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

In the Matter of the Accusation Against:	)	
	)	
	)	
CRISELDA CALAYAN ABADSANTOS, M.D.	)	Case No. 05-2010-205633
	)	
Physician's and Surgeon's	)	
Certificate No. A 105195	)	
	)	
Respondent.	)	
	)	

DECISION AND ORDER

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

This Decision shall become effective at 5:00 p.m. on March 30, 2012.

IT IS SO ORDERED March 2, 2012.

MEDICAL BOARD OF CALIFORNIA

By: Shelton Duruisseau
Shelton Duruisseau, Ph.D., Chair
Panel A

KAMALA D. HARRIS
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General
COLLEEN M. MCGURRIN
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Attorneys for Complainant

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

In the Matter of the Accusation Against: Criselda Calayan Abadsantos, M.D. 27013 Cliffie Way Canyon Country, California 91387 Physician's and Surgeon's Certificate No. A 105195 Respondent.	Case No. 05-2010-205633 OAH No. 2011090868 **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. Linda K. Whitney (Complainant) is the Executive Director of the Medical Board of California (Board), Department of Consumer Affairs. She brought this action solely in her official capacity and is represented in this matter by Kamala D. Harris, Attorney General of the State of California, by Colleen M. McGurrin, Deputy Attorney General.

2. Respondent Criselda Calayan AbadSantos, M.D. is represented in this proceeding by attorney Sherwin C. Edelberg, Esq., whose address is: Sherwin C. Edelberg, Esq., Edelsberg & Espina, 18757 Burbank Blvd., Suite 215, Tarzana, California 91356.

3. On or about August 13, 2008, the Board issued Physician's and Surgeon' s Certificate No. A 105195 to Criselda Calayan AbadSantos, M.D. The Physician's and Surgeon' s Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 05-

2010-205633 and will expire on December 31, 2013, unless renewed.

JURISDICTION

4. Accusation No. 05-2010-205633 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on August 5, 2011. Respondent timely filed her Notice of Defense contesting the Accusation. A copy of Accusation No. 05-2010-205633 is attached as Exhibit "A" and is incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 05-2010-205633. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order will have on Physician's and Surgeon's certificate and her ability to practice medicine in California.

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

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

CULPABILITY

8. Respondent admits the truth of each and every charge and allegation contained in the Third Cause for Discipline and Fourth Cause for Discipline as alleged in Accusation No. 05-2010-205633.

9. Respondent agrees that her Physician's and Surgeon's Certificate No. A 105195 is subject to discipline and she agrees to be bound by the Board's probationary terms as set forth in

the Disciplinary Order below.

CONTINGENCY

10. 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 Board may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or her counsel. By signing the stipulation, Respondent understands and agrees that she may not withdraw her 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.

11. The parties understand and agree that facsimile copies of this Stipulated Settlement and Disciplinary Order, including facsimile signatures thereto, shall have the same force and effect as the originals.

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 105195 issued to Respondent Criselda Calayan AbadSantos, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions:

1. CLINICAL TRAINING PROGRAM Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a clinical training or educational program equivalent to the Physician Assessment and Clinical Education Program (PACE) offered at the University of California - San Diego School of Medicine ("Program").

The Program shall consist of a Comprehensive Assessment program comprised of a two-day assessment of respondent's physical and mental health; basic clinical and communication skills common to all clinicians; and medical knowledge, skill and judgment pertaining to

respondent's specialty or sub-specialty, and at minimum, a 40 hour program of clinical education in the area of practice in which respondent was alleged to be deficient and which takes into account data obtained from the assessment, Decision(s), Accusation(s), and any other information that the Division or its designee deems relevant. Respondent shall pay all expenses associated with the clinical training program.

Based on respondent's performance and test results in the assessment and clinical education, the Program will advise the Division or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, treatment for any medical condition, treatment for any psychological condition, or anything else affecting respondent's practice of medicine. Respondent shall comply with Program recommendations.

At the completion of any additional educational or clinical training, respondent shall submit to and pass an examination. The Program's determination whether or not respondent passed the examination or successfully completed the Program shall be binding.

Respondent shall complete the Program not later than 6 months after respondent's initial enrollment unless the Division or its designee agrees in writing to a later time for completion.

Failure to participate in and complete successfully all phases of the clinical training program outlined above is a violation of probation.

2. PROHIBITED PRACTICE During probation, respondent is prohibited from prescribing, furnishing, and/or providing samples of narcotics, dangerous drugs, and/or controlled substances to any family member. Respondent is further prohibited from treating, diagnosing, or counseling any family member during probation. After the effective date of this Decision, the first time that a family member seeking the prohibited services contacts respondent, respondent shall orally notify the family member that respondent is prohibited from prescribing, furnishing, and/or providing samples of narcotics, dangerous drugs, and/or controlled substances to any family member and is further prohibited from treating, diagnosing, or counseling any family member during the probationary period. Respondent shall maintain a log of all family members to whom the required oral notification was made. The log shall contain the: 1) family member's name, address and phone number; 2) family member's medical record number, if available; 3) the

full name of the person making the notification; 4) the date the notification was made; and 5) a description of the notification given. Respondent shall keep this log in a separate file or ledger, in chronological order, shall make the log available for immediate inspection and copying on the premises at all times during business hours by the Division or its designee, and shall retain the log for the entire term of probation. Failure to maintain a log as defined in the section, or to make the log available for immediate inspection and copying on the premises during business hours is a violation of probation.

In addition to the required oral notification, after the effective date of this Decision, the first time that a family member who seeks the prohibited services presents to respondent, respondent shall provide a written notification to the family member stating that respondent is prohibited from prescribing, furnishing, and/or providing samples of narcotics, dangerous drugs, and/or controlled substances to any family member and is further prohibited from treating, diagnosing, or counseling any family member during the probationary period. Respondent shall maintain a copy of the written notification in the family member's file, shall make the notification available for immediate inspection and copying on the premises at all times during business hours by the Division or its designee, and shall retain the notification for the entire term of probation. Failure to maintain the written notification as defined in the section, or to make the notification available for immediate inspection and copying on the premises during business hours is a violation of probation.

3. CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO RECORDS AND INVENTORIES Respondent shall maintain a record of all controlled substances ordered, prescribed, dispensed, administered or possessed by respondent, and any recommendation or approval which enables a patient or patient's primary caregiver to possess or cultivate marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5, during probation, showing all the following: 1) the name and address of the patient; 2) the date; 3) the character and quantity of controlled substances involved; and 4) the indications and diagnoses for which the controlled substance was furnished.

Respondent shall keep these records in a separate file or ledger, in chronological order. All

records and any inventories of controlled substances shall be available for immediate inspection and copying on the premises by the Division or its designee at all times during business hours and shall be retained for the entire term of probation.

Failure to maintain all records, to provide immediate access to the inventory, or to make all records available for immediate inspection and copying on the premises, shall constitute a violation of probation.

4. PRESCRIBING PRACTICES COURSE Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a course in prescribing practices, at respondent's expense, approved in advance by the Division or its designee. Failure to successfully complete the course during the first 12 months of probation is a violation of probation.

A prescribing practices 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 Division or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Division 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 Division 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.

5. 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, at respondent's expense, approved in advance by the Division or its designee. Failure to successfully complete the course during the first 12 months of probation is a violation of probation.

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 Division or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Division 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 Division 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.

6. ETHICS COURSE Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a course in ethics, at respondent's expense, approved in advance by the Division or its designee. Failure to successfully complete the course during the first 12 months of probation is a violation of probation.

An ethics course taken after the acts that gave rise to the charges alleged in the Third and Fourth Cause for Discipline in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Division or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Division 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 Division 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.

7. NOTIFICATION Prior to engaging in the practice of medicine, the respondent shall provide a true copy of the Decision(s) and Accusation(s) 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 Division or its designee within 15 calendar days.

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

8. SUPERVISION OF PHYSICIAN ASSISTANTS During probation, respondent is prohibited from supervising physician assistants.

9. 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.

10. QUARTERLY DECLARATIONS Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Division, 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.

11. PROBATION UNIT COMPLIANCE Respondent shall comply with the Division's probation unit. Respondent shall, at all times, keep the Division informed of respondent's business and residence addresses. Changes of such addresses shall be immediately communicated in writing to the Division 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(b).

Respondent shall not engage in the practice of medicine in respondent's place of residence. Respondent shall maintain a current and renewed California physician's and surgeon's license.

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

12. INTERVIEW WITH THE DIVISION, OR ITS DESIGNEE Respondent shall be available in person for interviews either at respondent's place of business or at the probation unit office, with the Division or its designee, upon request at various intervals, and either with or without prior notice throughout the term of probation.

13. RESIDING OR PRACTICING OUT-OF-STATE In the event respondent should leave the State of California to reside or to practice, respondent shall notify the Division or its designee in writing 30 calendar days prior to the dates of departure and return. Non-practice is defined as any period of time exceeding 30 calendar days in which respondent is not engaging in any activities defined in Sections 2051 and 2052 of the Business and Professions Code.

All time spent in an intensive training program outside the State of California which has been approved by the Division or its designee shall be considered as time spent in the practice of medicine within the State. A Board-ordered suspension of practice shall not be considered as a period of non-practice. Periods of temporary or permanent residence or practice outside

California will not apply to the reduction of the probationary term. Periods of temporary or permanent residence or practice outside 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; Probation Unit Compliance; and Cost Recovery.

Respondent's license shall be automatically cancelled if respondent's periods of temporary or permanent residence or practice outside California total two years. However, respondent's license shall not be cancelled as long as respondent is residing and practicing medicine in another state of the United States and is on active probation with the medical licensing authority of that state, in which case the two year period shall begin on the date probation is completed or terminated in that state.

14. FAILURE TO PRACTICE MEDICINE - CALIFORNIA RESIDENT

In the event respondent resides in the State of California and for any reason respondent stops practicing medicine in California, respondent shall notify the Division or its designee in writing within 30 calendar days prior to the dates of non-practice and return to practice. Any period of non-practice within California, as defined in this condition, will not apply to the reduction of the probationary term and does not relieve respondent of the responsibility to comply with the terms and conditions of probation. Non-practice is defined as any period of time exceeding 30 calendar days in which respondent is not engaging in any activities defined in sections 2051 and 2052 of the Business and Professions Code.

All time spent in an intensive training program which has been approved by the Division or its designee shall be considered time spent in the practice of medicine. For purposes of this condition, non-practice due to a Board-ordered suspension or in compliance with any other condition of probation, shall not be considered a period of non-practice.

Respondent's license shall be automatically cancelled if respondent resides in California and for a total of two years, fails to engage in California in any of the activities described in Business and Professions Code sections 2051 and 2052.

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15. COMPLETION OF PROBATION Respondent shall comply with all financial obligations (e.g., 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.

16. 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 Division, 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, Petition to Revoke Probation, or an Interim Suspension Order is filed against respondent during probation, the Division shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

17. LICENSE SURRENDER Following the effective date of this Decision, if respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the terms and conditions of probation, respondent may request the voluntary surrender of respondent's license. The Division reserves the right to evaluate respondent's request and to exercise its discretion 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 Division or its designee and respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation and the surrender of respondent's license shall be deemed disciplinary action. If respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

18. PROBATION MONITORING COSTS Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Division, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Division or its designee no later than January 31 of each calendar year. Failure to pay costs within 30 calendar days of the due date is a violation of probation.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Sherwin C. Edelberg, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate and my ability to practice medicine in California during the probationary term. 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: 12/28/11

CRISELDA CALAYAN ABADSANTOS, M.D.
Respondent

I have read and fully discussed with Respondent Criselda Calayan AbadSantos, 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: 12/29/11

SHERWIN C. EDELBERG, ESQ.
Attorney for Respondent

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ENDORSEMENT

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

Dated: 1/4/2012

Respectfully submitted,

KAMALA D. HARRIS
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General

COLLEEN M. MCGURRIN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 05-2010-205633

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Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO AUGUST 5, 2011
BY: JYELCHAK ANALYST

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

In the Matter of the Accusation Against: Criselda Calayan AbadSantos, M.D. Antelope Valley Wellness Center 251-H East Avenue K-6 Lancaster, California 93535 Physician's and Surgeon' s Certificate Number A 105195, Respondent.	Case No. 05-2010-205633 OAH No. **ACCUSATION**

Complainant alleges:

PARTIES

1. Linda K. Whitney (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California (Board).

2. On or about August 13, 2008, the Board issued Physician's and Surgeon's Certificate number A 105195 to Criselda Calayan AbadSantos, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought herein and will expire on December 31, 2011, unless renewed.

JURISDICTION

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

BUSINESS AND PROFESSIONS CODE SECTIONS

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 division, may, in accordance with the provisions of this chapter:

"(1) Have his or her license revoked upon order of the division.

"(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the division.

"(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the division.

"(4) Be publicly reprimanded by the division.

"(5) Have any other action taken in relation to discipline as part of an order of probation, as the division 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 division 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."

5. Section 2234 of the Code states, in pertinent part: "The Division of Medical Quality[1] 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:

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[1] California Business and Professions Code section 2002, as amended and effective January 1, 2008, provides that, unless otherwise expressly provided, the term "board" as used in the State Medical Practices Act (Bus. & Prof. Code § 2000, et seq.) means the "Medical Board of California," and references to the "Division of Medical Quality" and "Division of Licensing" in the Act or any other provision of law shall be deemed to refer to the Board.

"(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 [Chapter 5, the Medical Practice Act].

"(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) . . . (2)."

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

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

6. Section 2242 of the Code states, in pertinent part:

"(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior examination and a medical indication, constitutes unprofessional conduct.

"(b) No licensee shall be found to have committed unprofessional conduct within the meaning of this section if, at the time the drugs were prescribed, dispensed, or furnished, any of the following applies:

"(1) The licensee was a designated physician . . . serving in the absence of the patient's physician . . . , and if the drugs were prescribed, dispensed, or furnished only as necessary to maintain the patient until the return of his or her practitioner, but in any case no longer than 72 hours.

"(2)(A). . . (B)."

"(3) The licensee was a designated practitioner serving in the absence of the patient's physician . . . , and was in possession of or had utilized the patient's records and ordered the renewal of a medically indicated prescription for an amount not exceeding the original prescription in strength or amount or for more than one refill.

"(4) . . . ."

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7. Section 4022 of the Code states, in pertinent part:

"'Dangerous drug' . . . includes the following:"

"(a) Any drug that bears the legend: 'Caution: federal law prohibits dispensing without prescription," "Rx only." Or words of similar import."

"(b) . . . ."

"(c) Any other drug . . . that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006."

8. Section 4024 of the Code states, in pertinent part: "(a) Except as provided in subdivision (b), 'dispense' means the furnishing of drugs . . . upon a prescription from a physician . . . acting within the scope of . . . her practice."

"(b) 'Dispense' also means and refers to the furnishing of drugs . . . directly to a patient by a physician . . . acting within the scope of . . . her practice."

9. Section 4026 of the Code states: "'Furnish' means to supply by any means, by sale or otherwise."

10. Section 4171, subdivision (a), of the Code states, in pertinent part: "Section 4170 shall not prohibit the furnishing of a limited quantity of samples by a prescriber, if the prescriber dispenses the samples to the patient in the package provided by the manufacturer, no charge is made to the patient therefor, and an appropriate record is entered in the patient's chart."

11. Section 4021 of the Code states: "'Controlled substance' means substances listed in Chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code."

12. 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."

HEALTH AND SAFETY CODE SECTIONS

13. Section 11007 of the Health and Safety Code states, in pertinent part: "'Controlled substances,' unless otherwise specified, means a drug, substance, or immediate precursor which is listed in any schedule in Section . . . , 11055, . . . , 11057, ..."

14. Section 11055 of the Health and Safety Code states, in pertinent part:

"(a) The controlled substances listed in this section are included in Schedule II."

"(b) Any of the following substances, . . . :'

"(1) Opium, opiate, and any salt, compound, derivative, . . . including the following:

"(A) . . . (L)."

"(M) Oxycodone."

"(N) . . . (O)."

"(2) . . . (7)."

"(c) . . . ."

"(d) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system: "

"(1) Amphetamine, its salts, optical isomers, and salts of its isomers."

"(2) . . . (8)."

"(e) . . . (f)."

15. Section 11057 of the Health and Safety Code states, in pertinent part:

"(a) The controlled substances listed in this section are included in Schedule IV."

"(b) . . . (c)."

"(d) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts, isomers, and salts of isomers whenever the existence of those salts, isomers, and salts of isomers is possible within the specific chemical designation: "

"(1) . . . (15)."

"(16) Lorazepam."

"(17) . . . (32)."

"(e) . . . ."

"(f) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers . .

., and salts of isomers is possible within the specific chemical designation:"

"(1) . . . (3)."

"(4) Phentermine."

"(5) . . . (8)."

"(g) . . . ."

16. Section 11210 of the Health and Safety Code states, in pertinent part:

"A physician . . . , may prescribe for, furnish to, or administer controlled substances to . . . her patient when the patient is suffering from a disease, ailment, injury, or infirmities attendant upon old age, other than addiction to a controlled substance."

"The physician, . . . shall prescribe, furnish, or administer controlled substances only when in good faith . . . she believes the disease, aliment, injury, or infirmity requires the treatment."

"The physician, . . . , shall prescribe, furnish, or administer controlled substances only in the quantity and for the length of time as are reasonably necessary."

17. Section 11190 of the Health and Safety Code states, in pertinent part:

"(a) Every practitioner, other than a pharmacist, who prescribes or administers a controlled substance classified in Schedule II shall make a record that, as to the transaction, shows all of the following:

"(1) The name and address of the patient."

"(2) The date."

"(3) The character, including the name and strength, and quantity of controlled substances involved."

"(b) The prescriber's record shall show the pathology and purpose for which the controlled substance was administered or prescribed."

"(c)(1) . . . (f)(2)."

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FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

18. Respondent is subject to disciplinary action under Business and Professions Code section 2234, subdivision (b), in that she committed gross negligence in the care and treatment of K.T., P.AS., B.AS., M.C., and R.C. The circumstances are as follows:

PATIENT K.T.

19. In or about March 2010, Respondent prescribed to K.T., a then eighteen-year-old female family friend, thirty tablets of 30 milligrams (mg) of Adderall[2], a controlled substance, because K.T. was getting depressed because her boyfriend was in another state. The prescriptions were filled on or about March 6 and March 9, 2010. In or about April, May and June 2010, Respondent prescribed sixty 30 mg tablets of Adderall to K.T., which were filled on or about April 13, May 19 and June 26, 2010. Prior to writing the prescriptions, Respondent did not conduct an appropriate examination of K.T., nor did Respondent perform any type of evaluation to establish that the controlled substance was medically indicated. Respondent initiated treatment at 30 mg a day, quickly increasing the dosage to 60 mg a day, without first starting K.T. on the lowest dosage (5 mg) and titrating upward after careful monitoring. Respondent did not order any laboratory tests to evaluate K.T.'s liver or cardiac functions to determine the suitability for this type of stimulant medication treatment. Respondent did not inform K.T. about the potential side effects or adverse reactions to the Adderall. Respondent did not monitor the clinical effects or side effects of the controlled substance. At all times mentioned herein, Respondent did not create or maintain a medical chart for K.T.

20. On or about July 28, 2010, Respondent testified, during an interview with the Board that she also furnished samples of Pristiq[3], a dangerous drug, to K.T. Respondent, however, did not conduct an appropriate examination of K.T., nor did she perform any type of evaluation to

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[2] Adderall is a brand name for a pharmaceutical psychostimulant comprising mixed amphetamine and dextroamphetamine. This drug is used primarily to treat attention-deficit/hyperactivity disorder (ADHD) and narcolepsy. This is a Schedule II Controlled Substance that has a high potential for abuse and addiction.

[3] Pristiq is a brand name for an antidepressant that affects the chemicals in the brain that may become unbalanced and cause depression. This drug is used primarily to treat major depressive disorders, and is a dangerous drug requiring a prescription.

establish that this dangerous drug was medically indicated. Respondent did not order any laboratory tests to evaluate the K.T.'s blood pressure or renal function to determine the suitability of this type of treatment prior to furnishing the dangerous drug. Respondent did not monitor the clinical effects or side effects of the dangerous drug. Respondent did not inform K.T. about the potential side effects and/or adverse reactions to this dangerous drug. Respondent further testified that she told K.T. "to go . . . see a psychiatrist, but she refused." Nonetheless, Respondent continued to furnish samples of Pristiq to K.T.

21. In or about June and July 2010, Respondent prescribed 37.5 mg of Phentermine[4], a controlled substance, to K.T. because she was a "little chubby." At the same time, Respondent prescribed thirty 50 mg tablets of hydrocholorothiazide[5], a dangerous drug, to K.T. Prior to writing the prescriptions, Respondent did not conduct an appropriate examination of K.T., nor was Respondent aware of K.T.'s body mass index (BMI)[6] to determine if phentermine was medically indicated. Respondent did not order any blood or laboratory tests to check K.T.'s cardiac or renal functions, nor potassium levels before writing the prescription. Respondent did not monitor the clinical effects or side effects of the medications after they were prescribed. Respondent did not inform K.T. of the potential side effects and/or adverse reactions to the medications prescribed. The prescriptions were filled on or about June 13, 2010 and July 12, 2010. Respondent told the Board that the July 12, 2010 prescriptions for phentermine, a controlled substance, and hydrocholorothiazide, a dangerous drug, were filled in California, picked up by B.AS., a male member of respondent's family, and mailed to K.T. who was residing in another state.

22. In or about July 2010, Respondent prescribed sixty 100 mg tablets of Trazodone[7], a

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[4] Phentermine is a stimulant that is similar to an amphetamine. It is an appetite suppressant that affects the central nervous system and is a Schedule IV Controlled Substance.

[5] Hydrocholorothiazide is a thiazide diuretic (water pill) that helps prevent the body from absorbing too much salt, which can cause fluid retention. This medication is generally used to treat high blood pressure (hypertention), and fluid retention in people with congestive heart failure, cirrhosis of the liver, or kidney disorders, or edema caused by taking steroids or estrogen. This medication requires a prescription and is a dangerous drug.

[6] Body Mass Index (BMI) is a measurement of the relative percentages of fat and muscle mass in the human body, in which mass in kilograms is divided by height in meters squared. The result is used as an index of obesity.

[7] Trazodone is an antidepressant medication that is thought to increase the activity of one of the brain chemicals (serotonin) which may become unbalanced and cause depression. It is used to treat depression, but may

(continued...)

dangerous drug, to K.T. for insomnia. Prior to writing the prescription, Respondent did not speak to K.T. nor did she physically see K.T. who was residing in another state at that time. Respondent told the Board that she received a telephone call from her son (i.e., Respondent's son) stating that K.T. was not sleeping well. When Respondent asked to speak with K.T. Respondent was told that "she didn't want to talk to me." Nevertheless, Respondent wrote the prescription, which was filled in California, on or about July 12, 2010, and picked up by B.AS., who mailed the dangerous drug to K.T. in another state. Prior to writing the prescription, Respondent did not conduct an appropriate examination of K.T., nor did she perform any type of evaluation to establish that the dangerous drug was medically indicated. Respondent did not inform K.T. of the potential side effects and/or adverse reactions to the medication, nor did Respondent warn K.T. that there was the possibility that she might start having suicidal thoughts when first starting this dangerous drug. Respondent did not monitor the clinical effects or side effects of the dangerous drug after it was prescribed.

23. In or about July 2010, Respondent prescribed sixty 500 mg tablets of Metformin[8], a dangerous drug, to K.T. Respondent told the Board that she prescribed Metformin to K.T. because it is "also to help . . . weight loss." Prior to writing the prescription, Respondent did not conduct an appropriate examination of K.T., nor perform any type of evaluation to establish that the prescription was medically indicated. Respondent did not conduct or order any laboratory tests to ascertain K.T.'s blood sugar levels, nor her liver, renal or pancreatic functions prior to prescribing this dangerous drug. Respondent did not monitor the clinical effects or side effects of the medication. In fact, Respondent did not see K.T. who was residing in another state when the prescription was written. Respondent did not inform K.T. of the potential side effects and/or adverse reactions to the dangerous drug, which could be life threatening. Nevertheless, Respondent wrote the prescription, which was filled in California, picked up by B.AS., on or

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also be used for relief of anxiety disorders (e.g., sleeplessness, tension) and chronic pain. This medication requires a prescription and is a dangerous drug.

[8] Metformin is an oral diabetes medicine that helps control blood sugar levels and is for people with Type 2 (non-insulin dependent) diabetes. This medication can cause lactic acidosis (a build-up of lactic acid in the body) which can be fatal. This medication requires a prescription and is a dangerous drug.

about July 12, 2010, and mailed to K.T. in another state.

24. Respondent committed gross negligence in the care and treatment of K.T. by:

(a) Failing to perform an appropriate examination prior to prescribing the controlled substances Adderall and phentermine, and/or furnishing the dangerous drugs Trazodone, Metformin, hydrocholorothiazide, and Pristiq;

(b) Failing to perform an evaluation to establish that the controlled substances and dangerous drugs prescribed and furnished were medically indicated;

(c) Failing to order laboratory tests to evaluate K.T.'s liver and cardiac functions prior to prescribing the controlled substances Adderall and phentermine;

(d) Failing to order laboratory tests to evaluate K.T.'s kidney, liver and pancreatic functions and failing to test K.T.'s blood sugar and blood pressure levels before prescribing and/or furnishing the dangerous drugs Trazodone, hydrocholorothiazide, Metformin and Pristiq;

(e) Failing to discuss the potential side effects, adverse reactions and/or allergic reactions to the controlled substances and dangerous drugs prescribed and/or furnished;

(f) Failing to monitor the clinical effects or side effects of the controlled substances and dangerous drugs prescribed and/or furnished; and

(g) Failing to maintain a medical chart.

PATIENT P.AS.

25. In or about November 2009, and January and March 2010, Respondent prescribed to P.AS., a then twenty-three-year-old female relative, sixty 30 mg tablets of Adderall, a controlled substance. Prior to writing the prescription, Respondent did not conduct an appropriate examination of P.AS., nor did she perform any type of evaluation to establish that the controlled substance was medically indicated. Respondent did not order any laboratory tests to evaluate the liver or cardiac functions of P.AS. to determine the suitability for this type of stimulant medication treatment. Additionally, Respondent initiated treatment at 60 mg a day without first starting P.AS. on the lowest dose (5 mg) and titrating upward after careful monitoring. Respondent did not monitor the clinical effects or side effects of the controlled substance. Respondent did not inform P.AS. of the potential side effects and/or adverse reactions to the

Adderall. At all times mentioned herein, Respondent did not create or maintain a medical chart for P.AS.

26. In or about April 2010, Respondent prescribed thirty 50 mg tablets of Pristiq, a dangerous drug, to P.AS. Prior to writing the prescription, Respondent did not conduct an appropriate examination of P.AS., nor did she perform any type of evaluation to establish that the dangerous drug was medically indicated. Respondent did not order any laboratory tests to evaluate P.AS.'s blood pressure or renal function to determine the suitability of this type of treatment prior to prescribing the dangerous drug. Respondent did not monitor the clinical effects or side effects of the dangerous drug, and did not monitor P.AS.'s blood pressure or renal function after prescribing this dangerous drug. There is no evidence that Respondent informed P.AS. about the potential side effects and/or allergic reactions to this dangerous drug.

27. Respondent committed gross negligence in the care and treatment of P.AS. by:

(a) Failing to perform an appropriate examination prior to prescribing the controlled substance Adderall, and the dangerous drug Pristiq;

(b) Failing to perform an evaluation to establish that the controlled substance and the dangerous drug prescribed were medically indicated;

(c) Failing to order laboratory tests to evaluate P.AS.'s liver and cardiac functions prior to prescribing the controlled substance Adderall;

(d) Failing to order laboratory tests to evaluate and monitor P.AS.'s blood pressure and renal function prior to prescribing the dangerous drug Pristiq;

(e) Failing to discuss the potential side effects and/or adverse reactions to the Adderall and Pristiq;

(f) Failing to monitor the clinical effects or side effects of the Adderall and Pristiq; and

(g) Failing to maintain a medical chart.

PATIENT B.AS.

28. In or about June 2009, Respondent prescribed to B.AS., a then forty-six year old male

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relative, ninety 2 mg tablets of Lorazepam[9], a controlled substance, which was filed on or about June 23, 2009. On or about July 1, 2009, B.AS. filled another prescription for seven 2 mg tablets of Lorazepam. Further, on or about August 27, 2009, B.AS. filled another prescription from Respondent for sixty 2 mg tablets of Lorazepam. Prior to writing the prescriptions, Respondent did not conduct an appropriate examination of B.AS., nor did Respondent perform any type of evaluation to establish that the controlled substance was medically indicated. Respondent initiated treatment at a high dose (4 - 6 mg a day) without first starting B.AS. on the lowest recommended dose (1 - 2 mg a day) and titrating upward after careful monitoring. There is no evidence that Respondent informed B.AS. about the potential side effects and/or adverse reactions to the Lorazepam.

29. In or about August 2009, Respondent prescribed ninety tablets of OxyContin[10], a central nervous system depressant, to B.AS. This medication was prescribed at the same time Respondent was prescribing a high dosage of Lorazepam, another central nervous system depressant. Respondent did not monitor the clinical effects or side effects of the OxyContin which was filled on or about August 27, 2009.

30. In or about September and November 2009, and January and February 2010, Respondent prescribed sixty 30 mg tablets of Adderall, a controlled substance, to B.AS. Prior to writing the prescription, Respondent did not conduct an appropriate examination of B.AS., nor did Respondent perform any type of evaluation to establish that this control substance was medically indicated. Respondent did not order any laboratory tests to evaluate B.AS.'s liver or cardiac functions to determine the suitability for this type of stimulant medication treatment. Additionally, Respondent initiated treatment at 60 mg a day without first starting with the lowest dose (5 mg) and titrating upward after careful monitoring. Respondent did not monitor the clinical effects or side effects of the controlled substance. There is no evidence that respondent

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[9] Lorazepam (also known as Ativan, a trademark) is an anti-anxiety agent which is thought to depress the central nervous system at the limbic system and disrupt neurotransmission in reticular (net like) activating system. This is a Schedule IV controlled substance.

[10] OxyContin, also known by the generic name of oxycodone, is a narcotic pain reliever similar to morphine used to treat moderate to severe pain that is expected to last for an extended period of time and is a Scheduled II narcotic.

informed B.AS. of the potential side effects and/or adverse reactions to the controlled substance.

31. Respondent committed gross negligence in the care and treatment of B.AS. by:

(a) Failing to perform an appropriate examination prior to prescribing the controlled substances Adderall and Lorazepam;

(b) Failing to perform any type of evaluation to establish that the Adderall and Lorazepam were medically indicated;

(c) Failing to order laboratory tests to evaluate B.AS.'s liver and cardiac function prior to prescribing the controlled substances Adderall and Lorazepam;

(d) Failing to inform B.AS. about the potential side effects and adverse reactions to the Adderall and Lorazepam; and

(e) Failing to monitor the clinical effects or side effects of the controlled substances.

PATIENT M.C.

32. In or about April 2010, Respondent prescribed to M.C., a then forty-four year-old male relative, sixty 30 mg tablets of Adderall, a controlled substance, which was filled on or about April 5, 2010. Respondent told the Board that M.C., who lives in the Philippines, was running for a political position and needed "something to help him . . . have a little more energy and stay up . . . so I gave him Adderall." Prior to writing the prescription, Respondent did not conduct an appropriate examination of M.C., nor did she perform any type of evaluation to establish that the Adderall was medically indicated. Respondent did order any laboratory tests to evaluate M.C.'s liver or cardiac functions to determine the suitability for this type of stimulant medication treatment. Additionally, Respondent initiated treatment at 60 mg a day without first starting M.C. on the lowest recommended dose (5 mg) and titrating upward after careful monitoring. Respondent did not monitor the clinical effects or side effects of the medication. There is no evidence that Respondent informed M.C. of the potential side effects and/or adverse reactions to the controlled substance. Respondent did not create or maintain a medical chart for M.C.

33. Respondent committed gross negligence in the care and treatment of M.C. by:

(a) Failing to perform an appropriate examination prior to prescribing the controlled

substance Adderall;

(b) Failing to perform an evaluation to establish that the Adderall was medically indicated;

(c) Failing to order laboratory tests to evaluate M.C's liver and cardiac function prior to prescribing Adderall;

(d) Failing to inform M.C. about the potential side effects and adverse reactions of the Adderall;

(e) Failing to monitor the clinical effects or side effects of the Adderall; and

(f) Failing to maintain a medical chart.

PATIENT R.C.

34. On or about July 2010, Respondent prescribed to R.C., a male relative, 100 mg of Pristiq, a dangerous drug. Respondent told the Board that she received a telephone call from R.C., who lives in the Philippines and had been previously diagnosed with a bipolar disorder[11], stating that he was experiencing some depression. Based upon that conversation, Respondent wrote the prescription, which was filled on or about July 12, 2010 in California, and mailed to R.C. in the Philippines. Prior to writing the prescription, Respondent did not see or conduct an appropriate examination of R.C., nor did she perform any type of evaluation to establish that this dangerous drug was medically indicated. Respondent did not order any laboratory tests to evaluated R.C.'s blood pressure levels or renal function prior to prescribing the dangerous drug, nor did Respondent monitor the clinical effects or side effects of the dangerous drug. There is no evidence that respondent informed R.C. of the potential side effects and/or allergic reactions to the medication prescribed. At all times mentioned herein, Respondent did not create or maintain a medical chart for R.C.

35. In or about December 2010, Respondent prescribed 37.5 mg of Phentermine, a controlled substance, to R.C. Prior to writing the prescription, Respondent did not see or conduct an appropriate examination of R.C., nor was she aware of his body mass index to determine if phentermine was medically indicated. Respondent did not check his blood pressure levels or

[11] Bipolar disorder is a mood disorder that causes radical emotional changes and mood swings, from manic highs to depressive lows.

order any laboratory tests to check his cardiac function. Respondent did not monitor R.C.'s blood pressure nor the clinical effects or side effects of the Pristiq after the dangerous drug was mailed to him in the Philippines. Respondent did not inform R.C. of the potential side effects and/or adverse reactions to the phentermine. The prescription was filled on or about December 20, 2010, in California and mailed to R.C. in the Philippines.

36. Respondent committed gross negligence in the care and treatment of R.C. by:

(a) Failing to perform an appropriate examination prior to prescribing the controlled substances phentermine, and dangerous drug Pristiq;

(b) Failing to perform an evaluation to establish that the phentermine and Pristiq were medically indicated;

(c) Failing to order laboratory tests to evaluate R.C.'s cardiac function prior to prescribing the controlled substances phentermine;

(d) Failing to order laboratory tests to evaluate R.C.'s renal function or blood pressure prior to prescribing the dangerous drug Pristiq,;

(e) Failing to discuss the potential side effects and/or adverse reactions to the phentermine and Pristiq prescribed;

(f) Failing to monitor the clinical effects or side effects of the phentermine and Pristiq after they were prescribed; and

(g) Failing to maintain a medical chart.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

37. Respondent is subject to disciplinary action under Business and Professions Code section 2234, subdivision (c), in that she committed repeated negligent acts in her care and treatment of K.T., P.AS, B.AS., M.C., and R.C. The circumstances are as follows:

38. Paragraphs 19 through 23, 25 thorough 26, 28 through 30, 32, and 34 through 35, inclusive, above are incorporated herein by reference as if fully set forth.

39. Respondent committed repeated negligent acts in the care and treatment of K.T., P.AS, B.AS., M.C., and R.C. by:

PATIENT K.T.

(a) Failing to perform an appropriate examination prior to prescribing the controlled substances Adderall and phentermine, and/or furnishing the dangerous drugs Trazodone, Metformin, hydrocholorothiazide, and Pristiq;

(b) Failing to perform an evaluation to establish that the controlled substances and dangerous drugs prescribed and furnished were medically indicated;

(c) Failing to order laboratory tests to evaluate K.T.'s liver and cardiac functions prior to prescribing the controlled substances Adderall and phentermine;

(d) Failing to order laboratory tests to evaluate K.T.'s kidney, liver and pancreatic functions and failing to test K.T.'s blood sugar and blood pressure levels before prescribing and/or furnishing the dangerous drugs Trazodone, hydrocholorothiazide, Metformin and Pristiq;

(e) Failing to discuss the potential side effects, adverse reactions and/or allergic reactions to the controlled substances and dangerous drugs prescribed and/or furnished;

(f) Failing to monitor the clinical effects or side effects of the controlled substances and dangerous drugs prescribed and/or furnished; and

(g) Failing to maintain a medical chart.

PATIENT P.AS.

(h) Failing to perform an appropriate examination prior to prescribing the controlled substance Adderall, and the dangerous drug Pristiq;

(i) Failing to perform an evaluation to establish that the controlled substance and the dangerous drug prescribed were medically indicated;

(j) Failing to order laboratory tests to evaluate P.AS.'s liver and cardiac functions prior to prescribing the controlled substance Adderall;

(k) Failing to order laboratory tests to evaluate and monitor P.AS.'s blood pressure and renal function prior to prescribing the dangerous drug Pristiq;

(l) Failing to discuss the potential side effects and/or adverse reactions to the Adderall and Pristiq;

(m) Failing to monitor the clinical effects or side effects of the Adderall and Pristiq; and

(n) Failing to maintain a medical chart.

PATIENT B.AS.

(o) Failing to perform an appropriate examination prior to prescribing the controlled substances Adderall and Lorazepam;

(p) Failing to perform any type of evaluation to establish that the Adderall and Lorazepam were medically indicated;

(q) Failing to order laboratory tests to evaluate B.AS.'s liver and cardiac function prior to prescribing the controlled substances Adderall and Lorazepam;

(r) Failing to inform B.AS. about the potential side effects and adverse reactions to the Adderall and Lorazepam; and

(s) Failing to monitor the clinical effects or side effects of the controlled substances.

PATIENT M.C.

(t) Failing to perform an appropriate examination prior to prescribing the controlled substance Adderall;

(u) Failing to perform an evaluation to establish that the Adderall was medically indicated;

(v) Failing to order laboratory tests to evaluate M.C's liver and cardiac function prior to prescribing Adderall;

(w) Failing to inform M.C. about the potential side effects and adverse reactions of the Adderall;

(x) Failing to monitor the clinical effects or side effects of the Adderall; and

(y) Failing to maintain a medical chart.

PATIENT R.C.

(z) Failing to perform an appropriate examination prior to prescribing the controlled substances phentermine, and dangerous drug Pristiq;

(aa) Failing to perform an evaluation to establish that the phentermine and Pristiq were medically indicated;

(bb) Failing to order laboratory tests to evaluate R.C.'s cardiac function prior to prescribing the controlled substances phentermine;

(cc) Failing to order laboratory tests to evaluate R.C.'s renal function or blood pressure prior to prescribing the dangerous drug Pristiq;

(dd) Failing to discuss the potential side effects and/or adverse reactions to the phentermine and Pristiq prescribed;

(ee) Failing to monitor the clinical effects or side effects of the phentermine and Pristiq after they were prescribed; and

(ff) Failing to maintain a medical chart.

THIRD CAUSE FOR DISCIPLINE

(Prescribing without an Appropriate Prior Examination)

40. Respondent is subject to disciplinary action under Business and Professions Code section 2242, subdivision (a), in that she prescribed controlled substances and dangerous drugs without an appropriate examination and medical indication in her care and treatment of patients K.T., P.AS, B.AS., M.C., and R.C. The circumstances are as follows:

41. Paragraphs 19 through 23, 25 thorough 26, 28 through 30, 32, and 34 through 35, inclusive, above are incorporated herein by reference as if fully set forth.

42. Respondent prescribed controlled substances and dangerous drugs without conducting an appropriate examination prior to prescribing and/or furnishing the controlled substances and/or dangerous drugs to K.T., P.AS, B.AS., M.C., and R.C. by:

PATIENT K.T.

(a) Failing to perform an appropriate examination prior to prescribing the controlled substances Adderall and phentermine, and/or furnishing the dangerous drugs Trazodone, Metformin, hydrocholorothiazide, and Pristiq; and

(b) Failing to perform an evaluation to establish that the controlled substances and dangerous drugs prescribed and furnished were medically indicated.

PATIENT P.AS.

(c) Failing to perform an appropriate examination prior to prescribing the controlled substance Adderall, and the dangerous drug Pristiq; and

(d) Failing to perform an evaluation to establish that the controlled substance and the

dangerous drug prescribed were medically indicated.

PATIENT B.AS.

(e) Failing to perform an appropriate examination prior to prescribing the controlled substances Adderall and Lorazepam; and

(f) Failing to perform any type of evaluation to establish that the Adderall and Lorazepam were medically indicated.

PATIENT M.C.

(g) Failing to perform an appropriate examination prior to prescribing the controlled substance Adderall; and

(h) Failing to perform an evaluation to establish that the Adderall was medically indicated.

PATIENT R.C.

(i) Failing to perform an appropriate examination prior to prescribing the controlled substances phentermine, and dangerous drug Pristiq; and

(j) Failing to perform an evaluation to establish that the phentermine and Pristiq were medically indicated.

FOURTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records – K.T., P.AS., M.C. and R.C.)

43. Respondent is subject to disciplinary action under Business and Professions Code section 2266 in that she failed to maintain adequate and accurate records in her care and treatment of K.T., P.AS, M.C., and R.C. The circumstances are as follows:

44. Paragraphs 19 through 23, 25 thorough 26, 32, and 34 through 35, inclusive, above are incorporated herein by reference as if fully set forth.

45. Respondent failed to maintain adequate and accurate records in the care and treatment of K.T., P.AS, M.C., and R.C. as alleged in Paragraphs 24, 27, 33, 36 and 39.

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 105195,

issued to Criselda Calayan AbadSantos, M.D.

2. Revoking, suspending or denying approval of her authority to supervise physician's assistants, pursuant to section 3527 of the Code;

3. If placed on probation, ordering her to pay the Medical Board of California the costs of probation monitoring; and

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

DATED: August 5, 2011.

LINDA K. WHITNEY
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California

Complainant

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