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

In the Matter of the Accusation Against:	)	
Robert Charles Lowry, M.D.	)	**Case No. 800-2019-051616**
Physician's and Surgeon's Certificate No. G 87326	)	
Respondent	)	

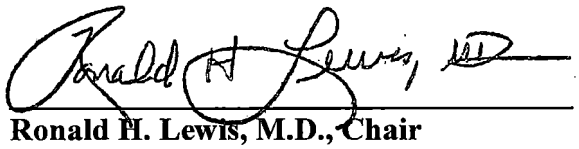
DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on February 6, 2020.

IT IS SO ORDERED January 7, 2020 .

MEDICAL BOARD OF CALIFORNIA



Ronald H. Lewis, M.D., Chair
Panel A

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: **ROBERT CHARLES LOWRY, M.D.** **10021 Johns Rd.** **Boerne TX 78006-8814** **Physician's and Surgeon's Certificate No. G 87326** Respondent.	Case No. 800-2019-051616 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. Christine J. Lally (Complainant) is the Interim Executive Director of the Medical Board of California (Board). This action was brought solely in the official capacity of the Board's Executive Director, who is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Caitlin Ross, Deputy Attorney General.

2. Respondent Robert Charles Lowry, M.D. (Respondent) is represented in this proceeding by attorney Nathan Mubasher, whose address is:

Law Offices of Nathan Mubasher
2621 Green River Rd.
STE 105, PMB 403
Corona, CA 92882

3. On or about September 22, 2004, the Board issued Physician's and Surgeon's Certificate No. G 87326 to Robert Charles Lowry, M.D. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2019-051616, and will expire on January 31, 2020, unless renewed.

JURISDICTION

4. Accusation No. 800-2019-051616 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on May 30, 2019. Respondent filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2019-051616 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2019-051616. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2019-051616, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

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

CONTINGENCY

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

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

14. 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 Disciplinary Order:

DISCIPLINARY ORDER

A. PUBLIC REPRIMAND

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 87326 issued to Respondent ROBERT CHARLES LOWRY, M.D shall be and is hereby publicly reprimanded pursuant to California Business and Professions Code section 2227 subdivision (a)(4). This Public Reprimand, which is issued in connection with Respondent's actions as set forth in Accusation No. 800-2019-051616 is as follows:

In December 2018, the Texas Medical Board issued an Order concluding that Respondent failed to adequately document a physical examination for a patient. The Order also found that Respondent improperly employed or associated with a person in the practice of medicine whose license had been suspended. The Texas Medical Board ordered that Respondent pass a medical jurisprudence examination and complete continuing medical education. Respondent is seeking judicial review in Texas of part of the Texas Medical Board Order.

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

A medical record keeping course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its

designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

Respondent understands and agrees that failure to enroll in and complete the course, as set forth above, shall constitute unprofessional conduct and grounds for further disciplinary action.

ACCEPTANCE

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

DATED: 11/20/2019

ROBERT CHARLES LOWRY, M.D.
Respondent

I have read and fully discussed with Respondent Robert Charles Lowry, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 11/20/2019

NATHAN MUBASHER
Attorney for Respondent

ENDORSEMENT

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

DATED: 11-25-19

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
JANE ZACK SIMON
Supervising Deputy Attorney General

CAITLIN ROSS
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2019-051616

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Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO May 30 2019
BY [illegible] ANALYST

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

In the Matter of the Accusation Against: **Robert Charles Lowry, M.D.** **10021 Johns Rd.** **Boerne, TX 78006-8814** **Physician's and Surgeon's Certificate No. G 87326,** Respondent.	Case No. 800-2019-051616 **ACCUSATION**

Complainant alleges:

PARTIES

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

2. On September 22, 2004, the Board issued Physician's and Surgeon's Certificate Number G 87326 to Robert Charles Lowry, M.D. (Respondent). The certificate is renewed and current with an expiration date of January 31, 2020.

JURISDICTION

3. This Accusation is brought before the Medical Board of California (Board) under the authority of the following sections of the California Business and Professions Code (Code) and other relevant statutory enactments:

4. Section 2227 of the Code provides, in part, that the Board may revoke, suspend for a period not to exceed one year, or place on probation, the license of any licensee who has been found guilty under the Medical Practice Act, and may recover the costs of probation monitoring.

5. Section 2305 of the Code provides, in part, that the revocation, suspension, or other discipline, restriction or limitation imposed by another state upon a license to practice medicine issued by that state, or the revocation, suspension, or restriction of the authority to practice medicine by any agency of the federal government, that would have been grounds for discipline in California under the Medical Practice Act, constitutes grounds for discipline for unprofessional conduct against the licensee in California.

6. Section 141 of the Code provides:

> (a) For any licensee holding a license issued by a board under the jurisdiction of the department, a disciplinary action taken by another state, by any agency of the federal government, or by another country for any act substantially related to the practice regulated by the California license, may be a ground for disciplinary action by the respective state licensing board. A certified copy of the record of the disciplinary action taken against the licensee by another state, an agency of the federal government, or another country shall be conclusive evidence of the events related therein.
>
> (b) Nothing in this section shall preclude a board from applying a specific statutory provision in the licensing act administered by that board that provides for discipline based upon a disciplinary action taken against the licensee by another state, an agency of the federal government, or another country.

CAUSE FOR DISCIPLINE

(Discipline, Restriction, or Limitation Imposed by another State)

7. On December 7, 2018, the Texas Medical Board (Texas Board) entered a Final Order against Respondent. The Final Order found that Respondent (1) aided and abetted the unlicensed practice of medicine by employing a physician, whose license was suspended, to interpret and sign off on EEG reports, (2) violated medical recordkeeping requirements, (3) failed to exercise due diligence in his practice when he failed to sign, or have another Texas-licensed physician

sign, a patient's EEG report, and (4) failed to follow the standard of care and failed to use proper diligence by failing to evaluate a patient's pain management regimen in any way after the patient tested positive for opioids. The Final Order required, among other conditions, Respondent (within one year and three attempts) to pass a medical jurisprudence exam, and within one year complete at least 32 hours of continuing medical education, with eight hours in each of the following areas: medical recordkeeping, billing, medical ethics, and risk management. A copy of the Final Order issued by the Texas Board is attached as Exhibit A.

8. Respondent's conduct and the action of the Texas Board as set forth above constitute unprofessional conduct within the meaning of section 2305 and conduct subject to discipline within the meaning of section 141(a).

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 87326, issued to Robert Charles Lowry, M.D.;

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

3. Ordering Respondent, 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: May 30, 2019

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

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HEARING CONDUCTED BY THE
TEXAS STATE OFFICE OF ADMINISTRATIVE HEARINGS
SOAH DOCKET NO. 503-17-5961.MD
TEXAS MEDICAL LICENSE NO. J-9179

IN THE MATTER OF THE	BEFORE THE
COMPLAINT AGAINST	
ROBERT CHARLES LOWRY, M.D.	TEXAS MEDICAL BOARD

FINAL ORDER

During an open meeting at Austin, Texas, the Texas Medical Board (Board) finds that the above-styled case was assigned to and presided over by Administrative Law Judge (ALJ) Meitra Farhadi of the State Office of Administrative Hearings (SOAH). The hearing on the merits was convened on June 12, 2018. The ALJ issued a Proposal for Decision (PFD) on September 26, 2018 that contained Findings of Fact and Conclusions of Law. The PFD was properly served on all parties, and all parties were given an opportunity to file exceptions and replies as part of the record herein. No exceptions were filed.

The Board, after review and due consideration of the PFD, adopts the Findings of Fact and Conclusions of Law of the ALJs.

FINDINGS OF FACT

Factual Background

1. Robert Charles Lowry, M.D. is a physician and holds Texas Medical License No. J-9179. Dr. Lowry's medical license was issued by a predecessor agency to the Texas Medical Board (Board), the Texas State Board of Medical Examiners, on December 8, 1995.

2. Dr. Lowry practices in the area of physical medicine and rehabilitation. He is not Board-certified. In the last 7 or 8 years, he has focused on concussive syndrome in patients, and uses electroencephalograms (EEGs) as a tool in diagnosing concussions.

Aiding and Abetting the Unlicensed Practice of Medicine

3. Dr. Lowry hired Dr. Dennis Barson, a neurologist, in 2014. Dr. Lowry knew that Dr. Barson was under federal investigation for medical billing fraud at a previous clinic. Dr. Barson was paid for each day he was in the clinic, and no written employment agreement was executed.

4. Dr. Barson's license to practice medicine was suspended by the Board on February 26, 2015.

5. After Dr. Barson's license was suspended by the Board, he no longer saw patients at Dr. Lowry's clinic; but he was still paid by Dr. Lowry to interpret and sign off on EEG reports for at least three patients.

6. Dr. Barson's Virginia medical license was suspended on April 29, 2015. After that date, Dr. Lowry still called Dr. Barson to ask his opinion regarding Dr. Lowry's interpretation of patient EEGs.

7. Dr. Lowry employed and associated in the practice of medicine with Dr. Barson after Dr. Barson's Texas medical license had been suspended.

Standard of Care and Nontherapeutic Prescribing

8. The standard of care for a patient presenting with pain and mental health symptoms requires a physician to explore the patient's complaint and pursue a diagnosis and treatment plan if possible.

9. The standard of care for a patient presenting with depression, mood swings, and possible bipolar behavior, and also testing positive for oxycodone, requires a physician to order some sort of special consult.

10. A patient's medical history is very important for determining whether they are presenting with a neurological condition or a psychiatric condition.

11. There was no evidence regarding what the general accepted standard of care requires a physician to include in a patient's medical history.

12. Patient 4 was referred to Dr. Lowry by their primary care physician to perform an EEG.

13. Patient 4's medical records contain no record of a physical examination.

14. There was no evidence that the general accepted standard of care requires a doctor performing an EEG requested by a patient's PCP to perform a physical exam.

15. EEG reports must be signed by the physician who interpreted the data. The EEG report contained in Patient 4's medical records is unsigned.

16. Patient 5 was referred to Dr. Lowry from their PCP for a complaint of neck, shoulder and right extremity pain. Patient 5 also complained of difficulty sleeping, depressed mood, and mood swings. After learning the patient had been in an accident 4 years prior, Dr. Lowry ordered an 84-hour ambulatory EEG and subsequently diagnosed the patient as having a concussion.

17. Ambulatory EEGs lasting longer than 48 hours are not typical, but are sometimes used.

18. There was no evidence that ordering an 84-hour ambulatory EEG for possible concussion is outside the generally-accepted standard of care.

19. The medical records for Patient 5 suggest that the EEG was ordered to evaluate the patient for epileptic activity due to a history of convulsions and seizures; in fact, Dr. Lowry ordered the EEG for a possible concussion.

20. There was no evidence that failing to document the appropriate rationale for ordering Patient 5's EEG is a violation of the standard of care.

21. Patient 5 tested positive for oxycodone.

22. Dr. Lowry did not evaluate Patient 5's pain management regimen in any way after the patient tested positive for opioids.

23. Patient 5 showed signs of psychological distress, but Dr. Lowry did not refer Patient 5 for a psychiatric consult because he believed the patient's problems were neurological rather than psychiatric.

24. Dr. Lowry referred Patient 5 for neuropsych testing.

Medical Recordkeeping

25. Dr. Lowry's medical records for Patient 4 consist of 3 pages: (1) an unsigned EEG report; (2) a document showing who the referring physician was, the patient's medical history, and a list of medications the patient is taking; and (3) billing for the EEG test.

26. There is no documentation of a physical examination or of prior diagnostic imaging for Patient 4.

27. Patient 4's medical records contain the rationale for the encounter, relevant history, an assessment, a plan for care, and the rationale and results of diagnostic services.

28. For Patient 4, Dr. Lowry failed to adequately document a physical examination.

29. Patient 5's medical records include previous imaging studies, the patient's history, a list of medications, and the EEG and signed report.

30. For Dr. Lowry's medical records for Patient 5, some of the patient encounters are missing a list of medications, and one is missing a plan of care.

31. For Patient 5, Dr. Lowry failed to adequately document a plan of care for one patient encounter, and a medication list for two patient encounters.

Aggravating and Mitigating Factors

32. Dr. Lowry committed one or more violations that involve more than one patient.

33. No evidence showed actual harm to any patient.

Procedural History

34. Staff of the Board (Staff) filed the Complaint in this case on August 31, 2017.

35. Staff filed the Notice of Adjudicative Hearing and Corrections to the Complaint on May 25, 2018.

36. The Notice of Adjudicative Hearing contained a statement of the time, place, and nature of the hearing; a statement of the legal authority and jurisdiction under which the hearing was to be held; a reference to the particular sections of the statutes and rules involved; and a short, plain statement of the factual matters asserted.

37. The hearing on the merits convened on June 12, 2018 before Administrative Law Judge Meitra Farhadi at the hearings facility of the State Office of Administrative Hearings (SOAH) in Austin, Texas. Staff was represented by attorney Michelle McFaddin, and Respondent was represented by attorney Kevin Miller. The record closed on July 30, 2018, after the parties filed their written closing briefs.

CONCLUSIONS OF LAW

1. The Board has jurisdiction over this matter pursuant to the Medical Practice Act, Texas Occupations Code, Title 3, Subtitle B.

2. SOAH has jurisdiction to hold a contested case hearing and to issue findings of fact and conclusions of law pursuant to Texas Government Code, Chapter 2003.

3. Dr. Lowry was adequately and timely apprised of the hearing and the allegations against him. Tex. Occ. Code §164.005(f); Tex. Gov't Code §§2001.051-.052.

4. Staff had the burden of proving the alleged violations by a preponderance of the evidence. 1 Tex. Admin. Code §155.427.

Aiding and Abetting the Unlicensed Practice of Medicine

5. The Act prohibits anyone from practicing medicine in Texas unless they are licensed by the Board. Tex. Occ. Code §155.001.

6. "Practicing medicine" means the diagnosis, treatment, or offer to treat a mental or physical disease or disorder or a physical deformity or injury to any system or method, or

the attempt to effect cures of those conditions, by a person who: (A) publicly professes to be a physician or surgeon; or (B) directly or indirectly charges money or other compensation for those services. Tex. Occ. Code §151.002(13).

7. The Act also prohibits physicians from directly or indirectly employing a person whose license to practice medicine has been suspended, canceled, or revoked; or associating in the practice of medicine with a person: (A) whose license to practice medicine has been suspended, canceled, or revoked; or (B) who has been convicted of the unlawful practice of medicine in this state or elsewhere. Tex. Occ. Code §164.052(a)(14)-(15).

8. Dr. Lowry is subject to discipline under §164.051(a)(1) of the Act, which authorizes the Board to take disciplinary action against a physician who commits an act prohibited under §164.052.

Medical Recordkeeping

9. A physician is required to maintain an adequate medical record for each patient that is complete, contemporaneous, and legible. 22 Tex. Admin. Code §165.1.

10. An adequate medical record should include documentation of, inter alia, each patient encounter including the reason for the encounter and relevant history, physical examination findings, and prior diagnostic test results; as assessment, clinical impression, or diagnosis, and a plan for care; and the rationale for and results of diagnostic and other ancillary services. 22 Tex. Admin. Code §165.(a)(1), (3).

11. Respondent violated medical recordkeeping requirements generally applicable to physicians by:

    - Failing to adequately document a physical examination for Patient 4;
    - Failing to adequately document a plan of care for one encounter with Patient 5;
    - Failing to adequately document a medication list for two patient encounters with Patient 5.

    22 Tex. Admin Code §165.1(a).

12. Because he violated the Board's rules on medical recordkeeping, Respondent is subject to discipline by the Board. Tex. Occ. Code §164.051(a)(3).

Standard of Care and Nontherapeutic Prescribing

13. Dr. Lowry failed to exercise due diligence in his practice when he failed to sign, or have another Texas-licensed physician sign, Patient 4's EEG report.

14. Dr. Lowry failed to follow the standard of care and failed to use proper diligence in his medical practice by failing to evaluate Patient 5's pain management regimen in any way after the patient tested positive for opioids.

15. Dr. Lowry is subject to discipline under §164.051(a)(6) of the Act, which authorizes the Board to take disciplinary action against a physician who fails to practice medicine in an acceptable professional manner consistent with public health and welfare. "[F]ailure to practice in an acceptable professional manner" includes: failing to treat a patient according to the generally accepted standard of care; and failing to use proper diligence on one's professional practice. 22 Tex. Admin. Code §190.8(1)(A), (C).

16. The Board may take disciplinary action against a physician who prescribes or administers a drug or treatment that is nontherapeutic. Tex. Occ. Code §164.053(a)(5).

17. Staff did not prove that Dr. Lowry engaged in nontherapeutic prescribing.

Sanction

18. The Board, except for good cause shown, is required to take disciplinary action against a licensed physician determined to have violated a Board rule or the Act. Tex. Occ. Code §164.001.

19. Aggravating and mitigating factors may be considered by the Board in disciplinary actions. Staff had the burden to present evidence regarding aggravating factors, while Dr. Lowry had the burden to present evidence regarding mitigating factors. 22 Tex. Admin. Code §190.15.

ORDER

The Board hereby adopts the Findings of Fact and Conclusions of Law as proposed by the ALJ.

1. Within one year following the date of the entry of this Order, Respondent shall take and pass with a score of 75 or above the Medical Jurisprudence Examination (JP Exam) given by the Texas Medical Board. Respondent is allowed three attempts to successfully pass this examination.

2. Within one year from the date of the entry of this Order, Respondent shall enroll in and successfully complete at least 32 hours of continuing medical education (CME) approved for Category I credits by the American Medical Association or the American Osteopathic Association, divided as follows: eight hours of CME on the topic of medical recordkeeping; eight hours of CME on the topic of billing; eight hours of CME on the topic of medical ethics; and eight hours of CME on the topic of risk management, each approved in writing in advance by the Executive Director or a designee. To obtain approval for the course, Respondent shall submit in writing to the Compliance

Department information on the course, to include at least a reasonably detailed description of the course content and faculty, as well as the course location and dates of instruction. Respondent shall submit documentation of attendance and successful completion of this requirement to the Compliance Department on or before the expiration of the time limit set forth for completion of the course. The CME requirements set forth in this paragraph shall be in addition to all other CME required for licensure maintenance.

3. At all times while Respondent is under the terms of this Order, Respondent shall give a copy of this Order to all hospitals, nursing homes, treatment facilities, and other health care entities in Texas where Respondent has privileges, has pending an application for privileges, applies for privileges, or otherwise practices. Within 30 days of being first contacted by the Compliance Division of the Board following entry of this Order, Respondent shall provide to the Compliance Division of the Board, documentation, including proof of delivery showing that the Order was delivered to all such facilities.

4. Pursuant to Board Rule 189.15, the time period of this Order shall be extended for any period of time that: (a) Respondent subsequently practices exclusively outside the State of Texas; (b) this Order is stayed or enjoined by Court Order; or (c) for any period of time longer than 60 consecutive days that Respondent does not actively practice medicine and such cessation in practice is NOT due to a suspension of Respondent's license. Respondent shall immediately notify the Board in writing in the event that Respondent leaves Texas to practice elsewhere or ceases active practice for more than 60 consecutive days. Upon Respondent's return to active practice or return to Texas, Respondent shall notify the Board in writing. Upon return to Texas or active practice, Respondent shall be required to comply with the terms of this Order for the period of time remaining on the Order. Respondent shall pay all fees for reinstatement or renewal of a license covering the period of extension or tolling. Tolling shall be in accordance with Board Rule 189.15.

5. Respondent shall comply with all the provisions of the Act and other statutes regulating the Respondent's practice.

6. Respondent shall fully cooperate with the Board and the Board staff, including Board attorneys, investigators, compliance officers, consultants, and other employees or agents of the Board in any way involved in investigation, review, or monitoring associated with

Respondent's compliance with this Order. Failure to fully cooperate shall constitute a violation of this order and a basis for disciplinary action against Respondent pursuant to the Act.

7. Respondent shall inform the Board in writing of any change of Respondent's office or mailing address within 10 days of the address change. This information shall be submitted to the Registration Department and the Compliance Department of the Board. Failure to provide such information in a timely manner shall constitute a basis for disciplinary action by the Board against Respondent pursuant to the Act. Respondent agrees that 10 days' notice of a Probationer Show Compliance Proceeding to address any allegation of non-compliance of this Agreed Order is adequate and reasonable notice prior to the initiation of formal disciplinary action. Respondent waives the 45-day notice requirement provided by §164.003(b)(2) of the Medical Practice Act and agrees to 10 days' notice, as provided in 22 Texas Administrative Code §187.44(4).

8. Any violation of the terms, conditions, or requirements of this Order by Respondent shall constitute unprofessional conduct likely to deceive or defraud the public, or to injure the public, and shall constitute a basis for disciplinary action by the Board against Respondent pursuant to the Act.

9. Respondent shall be permitted to supervise and delegate prescriptive authority to physician assistants and advanced practice nurses and to supervise surgical assistants.

10. The above referenced conditions shall continue in full force and effect without opportunity for amendment, except for clear error in drafting, for one year following the date of the entry of this Order. If, after the passage of the one-year period, Respondent wishes to seek amendment or termination of these conditions, Respondent may petition the Board in writing. The Board may inquire into the request and may, in its sole discretion, grant or deny the petition without further appeal or review. Petitions for modifying or terminating may be filed only once a year thereafter.

SIGNED AND ENTERED by the presiding officer of the Texas Medical Board on this 7th day of December, 2018.

Sherif Z. Zaafran, M.D., President
Texas Medical Board

STATE OF TEXAS
COUNTY OF TRAVIS

I, Christel Locke certify that I am an official assistant custodian of records for the Texas Medical Board and that this is a true and correct Copy of the original, as it appears on the file in this office.

Witness my official hand and seal of the BOARD.

This 17th Day of January, 20 19

Assistant Custodian of Records