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

In the Matter of the Accusation Against:	)	
George R. Tyndall, M.D.	)	**Case No. 800-2018-042109**
Physician's and Surgeon's Certificate No. G 57942	)	
Respondent	)	

DECISION

The Stipulated Surrender of License and Order in the above-entitled matter is attached hereto. On the Medical Board of California's own motion, said Stipulated Surrender of License and Order is hereby amended to correct a clerical error so that on page 2, paragraph 3, the date of "July 31, 2020" is stricken and replaced with "January 31, 2020", the expiration date of Respondent's Physician's and Surgeon's Certificate.

The attached Stipulated Surrender of License and 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 September 5, 2019.

IT IS SO ORDERED September 5, 2019.

MEDICAL BOARD OF CALIFORNIA

By: Kimberly Kirchmeyer
Kimberly Kirchmeyer
Executive Director

XAVIER BECERRA
Attorney General of California
JANE ZACK SIMON
Supervising Deputy Attorney General
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **GEORGE R. TYNDALL, M.D.** 3010 Wilshire Blvd. Suite 93 Los Angeles CA 90010 Physician's And Surgeon's Certificate No. G 57942 Respondent.	Case No. 800-2018-042109 OAH No. 2018120338 **STIPULATED SURRENDER OF LICENSE AND 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. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board of California (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Jane Zack Simon, Supervising Deputy Attorney General and Lawrence Mercer, Deputy Attorney General.

2. George R. Tyndall, M.D. (Respondent) is represented in this proceeding by Peter Osinoff and Edward Idell of Bonne Bridges Mueller O'Keefe &Nichols, 355 South Grand Avenue, Suite 1750, Los Angeles, CA 90071.

3. On July 21, 1986, the Board issued Physician's and Surgeon's Certificate No. G 57942 to George R. Tyndall, M.D. (Respondent). The Physician's and Surgeon's Certificate will expire on July 31, 2020, unless renewed, and is subject to an Interim Suspension Order issued on August 27, 2018.

JURISDICTION

4. Accusation No. 800-2018-042109 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent, who timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 800-2018-042109 is attached as Exhibit A.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2018-042109. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Order.

6. 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.

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

ACKNOWLEDGMENTS

8. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2018-042109, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate. Respondent hereby gives up his right to contest those charges, and agrees that his certificate is subject to discipline.

9. Respondent understands that by signing this stipulation he enables the Board to issue an order accepting the surrender of his Physician's and Surgeon's Certificate without further process.

RESERVATION

10. The agreements made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Medical Board of California or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

CONTINGENCY

11. This stipulation shall be subject to approval by the Board. Respondent understands and agrees that counsel for Complainant and the staff of the Board may communicate directly with the Board regarding this stipulation and surrender, 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 Surrender 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.

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

13. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Order:

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 57942, issued to Respondent George R. Tyndall, M.D., is surrendered and accepted by the Board.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline

against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

2. Respondent shall lose all rights and privileges as a physician and surgeon in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800-2018-042109 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in Accusation, No. 800-2018-042109 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorneys. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: Sep 4, 2019

GEORGE R. TYNDALL, M.D.
Respondent

I have read and fully discussed with Respondent George R. Tyndall, M.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: 9/4/19

PETER OSINOFF
Bonne Bridges Mueller O'Keefe & Nichols
Attorneys for Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: 9/5/19

Respectfully submitted,

XAVIER BECERRA
Attorney General of California

JANE ZACK SIMON
Supervising Deputy Attorney General
LAWRENCE MERCER
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

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Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO September 26 2018
BY: Sody Wright ANALYST

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

In the Matter of the Accusation Against:	Case No. 800-2018-042109
GEORGE R. TYNDALL, M.D. 3010 Wilshire Blvd, Ste. 93 Los Angeles CA 90010 Physician's and Surgeon's Certificate No. G 57942, Respondent.	**ACCUSATION**

Complainant alleges:

PARTIES

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

2. On July 21, 1986, the Medical Board issued Physician's and Surgeon's Certificate Number G 57942 to George R. Tyndall, M.D. (Respondent). The Physician's and Surgeon's

Certificate will expire on January 31, 2020, unless renewed, and is in SUSPENDED status pursuant to an Interim Suspension Order issued on August 27, 2018.

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 unless otherwise indicated.

4. Section 2234 of the Code provides, in pertinent part:

"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.

" . . ."

5. Section 726 of the Code provides, in pertinent part, that the commission of any act of sexual abuse, misconduct, or relations with a patient, client, or customer constitutes unprofessional conduct and grounds for disciplinary action.

FACTS COMMON TO ALL CAUSES FOR DISCIPLINE

6. Respondent is an obstetrician/gynecologist. Between 1989 and 2016, Respondent worked as a gynecologist at the student health center at the University of Southern California (USC). Over the years, a number of patients and student health center staff complained about sexually and otherwise inappropriate conduct committed by Respondent during examinations of and treatment provided to USC students at the student health center. In the summer of 2016, a registered nurse employee of the student health center reported Respondent's conduct to the campus rape crisis center. USC launched an investigation, and Respondent was placed on an administrative leave. The administrative leave lasted until June 2017, when USC and Respondent entered into a settlement agreement under which he resigned his position with USC.

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FIRST CAUSE FOR DISCIPLINE

(Unprofessional Conduct/Sexual Misconduct/Gross Negligence)

Patient #1

7. In 2012 Patient #1 was a first-year graduate student at USC. She contacted the USC student health center to schedule an appointment for her annual gynecological exam. An appointment was scheduled for Patient #1 to see Respondent in November 2012.

8. When Patient #1 arrived for her appointment she was seated in a chair outside an office/exam room. Respondent opened the office door and informed Patient #1 that a chaperone was not available and that she would need to wait at least 30 minutes if she wanted a chaperone, or that she could go ahead and proceed with the appointment without one. She decided to proceed with the examination.

9. When Patient #1 entered the room, Respondent locked the door behind her. She sat down in a chair next to the examination table, and Respondent asked her questions regarding what she was studying. Patient #1 informed him that she had taken courses in medical school. He asked her if she had learned the physical exam and how to take an oral history. She informed him that she had learned the basic physical exam and how to take an oral history, but not a pelvic exam or breast exam, as those were taught in the second year of medical school. Respondent then asked Patient #1 if she was Chinese, pointed to a map of China on his wall and asked her to point to where she was from. He asked her if she had had a gynecological exam before, and if she was currently with a sexual partner.

10. Respondent then asked Patient #1 to get undressed for the exam. He didn't leave the room while Patient #1 disrobed and put on the paper gown she was provided. At this point, there was a knock at the door. A female voice asked if Respondent was with a patient, informed him that she was back and available to come into the room, and inquired why Respondent had not waited for her. Respondent opened the door about six inches told the woman that Patient #1 said "it would be fine." He shut the door and locked it. The woman outside the door knocked a few more times, indicating urgency. She said words such as, "Is she ok? Do I need to be in there?" Respondent replied, "No."

11. Patient #1 got on the examination table and placed her feet in the stirrups as directed. Respondent put gloves on and informed the patient he was going to check her vagina to see if the speculum would fit. Respondent then inserted his fingers inside Patient #1's vagina and moved his fingers in and out, back and forth, repeatedly, for several minutes. When Patient #1 asked him to stop, Respondent said that it would be over in a few minutes and that she should just relax. While his fingers were moving in and out of her vagina, Respondent told Patient #1 that her vaginal wall felt very strong and that it was very "tight." He told her that she was very beautiful and asked if she had ever modeled. He told her that her mother must be very beautiful too. He also asked her what kind of sex she had with her boyfriend. He encouraged her to take birth control and said that he was sure her boyfriend would enjoy it more if she used birth control without a condom as a barrier. Throughout this time, Respondent repeatedly told Patient #1 to try to relax. He put his face within a couple of inches of her vagina, and Patient #1 heard Respondent breathing heavily.

12. Respondent eventually removed his fingers, inserted a speculum, and proceeded with the exam. When he was finished, he removed the speculum and gloves. Respondent then asked Patient #1, who had moved to a seated position, to move the paper gown off her upper body so that he could see both of her breasts at the same time. Respondent commented that her breasts were very symmetrical and placed his hands on each of her breasts and squeezed them more than one time. Respondent also squeezed Patient #1's nipples and said that he was feeling for any discharge. He was breathing heavily during this time.

13. Respondent next told Patient #1 to get dressed, and again stayed in the room and watched her. Patient #1 prepared to leave the room and Respondent unlocked the door. The woman who had knocked earlier was sitting in the chair outside the room, and asked Respondent why he hadn't waited for her, given that she told him that she was going on a short break. Respondent's answer was that Patient #1 agreed to it.

14. Respondent's conduct as set forth above, in failing to allow Patient #1 to dress and undress in privacy, failing to provide the patient with suitable draping, failing to maintain proper professional boundaries, locking the exam room door, inserting his fingers into the patient's

vagina as described, purporting to assess the strength and tightness of the vagina, touching Patient #1's breasts in a non-clinical manner, making sexually provocative comments containing sexual innuendo, and advising the patient not to use a condom, constitute unprofessional conduct, and/or sexual misconduct, and/or gross negligence and cause for discipline pursuant to sections 2234, and/or 726, and/or 2234(b) of the Code.

SECOND CAUSE FOR DISCIPLINE

(Unprofessional Conduct/Sexual Misconduct/Gross Negligence)

Patient #2

15. Patient #2 was a 19-year-old USC student. In March 2016, Patient #2 called the student health center to make an appointment to see a female gynecologist whom she had seen before. The requested physician was not available, and Patient #2 was instead given an appointment to see Respondent. On April 4, 2016, Patient #2 went to the appointment seeking a standard test for sexually transmitted disease (STD) and to discuss medication.

16. Patient #2 was shown to Respondent's office. Respondent asked her about her race, and she told him that she is Filipina. Respondent told Patient #2 that she was pretty, proceeded to compare her to his wife, and stated that Filipinas are the smartest, most giving and gentle people. He told her that Filipinas are "good in bed," devoted to their partners and that they don't sleep with many people in their life time. Respondent then asked Patient #2 intimate sexual details, such as how many sexual partners she has had, and then stated, "I guess that's because you're mixed."

17. Respondent took Patient #2 to an exam room. There was no one else in the room, and a chaperone was not offered. Respondent told Patient #2 that he would need to perform a pelvic exam, and instructed her to undress from the waist down. He remained in the examination room and watched Patient #2 undress. Respondent then asked Patient #2 to get on the exam table, which was elevated to a seated position, and put her feet in the stirrups. Respondent gave Patient #2 a paper drape to put over her lap and then told her he was going to insert two fingers into her vagina. From her seated position, Patient #2 could see that Respondent was not wearing gloves. Respondent placed his ungloved fingers in Patient #2's vagina and proceeded to move them

around in a circular motion. Respondent did not examine Patient #2 in a medical fashion, and did not use a speculum.

18. Respondent removed his fingers and told Patient #2 he needed "some lube." Respondent then placed the lubricant on his fingers (still ungloved) and on top of Patient #2's vagina. He again inserted his fingers and repeated the circular movements Respondent represented to Patient #2 this was part of the STD test, and that he was doing it to make sure the swab wouldn't hurt when inserted. Respondent again removed his fingers, procured a vial and a swab, and obtained the sample.

19. Respondent then told Patient #2 to get dressed. Respondent remained in the examination room while Patient #2 dressed. After she was dressed, Respondent told Patient #2 that she should return for a pap smear.

20. Respondent's conduct in failing to allow Patient #2 to dress and undress in privacy, failing to maintain professional boundaries, conducting an examination without using gloves, inserting his fingers in the patient's vagina as described, and making sexually provocative comments containing sexual innuendo, and making race based remarks, constitute unprofessional conduct, and/or sexual misconduct, and/or gross negligence and cause for discipline pursuant to sections 2234, and/or 726, and/or 2234(b) of the Code.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct/Sexual Misconduct/Gross Negligence)

Patient #3

21. In February 2016, Patient #3 was 18 years old and a freshman at USC. On February 20, 2016, she had an appointment at the student health center for a routine STD check and birth control. It was her first appointment with a gynecologist.

22. When Patient #3 arrived at her appointment, a nurse led her to an exam room. Respondent entered the room, introduced himself and told Patient #3 to undress from the waist down. Respondent left the room and she disrobed. Patient #3, who was not provided with a gown or drape, sat on the exam table naked from the waist down.

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23. Respondent returned to the examination room and instructed Patient #3 to move her buttocks down to the edge of the table, then put his hands on her calves and tried to position her legs. There was no one else in the room with them, and a chaperone was not offered. Respondent told Patient #3 something to the effect that he had to insert his fingers inside of her vagina to feel a muscle.

24. Respondent then put one hand under Patient #3's buttocks and inserted two fingers from his other hand into her vagina. He inserted his fingers in a massaging, penetrative way, that reminded Patient #3 of a sexual act. It was very uncomfortable. While he had his fingers in her vagina, Respondent looked at the patient and told her that she was tight and elastic. He commented that her hymen was broken, commented on how tall she was, and asked about her ethnicity. Respondent obtained a specimen, but did not use a speculum for the examination.

25. When he was finished, Respondent told Patient #3 to meet him in his office. Once there, Respondent commented on the dark circles under her eyes and asked if she had forgotten to use a condom because she was so tired. Respondent asked her about her sleep patterns and gave her pamphlets for insomnia. He discussed the need for a pap smear and/or a cervical exam, but did not ask her to schedule an appointment for these procedures. Respondent again asked Patient #3 about her ethnicity and her family, then asked her if her parents were disappointed that she did not choose a "STEM" (Science, Technology, Engineering, Mathematics) major. Respondent made remarks along the lines of, "Indian people are like work horses." During this meeting, Respondent also asked Patient #3 questions about when she first had sex and the number of sexual partners she has had. When Patient #3 asked for birth control, Respondent said he could not give her a prescription until she saw him again because he needed more time to talk to her about birth control.

26. In March 2016, Patient #3 was sexually assaulted. She experienced pain and bleeding and made an appointment with Respondent approximately one week after the assault. This appointment was similar to her first appointment. Respondent entered the room, told Patient #3 to undress from the waist down, then left. Respondent returned and in a patronizing manner, asked Patient #3 if she had forgotten "to use a condom again? We talked about this." Patient #3

told Respondent that she was experiencing pain from an aggressive, nonconsensual encounter, but he did not comment on this disclosure, nor did he provide her with a list of resources or referrals of any kind. Patient #3 explained her symptoms to Respondent and told him again that she was in pain.

27. Respondent informed Patient #3 that he wanted to perform an exam and asked her to lie down. Again, Patient #3, who was not provided with a gown or other covering and sat naked from the waist down on the table. Respondent again inserted two fingers in her vagina and moved them around. He placed his hands on her calves, spread her legs open, and looked closely at her vagina. He then said that he could see "lesions" and asked the position that she was in when she had sex. Patient #3 informed him that she was unconscious during the assault and she could not answer his question. Respondent commented that the lesions/injuries appeared to be consistent with someone "who does a lot of 'doggy-style." Respondent eventually took a culture. There was no chaperone present, nor was one offered to Patient #3.

28. After the exam, Respondent told Patient #3 to get dressed and meet him in his office. Respondent recommended the over the counter cream Monistat, explaining that he thought it would help with the pain she was experiencing since the injury was external, not internal. Patient #3 again asked for a birth control prescription; again, Respondent responded that she needed to make another appointment so he would have more time to discuss birth control options with her.

29. Respondent's conduct in as set forth above, in failing to provide the patient with suitable draping, inserting his fingers into the patient's vagina as described, making sexually provocative comments containing sexual innuendo, making race based comments, placing his hand under the patient's buttocks during an examination, touching the patient in a non-clinical manner, and failing to properly respond to or address the patient's report of a sexual assault, constitute unprofessional conduct, and/or sexual misconduct, and/or gross negligence and cause for discipline pursuant to sections 2234, and/or 726, and/or 2234(b) of the Code.

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FOURTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct/Sexual Misconduct/Gross Negligence)

Patient #4

30. In February 2009, USC graduate student Patient #4 made a gynecological appointment with Respondent at the student health center for the primary purpose of obtaining a prescription for birth control.

31. When Patient #4 arrived for her appointment, a medical assistant escorted her to Respondent's office, where there was a desk and an examining table. After engaging in some small talk and directing Patient #4's attention to a provocative photograph of Respondent's wife, Respondent proceeded to ask Patient #4 questions such as what type of sex she had, what positions she used, whether she allowed her partner to ejaculate inside of her, whether she had oral sex, whether she swallowed ejaculate, whether she had anal sex, whether her partner wore a condom, and if not, where did he ejaculate, whether she had sex with men and how many partners she has had. At no point did Respondent ever discuss birth control options or alternatives, which was the reason that Patient #4 made the appointment.

32. After this conversation, Respondent, who was sitting on a swivel chair, drew the curtain dividing the examining table from his office, and told Patient #4 to disrobe. Respondent did not leave the room. Once the patient was undressed and lying on the table, with her feet in the stirrups, a chaperone entered and stood behind Respondent, near the door. Respondent conducted what he described as a pelvic examination. After the exam was completed, the chaperone left the room, and Respondent stood on the other side of the curtain while Patient #4 got dressed. Respondent provided Patient #4 with a prescription for a 3-month supply of birth control pills and told her to return in three months for a follow-up appointment.

33. Patient #4 returned for the follow-up visit as instructed. In February 2011, Patient #4 again met with Respondent at the student health center. It was either at this appointment or the 2009 appointment that Respondent groped Patient #4's breasts after rubbing his hands together and stating, he wanted to warm his hands first. He then put his hands on her breasts. He didn't

systematically feel for lumps or abnormalities, but rather used his full-hands and grabbed both of her breasts at the same time. Respondent described this as a breast exam.

34. In 2012, while overseas, Patient #4 developed a yeast infection that never resolved. When she returned to the U.S., she made an appointment at the student health center, which was now in a new facility which featured exam rooms that were separate from Respondent's office. On August 19, 2013, Patient #4 met with Respondent in his office. He returned to the same line of questioning from 2009, concerning her sexual history, and again proceeded to ask a series of intrusive and personal questions about Patient #4's sexual practices.

35. Respondent escorted Patient #4 to an exam room and told her to get undressed. He left the room. She took off her clothes and put on a paper gown. Respondent and a chaperone returned and he proceeded to conduct the pelvic exam. During the exam, Respondent "wiped" Patient #4's vagina with his finger, showed her the vaginal discharge, and informed Patient #4 that she had a yeast infection. The chaperone then left the room. Respondent asked Patient #4 if her sexual partners had been tested for STDs, if they used condoms, and when Patient #4 last had an HIV test. Patient #4 informed Respondent she had very recently had an HIV test which was negative. Respondent nevertheless recommended that she have another HIV test, commenting that yeast infections were common in women who have AIDS. Although the test was negative, Patient #4 was not notified of the result.

36. On January 29, 2014, Patient #4 returned to see Respondent to obtain birth control. She explained that she had a boyfriend and wanted to resume taking birth control. Respondent asked her a series of intrusive questions, such as, "Did you already sleep with him? How many times? Did he use a condom? Do you usually use condoms? Do you think you'll continue to use condoms? "Respondent gave Patient #4 a prescription for Plan B-One Step (the morning after pill) which she did not ask for or want. He also gave her a prescription for birth control. Respondent asked her to return for a second contraceptive counseling appointment.

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37. On February 10, 2014, Patient #4 returned for yet another contraceptive counseling appointment. This conversation occurred in an exam room. Respondent told her that birth control was not 100% effective and that she should always use condoms for vaginal and anal sex, even though she never said that she had anal sex. Respondent wrote an 'open prescription' for Ella 30 mg (the morning after pill) and the oral contraceptive Desogen. He talked about the importance of taking prenatal vitamins in the event that Patient #4 became pregnant.

38. Respondent's conduct in asking Patient #4 intrusive and clinically unnecessary questions about sexual practices, conducting a non-clinical pelvic examination, diagnosing a yeast infection by "wiping" the vagina and showing the patient the discharge, conducting a non-clinical breast examination, failing to provide the patient with the results of an HIV test, and making sexually provocative comments containing sexual innuendo, as set forth above, constitute unprofessional conduct, and/or sexual misconduct, and/or gross negligence and cause for discipline pursuant to sections 2234, and/or 726, and/or 2234(b) of the Code.

FIFTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct/Sexual Misconduct/Gross Negligence)

Patient #5

39. In 2011, 20-year-old Patient #5 was a junior at USC. In January 2011, she experienced symptoms that she associated with a yeast infection and made an appointment at the USC student health center. When she arrived for her appointment on January 24, 2011, Patient #5 was told that she would be seeing Respondent.

40. Patient #5 met with Respondent in his office. Respondent took a history and told her she needed a pelvic exam. This was Patient #5's first pelvic exam. Respondent rose and drew the curtain between his desk and the examination table. He then told Patient #5 to undress and put on a gown while he waited on the other side of the curtain. Respondent then drew the curtain aside, and Patient #5 got on the exam table. Respondent proceeded to insert his fingers into Patient #5's vagina. He did not use a speculum, and moved his fingers in her vagina in a way that felt sexual. During the examination, Respondent commented on Patient #5's athletic physique and said that

she had nice legs. At some point during this visit or the second visit that Patient #5 had with Respondent, he said that her boyfriend was a "lucky guy."

41. When Respondent was finished, he again drew the curtain and Patient #5 got dressed while he remained on the other side. Respondent then pulled the curtain aside and asked her about her ethnicity. He held up a framed picture of a woman that was on his desk, showed it to her, and said the woman was his wife, whom he described as Filipina. Respondent wrote Patient #5 a prescription for her yeast infection.

42. The next month, Patient #5 made another appointment at the student health center to discuss her painful menstrual cramps. On February 28, 2011, when she arrived, she learned that she was scheduled to see Respondent. She met with Respondent in his office and requested birth control to alleviate her pain. Respondent wanted to do another pelvic exam, but Patient #5 refused. Respondent tried to convince Patient #5 to use NuvaRing, a form of birth control that he would personally insert in her vagina. Patient #5 informed him that she only wanted an oral contraceptive. Respondent wrote a prescription for a 1-month supply of the oral contraceptive Marlissa. However, he also wrote a prescription for NuvaRing in the event that she changed her mind.

43. Respondent's conduct as set forth above, in failing to use a speculum, and making personal, suggestive and provocative remarks, constitute unprofessional conduct, and/or sexual misconduct, and/or gross negligence and cause for discipline pursuant to sections 2234, and/or 726, and/or 2234(b) of the Code.

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 57942, issued to respondent George R. Tyndall, M.D.;

2. Revoking, suspending or denying approval of respondent George R. Tyndall, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering respondent George R. Tyndall, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: September 26, 2018

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

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