monitor the patients'
26 status, and that Respondent had discussed with J.S. the potential medical benefits and risks of
27 cannabis use.
28

1 B. On March 13, 2013, an investigator using an undercover identification B.M.D.
2 presented at Can Care Wellness in Antioch for a drop-in visit. B.M.D. completed a patient
3 questionnaire stating that he had a history of migraine headaches, but provided no medical
4 records. Katherine Lopez advised B.M.D. that he would see the doctor via video conference, and
5 he was provided with a form about telemedicine. No physical examination was performed, and
6 no questions were asked about his medical condition. Katherine Lopez provided B.M.D. with a
7 recommendation and asked him if he had any questions for the doctor. After B.M.D. advised Ms.
8 Lopez that he wished to speak with the doctor, she attempted without success to reach
9 Respondent. B.M.D. was nevertheless issued a document entitled "Physician Statement and
10 Recommendation" which bore Respondent's signature and was issued under the name "Can-Care
11 Wellness Center." In the Physician Statement, Respondent affirmed that he had examined and
12 evaluated B.M.D., that it was his assessment that B.M.D. qualified to use cannabis for medical
13 purposes, that the staff of Respondent's clinic would continue to monitor the patients' status, and
14 that Respondent had discussed the potential medical benefits and risks of cannabis use.

15 C. On April 3, 2013, an investigator using an undercover identification J.M.P.
16 presented at i-Care Wellness in Dublin. She approached the woman behind the front desk,
17 "Catherine," and requested a marijuana recommendation. J.M.P. stated that she had no real
18 medical problem, but was stressed. She stated that she had no medical records and no primary
19 care physician. Catherine asked her questions about her stress, and then provided her with a
20 recommendation for medical marijuana. J.M.P. told Catherine that she wished to speak with Dr.
21 Susott, who was contacted by telephone and provided J.M.P. with some general information
22 about medical marijuana. No physical examination was performed, and Respondent did not ask
23 J.M.P. about her medical history or condition. J.M.P. was issued a document entitled "Physician
24 Statement and Recommendation" which bore Respondent's signature and was issued under the
25 name "420 Physicians i-Care Wellness Center." In the Physician Statement Respondent affirmed
26 that he had examined and evaluated J.M.P., that it was his assessment that J.M.P. qualified to use
27 cannabis for medical purposes, that the staff of Respondent's clinic would continue to monitor the
28

1 patients' status, and that Respondent had discussed the potential medical benefits and risks of
2 cannabis use.

3 17. Respondent's conduct as set forth above constitutes general unprofessional conduct
4 and is cause for disciplinary action pursuant to Section 2234 of the Code.

5 18. Respondent's conduct as set forth above constitutes unprofessional conduct and the
6 employing, aiding or abetting of unlicensed persons to engage in the practice of medicine, and is
7 cause for discipline pursuant to Sections 2234, and/or 2264 of the Code.

8 19. Respondent's conduct as set forth above constitutes unprofessional conduct and the
9 knowing making or signing of false certificates or documents relating to the practice of medicine,
10 as well as dishonest or corrupt acts substantially related to the practice of medicine, and is cause
11 for discipline pursuant to Sections 2234, and/or 2261, and/or 2234(e) of the Code.

12 20. Respondent's conduct as set forth above constitutes the dissemination of information
13 about his medical practice which falsely and misleadingly represented that medical marijuana
14 recommendations would be issued following an evaluation by a licensed physician. Said
15 advertisements and representations constitute unprofessional conduct and cause for disciplinary
16 action pursuant to Sections 2234, and/or 651, and/or 2272, and or 17500 of the Code.

17 21. Respondent's conduct as set forth above constitutes the practice of medicine and/or
18 the advertising of the practice of medicine in which Respondent failed to use his own name or an
19 approved fictitious name, and constitutes unprofessional conduct and cause for disciplinary action
20 pursuant to Sections 2234, and/or 2272 of the Code.

21 PRAYER

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

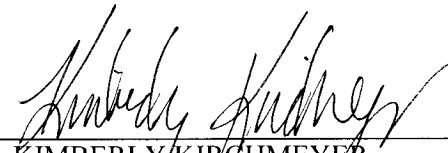
24 1. Revoking or suspending Physician's and Surgeon's Certificate No. G49257 issued
25 to respondent Daniel C. Susott, M.D.;

26 2. Ordering Daniel C. Susott, M.D., if placed on probation, to pay the costs of
27 probation monitoring;
28

1 3. Revoking, suspending or denying approval of respondent's authority to supervise
2 physician assistants, and

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

5
6 July 24, 2013
7 DATED: _____


KIMBERLY KIRCHMEYER
Interim Executive Officer
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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