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

In the Matter of the First Amended Accusation Against: Mohammed Nasiruddin Siddiqui, M.D. Physician's and Surgeon's Certificate No. C 51828 Respondent	Case No. 800-2017-038465

DECISION

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

This Decision shall become effective at 5:00 p.m. on May 28, 2021.

IT IS SO ORDERED May 24, 2021.

MEDICAL BOARD OF CALIFORNIA

William Prasifka
Executive Director

MATTHEW RODRIQUEZ
Acting Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General
JANNSEN TAN
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 First Amended Accusation Against: **MOHAMMED NASIRUDDIN SIDDIQUI, M.D.** **609 New York Ranch Rd.** **Jackson, CA 95642** **Physician's and Surgeon's Certificate No. C 51828** Respondent.	Case No. 800-2017-038465 OAH No. 2020120028 **STIPULATED SURRENDER OF LICENSE AND ORDER**

In the interest of a prompt and speedy settlement of this matter, consistent with the public interest and the responsibility of the Medical Board of California of the Department of Consumer Affairs, the parties hereby agree to the following Stipulated Surrender and Disciplinary Order which will be submitted to the Board for approval and adoption as the final disposition of the First Amended Accusation.

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 Matthew Rodriquez, Attorney General of the State of California, by Jannsen Tan, Deputy Attorney General.

2. Mohammed Nasiruddin Siddiqui, M.D. (Respondent) is represented in this proceeding by attorney Lawrence S. Giardina Esq., whose address is: 400 University Ave. Sacramento, CA 95825-6502.

3. On or about December 15, 2004, the Board issued Physician's and Surgeon's Certificate No. C 51828 to Mohammed Nasiruddin Siddiqui, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in the First Amended Accusation No. 800-2017-038465 and will expire on October 31, 2022.

4. On December 1, 2020, an Interim Suspension Order was issued pursuant to Government Code Section 11529 suspending Respondent's Physician and Surgeon's Certificate No. C 51828 until issuance of a decision by the Medical Board in the above entitled matter.

JURISDICTION

5. The First Amended Accusation No. 800-2017-038465 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 May 4, 2020. Respondent timely filed his Notice of Defense contesting the First Amended Accusation. A copy of the First Amended Accusation No. 800-2017-038465 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in the First Amended Accusation No. 800-2017-038465. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and 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 voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent understands that the charges and allegations in the First Amended Accusation No. 800-2017-038465, 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 First Amended 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 First Amended Accusation and that those charges constitute cause for discipline. Respondent hereby gives up his right to contest that cause for discipline exists based on those charges.

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

12. Respondent understands that by signing this stipulation he enables the Executive Director of the Medical Board to issue an order accepting the surrender of his Physician's and Surgeon's Certificate on behalf of the Board, without further notice or opportunity to be heard.

RESERVATION

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

CONTINGENCY

14. Business and Professions Code section 2224, subdivision (b), provides, in pertinent part, that the Medical Board "shall delegate to its executive director the authority to adopt a stipulation for surrender of a license."

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

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

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

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. C 51828, issued to Respondent Mohammed Nasiruddin Siddiqui, M.D., is surrendered and accepted by the Board.

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

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

3. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in the First Amended Accusation No. 800-2017-038465 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

ACCEPTANCE

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

DATED: March 25, 2021

MOHAMMED NASIRUDDIN SIDDIQUI, M.D.
Respondent

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

DATED: 3/29/2021

LAWRENCE S. GIARDINA ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: 3/30/2021

Respectfully submitted,

MATTHEW RODRIQUEZ
Acting Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General

JANNSEN TAN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2017-038465

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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: **MOHAMMED NASIRUDDIN SIDDIQUI, M.D.** **609 New York Ranch Rd.** **Jackson, CA 95642** **Physician's and Surgeon's Certificate No. C 51828,** Respondent.	Case No. 800-2017-038465 **FIRST AMENDED ACCUSATION**

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, Department of Consumer Affairs (Board).

2. On or about December 15, 2004, the Medical Board issued Physician's and Surgeon's Certificate No. C 51828 to Mohammed Nasiruddin Siddiqui, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on October 31, 2022, unless renewed.

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 states:

> (a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:
>
> (1) Have his or her license revoked upon order of the board.
>
> (2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.
>
> (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
>
> (4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.
>
> (5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.
>
> (b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

STATUTORY PROVISIONS

5. Section 2234 of the Code, states:

> The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:
>
> (a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.
>
> (b) Gross negligence.
>
> (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) Incompetence.

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

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

(g) The failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.

6. Section 2052 of the Code states:

(a) Notwithstanding Section 146, any person who practices or attempts to practice, or who advertises or holds himself or herself out as practicing, any system or mode of treating the sick or afflicted in this state, or who diagnoses, treats, operates for, or prescribes for any ailment, blemish, deformity, disease, disfigurement, disorder, injury, or other physical or mental condition of any person, without having at the time of so doing a valid, unrevoked, or unsuspended certificate as provided in this chapter [Chapter 5, the Medical Practice Act], or without being authorized to perform the act pursuant to a certificate obtained in accordance with some other provision of law, is guilty of a public offense, punishable by a fine not exceeding ten thousand dollars ($10,000), by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code, by imprisonment in a county jail not exceeding one year, or by both the fine and either imprisonment.

(b) Any person who conspires with or aids or abets another to commit any act described in subdivision (a) is guilty of a public offense, subject to the punishment described in that subdivision.

(c) The remedy provided in this section shall not preclude any other remedy provided by law.

7. Section 2263 of the Code states: The willful, unauthorized violation of professional confidence constitutes unprofessional conduct.

8. Section 2264 of the Code states:

The employing, directly or indirectly, the aiding, or the abetting of any unlicensed person or any suspended, revoked, or unlicensed practitioner to engage in the practice of medicine or any other mode of treating the sick or afflicted which requires a license to practice constitutes unprofessional conduct.

9. Section 2266 of the Code states: 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.

10. Section 2271 of the Code states: Any advertising in violation of Section 17500, relating to false or misleading advertising, constitutes unprofessional conduct.

11. Section 2289 of the Code states: The impersonation of another licensed practitioner or permitting or allowing another person to use his or her certificate to engage in the practice of medicine or podiatric medicine constitutes unprofessional conduct.

12. Section 651 states:

> (a) It is unlawful for any person licensed under this division or under any initiative act referred to in this division to disseminate or cause to be disseminated any form of public communication containing a false, fraudulent, misleading, or deceptive statement, claim, or image for the purpose of or likely to induce, directly or indirectly, the rendering of professional services or furnishing of products in connection with the professional practice or business for which he or she is licensed. A "public communication" as used in this section includes, but is not limited to, communication by means of mail, television, radio, motion picture, newspaper, book, list or directory of healing arts practitioners, Internet, or other electronic communication.
>
> (b) A false, fraudulent, misleading, or deceptive statement, claim, or image includes a statement or claim that does any of the following:
>
> (1) Contains a misrepresentation of fact.
>
> (2) Is likely to mislead or deceive because of a failure to disclose material facts.
>
> (3)(A) Is intended or is likely to create false or unjustified expectations of favorable results, including the use of any photograph or other image that does not accurately depict the results of the procedure being advertised or that has been altered in any manner from the image of the actual subject depicted in the photograph or image.
>
> (B) Use of any photograph or other image of a model without clearly stating in a prominent location in easily readable type the fact that the photograph or image is of a model is a violation of subdivision (a). For purposes of this paragraph, a model is anyone other than an actual patient, who has undergone the procedure being advertised, of the licensee who is advertising for his or her services.
>
> (C) Use of any photograph or other image of an actual patient that depicts or purports to depict the results of any procedure, or presents "before" and "after" views of a patient, without specifying in a prominent location in easily readable type size what procedures were performed on that patient is a violation of subdivision (a). Any "before" and "after" views (i) shall be comparable in presentation so that the results are not distorted by favorable poses, lighting, or other features of presentation, and (ii) shall contain a statement that the same "before" and "after" results may not occur for all patients.

(4) Relates to fees, other than a standard consultation fee or a range of fees for specific types of services, without fully and specifically disclosing all variables and other material factors.

(5) Contains other representations or implications that in reasonable probability will cause an ordinarily prudent person to misunderstand or be deceived.

(6) Makes a claim either of professional superiority or of performing services in a superior manner, unless that claim is relevant to the service being performed and can be substantiated with objective scientific evidence.

(7) Makes a scientific claim that cannot be substantiated by reliable, peer reviewed, published scientific studies.

(8) Includes any statement, endorsement, or testimonial that is likely to mislead or deceive because of a failure to disclose material facts.

(c) Any price advertisement shall be exact, without the use of phrases, including, but not limited to, "as low as," "and up," "lowest prices," or words or phrases of similar import. Any advertisement that refers to services, or costs for services, and that uses words of comparison shall be based on verifiable data substantiating the comparison. Any person so advertising shall be prepared to provide information sufficient to establish the accuracy of that comparison. Price advertising shall not be fraudulent, deceitful, or misleading, including statements or advertisements of bait, discount, premiums, gifts, or any statements of a similar nature. In connection with price advertising, the price for each product or service shall be clearly identifiable. The price advertised for products shall include charges for any related professional services, including dispensing and fitting services, unless the advertisement specifically and clearly indicates otherwise.

(d) Any person so licensed shall not compensate or give anything of value to a representative of the press, radio, television, or other communication medium in anticipation of, or in return for, professional publicity unless the fact of compensation is made known in that publicity.

(e) Any person so licensed may not use any professional card, professional announcement card, office sign, letterhead, telephone directory listing, medical list, medical directory listing, or a similar professional notice or device if it includes a statement or claim that is false, fraudulent, misleading, or deceptive within the meaning of subdivision (b).

(f) Any person so licensed who violates this section is guilty of a misdemeanor. A bona fide mistake of fact shall be a defense to this subdivision, but only to this subdivision.

(g) Any violation of this section by a person so licensed shall constitute good cause for revocation or suspension of his or her license or other disciplinary action.

(h) Advertising by any person so licensed may include the following:

(1) A statement of the name of the practitioner.

(2) A statement of addresses and telephone numbers of the offices maintained by the practitioner.

(3) A statement of office hours regularly maintained by the practitioner.

(4) A statement of languages, other than English, fluently spoken by the practitioner or a person in the practitioner's office.

(5)(A) A statement that the practitioner is certified by a private or public board or agency or a statement that the practitioner limits his or her practice to specific fields.

(B) A statement of certification by a practitioner licensed under Chapter 7 (commencing with Section 3000) shall only include a statement that he or she is certified or eligible for certification by a private or public board or parent association recognized by that practitioner's licensing board.

(C) A physician and surgeon licensed under Chapter 5 (commencing with Section 2000) by the Medical Board of California may include a statement that he or she limits his or her practice to specific fields, but shall not include a statement that he or she is certified or eligible for certification by a private or public board or parent association, including, but not limited to, a multidisciplinary board or association, unless that board or association is (i) an American Board of Medical Specialties member board, (ii) a board or association with equivalent requirements approved by that physician and surgeon's licensing board prior to January 1, 2019, or (iii) a board or association with an Accreditation Council for Graduate Medical Education approved postgraduate training program that provides complete training in that specialty or subspecialty. A physician and surgeon licensed under Chapter 5 (commencing with Section 2000) by the Medical Board of California who is certified by an organization other than a board or association referred to in clause (i), (ii), or (iii) shall not use the term "board certified" in reference to that certification, unless the physician and surgeon is also licensed under Chapter 4 (commencing with Section 1600) and the use of the term "board certified" in reference to that certification is in accordance with subparagraph (A). A physician and surgeon licensed under Chapter 5 (commencing with Section 2000) by the Medical Board of California who is certified by a board or association referred to in clause (i), (ii), or (iii) shall not use the term "board certified" unless the full name of the certifying board is also used and given comparable prominence with the term "board certified" in the statement.

For purposes of this subparagraph, a "multidisciplinary board or association" means an educational certifying body that has a psychometrically valid testing process, as determined by the Medical Board of California, for certifying medical doctors and other health care professionals that is based on the applicant's education, training, and experience. A multidisciplinary board or association approved by the Medical Board of California prior to January 1, 2019, shall retain that approval.

For purposes of the term "board certified," as used in this subparagraph, the terms "board" and "association" mean an organization that is an American Board of Medical Specialties member board, an organization with equivalent requirements approved by a physician and surgeon's licensing board prior to January 1, 2019, or an organization with an Accreditation Council for Graduate Medical Education approved postgraduate training program that provides complete training in a specialty or subspecialty.

(D) A doctor of podiatric medicine licensed under Article 22 (commencing with Section 2460) of Chapter 5 by the California Board of Podiatric Medicine may include a statement that he or she is certified or eligible or qualified for certification by a private or public board or parent association, including, but not limited to, a

multidisciplinary board or association, if that board or association meets one of the following requirements: (i) is approved by the Council on Podiatric Medical Education, (ii) is a board or association with equivalent requirements approved by the California Board of Podiatric Medicine, or (iii) is a board or association with the Council on Podiatric Medical Education approved postgraduate training programs that provide training in podiatric medicine and podiatric surgery. A doctor of podiatric medicine licensed under Article (commencing with Section 2460) of Chapter 5 by the California Board of Podiatric Medicine who is certified by an organization other than a board or association referred to in clause (i), (ii), or (iii) shall not use the term "board certified" in reference to that certification.

For purposes of this subparagraph, a "multidisciplinary board or association" means an educational certifying body that has a psychometrically valid testing process, as determined by the California Board of Podiatric Medicine, for certifying doctors of podiatric medicine that is based on the applicant's education, training, and experience. For purposes of the term "board certified," as used in this subparagraph, the terms "board" and "association" mean an organization that is a Council on Podiatric Medical Education approved board, an organization with equivalent requirements approved by the California Board of Podiatric Medicine, or an organization with a Council on Podiatric Medical Education approved postgraduate training program that provides training in podiatric medicine and podiatric surgery.

The California Board of Podiatric Medicine shall adopt regulations to establish and collect a reasonable fee from each board or association applying for recognition pursuant to this subparagraph, to be deposited in the State Treasury in the Podiatry Fund, pursuant to Section 2499. The fee shall not exceed the cost of administering this subparagraph.

(6) A statement that the practitioner provides services under a specified private or public insurance plan or health care plan.

(7) A statement of names of schools and postgraduate clinical training programs from which the practitioner has graduated, together with the degrees received.

(8) A statement of publications authored by the practitioner.

(9) A statement of teaching positions currently or formerly held by the practitioner, together with pertinent dates.

(10) A statement of his or her affiliations with hospitals or clinics.

(11) A statement of the charges or fees for services or commodities offered by the practitioner.

(12) A statement that the practitioner regularly accepts installment payments of fees.

(13) Otherwise lawful images of a practitioner, his or her physical facilities, or of a commodity to be advertised.

(14) A statement of the manufacturer, designer, style, make, trade name, brand name, color, size, or type of commodities advertised.

(15) An advertisement of a registered dispensing optician may include statements in addition to those specified in paragraphs (1) to (14), inclusive, provided

that any statement shall not violate subdivision (a), (b), (c), or (e) or any other section of this code.

(16) A statement, or statements, providing public health information encouraging preventative or corrective care.

(17) Any other item of factual information that is not false, fraudulent, misleading, or likely to deceive.

(i) Each of the healing arts boards and examining committees within Division 2 shall adopt appropriate regulations to enforce this section in accordance with Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code.

Each of the healing arts boards and committees and examining committees within Division 2 shall, by regulation, define those efficacious services to be advertised by businesses or professions under their jurisdiction for the purpose of determining whether advertisements are false or misleading. Until a definition for that service has been issued, no advertisement for that service shall be disseminated. However, if a definition of a service has not been issued by a board or committee within 120 days of receipt of a request from a licensee, all those holding the license may advertise the service. Those boards and committees shall adopt or modify regulations defining what services may be advertised, the manner in which defined services may be advertised, and restricting advertising that would promote the inappropriate or excessive use of health services or commodities. A board or committee shall not, by regulation, unreasonably prevent truthful, nondeceptive price or otherwise lawful forms of advertising of services or commodities, by either outright prohibition or imposition of onerous disclosure requirements. However, any member of a board or committee acting in good faith in the adoption or enforcement of any regulation shall be deemed to be acting as an agent of the state.

(j) The Attorney General shall commence legal proceedings in the appropriate forum to enjoin advertisements disseminated or about to be disseminated in violation of this section and seek other appropriate relief to enforce this section. Notwithstanding any other provision of law, the costs of enforcing this section to the respective licensing boards or committees may be awarded against any licensee found to be in violation of any provision of this section. This shall not diminish the power of district attorneys, county counsels, or city attorneys pursuant to existing law to seek appropriate relief.

(k) A physician and surgeon or doctor licensed pursuant to Chapter 5 (commencing with Section 2000) by the Medical Board of California or a doctor of podiatric medicine licensed pursuant to Article 22 (commencing with Section 2460) of Chapter 5 by the California Board of Podiatric Medicine who knowingly and intentionally violates this section may be cited and assessed an administrative fine not to exceed ten thousand dollars ($10,000) per event. Section 125.9 shall govern the issuance of this citation and fine except that the fine limitations prescribed in paragraph (3) of subdivision (b) of Section 125.9 shall not apply to a fine under this subdivision.

13. Section 726 of the Code states:

(a) The commission of any act of sexual abuse, misconduct, or relations with a patient, client, or customer constitutes unprofessional conduct and grounds for disciplinary action for any person licensed under this or under any initiative act referred to in this division.

(b) This section shall not apply to consensual sexual contact between a licensee and his or her spouse or person in an equivalent domestic relationship when that licensee provides medical treatment, to his or her spouse or person in an equivalent domestic relationship.

14. Section 729 of the Code states:

(a) Any physician and surgeon, psychotherapist, alcohol and drug abuse counselor or any person holding himself or herself out to be a physician and surgeon, psychotherapist, or alcohol and drug abuse counselor, who engages in an act of sexual intercourse, sodomy, oral copulation, or sexual contact with a patient or client, or with a former patient or client when the relationship was terminated primarily for the purpose of engaging in those acts, unless the physician and surgeon, psychotherapist, or alcohol and drug abuse counselor has referred the patient or client to an independent and objective physician and surgeon, psychotherapist, or alcohol and drug abuse counselor recommended by a third-party physician and surgeon, psychotherapist, or alcohol and drug abuse counselor for treatment, is guilty of sexual exploitation by a physician and surgeon, psychotherapist, or alcohol and drug abuse counselor.

(b) Sexual exploitation by a physician and surgeon, psychotherapist, or alcohol and drug abuse counselor is a public offense:

(1) An act in violation of subdivision (a) shall be punishable by imprisonment in a county jail for a period of not more than six months, or a fine not exceeding one thousand dollars ($1,000), or by both that imprisonment and fine.

(2) Multiple acts in violation of subdivision (a) with a single victim, when the offender has no prior conviction for sexual exploitation, shall be punishable by imprisonment in a county jail for a period of not more than six months, or a fine not exceeding one thousand dollars ($1,000), or by both that imprisonment and fine.

(3) An act or acts in violation of subdivision (a) with two or more victims shall be punishable by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code for a period of 16 months, two years, or three years, and a fine not exceeding ten thousand dollars ($10,000); or the act or acts shall be punishable by imprisonment in a county jail for a period of not more than one year, or a fine not exceeding one thousand dollars ($1,000), or by both that imprisonment and fine.

(4) Two or more acts in violation of subdivision (a) with a single victim, when the offender has at least one prior conviction for sexual exploitation, shall be punishable by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code for a period of 16 months, two years, or three years, and a fine not exceeding ten thousand dollars ($10,000); or the act or acts shall be punishable by imprisonment in a county jail for a period of not more than one year, or a fine not exceeding one thousand dollars ($1,000), or by both that imprisonment and fine.

(5) An act or acts in violation of subdivision (a) with two or more victims, and the offender has at least one prior conviction for sexual exploitation, shall be punishable by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code for a period of 16 months, two years, or three years, and a fine not exceeding ten thousand dollars ($10,000).

For purposes of subdivision (a), in no instance shall consent of the patient or client be a defense. However, physicians and surgeons shall not be guilty of sexual

exploitation for touching any intimate part of a patient or client unless the touching is outside the scope of medical examination and treatment, or the touching is done for sexual gratification.

(c) For purposes of this section:

(1) "Psychotherapist" has the same meaning as defined in Section 728.

(2) "Alcohol and drug abuse counselor" means an individual who holds himself or herself out to be an alcohol or drug abuse professional or paraprofessional.

(3) "Sexual contact" means sexual intercourse or the touching of an intimate part of a patient for the purpose of sexual arousal, gratification, or abuse.

(4) "Intimate part" and "touching" have the same meanings as defined in Section 243.4 of the Penal Code.

(d) In the investigation and prosecution of a violation of this section, no person shall seek to obtain disclosure of any confidential files of other patients, clients, or former patients or clients of the physician and surgeon, psychotherapist, or alcohol and drug abuse counselor.

(e) This section does not apply to sexual contact between a physician and surgeon and his or her spouse or person in an equivalent domestic relationship when that physician and surgeon provides medical treatment, other than psychotherapeutic treatment, to his or her spouse or person in an equivalent domestic relationship.

(f) If a physician and surgeon, psychotherapist, or alcohol and drug abuse counselor in a professional partnership or similar group has sexual contact with a patient in violation of this section, another physician and surgeon, psychotherapist, or alcohol and drug abuse counselor in the partnership or group shall not be subject to action under this section solely because of the occurrence of that sexual contact.

FIRST CAUSE FOR DISCIPLINE
(Sexual Abuse and Contact - Patient A)

15. Respondent's license is subject to disciplinary action under Code sections 2234, 726, and 729, in that he committed sexual abuse, misconduct, relations, exploitation, contact, and/or harassment of Patient A[1]. The circumstances are as follows:

16. Respondent is a physician and surgeon, who, during all times alleged herein, practiced in a clinic under the business name Folsom Surgery Nail Graft and Aesthetic Center and subsequently, Modern Cosmetic Surgery Center, at 1366 Prairie City Road, Folsom, CA 95630.

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[1] Patient and witness names and information have been omitted to protect privacy. All witnesses will be fully identified in discovery.

17. On or about February 15, 2017, Respondent saw Patient A for a clinic visit for liposuction. Respondent filled out and signed a Smart Lipo Physician Evaluation Form, noting that Patient A had unwanted adiposity in the back, flanks and abdomen. He also noted that she had a Norplant contraceptive implant in the left forearm.

18. On or about March 8, 2017, Respondent saw Patient A for a preoperative visit. Respondent did not perform a physical examination. Patient A stated that she would like her implant removed during the liposuction procedure. Respondent prescribed the painkiller Percocet 10/ 325 mg, the sedative Ativan 1 mg, and the antihistamine sedative Phenergan 25 mg in addition to the antibiotic Keflex 250 mg, to Patient A. Respondent documented that Patient A understood the procedure and wished to proceed.

19. On or about April 3, 2017, Respondent saw Patient A for the VASER[2] liposuction procedure. Patient A was already medicated with prescribed medications for the procedure when she signed the consent form for the procedure. Respondent documented VASER liposuction of the abdomen, flanks and back. Respondent did not document a removal of the Norplant device. Respondent documented that "the procedure could not be completed in one siting because of [Patient A's] low pain tolerance and because the threshold for safe lidocaine infiltration had been reached, so it was decided to conclude the procedure which was 6:30 pm." The note also stated that the total lidocaine administered was 3,746 mg.

20. After the surgery, Respondent informed Patient A that she was at maximum toxic levels for the medication they gave to her and the effects lasted longer than anticipated. As a result, Respondent stated that he would take Patient A to her hotel and monitor her for a few hours to ensure that the medication had no negative side effects. At or about 6:00 p.m., Respondent took Patient A to her hotel room arriving at or about 6:20 p.m. Respondent escorted Patient A to her room located on the second floor. Respondent and Patient A walked to the second floor using the stairs. Patient A was still drowsy and under the effects of medication. Respondent and Patient A entered Patient A's room. Upon arriving to her room, Patient A laid on

[2] VASER liposuction is a cosmetic procedure that combines liposuction techniques with ultrasound technology. VASER is an acronym for vibration amplification of sound energy at resonance.

the bed and fell asleep. Patient A, still under the effects of medication, awoke to Respondent kissing her cheek. Patient A fell asleep again. Patient A felt a pressure on her chest, and couldn't breathe. She woke up and observed Respondent attempting to have sex with her. Patient A yelled at Respondent to get off of her. She yelled at Respondent, "I'm in pain, what are you thinking? I just had surgery." Patient A observed her pants and underwear were off and her pelvic area was naked. Patient A observed her knees apart and her feet hanging off the bed. Patient A observed a distinguishing mark on Respondent's left side stomach area, between Respondent's hipbone and his bellybutton that looked darker than the surrounding skin tone, and looked like a four-inch scar in the shape of a line. Patient A told Respondent to stop and that she was sore after the liposuction surgery. Patient A fell asleep again due to the effects of the medication. Patient A woke up and observed Respondent penetrating her with his fingers. Patient A could not do anything and fell back asleep due to the medication. Patient A believes that there was no penile penetration.

21. On or about April 4, 2017, at approximately 5:23 a.m., Patient A woke up and observed that the liposuction procedure was incomplete. Patient A still felt the effects of medication and a tremendous amount of pain. She felt embarrassed, helpless and did not want to call the police because she wanted Respondent to finish the liposuction procedure. Patient A believed that she did not fully appreciate her situation. Patient A sent a text to Respondent as follows:

> Good morning Dr.
>
> This is [Patient A]. Thank you for taking me home last night. Where the tube is in me it is bleeding but not into the drainage part.
> Also, I don't feel like my back was done. Only my upper bra area and the dimple part of my back. It still looks the same. I need to come in today to pick up my garments can you see my back and the drainage.
> Thank you.
>
> Have a great day.

22. At or about 7:45 a.m., Patient A sent a text to Respondent about the status of her dressing. Respondent responded and told Patient A to "come in Trust you are not in pain." At or about 9:14 a.m., Patient A texted Respondent about the status of her wound. She also expressed

concern that nothing was done on her back. At or about 9:56 a.m., Respondent texted back asking Patient A to come in around 10:45 a.m. Patient A responded "Yes." Patient A checked out of her hotel room and arrived at Respondent's clinic at approximately 10:45 a.m. Respondent saw Patient A and informed her that she needed to come in the next day to get her back done. Respondent removed the drain from the previous liposuction procedure. Patient A left and returned to her hotel.

23. At or about 4:57 p.m., Respondent texted Patient A asking what was Patient A's schedule and that he would be done in 20 minutes. Respondent also asked Patient A if she would like for him to drop off the Shiatsu machine. Patient A responded, "Sure, if you are around." Patient A was still medicated and believed that she would be safe since she would be having dinner at a public place, her hotel. Respondent arrived at the hotel dining area as Patient A was finishing her dinner. When he arrived, Respondent ordered an alcoholic beverage and sat down. They discussed the machine and how it would contour Patient A's body and even it out.

24. At or about 7:00 p.m., Respondent paid for his drink and carried the Shiatsu massager to Patient A's room. As they walked to Patient A's room, Respondent told Patient A that "he would like to set this up and use it on you and show you how to use it." Patient A replied "No, you can set it up. But other than that, I already know how to use it." Respondent entered Patient A's room and shut the door after Patient A. Patient A went inside the restroom as Respondent was setting up the Shiatsu massager. Patient A came out of the restroom. Respondent told Patient A that he wanted to show her how to use the Shiatsu massager. Patient A declined and said, "No, thank you." Respondent left thereafter.

25. Respondent added a handwritten note dated April 4, 2017, labeled "Late Entry" in Patient A's records. The April 4, 2017 "Late Entry" note read, "After completion of the procedure on 04/03/2017 [Patient A] seemed drowsy and confused with stable vital signs. She had no family or friends in the area. Because of my concern of lidocaine toxicity, I offered to take [Patient A] back to her hotel which she accepted. Patient A was helped into my car by [O.D.]. I drove her to her hotel in Rancho Cordova and helped her to her room on the second floor and into her room. She went to sleep immediately while I sat and worked on my phone. I

then woke the patient in approximately 75-90 minutes. Her pulse was stable and she was coherent. She stated she would order dinner so I left with instructions to call if there was any issue."

26. Respondent added another handwritten note dated April 4, 2017 which read: "[Patient A] returned around noon stating that her ...[illegible] came out. Also stated that her abdominal incision had closed. The suture was removed to the drain extracted. The Norplant removal site was fine. The remaining procedure for her back was rescheduled for April 5, 2017. I recommended the ...[illegible]... massager for manual lymphatic drainage which she utilized for 30 minutes in the office. Asked if she could have it for the evening and if I would bring it to her to which I said yes."

27. On or about April 5, 2017, Respondent saw Patient A to finish the liposuction procedure. The procedure started at 11:00 a.m., and took approximately five hours. During the procedure, Respondent stated, "Oh, let's do your pelvic region because it's going to look weird because you'll have fat down there..." Patient A yelled at Respondent, "No, don't touch me." Respondent finished the procedure, and as Patient A was dressing up and getting ready to leave, Respondent asked Patient A if she still wanted Respondent to remove her Norplant implant. Patient A responded in the affirmative and Respondent removed the implant. After the procedure, Respondent walked Patient A to her car. Respondent told Patient A, "I'll see you in a couple of weeks." Patient A responded, "No, you won't see me in a couple of weeks. I can't come in a couple weeks for a follow-up. I have to start my new job." Respondent told Patient A that it was not for a follow-up and that he wanted to see Patient A on Friday evening. Patient A looked at Respondent like "he was crazy" and proceeded to get in her car. Patient A proceeded to drive home which was approximately 2 hours away.

28. At or about 7:45 p.m., Patient A texted Respondent:

> I made it home. Thank you for taking me to the hotel on Monday when I was at my toxic level and watching over me. Thanks for the massager on Tuesday that really helped. Just curious, do (sic) kiss and try to have sex with all your patients or just me?

Patient A sent the above text in response to Respondent's request that she text him when "she makes it home, so he knows that she made it home."

29. At or about 7:51 p.m., Respondent texted Patient A:

> I am totally relieved that you made it home safe! Stay well. Good luck with the new job. Hope to see you in a couple of weeks. You are an awesome young woman.
> Best.

30. Respondent committed sexual abuse, misconduct, relations, exploitation, and/or contact of Patient A, when he kissed, attempted to have sex, and sexually harassed Patient A.

SECOND CAUSE FOR DISCIPLINE
(Gross Negligence - Patient A, B, C, D)

31. Respondent's license is subject to disciplinary action under section 2234, subdivision (b), of the Code, in that Respondent committed gross negligence in his care and treatment of Patients A, B, C, and D as more particularly alleged hereinafter. Paragraphs 15 through 30, above, are hereby incorporated by reference and realleged as if fully set forth herein. Additional circumstances are as follows:

Patient B

32. On or about August 7, 2017, Respondent saw Patient B for a consultation for liposuction on her "love handles" and abdomen. Patient B had previous liposuction on her thighs and had attempted to lose weight by diet and exercise. Patient B also had an existing medical condition of depression. Respondent failed to document a complete initial consultation concerning Patient B's current medical condition including but not limited to allergies, medications, and physical examination.

33. On or about September 5, 2017, Respondent saw Patient B to perform the cosmetic procedure. Patient B arrived in Respondent's office and was informed that Respondent's "nurse" would be arriving for the procedure at least an hour late, that she had very recently suffered the loss of a relative, and was "not quite in her right mind." During the procedure, Respondent allowed the "nurse" to extract the tissue. Respondent repeatedly exited the treatment area leaving the "nurse" unsupervised. In a form titled, "Operative Report High-Def Body Contouring,"

Respondent documented, "Abdomen, flanks, Lower back" under the line "Preoperative Diagnosis Localized Adiposity" and under the line "Postoperative Diagnosis Localized Adiposity." The attending physician is listed as Respondent and the medical assistant as OD. OD was unlicensed in California as a registered nurse. The form documented Ativan, Phenergan, Percocet, and Keflex as preoperative medications. Percocet and Valium were documented as intraoperative medications. The total fat extracted was listed as 3500 ml. A standardized operative report described the surgical procedure. Patient B signed consent forms which authorized Respondent "to perform the procedures that are, in his professional judgement, necessary and desirable." The form listed infection as unusual, but should it occur, antibiotics and surgery may be necessary. Respondent also sought and obtained the consent of Patient B to have two physicians view the procedure. However, more than two unidentified persons came in during the procedure.

34. Patient B experienced extreme pain during the procedure due to the extremely aggressive extraction employed by O.D. The pain became overwhelming and she informed O.D. who responded by continuing the treatment. At one point, Patient B couldn't endure the pain any further and was overtly displaying distress. Respondent returned to the treatment area and ordered additional pain medication and Valium.

35. On or about September 11, 2017, Respondent saw Patient B for a follow up visit. Patient B presented with a high degree of swelling and pain. Respondent told Patient B that her condition was normal and that "everything would be okay." Respondent told her that she could return to work with lifting restrictions. Respondent's handwritten September 11, 2017 note read: "preop instructions and Rx given. Pt understands the procedure and wishes to undergo it."

36. On or about September 24, 2017, Patient B was admitted to Sutter Roseville Medical Center with the chief complaint of abdominal pain, lumps, and paresthesia over her lower back. She underwent a CT with IV contrast of her abdomen in the emergency department that revealed multiple fluid pockets. She was started on empiric antibiotics and was noted to be afebrile with no evidence of sepsis on labs or exam. Her abdominal exam was notable for some areas of mild erythema, mild tenderness of the anterior abdominal wall, associated with warmth and palpable masses, likely subcutaneous tissue, but no tenderness. An ultrasound guided aspiration was done

on September 25, 2017, and 65 cc of serous fluid was aspirated from the posterior lumbar subcutaneous tissues and 55 ml of similar fluid from the anterior right lower quadrant wall subcutaneous tissues.

37. On or about October 3, 2017, Patient B was again admitted to Sutter Roseville Medical Center. Her chief complaint was abdominal pain which she reported as having gotten worse in the past few days. She was afebrile and her physical exam was notable for mild erythema of the lower abdomen with a palpable mass in the right lower quadrant. Generalized tenderness of both lower quadrants with rebound was noted. A CT of the abdomen and pelvis with contrast was done on October 4, 2017, which showed a collection in the anterior abdominal wall on the right side slightly smaller than the prior study of September 24, 2017. A few small pockets of fluid collection were identified posteriorly which also appeared smaller than the prior study. Patient B's vomiting and abdominal pain improved in the emergency department and she was discharged home with instructions to follow up with the physician who had performed the liposuction.

38. Respondent created numerous handwritten post-operative notes dated September 11 and 19, 2017; and October 4 and 25, 2017. The September 11, 2017 note read: "preop instructions and Rx given. Pt understands the procedure and wishes to undergo it." The September 19, 2017 note read: "c/o pain .... (illegible)...areas of lumps in the abdomen. Exam Areas of cellulitis .... (illegible) several areas of fluid/lymph accumulation with hardening seromas the left flank, ant abdominal wall and back. Imp: postop pain, seromas, cellulitis Plan; (l) Amoxicillin 500 mg po tid (2) Percocet 10/325 mg q 6h (3) Ativan 1 mg po qhs prn (4)F/U in 1 week." The October 4, 2017 note read: "Went to the ER twice because of pain: a CT scan was done which was normal. Was admitted to the Mercy Folsom for pain which is primarily on the abdomen, lower area... exam. Seroma in the midline lower abdomen which has some degree of tenderness. No evidence of cellulitis at this time. Imp: post Vaser Lipo suction and Plasma Rx. Pt here with companion. Rec FU in a week. For a possible drainage of the seroma." The October 25, 2017 note read "called pt. @12:40 LMSG to call back for recheck."

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Patient C

39. On or about April 6, 2016, Respondent saw Patient C for a liposuction consultation. Respondent documented his evaluation as, "unwanted adiposity at the upper /lower abdomen. flanks & back, inner &outer thighs." Respondent documented the plan was to perform "laser liposuction of the areas indicated." Patient C signed a consent form dated April 12, 2016.

40. On or about April 11, 2016, Respondent performed the Smart Lipo procedure. Respondent documented the areas done were "Banana Roll. Flank, Love Handles, Stomach and Thighs." Respondent failed to document postoperative notes after the procedure. During the procedure, Patient C awoke to a lot of pain as a result of the procedure. When she opened her eyes, she saw O.D. performing the procedure instead of Respondent. She looked across the room and saw Respondent sitting in a chair, "sweating profusely." Patient C called out to Respondent to tell him that she was in a lot of pain, but O.D. told her that he was not feeling well. Patient C called out that she needed more pain medication and fell asleep shortly thereafter.

41. Respondent wrote a note dated June 2, 2016, that "the procedure risks and complications were discussed with the patient preoperatively. She understands and consents to the procedure. All her questions were answered. Informed consent was obtained."

42. On or about September 15, 2017, Patient C posted a review online through Yelp which read in part:

> "...Dr. Siddiqui can keep changing the name of his business but do not be fooled. Run the other way as fast as possible. Extremely unethical medical practices that include his assistant doing my medical procedure resulting in pain, uneven results and scarring. He began the procedure and when I woke/looked up from a terrible painful jab SHE (NOT THE DOCTOR) was working on me and he was in a chair on the other side of the room sweating profusely. I protested but it happened AGAIN later after I fell back asleep (too many drugs I received?) she said 'he is not feeling well.' She is Russian named [OD] and not a doctor just an assistant...."

43. On or about September 21, 2017, Respondent responded to Patient C's review:

> "...I have been a Board Certified Surgeon for thirty years. I am a Fellow of the American College of Surgeons, a Fellow of the American Academy of Cosmetic Surgeons, A fellow of the California Academy of Cosmetic Surgeons and a Fellow of the American Society of Cosmetic Physicians... I do allow my nurse who is extremely well trained to help with liposuction, always under direct supervision... Patients can and do feel occasional discomfort when the cannula touch the bones, this was discussed before the procedure and an informed consent

was obtained... The fee that was paid was a bargain for all the procedures this woman underwent. In addition, she appears to be stalking the practice based on her writings..."

Patient D

44. On or about July 12, 2016, Respondent saw Patient D for a liposuction consultation. In his operative report, dated July 20, 2016, Respondent documented the procedure as "lipo." Respondent documented O.D. as his assistant during the procedure. During the procedure, Patient D awoke to "sharp" pains and saw that O.D. was performing the procedure. Patient D saw Respondent sitting in a chair across the room. O.D. was standing next to her, performing the procedure by herself. Patient D told O.D. and Respondent that she was in pain, but she was told that she just needed more pain medication. At one point, Patient D observed Respondent "educating" O.D. what she was supposed to do and what not to do.

45. Respondent wrote a postoperative note dated September 17, 2016, stating: "Feels good. Likes the result to date. Still has pain especially in the back. Exam: significant diminution of the abdominal skin folds. The back looks extremely good. Imp: excellent postoperative course. Plan F/U in 4 weeks."

46. Respondent documented a second progress note dated September 12, 2016, that read: "patient c/o that there is fat remaining in the treated areas from 07/20/2016. Exam shows retained fat in the area of the procedure specifically in the lower abdomen and back with solidification of the treated areas. The patient also has poor muscle tone of the anterior abdominal wall. A significant amount of the appearance is secondary to omental fat. Imp: Retained and solidified fat in the abdomen/back. Poor muscle tone of the abdomen. Rec; Abdominal crunches. Plan on using a disruptor and laser assisted liposuction."

47. Respondent documented a second operative note dated January 18, 2017, that listed the procedure as "Vaser liposuction" and the preoperative and postoperative diagnosis as "retained Fat in lower abdomen and back pos LAL." Emails exchanged between Respondent and Patient D revealed that Patient D expressed concern about "horrible scars" and "worrying about the procedure working this time and getting positive results." Respondent responded, "I'll put in our absolute best effort. There are too many variables in surgery. There is no surgeon anywhere

who will give any guarantees for any procedure." In another email, Patient D expressed concern that Respondent had mentioned extra skin. Patient D questioned if she would have been better served by another procedure had she been informed about the extra skin prior to having undergone liposuction.

48. Respondent performed a total of three procedure visits on Patient D. During all three procedures, O.D. performed a portion of the touch-up "smart lipo" procedure.

49. At all times alleged herein, Respondent advertised that he was "Board Certified Emeritus" by the American Board of General Surgery. Respondent was initially certified on April 10, 1984, which expired July 1, 1994. He was recertified on October 23, 1994 and expired on July 1, 2004. After a lapse of three months he was again recertified on October 9, 2004 and expired December 31, 2015.

50. Respondent committed gross negligence in his care and treatment of Patients A, B, C, and D, which included, but is not limited to the following:

A. Respondent failed to perform an adequate preoperative examination of Patient A.

B. Respondent failed to have Patient A sign all surgical consent forms before any premedication, including narcotics, were given with sufficient time to ask any questions.

C. Respondent failed to provide adequate post-operative care to Patient A when she was discharged, despite concerns of lidocaine toxicity; Respondent also failed to discharge Patient A to a responsible adult after the first and second surgical procedures; and Respondent failed to document any aftercare.

D. Respondent committed sexual abuse, misconduct, relations, exploitation, contact, and harassment of Patient A.

E. Respondent allowed medical assistant O.D. to perform a portion of the surgical procedures.

F. Respondent advertised and/or presented himself as "Board Certified Emeritus" by the American Board of General Surgery, even though his certification expired on December 31, 2015.

THIRD CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

51. Respondent's license is subject to disciplinary action under section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts during the care and treatment of Patients A, B, C, and D, as more particularly alleged hereinafter. Paragraphs 15 through 50, above, are hereby incorporated by reference and realleged as if fully set forth herein.

52. Respondent committed repeated negligent acts in his care and treatment of Patients A, B, C, and D, which included, but is not limited to the following:

A. Respondent failed to maintain adequate and accurate medical records in the care and treatment of Patient A, when Respondent documented that the Norplant implant was removed from Patient A on April 4, 2017, when in fact, the Norplant implant was removed on April 5, 2017.

B. Respondent failed to keep adequate and accurate medical records in the care of Patient B in that Respondent failed to document an initial consultation with an evaluation of Patient B's current medical condition including but not limited to allergies and medications, as well as a physical exam. Respondent also documented preoperative instructions, consent and prescriptions in a note dated after the operation.

C. Respondent failed to keep adequate and accurate medical records in the care of Patient C when Respondent failed to document or keep any postoperative notes on Patient C.

D. Respondent failed to keep adequate and accurate medical records in the care of Patient D when Respondent failed to document a preoperative note.

E. Respondent failed to provide adequate postoperative care to Patient B, when Respondent only followed up with Patient B to come in for a checkup after three weeks, despite knowing that Patient B had two visits to the ER due to complications and had missed her appointment.

F. Respondent failed to obtain adequate informed consent from Patient D when Respondent told Patient D she was a good candidate for liposuction and only after three procedures was Patient D told that she had too much loose skin and too much intra-abdominal or omental fat to have a good result, and would need an abdominoplasty.

FOURTH CAUSE FOR DISCIPLINE
(Aiding and Abetting in the Unlicensed Practice of Medicine)

53. Respondent's license is subject to disciplinary action under sections 2234, 2052, 2264, and 2289 in that he aided and abetted in the unlicensed practice of medicine by O.D., who was not licensed to practice medicine in California. Paragraphs 15 through 50, above, are hereby incorporated by reference and realleged as if fully set forth herein.

FIFTH CAUSE FOR DISCIPLINE
(Violating Patient Confidence – Patient B)

54. Respondent's license is subject to disciplinary action under sections 2234 and 2263 in that Respondent allowed more than two unauthorized persons to view the procedure performed on Patient B, despite obtaining consent for only two observers. Paragraphs 15 through 50, above, are hereby incorporated by reference and realleged as if fully set forth herein.

SIXTH CAUSE FOR DISCIPLINE
(False and Misleading Advertisement)

55. Respondent's license is subject to disciplinary action under section 2234, 651, and 2271, in that Respondent advertised and/or presented himself as "Board Certified Emeritus" by the American Board of General Surgery, despite his certification being lapsed. Paragraphs 15 through 50, above, are hereby incorporated by reference and realleged as if fully set forth herein.

SEVENTH CAUSE FOR DISCIPLINE
(Failure to Maintain Adequate and Accurate Records)

56. Respondent's license is subject to disciplinary action under section 2266, of the Code, in that he failed to maintain adequate and accurate medical records relating to his care and treatment of Patients A, B, C, and D, as more particularly alleged hereinafter. Paragraphs 15 through 50, above, are hereby incorporated by reference and realleged as if fully set forth herein.

EIGHTH CAUSE FOR DISCIPLINE
(General Unprofessional Conduct)

57. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, of the Code, in that he has engaged in conduct which breaches the rules

or ethical code of the medical profession, or conduct which is unbecoming of a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 15 through 50, above, which are hereby realleged and 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 No. C 51828, issued to Mohammed Nasiruddin Siddiqui, M.D.;

2. Revoking, suspending or denying approval of Mohammed Nasiruddin Siddiqui, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Mohammed Nasiruddin Siddiqui, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: MAY 04 2021

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

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