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

In the Matter of the Accusation  
Against:

**Phillip De Evans Bretz, M.D.  
78-034 Calle Barcelona, Suite B  
La Quinta, CA 92253**

**Physician's and Surgeon's  
Certificate No. A 32596**

Respondent.

**Case No. 800-2015-017972**

**AGREEMENT FOR  
SURRENDER OF LICENSE**

**TO ALL PARTIES:**

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

1. Complainant, William Prasifka, is the Executive Director of the Medical Board of California, Department of Consumer Affairs ("Board").

2. Phillip De Evans Bretz, M.D. ("Respondent") has carefully read and fully understands the effect of this Agreement.

3. Respondent understands that by signing this Agreement he is enabling the Board to issue this order accepting the surrender of license without further process. Respondent understands and agrees that Board staff and counsel for complainant may communicate directly with the Board regarding this Agreement, without notice to or participation by Respondent. The Board will not be disqualified from further action in this matter by virtue of its consideration of this Agreement.

4. Respondent acknowledges there is current disciplinary action against his license, that on October 31, 2018, an Accusation was filed against him and on October 25, 2019, a Decision was rendered wherein his license was revoked, with the revocation stayed, and placed on 3 years' probation with various standard terms and conditions.

1           5.       The current disciplinary action provides in pertinent part, "Following the  
2 effective date of this Decision, if Respondent ceases practicing due to retirement,  
3 health reasons, or is otherwise unable to satisfy the terms and conditions of  
4 probation, Respondent may request voluntary surrender of Respondent's license."  
5 (Condition #14).

6           6.       Upon acceptance of the Agreement by the Board, Respondent  
7 understands he will no longer be permitted to practice as a physician and surgeon  
8 in California, and also agrees to surrender his wallet certificate, wall license and  
9 any D.E.A. Certificate(s) for an address in California.

10          7.       Respondent fully understands and agrees that if Respondent ever files  
11 an application for relicensure or reinstatement in the State of California, the Board  
12 shall treat it as a Petition for Reinstatement of a revoked license in effect at the  
13 time the Petition is filed. In addition, any Medical Board Investigation Report(s),  
14 including all referenced documents and other exhibits, upon which the Board is  
15 predicated, and any such Investigation Report(s), attachments, and other exhibits,  
16 that may be generated subsequent to the filing of this Agreement for Surrender of  
17 License, shall be admissible as direct evidence, and any time-based defenses,  
18 such as laches or any applicable statute of limitations, shall be waived when the  
19 Board determines whether to grant or deny the Petition.

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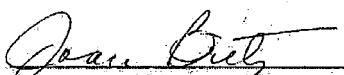
**ACCEPTANCE**

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I, Phillip De Evans Bretz, M.D. have carefully read the above Agreement and enter into it freely and voluntarily, with the optional advice of counsel, and with full knowledge of its force and effect, do hereby surrender Physician's and Surgeon's Certificate No. A 32596, to the Medical Board of California for its acceptance. By signing this Agreement for Surrender of License, I recognize that upon its formal acceptance by the Board, I will lose all rights and privileges to practice as a Physician and Surgeon in the State of California and that I have delivered to the Board my wallet certificate and wall license.

  
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Phillip De Evans Bretz, M.D.

11-17-21  
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Date

  
\_\_\_\_\_  
Attorney or Witness

12-2-21  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
William Prasifka *For*  
Executive Director  
Medical Board of California

**DEC 07 2021**  
\_\_\_\_\_  
Date

/// **Reji Varghese**  
/// **Deputy Director**  
///