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

In the Matter of the First Amended Accusation Against: Elmer Reymond Symonett, M.D. Physician's and Surgeon's Certificate No. A50238 Respondent	Case No. 800-2015-014355

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 May 20, 2021.

IT IS SO ORDERED: April 20, 2021.

MEDICAL BOARD OF CALIFORNIA

Richard E. Thorp, M.D., Chair
Panel B

XAVIER BECERRA
Attorney General of California
ROBERT MCKIM BELL
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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the First Amended Accusation Against: **ELMER REYMOND SYMONETT, M.D.** **1035 S. Mount Vernon Avenue, Suite F** **Colton, CA 92324** **Physician's and Surgeon's Certificate Number A 50238** Respondent.	Case No. 800-2015-014355 OAH No. 2020080282 **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. William Prasifka (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Colleen M. McGurrin, Deputy Attorney General.

2. Respondent Elmer Reymond Symonett, M.D. (Respondent) is represented in this proceeding by attorney Raymond J. McMahon, whose address is DOYLE SCHAFER McMAHON, 5440 Trabuco Road, Irvine, CA 92620.

3. On or about December 3, 1991, the Board issued Physician's and Surgeon's Certificate Number A 50238 to Elmer Reymond Symonett, M.D. (Respondent). Said Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 800-2015-014355, and will expire on April 30, 2021, unless renewed.

JURISDICTION

4. First Amended Accusation No. 800-2015-014355 was filed before the Board, and is currently pending against Respondent. The First Amended Accusation and all other statutorily required documents were properly served on Respondent on June 23, 2020. Respondent timely filed his Notice of Defense contesting the First Amended Accusation.

5. A copy of First Amended Accusation No. 800-2015-014355 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 First Amended Accusation No. 800-2015-014355. Respondent has also carefully read, fully discussed with his 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 First Amended 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 freely, voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

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CULPABILITY

9. Respondent understands and agrees that the charges and allegations in First Amended Accusation No. 800-2015-014355, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case and factual basis for the charges in the First Amended Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent does not contest that, at an administrative hearing ,Complainant could establish a prima facie case with respect to the charges and allegations in First Amended Accusation No. 800-2015-014355, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate Number A 50238 to disciplinary action.

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

CONTINGENCY

13. 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.

14. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the

Board, all of the charges and allegations contained in First Amended Accusation No. 800-2015-014355 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

15. 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.

16. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or opportunity to be heard by the Respondent, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate Number A 50238 issued to Respondent ELMER REYMOND SYMONETT, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions:

1. AMERICAN MEDICAL ASSOCIATION (AMA) 20-HOUR EDUCATIONAL COURSES IN "DIABETES CARE: RESEARCH, TREATMENT AND SUPPORT CONTINUING MEDICAL EDUCATION (CME)". Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in the "Diabetes Care: Research, Treatment and Support CME" 20-hour courses offered by the AMA EdHub 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 courses no later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the courses within one (1) year of enrollment. The courses shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure or any other condition 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.

2. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s), which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge in the areas of the treatment and assessment of diabetic patients, informed consent, chronic obstructive pulmonary disease (COPD), reflex sympathetic dystrophy (RSD), polyarthritis, and any other areas determined by the Board or its designee and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

3. 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.

4. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1. Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six (6) months after Respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom component. The professionalism program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A professionalism program 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 program would have been approved by the Board or its designee had the program 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 program or not later than 15 calendar days after the effective date of the Decision, whichever is later.

5. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a practice monitor, the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or personal relationship with Respondent, or other relationship that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Board, including

but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

The Board or its designee shall provide the approved monitor with copies of the Decision(s) and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement for approval by the Board or its designee.

Within 60 calendar days of the effective date of this Decision, and continuing throughout probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall make all records available for immediate inspection and copying on the premises by the monitor at all times during business hours and shall retain the records for the entire term of probation.

If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective date of this Decision, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

The monitor(s) shall submit a quarterly written report to the Board or its designee which includes an evaluation of Respondent's performance, indicating whether Respondent's practices are within the standards of practice of medicine, and whether Respondent is practicing medicine safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the quarterly written reports to the Board or its designee within 10 calendar days after the end of the preceding quarter.

If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60

calendar days of the resignation or unavailability of the monitor, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a replacement monitor is approved and assumes monitoring responsibility.

In lieu of a monitor, Respondent may participate in a professional enhancement program approved in advance by the Board or its designee that includes, at minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at Respondent's expense during the term of probation.

6. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to Respondent, at any other facility where Respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15 calendar days.

This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

7. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES. During probation, Respondent is prohibited from supervising physician assistants and advanced practice nurses.

8. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

9. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation.

Respondent shall submit quarterly declarations not later than 10 calendar days after the end

of the preceding quarter.

10. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

Respondent shall, at all times, keep the Board informed of Respondent's business and residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021, subdivision (b).

Place of Practice

Respondent shall not engage in the practice of medicine in Respondent's or patient's place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

License Renewal

Respondent shall maintain a current and renewed California physician's and surgeon's license.

Travel or Residence Outside California

Respondent shall immediately inform the Board or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) calendar days.

In the event Respondent should leave the State of California to reside or to practice ,Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return.

11. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be available in person upon request for interviews either at Respondent's place of business or at the probation unit office, with or without prior notice throughout the term of probation.

12. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or

its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If Respondent resides in California and is considered to be in non-practice, Respondent shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve Respondent from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

In the event Respondent's period of non-practice while on probation exceeds 18 calendar months, Respondent shall successfully complete the Federation of State Medical Boards's Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

Respondent's period of non-practice while on probation shall not exceed two (2) years.

Periods of non-practice will not apply to the reduction of the probationary term.

Periods of non-practice for a Respondent residing outside of California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing..

13. COMPLETION OF PROBATION. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Respondent's certificate shall

be fully restored.

14. VIOLATION OF PROBATION. Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

15. LICENSE SURRENDER. Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his or her license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

16. PROBATION MONITORING COSTS. Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

17. FUTURE ADMISSIONS CLAUSE. 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 action agency in the State of California, all of the charges and allegations contained in First Amended Accusation No. 800-2015-014355 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 license.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Raymond J. McMahon. 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 freely, voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 2-4-21

ELMER REYMOND SYMONETT, M.D.
Respondent

I have read and fully discussed with Respondent Elmer Reymond Symonett, 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: February 4, 2021

RAYMOND J. MCMAHON
Attorney for Respondent

ENDORSEMENT

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

DATED: February 5, 2021

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General

Colleen M. McGurrin

COLLEEN M. MCGURRIN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2015-014355

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

In the Matter of the First Amended Accusation Against: ELMER REYMOND SYMONETT, M.D. 1035 South Mount Vernon Avenue, Suite F Colton, California 92324 Physician's and Surgeon's Certificate A 50238, Respondent.	Case No. 800-2015-014355 **FIRST AMENDED ACCUSATION**

Complainant alleges:

PARTIES

1. William Prasifka (Complainant) brings this First Amended Accusation solely in his official capacity as the Executive Director of the Medical Board of California (Board).

2. On December 3, 1991, the Board issued Physician's and Surgeon's Certificate Number A 50238 to Elmer Reymond Symonett, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought herein and will expire on April 30, 2021, unless renewed.

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JURISDICTION

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

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

5. 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, . . . any provision of this chapter.

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

"(d) . . . (e)."

"(f) Any action or conduct which would have warranted the denial of a certificate.

"(g) . . . (h)"

6. 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 their patients constitutes unprofessional conduct."

PRELIMINARY FACTS

7. Respondent is a general family medicine physician treating adults and children for a wide variety of medical conditions. He also has a weight management program.

8. On or about December 10, 2007, Respondent became the primary care physician (PCP) for Patient 1[1], a then fifty-five-year-old female, after she suffered a heart attack requiring a coronary bypass[2] and the insertion of aortic stents.[3] She also suffered from coronary artery disease,[4] high blood pressure, osteoarthritis, and lumbar discopathy.

9. In February 2009, Respondent diagnosed the patient with borderline diabetes mellitus.[5] On December 22, 2010, a comprehensive fasting laboratory panel was performed

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[1] For privacy reasons, the patients in the First Amended Accusation are identified by numbers. The patients' full names will be disclosed to Respondent upon a timely request for discovery pursuant to Government Code section 11507.6.

[2] A coronary bypass surgery redirects blood around a section of a blocked or partially blocked artery in the heart to improve blood flow to the heart muscle. The procedure involves taking a healthy blood vessel from the leg, arm or chest and connecting it beyond the blocked arteries in the heart.

[3] An aortic stent, also called an aortic stent graft, is a metal skeleton inside a fabric graft. A graft works by exerting pressure against the portions of the artery above and below the aneurysm to cut off circulation to the aneurysm.

[4] Coronary artery disease (CAR) is a narrowing or blockage of the arteries and vessels that provide oxygen and nutrients to the heart. It is caused by atherosclerosis, an accumulation of fatty materials on the inner linings of arteries. The resulting blockage restricts blood flow to the heart. When the blood flow is completely cut off, the result is a heart attack.

[5] Diabetes mellitus is an endocrine disease in which the body's ability to produce or respond to the hormone insulin is impaired, resulting in abnormal metabolism of carbohydrates and elevated levels of glucose in the blood and urine. There are two main types of diabetes: type 1 and type 2: Type 1 diabetes, also called juvenile onset diabetes, occurs because the insulin-producing cells of the pancreas (beta cells) are damaged. In type 1 diabetes, the pancreas makes little or no insulin, so sugar cannot get into the body's cells for use as energy. In type 2 diabetes, also known as adult onset diabetes, the pancreas makes insulin, but it either doesn't produce enough, or the insulin.

reflecting the patient's blood sugar (glucose) level was 292[6] and the hemoglobin (A1C)[7] was 14.5. On January 11, 2011, Patient 1 presented for her lab results. At that time, her non-fasting blood sugar level was 367, and Respondent diagnosed her with diabetes; however, he failed to document what type. He prescribed glucophage,[8] a glucose meter with lancets, and test strips and advised the patient to check her blood sugars once daily.

10. Patient 1 continued to treat with Respondent at his office for her primary care needs in 2011, and on September 27, 2012, his treatment plan included a prescription for 5 mg/500 mg of Vicodin[9] four times a day.

11. She continued to treat with Respondent into 2013, and thereafter.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence – Patient 1)

12. Respondent Elmer Reymond Symonett, M.D. is subject to disciplinary action under Code section 2234, subdivision (b), in that he committed gross negligence in his care and

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[6] Normal blood sugar levels range between 65 to 100.

[7] A hemoglobin test, also known as glycated hemoglobin, glycosylated hemoglobin, hemoglobin A1C, A1C and HbA1c, is a common blood test used to diagnose type 1 and type 2 diabetes and to monitor how well one is managing their diabetes. The A1C test result reflects the average blood sugar levels for the past two to three months. Specifically, the A1C test measures what percentage of your hemoglobin — a protein in red blood cells that carries oxygen — is coated with sugar (glycated). The higher the A1C level, the poorer the blood sugar control and the higher the risk of diabetes complications. A non-diabetic person's A1C should be between 4.8 to 6.0. This test should be performed every three months to properly monitor a patient's progress.

[8] Glucophage is the generic name for the brand name drug Metformin, which is a medication used to treat Type 2 diabetes. It is used with a proper diet and exercise program and possibly with other medications to control high blood sugar. Controlling high blood sugar helps prevent kidney damage, blindness, nerve problems, loss of limbs, sexual function problems, and may also lessen one's risk of a heart attack or stroke. This medication works by helping to restore the body's proper response to the insulin one naturally produces and it also decreases the amount of sugar that the liver makes and that the stomach/intestines absorb.

[9] Vicodin is a brand name of the Schedule II controlled substance, a narcotic drug containing a combination of acetaminophen and hydrocodone (an opiate), which is used to relieve moderate to moderately severe pain. Acetaminophen is a less potent pain reliever that increases the effects of hydrocodone. Other brand names of this medication are Norco, Hycet, Lorcet, Lortab 10/325, Lortab 5/325, Lortab 7.5/325, Lortab Elixir, Verdrocet, and Xodol.

treatment of Patient 1. The facts and circumstances are as follows:

13. On or about August 6, 2013, the patient saw Respondent who noted, in the history section of his medical documentation, that he personally spoke with the patient and informed her that his clinic will no longer prescribe any controlled substances and that she would be referred to a pain management clinic to determine if she needs the pain medications or not; however, he failed to provide the patient with a referral to a pain management specialist or pain management clinic. In addition, he failed to assess the patient's pain, if she had a history of substance abuse, her prior pain treatments, and an assessment of other underlying or co-existing conditions. Respondent noted the patient's family history included that her mother, who also had diabetes, died of a heart attack at 62 years old. He noted the patient's medical history included diabetes, coronary artery disease, heart failure, congestive heart failure[10] and percutaneous coronary intervention (PCI).[11]

14. On August 7, 2013, the patient had lab work performed which recorded her A1C.

15. On or about November 4, 2013, the patient saw Respondent for a follow-up visit and to refill her medications. Respondent repeated that he personally informed the patient his clinic would no longer prescribe controlled substances and she would be referred out to determine if she needed the pain medications; however, he again failed to provide the patient with a referral to either a specialist or clinic. He further documented the patient had uncontrolled Type 1 diabetes; however, he was treating her with glucophage, which is used to treat Type 2 diabetics.

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[10] Congestive heart failure (CHF) occurs as a result of impaired pumping capability of the heart that is not keeping up with the metabolic needs of body tissues and organs; it is associated with abnormal retention of water and sodium. It ranges from mild congestion with few symptoms to life-threatening fluid overload and heart failure. Congestive heart failure results in an inadequate supply of blood and oxygen to the body's cells. The decreased cardiac output causes an increase in the blood volume within the vascular system. Congestion within the blood vessels interferes with the movement of body fluids in and out of the various fluid compartments, so that fluid accumulates in the tissue spaces, causing edema.

[11] Percutaneous coronary intervention (PCI), formally known as an angioplasty with stent placement, is a non-surgical procedure for the correction of narrowing or blockage of a branch of a coronary artery by means of a balloon catheter passed through the skin and into an artery, along which it is threaded to the site of the procedure. During the procedure a catheter (a thin flexible tube) is used to place a small structure called a stent to open up blood vessels in the heart that have been narrowed by plaque buildup, a condition known as atherosclerosis.

16. Patient 1 continued treating with Respondent, and on December 15, 2014, had labs that recorded her A1C; however, this is the first A1C testing in over a year since August 2013.

17. On or about January 8, 2015, Respondent saw the patient and again noted the personal conversation regarding controlled substance and the referral; however, he failed to provide her with a referral, renewed her Norco prescription and dispensed 60 tablets. He further dispensed 90 tablets of 800 mg Motrin[12] to be taken three times a day. On this visit, Respondent failed to perform a full neurological and physical examinations of the patient, and assess the patient's pain. He further failed to document any informed consent discussion with the patient regarding the risks and benefits of taking controlled substances, opiate dependency, or the medical indications for the continued prescriptions of opiates.

18. Respondent saw the patient again on or about March 26, and April 27, 2015, and repeated the same personal conversation with the patient regarding controlled substances and referral; however, he failed to provide the referral and renewed and dispensed 60 tablets of Norco. On this visit, Respondent failed to perform a physical examination of the patient's back, assess the patient's pain, and failed to document the medical indications for the continued prescriptions of opiates for pain control. He further failed to document any informed consent discussion regarding the risks and benefits of controlled substances and opiate dependency.[13] On the April visit, he failed to take and record the patient's blood sugar level.

19. On or about September 30, 2015, Respondent saw the patient for a follow-up visit. The chief complaint erroneously states the patient is 73 years-old and has uncontrolled Type 1 diabetes, with an onset of November 14, 2000; however, the patient was 63 years old and there are no laboratory results confirming she had Type 1 diabetes, and no evidence that Respondent ever placed the patient on insulin, which is necessary to treat Type 1 diabetes. Further, according

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[12] Motrin is the brand name for the generic drug ibuprofen, which is used in the treatment of back pain; chronic myofascial pain; aseptic necrosis; costochondritis (inflammation and associated tenderness of the cartilage [i.e., the costochondral joints]) that attaches the front of the ribs to the breastbone; headache and belongs to the drug class nonsteroidal anti-inflammatory drugs.

[13] Respondent never documented any informed consent discussions with the patient regarding the risks and benefits of use of controlled substances and opiate dependency throughout his care and treatment of the patient.

to the chart, Respondent diagnosed the patient with diabetes in January 2011, not November 2000. In addition, he failed to document the patient's blood sugar levels on this visit and renewed the patient's Norco and dispensed 60 tablets; however, he failed to assess the patient's pain and to document the medical indications for the continued prescriptions of opiates for pain control.

20. On or about October 13, 2015, and January 7, 2016, the patient was again seen by Respondent who documented the patient had uncontrolled Type 1 diabetes; however, there are no confirming lab results that the patient had Type 1 diabetes, and there is no evidence that Respondent ever placed the patient on insulin, which is necessary to treat Type 1 diabetes. In addition, Respondent failed to document the patient's blood sugar levels. On the January visit he discontinued the patient's Norco; however, he failed to document why. He further failed to assess the patient's pain, if she had a history of substance abuse, her prior pain treatments, and an assessment of other underlying or co-existing conditions.

21. On or about March 7, 2016, the patient had lab work performed which recorded her A1C; however, this is the first A1C test Respondent had performed in over a year since December 2014.

22. On or about March 23, 2016, Respondent saw the patient and the chart still erroneously states the patient had uncontrolled Type 1 diabetes; however, there are no lab results confirming the patient had Type 1 diabetes, and there is no evidence that Respondent ever placed the patient on insulin. On this visit the patient's non-fasting blood sugar level was 226;[14] however, he failed to address the patient's high blood sugar.

23. On or about April 11, 2016, Respondent saw the patient again and noted she has Type 2 diabetes, but the patient's problem list erroneously documents "Type 1 diabetes mellitus, uncontrolled – Date of onset 11/14/2000" and suffers from "Hyperlipidemia due to Type 1 diabetes mellitus." The chart entries are internally inconsistent and there is no explanation noted. The patient's blood sugar level was not taken or recorded. Respondent renewed the prescription for Norco and dispensed 60 tablets; however, he failed to document why he renewed this

[14] Normal fasting blood sugar levels are between 65 and 100.

prescription when he discontinued it several months earlier. He further failed to assess the patient's pain and document the medical indication for the prescription of an opiate.

24. On or about July 26, 2016, the patient was next seen by Respondent for a follow-up visit noting she has Type 2 diabetes, but the problem list again erroneously states she has Type 1 diabetes mellitus, uncontrolled. The chart entries are internally inconsistent and there is no explanation why. On this visit, the patient's non-fasting blood sugar level was 218; however, he failed to address her high blood sugar levels.

25. The patient was next seen by Respondent on or about November 11, 2016, where the chart erroneously states the patient was diagnosed with Type 1 diabetes. No blood sugar level was taken or recorded on this visit. Respondent failed to perform a physical examination of the patient's back, to assess the patient's pain level and document the medical indication for continued opiates for pain control; however, he renewed her prescription for Norco and dispensed 60 tablets.

26. On or about February 10, 2017, Respondent saw the patient and a review of her endocrinology system revealed she was fatigued; however, there was no blood sugar levels taken or recorded on this visit.

27. On or about March 3, 9, April 11, and May 11, 2017, Respondent saw the patient again; however, no blood sugar levels were taken on these visits, although he continued to record the lab results from February 13, 2017.

28. On or about June 13, 2017, Respondent saw the patient again; however, no blood sugar levels were taken on this visit, but he continued to record the lab results from four months earlier. On this visit, a review of the patient's endocrinology system revealed she was still fatigued; however, he failed to address why.

29. On or about June 28, 2017, at approximately 6:13 p.m., the patient presented to Arrowhead Regional Medical Center Emergency Department (ARMC) for chest tightness and pain rated as 6 out of 10 for several days that comes in episodes of 5-10 minutes during rest. She

reported waking up feeling nauseous and her arms felt strange. An electrocardiogram (ECG)[15] was performed and was found to have ST elevation.[16] After the ECG was performed, the patient went into cardiac arrest and defibrillation and cardiopulmonary resuscitation (CPR)[17] were performed. She was subsequently transferred to the Emergency Department of Loma Linda University (LLU) for higher level of care.

30. On or about June 28, 2017, at approximately 7:48 p.m., the patient was transferred to LLU and reported chest tightness which had remained unchanged since she presented to ARMC. She was diagnosed with ST elevation myocardial infarction (STEMI)[18] and was taken to the heart catheterization lab for a coronary angioplasty that was treated with PCI and stent placement. She was discharged on July 1, 2017.

31. On July 19, 2017, the patient was seen by Respondent after her hospitalization for a heart attack a few weeks earlier. The patient had labs performed; however, Respondent failed to order an A1C test to determine her average blood sugar levels for the last few months and to take and record her blood sugar level.

32. On or about August 10, 2017, the patient presented to Respondent again who failed to take and record the patient's blood sugar level and failed to order an A1C to determine the patient's average blood sugar levels for the last three months. Respondent renewed her

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[15] An electrocardiogram, abbreviated by ECG or EKG, is a recording of the electrical changes occurring as the heart beats that can be used in the diagnosis of heart malfunction. Each cardiac cycle produces three distinct ECG waves, designated as P, QRS, and T. These waves represent changes in electrical potential between two regions on the surface of the heart. The spread of atrial depolarization creates the P wave; spread of ventricular depolarization is represented by the QRS wave; repolarization of the ventricles produces the T wave. To obtain an ECG, electrodes are attached to various parts of the body surface, usually both arms, the left leg and the chest and connected in a specific order to a machine that, when turned on, measures electrical activity all over the heart.

[16] ST-elevation refers to the ST segment, which is part of an ECG/EKG.

[17] Cardiopulmonary resuscitation, abbreviated CPR, is the manual application of chest compressions and ventilations to patients in cardiac arrest, done in an effort to maintain viability until advanced help arrives. This procedure is an essential component of basic life support (BLS), basic cardiac life support (BCLS), and advanced cardiac life support (ACLS).

[18] ST-elevation myocardial infarction, abbreviated as STEMI, is a type of a myocardial infarction (heart attack) used to describe a classic heart attack. It is one type of myocardial infarction in which a part of the heart muscle (myocardium) has died due to the obstruction of blood supply to the area.

prescription for Norco and dispensed 60 tablets.

33. On or about September 14, and October 13, 2017, Respondent saw the patient; however, he failed to take or record her blood sugar levels and to order an A1C to determine the patient's average blood sugar levels for the last three months. He also renewed her prescription for Norco and dispensed 60 tablets; however, he failed to perform and document a physical examination of the patient's back, conduct a full neurological exam, assess the patient's pain, and document the medical indications for the continued prescription of opiates.

34. On or about October 19, 2017, the patient saw Respondent again; however, he failed to take or record her blood sugar level and to order an A1C.

35. On or about November 14, December 14, 2017, February 14, and March 14, 2018, Respondent saw the patient again; however, he failed to take or record her blood sugar levels on these visits and failed to order an A1C. He also renewed her prescription for Norco and dispensed 60 tablets; however, he failed to document a physical examination of the patient's back, assess the patient's pain, perform full neurological exam, and document the medical indications for the continued prescription of opiates for pain control. In addition, the March encounter type note indicates it was "Rx Refill (Phone)" encounter; however, the patient's vital signs and weight are recorded.

36. On or about April 12, 2018, the patient presented to Respondent complaining of a sprained ankle she sustained two months earlier that swells up on and off when she puts pressure on it. On this visit, Respondent failed to take or record her blood sugar level and order an A1C.

37. On or about May 11, 2018, the patient presented to Respondent to refill her medications. Respondent noted, in the history section, that he personally spoke with the patient and informed her "there are no more refills"; however, he failed to refer her to a pain management specialist or clinic to determine if the patient should obtain refills of her medications. He further failed to take or record her blood sugar level on this visit and order an A1C.

38. On or about May 18, 2018, the patient presented to Respondent who again noted his personal conversation with the patient regarding controlled substances. On this visit, the patient's

non-fasting blood sugar level was 393; however, Respondent failed to properly evaluate and treat the patient's elevated blood sugars by giving her a shot of insulin, referring her to the emergency room for treatment, or having her return to his office in a day or two to reassess her glucose levels and follow-up to determine the cause. This was the patient's last visit.

39. Respondent told the Board during an interview, that every diabetic patient is supposed to have their blood sugar levels checked on every visit, and insulin is available in his office to give to his patients; however, he failed to give the patient a shot of insulin to lower her elevated blood sugars and take and record her blood sugar levels on each visit.

40. Respondent further told the Board that the other health care practitioners' in his office, who sometime see his patients, all sign into the electronic medical records system using his password and sign off under his name and/or signature. As a result, he is unable to determine from the chart which visits he actually saw and treated the patient.

41. Respondent committed acts and omissions constituting gross negligence in his care and treatment of Patient 1 when he:

A. Failed to properly evaluate and treat the patient's high blood sugar levels by failing to give her a shot of insulin at his office, referring her to the emergency room for treatment, or having her return to his office in a day or two to reassess her glucose levels and determine the cause of her elevated glucose;

B. Failed to properly treat the patient's diabetes;

C. Failed to properly medically evaluate and follow-up with a patient with chronic pain who was taking controlled substances when he failed to include an assessment of the patient's pain, physical and psychological status and functioning, substance abuse history, history of prior pain treatments and assessment of other underling or co-existing conditions, and documentation of the medical indications for the use of opiates for pain control; and

D. Allowed other providers, who may have treated the patient, to use his password to log into the electronic medical records system and use his name and/or signature when logging out making it impossible to determine which provider saw the patient.

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SECOND CAUSE FOR DISCIPLINE

(Gross Negligence – Failure to Maintain Adequate and Accurate Records – Patients 2, 3 & 4)

42. Respondent Elmer Reymond Symonett, M.D. is subject to disciplinary action under Code section 2234, subdivision (b), in that he committed gross negligence when failed to maintain adequate and accurate medical records for Patients 2, 3, and 4. The circumstances are as follows:

Patient 2:

43. Respondent saw Patient 2 four times between October 2014 and December 2014, and current medications, assessments and plans are unclear. Clinic notes lack a clear explanation of why certain medications are used and there is an incomplete work up of diagnoses. The patient was prescribed clonazepam,[19] Norco,[20] and Soma.[21]

44. Respondent failed to document any examinations in November and December.

45. The final visit was February 2, 2015. The notes indicate the patient would be given a one-month supply of controlled substances and dismissed because it was alleged that the patient was known to be "usually buying and selling pain medications;" however, Respondent never

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[19] Clonazepam is the generic name for the brand name drug Klonopin, a Schedule IV controlled substance, which is a benzodiazepine that affects chemicals in the brain that may be unbalanced to treat seizures, certain types of anxiety disorders, and is used to treat panic disorder (including agoraphobia - an irrational and often disabling fear of being out in public) in adults. There is a warning associated with the use of benzodiazepines with opioid drugs that have led to slowed or trouble breathing and death, and advises to get medical help right away if one feels very sleepy or dizzy, has slow, shallow, or trouble breathing, or passes out.

[20] Norco is a brand name of the Schedule II controlled substance, a narcotic drug containing a combination of acetaminophen and hydrocodone (an opiate), which is used to relieve moderate to moderately severe pain. Acetaminophen is a less potent pain reliever that increases the effects of hydrocodone. Other brand names of this medication are Hycet, Lorcet, Lortab 10/325, Lortab 5/325, Lortab 7.5/325, Lortab Elixir, Verdrocet, Vicodin and Xodol.

[21] Carisoprodol is the generic name for the Schedule IV controlled substance, also known by the brand names Soma and Vanadom, which is a muscle relaxer that blocks pain sensations between the nerves and the brain. It is used together with rest and physical therapy to treat skeletal muscle conditions such as pain or injury and should only be used for short periods (up to two or three weeks) because there is no evidence of its effectiveness in long term use, and most skeletal muscle injuries are generally of short duration.

performed any surveillance labs. He further failed to refer the patient for a GI evaluation for her HCV (Hepatitis C infection) and failed to refer her to a pain management specialist.

Patient 3:

46. Patient 3, a then 61-year-old female, first presented to Respondent on September 8, 2011, with a history of chronic L1 vertebral compression fracture with chronic low back pain and anxiety.

47. From July 2014 to June 2015, this patient was prescribed lorazepam,[22] Soma and Percocet[23] on a monthly basis. Most of the clinic visits lacked adequate subjective reviews of the conditions and physical exams, assessment or management plan. There was no documented consent for the use of estrogen. There was an inadequate history and no exam recorded for four visits in December 2012; seven visits in 2013; nine visits in 2014; and, eight visits in 2015.

48. One of the patient's main problems was back pain; however, Respondent failed to perform and to document the patient's motor strength, gait, or leg raise tests.

49. Respondent admitted, during his interview, that he had no documentation of counseling the patient regarding the risks of Depo-estradiol therapy for menopausal symptoms and that he had no knowledge of the complications of systemic hormone therapy for use in menopause. He further admitted that he failed to run a CURES report on Patient 3, despite prescribing chronic opiates, benzodiazepines and Soma for at least seven years.

Patient 4:

50. Patient 4 was a 76-year-old man who had bronchitis, benign prostatic hyperplasia, lumbar disc disease and hypertension. Most of the clinic visits lacked a physical exam,

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[22] Lorazepam is the generic name for the Schedule IV controlled substance, also known by the brand name Ativan, and is a benzodiazepine, which acts to produce a calming effect as it affects chemicals in the brain that may be unbalanced in people with anxiety. It is used to treat anxiety disorders and seizure disorders and is a dangerous drug.

[23] Percocet is the brand name for the generic drug combination of acetaminophen and oxycodone (an opiate), and is a Schedule II controlled substance that is used to relieve moderate to severe pain. Due of the risks of addiction, abuse, and misuse, even at recommended doses, Percocet is only prescribed when treatment with non-opioid pain relieving medication has not been tolerated or has not provided adequate pain relief.

assessment and plan. Respondent never ran a CURES report on the patient.

51. Patient 4 was prescribed prednisone; however, Respondent's records fail to support why. He allegedly had "chronic bronchitis," so if he was prescribed chronic steroids, it was an unconventional use of steroids. He was also prescribed Phenergan with codeine, and oxycodone.

52. A urine screen was obtained in July 2014, which was positive for cannabinoids; however, Respondent admitted that he did not counsel the patient on the risk of respiratory depression when using high doses of opiates prescribed, which was 180 milligrams a day of morphine equivalents; this is well above the typical dosing for opiate use in a non-cancer patient.

53. Respondent engaged in acts and omissions constituting gross negligence in his care and treatment of Patients 2, 3 and 4 when he failed to document a sufficient history, exam, assessment and plan, and there was no routine documentation of a pain assessment for any of the patients.

THIRD CAUSE FOR DISCIPLINE

(Repeated Negligent Acts – All Patients)

54. Respondent is subject to disciplinary action under section 2234, subdivision (c), in that he was negligent in his care and treatment of Patients 1, 2, 3, and 4. The circumstances are as follows:

55. Paragraphs 13 to 40, and 43 to 52, inclusive, above are incorporated by reference as if fully set forth herein.

56. Respondent committed repeated negligent acts in his care and treatment of the patients when he:

Patient 1:

A. Failed to properly evaluate and treat the patient's high blood sugar levels by failing to give her a shot of insulin at his office, referring her to the emergency room for treatment, or having her return to his office in a day or two to reassess her glucose levels and determine the cause of her elevated glucose;

B. Failed to properly treat the patient's diabetes;

C. Failed to properly medically evaluate and follow-up with a patient with chronic pain

who was taking controlled substances when he failed to include an assessment of the patient's pain, physical and psychological status and functioning, substance abuse history, history of prior pain treatments and assessment of other underling or co-existing conditions, and documentation of the medical indications for the use of opiates for pain control; and

D. Allowed other providers, who may have treated the patient, to use his password to log into the electronic medical records system and use his name and/or signature when logging out making it impossible to determine which provider saw the patient.

E. Failed to document the patient's response to treatment and to consider referrals, physical rehabilitation, or further evaluation of the patient for her condition;

F. Failed to document any informed consent discussions with the patient regarding the risks and benefits of controlled substances use, and opiate dependency until the last visit;

G. Failed to document periodic reviews of the course of his pain treatment and the patient's progress or lack thereof; and

H. Failed to refer the patient to an orthopedic specialist, physical rehabilitation, or a pain management specialist for her chronic back pain until the final visit.

Patients 2, 3 and 4:

I. Failed to take and perform a sufficient medical history and physical exam for patients to whom he prescribed controlled substances;

J. Failed to perform a substance abuse history or risk assessment prior to prescribing controlled substances to the patients;

K. Failed to document an adequate treatment plan with objective goals for the patients;

L. Failed to have documented informed consents for patients 2 and 3;

M. Failed to periodically review and monitor the pain treatment for the patients by running a CURES report or performing random drug screens for the patients; and

N. Failed to consult with specialists for the patients' risk for abusing or misusing their controlled substances.

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FOURTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records – All Patients)

57. Respondent is subject to disciplinary action under section 2266 of the Code in that he failed to maintain adequate and accurate medical records in his care and treatment of Patients 1, 2 3, and 4. The circumstances are as follows:

58. Paragraphs 13-41, 44-53, and 56 A-N, above, inclusive, are incorporated by reference as if fully set forth herein.

DISCIPLINARY CONSIDERATION

59. To determine the degree of discipline, if any, to be imposed on Respondent Elmer Reymond Symonett, M.D., Complainant alleges that on or about August 9, 2012, in a prior disciplinary action entitled *In the Matter of the Accusation Against Elmer Reymond Symonett, M.D.*, before the Medical Board of California, in Case Number 09-2010-209245, Respondent's license was placed on three years probation for allegations related to aiding and abetting the unlicensed practice of medicine. That decision is now final and is incorporated by reference as if fully set forth herein.

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 A 50238, issued to Elmer Reymond Symonett, M.D.;

2. Revoking, suspending or denying approval of Elmer Reymond Symonett, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. If placed on probation, ordering Elmer Reymond Symonett, M.D. to pay the Board the costs of probation monitoring; and

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

DATED: JUN 23 2020

WILLIAM PRASIFKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California

Complainant

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