Governor Names Dr. Kalafut Board President

Governor Rick Perry has named Roberta M. Kalafut, D.O., as president of the Board. Dr. Kalafut, of Abilene, earned her medical degree from Ohio University College of Osteopathic Medicine and completed her residency in physical medicine and rehabilitation at Johns Hopkins Hospital and Sinai Hospital of Baltimore, Maryland. She maintains a private practice in physical medicine and rehabilitation in Abilene. She is a national examiner for the American Board of Physical Medicine and Rehabilitation, and is board-certified in Pain Medicine and Physical Medicine and Rehabilitation. She joined the Board in January, 2002. Dr. Kalafut takes over from Lee S. Anderson, M.D., who has served on the Board since 1997 and as president since 2000. His decision to step down after five years as president was based on his desire to turn the reins over to someone else after a period of tremendous growth and change for the Board and the agency. He will continue to serve on the Board.

The board also elected officers at its June 2-3 board meeting. They are Vice President Larry Price, D.O., of Temple, who was re-elected, and Eddie Miles Jr., a public member from San Antonio, who was elected secretary-treasurer of the Board.

Dr. Price is a cardiac electrophysiologist employed by Texas Cardiac Arrhythmia, a division of Texas Cardiovascular Consultants based in Austin. He is an assistant professor at Texas A&M University Health Science Center College of Medicine and was Chief of the Section of Cardiac Electrophysiology at Scott & White Clinic in Temple for 18 years. He is board certified in Internal Medicine, Cardiology, Critical Care Medicine and Cardiac Electrophysiology. He earned his medical degree from the University of North Texas Health Science Center in Fort Worth. He has served on the board since 1997.

Mr. Miles, who also joined the board in 1997, is the Director of Community Projects for the Bexar County District Attorney’s Office, as well as a part-time faculty member of San Antonio College, Palo Alto College and St. Philip’s College. He earned a bachelor’s degree from North Carolina A&T State University and master’s degrees from Troy State University, the University of
Oklahoma and Phillip’s University. He is a former Mayor Pro Tem of Live Oak, and he serves on the Board of Trustees of the United Way and as a member of the Greater San Antonio Crime Prevention Commission. He is past president of the Academy Advisory Corporate Council of the Academy of Creative Education, an alternative high school for the North East Independent School District. He was appointed by Governor Perry to the executive committee of the Office of Patient Protection.

The Texas State Senate recently confirmed eight board members. They are Dr. Anderson, a Fort Worth ophthalmologist; Christine Canterbury, M.D., an OB/GYN from Corpus Christi; Melinda S. Fredricks, a public member from Conroe; Keith E. Miller, M.D., a family practice physician from Center; Amanullah Khan, M.D., an oncologist from Dallas; Dr. Price; Annette P. Raggette, a public member from Austin; and Timothy J. Turner, a public member from Houston.

TMB Sunset Bill Passes; Includes Name Change

The Texas State Board of Medical Examiners will become the Texas Medical Board effective September 1, one of the statutory changes included in the agency’s sunset legislation, Senate Bill 419. Examiners will also be dropped from the name of the Physician Assistant Board.

The legislation is the result of an extensive two-year sunset review of the Medical Board, Physician Assistant Board, Acupuncture Board and Surgical Assistants statutes and operations. The 111-page bill officially continues the operations of all the boards. Most provisions of the bill are minor adjustments to clarify existing statutes, such as the expert physician panel review process created last session.

Among the most significant licensure provisions of the bill is the creation of three new types medical license:

- An institutional license for eminent physicians;
- A faculty temporary license;
- A limited license for administrative medicine.

Applicants for PA and Acupuncture licenses will now be required to pass a jurisprudence examination.

Over the next six months, the agency will be developing rules to implement provisions of the bill and will be developing a new process for early involvement of interested individuals and groups in the rulemaking process. Rule workgroups will focus on licensure, discipline and compliance issues.
The bill also requested that the legislature create an interim committee to study issues surrounding medical peer review, including the use of peer review information in the disciplinary process, the adequacy of the peer review process in institutions, and the appropriate role of the board in oversight of misuse of the process.

S.B. 419 was authored by Senator Jane Nelson. Sen. Nelson also authored S.B. 104 last session, greatly strengthening the agency’s regulatory laws and resources. The House sponsor for S.B. 419 was Representative Burt Solomons. Staff for both legislators worked closely with agency staff as the legislation was developed.

“I am very pleased with the bill as it was finally passed. There are many small, but significant, provisions in the bill that will help us better do our job to protect the public and fairly regulate the profession,” said Dr. Donald Patrick, agency executive director.

A full summary of S.B. 419 and the text of the bill can be found on the agency web site at http://www.tsbme.state.tx.us/rules/sb.htm.

**Former Board Member Paul Meyer Dies**

Condolences to the friends and family of former board member Paul Meyer, M.D., who died March 3 at the age of 64. Dr. Meyer, a neurosurgeon, served on the board from 1995 until 2000. Dr. Meyer taught neurological surgery at Texas Tech University Health Sciences Center, where he served as chief of neurosurgery.

**DSHS Requests Stakeholder Input for Improving and Preparing for Expansion of Newborn Screening in Texas**

If you are involved with Texas’s newborn screening program, be on the lookout for a survey. If you do not receive one directly and are interested in an opportunity to improve the program and plan for expansion, go to www.dshs.state.tx.us/lab/survey.shtml for online submission. For more information, contact Margaret Bruch at 512-458-7111 ext. 3045 or Margaret.bruch@dshs.state.tx.us.

Each year in Texas approximately 375,000 infants are born and a total of 750,000 screens are done within their first two weeks of life to identify potential disorders that with treatment can improve the child’s health outcomes. Every year approximately 10,000 abnormal screens are identified and require some level of follow up.

Currently, legislation as well as agency plans anticipate expanding the number of disorders that are screened. In anticipation of these efforts, the DSHS invited the
National Newborn Screening and Genetic Resource Center to conduct a technical review of the DSHS Newborn Screening Program. The review was held from February 28 to March 2.

The NNSGRC provides technical reviews to states through a cooperative agreement between the federal Maternal and Child Health Bureau Genetic Services Branch of the Health Resources and Services Administration and the University of Texas Health Science Center at San Antonio Department of Pediatrics. Eight professionals from across the country, including representatives from HRSA and the Centers for Disease Control and Prevention, conducted the review and held internal and external stakeholder meetings in Austin, Houston, San Antonio, and Dallas. Approximately 51 external stakeholders representing 20 unique interest groups participated.

DSHS received the draft consultation NNSGRC report on April 20. The draft provides comments from the team and stakeholders, responses to specific questions, and recommendations for enhancing newborn screening in Texas. DSHS staff has initiated a project to review the report and make appropriate recommendations to improve services provided to infants born in Texas.

As one of the mechanisms to fulfill this project’s goal, DSHS is seeking additional stakeholder input in the form of survey responses to specific considerations raised in the report. The department is attempting to contact all types of professionals who interface with NBS, whether as a specimen collector, physician or nurse following up on abnormal screens, a physician doing confirmatory testing and/or treating these infants, or someone involved in locating families and explaining the screening that is done and the importance of follow-up.

Rule Changes

To see the full rules, go to the TMB web site at www.tsbme.state.tx.us and click on Board Rules.

Chapter 162, Supervision of Medical Students. Amendments to 162.1 repealing requirement that supervising physician hold clinical faculty appointment and new 162.2 adding provisions of Chapter 186, Supervision of Physician Assistant Students.

Chapter 163, Licensure. Amendments to 163.1, 163.5, 163.6, 163.10, 163.13 regarding general cleanup of the sections; and changes relating to relicensure and the expedited licensure process consistent with the mandates of Senate Bill 104 and Senate Bill 558 of the 78th Legislature. Amendments to 163.1(13) regarding the definition of substantial equivalence and the repeal of 163.15 regarding visiting physician permits.
Chapter 166, Physician Registration. Amendments to 166.1-166.6 regarding biennial registration as mandated by Senate Bill 104. Rule review and amendments to 166.1 relating to licensees notifying board of changes in professional names.

Chapter 168, Persons with Criminal Backgrounds. Rule review and repeal of 168.1. The text of the repeal will be incorporated into the new Chapter 190.

Chapter 171, Postgraduate Training Permits. Amendments to 171.2 regarding qualifications for postgraduate permit holders and temporary permits.

Chapter 172, Temporary Licenses. Amendments to 172.10 relating to Department of State Health Services (DSHS) Medically Underserved Area (DSHS-MUA) temporary licenses.

Chapter 173, Physician Profiles. Amendments to 173.1, 173.3, and 173.4 that will make the sections consistent with the requirements of Senate Bill 104 to remove the 10-year limitation in 173.1(b)(18)-(21) and add paragraph (25) regarding malpractice information, and outline the timeline for updating the profile following the filing of formal complaints.

Chapter 175, Fees, Penalties and Applications. Rule review and amendments to 175.1 regarding fees for Physician In Training permits. Amendments to 175.1, 175.2 and 175.4 regarding biennial registration fees for physicians; increased penalty fees for late physician registration; surcharges for physician assistant, acupuncture, and acudetox renewal; registration and penalty fees for surgical assistants; and fees for approval of continuing acupuncture education providers.

Chapter 178, Complaints. New 178.1-178.8 concerning procedures for initiation, filing, and appeals of complaints. In addition, Chapter 188 of this title (relating to Complaint Procedure Notification) will be repealed and the text regarding the process for complaint procedure notification will be incorporated into this new chapter.

Chapter 179, Investigations. Repeal of 179.1-179.5 and new 179.1-179.7 regarding a system of procedures for the investigation of jurisdictional complaints.

Chapter 182, Use of Experts. New 182.1-182.6 regarding the use of experts consistent with the requirements of Senate Bill 104. The new sections will establish procedures, qualifications and duties of these professionals serving as expert panel members, consultants and expert witnesses to the board. Addition of 182.7 regarding the use of Executive Committee members to make interim appointments of expert panelists until the next board meeting.
Chapter 183, Acupuncture. Amendments to 183.2(19) concerning full NCCAOM examination. Amendment to 183.20(c) relating to reporting of continuing acupuncture education for acupuncturists on-line.

Chapter 184, Surgical Assistants. Amendments to 184.8 and 184.25 regarding biennial registration and annual continuing education requirements and repeal of 184.10 and 184.11 regarding fees related to the renewal of expired licenses and schedule of fees. The repealed sections will be moved to Chapter 175 relating to Fees, Penalties, and Applications.

Chapter 185, Physician Assistants. Amendments to 185.7 regarding the Physician Assistant Board’s designee being allowed to issue temporary licenses.

Chapter 186, Supervision of Physician Assistant Students. Repeal of chapter.

Chapter 187, Procedural Rules. Amendments to 187.2, 187.9, 187.13, 187.16, 187.18, 187.24, 187.44, 187.56, 187.57, 187.60 and the repeal of 187.5 and 187.40 concerning the timeline for scheduling informal settlement conferences; temporary suspension or restriction of licenses; required suspension or revocation of licenses for certain offenses; and ineligibility determinations for licensure applicants.

Chapter 190, Disciplinary Guidelines. Repeal of 190.1; and new Subchapter A, 190.1-190.2; new Subchapter B, 190.8; and new Subchapter C, 190.14-190.16 regarding disciplinary guidelines in licensure and disciplinary matters.

Chapter 192, Office-Based Anesthesia. Amendments to 192.2-192.4 and 192.6 regarding general cleanup of the sections and to create a process for biennial registration consistent with Senate Bill 104.

Chapter 193, Standing Delegation Orders. Amendment to 193.6 regarding delegation of carrying out or signing of prescription drug orders to Physician Assistants and Advanced Nurse Practitioners.

Chapter 196, Voluntary Surrender of a Medical License. Amendments to 196.1-196.3 for general cleanup of the chapter.

Texas Medical Rangers Seek Volunteers

In the wake of the September 11, 2001, attacks on the East Coast and other events threatening homeland security, many people wish for ways to serve Texas communities in need as volunteer public health professionals.
As the all-volunteer Medical Reserve Corps, organized under the Governor’s Office, the Texas Medical Rangers voluntarily respond across the state to major public health disasters or emergencies at the Governor’s call. The Medical Rangers volunteer only within Texas. All health professionals and individuals interested in health-related training or service are encouraged to join. For further information on joining or engaging the Medical Rangers, please call (866) 835-8936 or contact them by e-mail at TexMedRangers@uthscsa.edu. Among the practical resources available to you at http://www.texasmedicalrangers.com/training.html

are more than 1,000 disaster-related links and current national guidance, as well as emergency phrase translation guides for 37 languages. The Texas Medical Rangers ask that you come ride with them as they serve Texas with pride, competence, and character!

Formal Complaints

Name, License No., Date filed, Allegations

Julio C. Arauz, M.D., J5247 4-21-05
Failure to maintain adequate medical records; nontherapeutic prescribing; failure to adequately supervise those acting under his supervision.

Beauford Basped, M.D., E3813 5-27-05
Nontherapeutic prescribing; failure to meet the standard of care.

Michael W. Berg, M.D., F3683 4-21-05
Inappropriate behavior; failure to effectively communicate with patients; complaints by patients of rough treatment and handling.

Viraf Cooper, M.D., G4553 12-28-05
Failure to meet the standard of care in four surgical cases, resulting in patient harm and death; peer review disciplinary action.

Johnston Cox, M.D., applicant 11-18-08
Petition in opposition to relicensure, after his license was suspended and then lapsed, based on diverting drugs for his own use; and providing false or misleading information on his application for relicensure.

Carlos H. Fernandez, M.D., D9438 5-17-05
Failure to meet the standard of care in back surgery cases and in delegating postoperative care to a lesser-trained individual.

Lewis J. Frazee, M.D., G1289 12-6-04
Failure to properly examine a patient prior to LASIK surgery; failure to diagnose
cataracts; failure to examine a patient postoperatively; failure to properly supervise subordinates; and improper delegation.

John D. Huff, M.D., D7993 4-21-05
Failure to take and pass SPEX exam and pay $29,000 penalty in accordance with previous Board order; disciplinary action in another state.

Albert C. Knoerr, M.D., D3301 4-21-05
Failure to maintain adequate medical records; prescribing narcotics without objective medical evidence to support their use.

Robert C. Kuhne, M.D., H2519 4-28-05
Inappropriate sexual comments to a patient.

Roby D. Mitchell, M.D., H4560 1-31-05
Failure to meet the standard of care in using traditional or alternative treatments; failure to comply with April 14, 2003, order.

Walter W. Montesinos, M.D., H5011 11-22-04
Sexually inappropriate behavior toward a patient; failing to maintain confidentiality of a patient.

John E. Perry, M.D., D3747 4-21-05
Aiding or abetting the practice of medicine by a person or entity that is not licensed by the Board; failure to release medical records within 15 days after the request.

Robert C. Snip, M.D., F3622 5-17-05
Failure to supervise adequately those acting under his supervision in the case of a LASIK surgery patient.

Suraphandhu Srivathanakul, M.D., E7288 2-7-05
Nontherapeutic prescribing; care and treatment below the standard of care; failure to keep adequate medical records; failure to maintain acceptable physician-patient boundaries.

Fortunato O. Sunio, M.D., D5646 12-21-04
Sexually inappropriate behavior toward patients; termination from Terrell State Hospital.

Thomas Tung Tran, M.D., J6043 5-24-05
Creating fraudulent medical records.

Michael B. Williams, M.D., Prmt. 100004600 5-9-05
Failure to comply with non-public rehabilitation order; failure to cooperate with Board staff.
Disciplinary Actions

The board has taken the following disciplinary actions since publication of the Fall 2004 Medical Board Bulletin against 187 physicians and one non-certified radiologic technician. The Texas State Board of Acupuncture Examiners disciplined two acupuncturists; and the Texas State Board of Physician Assistant Examiners took disciplinary action against six physician assistants.

ADAMS, JOHN JAMES, M.D., PASADENA, TX, Lic. #D0771
On June 3, 2005, the Board and Dr. Adams entered into an Agreed Order requiring Dr. Adams to obtain continuing medical education including 10 hours of ethics and 10 hours in medical recordkeeping in courses or programs approved by the Executive Director; to apprise the requesting physician of the status of records that were requested; and assessing an administrative penalty of $1,000. The action was based on allegations that Dr. Adams failed to respond to requests from another physician to supply medical records.

AGUILAR, MARIA ISABEL, M.D., SAN ANTONIO, TX, Lic. #BP40019871
On April 8, 2005, the Board and Dr. Aguilar entered into an Agreed Order assessing an administrative penalty of $500. The action was based on allegations that she improperly failed to report an arrest for shoplifting on her application for licensure.

AL-SHALCHI, NAJAH MUHAMAD, M.D., SAN ANTONIO, TX, Lic. #G1809
On April 8, 2005, the Board and Dr. Al-Shalchi entered into an Agreed Order requiring Dr. Al-Shalchi to complete 10 hours of ethics courses and assessing an administrative penalty of $5,000. The action was based on allegations that Dr. Al-Shalchi failed to adequately explain, when he renewed his license, his prior knowledge of a federal government investigation into Medicare claim improprieties and his being disciplined by Methodist Health Care System for failing to disclose this knowledge.

ALLEN, DALE RAY, M.D., ARLINGTON, TX, Lic. #D4590
On April 8, 2005, the Board and Dr. Allen entered into an Agreed Order assessing an administrative penalty of $500. The action was based on allegations that Dr. Allen failed to document a physical examination appropriate to a patient's history.

ALEXANDER, PRESTON CLAY, M.D., RICHARDSON, TX, Lic. #G4779
On February 4, 2005, the Board and Dr. Alexander entered into an Agreed Order assessing a $500 administrative penalty. The action was based on allegations that Dr. Alexander failed to complete timely required continuing medical education in ethics.
ASMUSSEN, MAURICE DWAYNE, M.D., LUBBOCK, TX, Lic. #H7873
On December 10, 2004, the Board and Dr. Asmussen entered into an Agreed Order suspending Dr. Asmussen’s license. The action was based on Dr. Asmussen’s drug addiction.

BACON, ROBERT J., JR., M.D., HOUSTON, TX, Lic. #F0861
On December 10, 2004, the Board and Dr. Bacon entered into an Agreed Order assessing a $500 administrative penalty. The action was based on allegations that Dr. Bacon did not complete required CME hours in a timely manner.

BAKER, RAY DON, M.D., TOPEKA, KS, Lic. #C4983
On December 10, 2004, the Board and Dr. Baker entered into an Agreed Order requiring Dr. Baker to surrender his Drug Enforcement Administration license. The action was based on an Order issued by the Kansas Board of Healing Arts, also requiring Dr. Baker to surrender his DEA license.

BARRERA, RODOLFO CANTU, D.O., AUSTIN, TX, Lic. #F3737
On June 3, 2005, the Board and Dr. Barrera entered into an Agreed Order requiring Dr. Barrera to complete 10 hours of continuing medical education in recordkeeping/documentation and assessing an administrative penalty of $750. The action was based on allegations of insufficient documentation of a physical exam of a patient who presented with abdominal pain.

BARRETT, DAVID BENJAMIN, M.D., ATHENS, TX, Lic. #G7987
A Temporary Restriction Order was entered on November 15, 2004, limiting Dr. Barrett’s practice to an office practice and instructing Dr. Barrett not to apply for, accept, or maintain privileges at any hospital. The Temporary Restriction Order shall remain in force and effect until superseded by a new Order. The action was based on allegations that Dr. Barrett’s treatment fell below the standard of care, including evidence that he failed to properly diagnose and treat multiple patients and displayed poor medical judgment.

BARST, GEOFFREY STEPHEN, M.D., FORT WORTH, TX, Lic. #F0866
On June 3, 2005, the Board and Dr. Barst entered into an Agreed Order assessing an administrative penalty of $500. The action was based on allegations that Dr. Barst failed to provide properly requested medical records on a timely basis and failed to maintain the medical records for the seven years required by Board rule.

BASS, JAMES RICHARD, M.D., LAFAYETTE, LA, Lic. #J5257
On December 10, 2004, the Board and Dr. Bass entered into an Agreed Order suspending Dr. Bass’s license. The action was based on allegations that Dr. Bass suffers from drug and alcohol addiction and relapsed, violating a probation order issued by the Louisiana State Board of Medical Examiners.

BATTLE, CLINTON CHARLES, M.D., ARLINGTON, TX, Lic. #F1368
On December 10, 2004, the Board and Dr. Battle entered into an Agreed Order
requiring Dr. Battle to attend a boundaries course, complete CME in medical recordkeeping, and pay a $3,000 administrative penalty. The action was based on allegations that Dr. Battle signed a document, later offered in a court proceeding, stating that a patient was totally incapacitated without adequate medical records to substantiate the statement.

**BELL, ROBERT STEVEN, M.D., HOUSTON, TX, Lic. #J0441**
On June 3, 2005, the Board and Dr. Bell entered into an Agreed Order publicly reprimanding Dr. Bell and placing him on probation for five years under terms and conditions, including that Dr. Bell not supervise a physician assistant; that he continue to receive care from his treating psychiatrist; that he obtain a complete forensic evaluation from a board-designated psychiatrist; and that he successfully complete, within 180 days, the Anger Management for Healthcare Professionals course offered by the University of California at San Diego Physician Assessment and Clinical Education Program or an equivalent course. The action was based on allegations that Dr. Bell became inappropriately angry with hospital personnel before and after his performance of surgery and interacted inappropriately with such personnel.

**BEREZOSKI, ROBERT N. JR., M.D., SUGAR LAND, TX, Lic. #E0812**
On April 8, 2005, the Board and Dr. Berezoski entered into an Agreed Order terminating his October 30, 2002, suspension and placing Dr. Berezoski on probation under terms and conditions for 10 years, including the following: that he not supervise a physician assistant; his practice will be monitored by another physician; his practice setting will be approved by the executive director and Dr. Berezoski must associate with at least one other physician; he will obtain 100 hours of continuing medical education in addition to regular CME requirements, including at least 30 hours in risk management and 20 hours in pharmacology; and he shall undergo a complete eye examination by an independent ophthalmologist. The 2002 suspension was based on allegations that Dr. Berezoski failed to meet the standard of care during an outpatient nasal surgery, after which the patient died.

**BHULLAR, INDERMEET SINGH, M.D., HUNTSVILLE, AL, Lic. #BP20015330**
On April 8, 2005, Dr. Bhullar and the Board entered into an Agreed Order placing Dr. Bhullar on probation for 10 years, requiring abstinence from alcohol and drugs and participation in drug and alcohol testing and the activities of his county medical society and Alcoholics Anonymous. The action was based on allegations of intemperate use of drugs and alcohol, including an arrest for driving while intoxicated.

**BLESSING, WILLIAM SCOTT, M.D., DALLAS, TX, Lic. #E0820**
On April 6, 2005, the Board entered an Order temporarily suspending Dr. Blessing's license. The action was based on the following: On February 27, Dr. Blessing allegedly assaulted his wife, threatened her with a gun and told her he
was going to kill her. She reported the assault to the Highland Park Department of Public Safety, and a warrant was issued for Dr. Blessing’s arrest. Dr. Blessing threatened to kill a detective who contacted him and anyone who stepped on his property. The Dallas Tactical Swat Team was called and after a period of negotiation Dr. Blessing surrendered. He was arrested and charged with aggravated assault with a deadly weapon. In addition, Dr. Blessing failed to inform the Board of his manic depressive disorder and provided false information to the Board regarding his hospital privileges.

BOYLES, RICK ALLEN, M.D., SEABROOK, TX, Lic. #J6345
On April 8, 2005, the Board and Dr. Boyles entered into an Agreed Order suspending Dr. Boyles’ license for a minimum of 18 months from September 9, 2004, and until he demonstrates to the Board he is physically, mentally and otherwise competent to safely practice medicine, and requiring that he abstain from the consumption of drugs and alcohol and undergo drug and alcohol testing. The action was based on allegations that Dr. Boyles abused cocaine and was arrested for tampering/fabrication of evidence and that he failed to report to the Board his arrests for DWI and for evading arrest with a motor vehicle.

BRAMANTI, HENRY R., M.D., AUSTIN, TX, Lic. #E3214
On April 8, 2005, the Board and Dr. Bramanti entered into an Agreed Order assessing an administrative penalty of $500. The action was based on allegations that Dr. Bramanti failed to complete the one-hour medical ethics course required by Board rules.

BRYAN, GARY LEE, M.D., PLANO, TX, Lic. #M0024
On March 31, 2005, the Board entered an Order temporarily suspending Dr. Bryan’s license. The action was based on his evading arrest after being seen leaving a crack house, being found with cocaine, and failure to comply with his current board order, which includes a provision that he abstain from the consumption of alcohol and drugs.

BUIE, JOSEPH, M.D., HOUSTON, TX, Lic. #K5469
On April 8, 2005, the Board and Dr. Buie entered into an Agreed Order requiring that his practice be monitored by another physician for three years; that he maintain adequate medical records; pass the Medical Jurisprudence Examination; successfully complete a two-day intensive course in the area of recordkeeping; attend five hours of ethics courses or programs; and complete a course in risk management of at least 15 hours. The action was based on Dr. Buie’s improper dispensing of methadone to patients at his methadone clinic without proper certification from the Texas Department of Health and for medical recordkeeping that did not meet the standard of care.

BURNS, DAVID ERIN, M.D., HOUSTON, TX, Lic. #G7498
On February 4, 2005, the Board and Dr. Burns entered into an Agreed Order restricting the doctor’s license for three years. The action was based on
allegations that Dr. Burns violated the standard of care in his treatment of five patients by inadequate diagnostic workup and treatment and poor documentation of treatment modalities.

BUTTS, JEFFREY L., D.O., AUSTIN, TX, Lic. #H7939
On February 4, 2005, the Board and Dr. Butts entered into an Agreed Order suspending his license until at least June 3, 2005. The action was based on allegations that Dr. Butts ingested cocaine, in violation of a prior board order.

CALVILLO, OCTAVIO J., M.D., HOUSTON, TX, Lic. #G6062
On June 3, 2005, the Board and Dr. Calvillo entered into a three-year Agreed Order requiring that Dr. Calvillo successfully complete at least 10 hours of continuing medical education in the area of recordkeeping; that his practice be monitored by another physician; that within 90 days Dr. Calvillo present a protocol establishing guidelines for the proper monitoring of patients for potential abuse of medications with addictive potential; and that within 30 days he present documentation that he has completed the minimum continuing medical education requirements for the years 2003 and 2004. The action was based on allegations that Dr. Calvillo did not sufficiently monitor the overuse of medications for one patient, including Zydane, Lexapro, Soma, Roxicet, OxyContin, Restoril, Norco, and Duragesic patches.

CAPLAN, STEVEN CHAIM, M.D., HOUSTON, TX, Lic. #G8038
On December 10, 2004, the Board and Dr. Caplan entered into an Agreed Order accepting the voluntary surrender of Dr. Caplan’s license. The action was based on Dr. Caplan’s serious illness.

CARDOSI, BETH LOUISE, D.O., MYRTLE BEACH, SC, Lic. #K2866
On April 8, 2005, the Board and Dr. Cardosi entered into an Agreed Order requiring Dr. Cardosi to comply with terms and conditions, including abiding by the terms and conditions of a five-year order she entered into with the South Carolina Board of Medical Examiners on December 2, 2003, and appearing before the Board before practicing in Texas to ensure continued compliance with the terms and conditions of the Agreed Order, which runs concurrently with the South Carolina order. The action was based on her being placed under order by the South Carolina Board for alcohol abuse and the writing of fraudulent prescriptions for hydrocodone for her own use.

CARTWRIGHT, GREGORY BRYAN, M.D., ARLINGTON, TX, Lic. #H7544
On December 10, 2004, the Board and Dr. Cartwright entered into an Agreed Order revoking Dr. Cartwright’s license for 15 years, but probating the revocation for 15 years, requiring abstinence, drug testing, psychiatric evaluation and treatment, and inpatient evaluation for substance abuse.
CHASE, C. C., M.D., SAN ANTONIO, TX, Lic. #K5080
On June 3, 2005, the Board and Dr. Chase entered into an Agreed Order assessing an administrative penalty of $500. The action was based on allegations that, for certain drugs that Dr. Chase required a patient to pick up at his office, he charged an amount in excess of the cost of the drugs in order to cover the cost of monitoring the use of the drugs, in violation of Board Rules.

CHHIKARA, SUBIR, M.D., AUSTIN, TX, Lic. #J6378
On December 10, 2004, the Board and Dr. Chhikara entered into an Agreed Order assessing a $1,500 administrative penalty. This action was based on allegations that Dr. Chhikara may have inappropriately accessed medical records of a family member.

CHITALE, ANIRUDDHA ASHOK, M.D., WAXAHACHIE, TX, Lic. #K5864
On February 17, 2005, the Board entered an Order temporarily suspending Dr. Chitale’s license after he was arrested on February 4 by the Ennis Police Department and charged with sexual assault on a patient on whom he had performed a colonoscopy. After the alleged assault, the patient went to Ennis Police and Ennis Regional Hospital, where physical evidence was collected. DNA analysis matched known specimens of Dr. Chitale; the patient and her husband were excluded as matches. On June 3, 2005, the Board and Dr. Chitale entered into an Agreed Order whereby Dr. Chitale voluntarily and permanently surrendered his Texas medical license. The action was based on allegations that Dr. Chitale groped the breasts of a female patient who had been under anesthesia and placed his penis against her cheek and mouth.

CHU, KHOI BA, M.D., FORT WORTH, TX, Lic. #K4027
On April 8, 2005, the Board and Dr. Chu entered into an Agreed Order assessing an administrative penalty of $500. The action was based on allegations that Dr. Chu failed to provide documentation of completion of a required one-hour medical ethics course.

CLARK, ALAN SCOTT, M.D., WHITEHOUSE, TX, Lic. #K5489
On February 4, 2005, the Board and Dr. Clark entered into an Agreed Order assessing a $500 administrative penalty. The action was based on an allegation that Dr. Clark did not timely complete his required CME in ethics.

COLLINS, DAVID BURRELL, D.O., GRANBURY, TX, Lic. #F6538
On February 17, 2005, the Board entered an Order temporarily suspending Dr. Collins' license. The action was taken because, following an investigation of his alcohol abuse, he failed to respond to an offer of an Agreed Order to voluntarily surrender his license or to otherwise respond to Board communications. On June 3, 2005, the Board and Dr. Collins entered into an Agreed Order whereby Dr. Collins voluntarily surrendered his Texas medical license. The action was based on allegations that he is impaired from illness or drunkenness or excessive use of
drugs, narcotics, chemicals or another type of substance, or as a result of a mental or physical condition, and is unable to treat patients with reasonable skill.

**COLLINS, RANDY EARL, D.O., GLENDALE, AZ, Lic. #E6053**
On March 14, 2005, the Board and Dr. Collins entered into an Agreed Order suspending his license, staying the suspension and placing Dr. Collins on probation for five years under terms and conditions, including that Dr. Collins abide by the terms and conditions of his November 10, 2004, order of the Arizona Board of Osteopathic Examiners, not terminate drug testing with the State of Arizona and, if he wishes to practice in Texas before the expiration of the order, to personally appear before the Board and provide clear and convincing evidence that he is competent to safely practice medicine. The action was based on his being placed on probation by the Arizona Board for intemperate use of alcohol that may have impaired his ability to practice medicine.

**COOKE, KATHRYN ESTRADA, M.D., HOUSTON, TX, Lic. #G4931**
On April 8, 2005, the Board and Dr. Cooke entered into an Agreed Order assessing an administrative penalty of $1,000. The action was based on allegations that Dr. Cooke failed to complete the required amount of continuing medical education.

**CRAWFORD, JOHN C., M.D., LAKE CHARLES, LA, Lic. #H9056**
On April 8, 2005, the Board and Dr. Crawford entered into an Agreed Order whereby Dr. Crawford voluntarily surrendered his Texas medical license. The action was based on the temporary suspension of Dr. Crawford’s license by the Louisiana State Board of Medical Examiners after it determined that he may be incompetent to practice medicine because of psychiatric instability.

**CROWLEY, WILLIAM JAMES III, M.D., AUSTIN, TX, Lic. #J6097**
On June 3, 2005, the Board and Dr. Crowley entered into an Agreed Order assessing an administrative penalty of $750. The action was based on allegations that Dr. Crowley discussed a patient’s medical information in front of visitors in the patient’s hospital room without asking permission of the patient.

**CURTIS, ROBERT BURNELL, M.D., AMARILLO, TX, Lic. #H6143**
On February 4, 2005, the Board and Dr. Curtis entered into an Agreed Order requiring the doctor to complete 20 hours of CME in management of difficult patients and issues related to emergent GI bleeds, and assessing a $1,000 penalty. The action was based on allegations that Dr. Curtis did not adequately investigate the severity of a patient’s GI bleed, which resulted in the patient returning to the emergency room with a subsequent admission to the intensive care unit.

**DALKOWITZ, MARCUS BROWN, M.D., SAN ANTONIO, TX, Lic. #C3625**
On April 8, 2005, the Board and Dr. Dalkowitz entered into an Agreed Order accepting Dr. Dalkowitz’s voluntary surrender of his medical license.
Dalkowitz is physically unable to satisfactorily continue in the practice of medicine and wished to voluntarily surrender his medical license and retire.

DAVIES, DALE CURTIS, M.D., SHERMAN, TX, Lic. #K1409
On April 8, 2005, the Board and Dr. Davies entered into an Agreed Order publicly reprimanding Dr. Davies, requiring him to complete 25 hours of continuing medical education, and assessing an administrative penalty of $3,000. The action was based on allegations Dr. Davies failed to meet the standard of care by prescribing antidepressants to a patient without personally conducting an initial evaluation and assessment of the patient.

DAVIS, HOWELL EUGENE, D.O., ARLINGTON, TX, Lic. #H2109
On March 4, 2005, the Board entered an Order suspending Dr. Davis’s license. The action was based on allegations that Dr. Davis had violated his December 12, 2003, Agreed Order by ingesting butalbital, a barbiturate.

DICKEY, WILLIAM JAMES JR., M.D., HOUSTON, TX, Lic. #D0445
On April 8, 2005, the Board and Dr. Dickey entered into an Agreed Order subjecting Dr. Dickey to terms and conditions for two years from the date of the order, including a requirement that Dr. Dickey’s practice be monitored by another physician and that he surrender his DEA and DPS controlled substances registration certificates. The action was based on allegations that Dr. Dickey prescribed habit-forming medications over a long period of time to a patient displaying drug-seeking behavior without appropriate physical examinations, evaluations or workups.

DONNELL, DAVID NORMAN, M.D., DALLAS, TX, Lic. #H8006
On April 8, 2005, the Board and Dr. Donnell entered into an Agreed Order suspending Dr. Donnell’s license, staying the suspension and placing him on probation for five years under terms and conditions, including that he not possess Schedule II medications at his office; that he keep a log of all prescriptions for controlled substances and dangerous drugs with addictive potential; that he complete 10 hours of continuing medical education in pain management; that his practice be monitored by another physician; and that he pay an administrative penalty of $5,000. The action was based on allegations that Dr. Donnell failed to keep adequate drug records and failed to keep adequate receipts and distribution logs of numerous controlled substances and dangerous drugs and, in one instance, improperly ordered a controlled substance in the name of an employee instead of the name of the patient for whom the medication was intended.

DORMAN, JOHN WESLEY, M.D., WICHITA FALLS, TX, Lic. #D5375
On December 10, 2004, the Board and Dr. Dorman entered into an Agreed Order issuing a public reprimand, requiring a boundaries course, additional CME in ethics and risk management, and assessing a $2,500 administrative penalty. The action was based on allegations that Dr. Dorman displayed a lack of sensitivity to
patient modesty by making inappropriate comments during three physical examinations.

DYER, MORGAN C. D., M.D., MIDLAND, TX, Lic. #F3111
On June 3, 2005, the Board and Dr. Dyer entered into an Agreed Order whereby Dr. Dyer voluntarily and permanently surrendered his Texas medical license. The action was based on allegations that Dr. Dyer was indicted for, and tried and convicted of, possession of visual depiction of minors engaged in sexually explicit conduct.

EARGLE, CANTRAL LESTER JR., M.D., IRVING, TX, Lic. #G0694
On June 3, 2005, the Board and Dr. Eargle entered into an Agreed Order whereby the Board accepted the permanent and voluntary surrender of Dr. Eargle’s Texas medical license. The action was based on allegations that Dr. Eargle prescribed controlled substances to five patients without taking a proper history, without a proper physical examination and without maintaining adequate medical records to support the prescriptions.

EISENBERG, ANDREW COLE, M.D., MADISONVILLE, TX, Lic. #J6937
On April 8, 2005, the Board and Dr. Eisenberg entered into an Agreed Order requiring Dr. Eisenberg to obtain an additional 10 hours of continuing medical education in medical recordkeeping and assessing an administrative penalty of $2,500. The action was based on allegations that Dr. Eisenberg failed to timely comply with a Board subpoena and failed to maintain a contemporaneous medical record on one patient.

ELBAOR, JAMES EDWARD, M.D., ARLINGTON, TX, Lic. #E7062
On June 3, 2005, the Board and Dr. Elbaor entered into a Mediated Agreed Order assessing an administrative penalty of $10,000 and requiring Dr. Elbaor to enter into a contract with a medical services management firm to provide billing and coding services. The action was based on allegations of failure to use diligence in the management of his medical records.

ELDER, JAMES EVERETT JR., M.D., DALLAS, TX, Lic. #K5289
On December 3, 2004, a Temporary Suspension Order was entered suspending Dr. Elder’s license without notice due to evidence that the physician’s continuation in the practice of medicine would constitute a continuing threat to public welfare. The allegations that led to the Temporary Suspension Order will be the subject of a Temporary Suspension Hearing with notice as soon as can be scheduled. The Temporary Suspension Order shall remain in full force and effect until such time as it is superseded by a subsequent Order of the Board. The action was based on allegations that Dr. Elder diverted an associate’s triplicate prescription pad to prescribe medications for himself and family members, wrote false and fictitious prescriptions, and had hospital staff privileges summarily suspended. A Temporary Suspension Order was entered on January 24, 2005, finding that Dr. Elder poses a continuing threat to public welfare. The suspension
was based on Dr. Elder’s diversion of another physician’s triplicate prescription pad to prescribe medications to himself and family members; his resignation from Green Oaks Hospital while under investigation; his improper termination of a physician-patient relationship (the patient was a minor child whom he was treating for bipolar disorder); and his failure to provide medical records to a patient. The suspension order will remain in effect until such time as it is superseded by a subsequent board order.

ENGLAND, RICHARD WAYNE, M.D., BEAUMONT, TX, Lic. #E0902
On December 10, 2004, the Board and Dr. England entered into an Agreed Order accepting the voluntary surrender of Dr. England’s license. The action was based on Dr. England’s physical impairment.

ENI, IKEDINOBId UGOCHUKWU, M.D., WOODLAND, TX, Lic. #K6843
On December 10, 2004, the Board and Dr. Eni entered into an Agreed Order requiring Dr. Eni to complete 15 hours of CME in emergency medicine and assessing a $1,000 administrative penalty. The action was based on allegations that Dr. Eni did not meet the standard of care in treating an ER patient who presented with abdominal and testicular pain. As a result, the patient’s left testicle had to be surgically removed.

EVANGELISTA, ANTHONY WILLIAM, M.D., ARLINGTON, TX, Lic. #K0028
On April 8, 2005, the Board and Dr. Evangelista entered into an Agreed Order publicly reprimanding Dr. Evangelista and assessing an administrative penalty of $25,000. The action was based on allegations Dr. Evangelista disseminated advertisements that violate Board rules regarding making claims and representations that are not subject to substantiation or verification.

FISHER, JAMES FORREST, M.D., SEGUIN, TX, Lic. #E6077
On February 4, 2005, the Board and Dr. Fisher entered into an Agreed Order publicly reprimanding Dr. Fisher, assessing a $10,000 penalty, requiring an additional 50 hours of CME per year for three years, and successful passage of the medical jurisprudence examination within one year. The action was based on allegations that Dr. Fisher acquiesced to a parent’s request that he prescribe Zoloft for a pediatric patient. The parent requested Zoloft in the mistaken belief that it was an antihistamine.

FITZPATRICK, T. SEAN, M.D., AUSTIN, TX, Lic. #L8056
On December 10, 2004, the Board and Dr. Fitzpatrick entered into an Agreed Order suspending Dr. Fitzpatrick’s license. The action was based on allegations that Dr. Fitzpatrick relapsed while under a Rehabilitation Order.

FRAGUA, PAUL LOUIS, M.D., BROWNWOOD, TX, Lic. #D9441
On April 8, 2005, the Board and Dr. Fragua entered into an Agreed Order assessing a $500 administrative penalty. The action was based on allegations that
an advertisement placed by Dr. Fragua incorrectly implied that he was board certified.

FRY, ROBERT BRYANT JR., M.D., TEXARKANA, TX, Lic. #E4339
On February 4, 2005, the Board and Dr. Fry entered into an Agreed Order requiring the doctor to obtain an additional 20 hours of CME in medical record documentation. The action was based on allegations that Dr. Fry failed to document adequately his examination and care of one patient.

GALINDO, CONRADO G. III, M.D., DEL RIO, TX, Lic. #F0189
On April 8, 2005, the Board and Dr. Galindo entered into an Agreed Order modifying his existing order by extending his probationary status for an additional two years. The action was based on Dr. Galindo’s admission that he sipped champagne on two occasions in violation of his order and that he subsequently submitted a urine sample that tested positive for Ethylglucuronide.

GERSHON, JULIAN ROBERT JR., D.O., DENTON, TX, Lic. #G9462
On December 10, 2004, the Board and Dr. Gershon entered into an Agreed Order assessing a $1,500 administrative penalty. The action was based on allegations that Dr. Gershon engaged in a boundary violation. During a fitness for duty examination, Dr. Gershon asked the patient to attend an out of town football game with him. Further, Dr. Gershon later called the patient and asked her out for a date.

GIBSON, MICHAEL LOUIS, M.D., DALLAS, TX, Lic. #E7409
On April 8, 2005, the Board and Dr. Gibson entered into a Mediated Agreed Order publicly reprimanding Dr. Gibson and extending the period of restriction in his existing Agreed Order by two years. Additionally, the Mediated Agreed Order requires Dr. Gibson to pass the Medical Jurisprudence Exam within one year and assesses an administrative penalty of $12,500. The action was based on allegations that Dr. Gibson failed to comply with all of the requirements of his existing order.

GILLILAND, MARK DOUGLAS, M.D., HOUSTON, TX, Lic. #G2088
On March 18, 2005, the Board entered an Order temporarily suspending Dr. Gilliland’s license. The action was based on the following allegations: On May 24, 2004, Dr. Gilliland was arrested for driving while intoxicated and subsequently falsely stated to the Board in his online license renewal that he had not been arrested. On March 9, 2005, after a hit-and-run accident in which two pedestrians were seriously injured, Dr. Gilliland was followed to his residence by an off-duty policy officer. He failed a field sobriety test and was arrested and charged with felony intoxicated assault and failure to stop and render aid.

GINZBURG, EUGENIA I., M.D., HOUSTON, TX, Lic. #G8853
On December 10, 2004, the Board and Dr. Ginzburg entered into an Agreed Order
assessing a $500 administrative penalty. The action was based on Dr. Ginzburg’s mistaken belief that she had obtained one hour of CME in ethics.

GORDON, WILLIAM HYATT JR., M.D., LUBBOCK, TX, Lic. #D0890
On April 12, 2005, the Board took action to suspend Dr. Gordon’s license until further order of the Board. This action results from the prior Agreed Order entered into on December 12, 2003, between the Board and Dr. Gordon that is based on Dr. Gordon’s failure to practice in a professional manner and his aiding an unlicensed person in the practice of medicine. Under the terms of the 2003 order, Dr. Gordon was required to take and pass the Medical Jurisprudence exam in three attempts within one year. As set out in the order, if Dr. Gordon failed to take and pass the exam, his license would be suspended after a panel of Board representatives considered the relevant information. Dr. Gordon failed to meet the requirement.

GRANEK, HAROLD, M.D., FORT WORTH, TX, Lic. #F8495
On February 4, 2005, the Board and Dr. Granek entered into an Agreed Order issuing a public reprimand and assessing a $1,000 administrative penalty. The action was based on allegations that Dr. Granek failed to disclose material information on an application for medical staff privileges. Also on February 4, 2005, the Board modified an order entered on September 23, 2002, adding three years to Dr. Granek’s probated suspension, thereby placing his license on probation for six years. The action was based upon findings that Dr. Granek violated a prior Order of the Board when he examined and treated female patients. Dr. Granek’s motion for rehearing was denied and the order was final effective March 18, 2005. Dr. Granek appealed the decision of the Board to the 126th Judicial District Court, Travis County, Texas.

GROSS, ROBERT HADLEY, M.D., WYNNEWOOD, PA, Lic. #G5125
On December 10, 2004, the Board and Dr. Gross entered into an Agreed Order revoking his license, staying the revocation and placing Dr. Gross on probation for 12 years, including restrictions that he not practice medicine until he proves to the Board that he is competent to do so; that he undergo psychiatric evaluation; that he attend the Colorado Institute for Physician Evaluation and complete any needed assessments; and that he successfully pass the Special Purpose Examination and the Medical Jurisprudence Examination. The action was based on a felony conviction.

GUILLET, GLEN GORDON, M.D., BEAUMONT, TX, Lic. #D2445
On December 10, 2004, the Board and Dr. Guillet entered into an Agreed Order placing Dr. Guillet on probation for three years, requiring eight hours of ethics CME each year, issuing a public reprimand, and assessing a $5,000 administrative penalty. The action was based on allegations that Dr. Guillet asked a patient to invest $10,000, promising a return of $30,000. No return of the invested money or the profits has been made to the patient. Such conduct violates Board rules concerning financial dealings with patients.
GULLAPALLI, UMA RANI, M.D., VICTORIA, TX, Lic. #J1256
On April 8, 2005, the Board and Dr. Gullapalli entered into an Agreed Order assessing an administrative penalty of $1,000. The action was based on allegations that Dr. Gullapalli allowed incorrect biographical information to be published on two web sites.

HALL-HERPIN, CALLIE O., M.D., HOUSTON, TX, Lic. #K5306
On October 15, 2004, a Temporary Suspension Order was entered suspending Dr. Hall-Herpin’s license without notice due to evidence and information that the physician’s continuation in the practice of medicine would constitute a continuing threat to public welfare. The allegations that led to the Temporary Suspension Order will be the subject of a Temporary Suspension Hearing with notice in the future. The Temporary Suspension Order shall remain in force and effect until such time as it is superseded by a subsequent Order of the Board. The action was based on Dr. Hall-Herpin’s indictment for providing narcotic medications to individuals for cash payments, writing prescriptions to individuals whose names Dr. Hall-Herpin had taken from the telephone book, and writing prescriptions for individuals with whom Dr. Hall-Herpin had never established a doctor-patient relationship.

HANSEN, HENRY ANDREW II, M.D., LUBBOCK, TX, Lic. #E4384
On April 8, 2005, the Board and Dr. Hansen entered into an Agreed Order requiring Dr. Hansen to complete 25 hours of ethics courses or programs. The action was based on allegations that Dr. Hansen violated the confidentiality of patient records in one instance.

HARMAN, ROGER DUANE, M.D., BROWNSVILLE, TX, Lic. #F4049
On April 8, 2005, the Board and Dr. Harman entered into an Agreed Order restricting Dr. Harman’s license under terms and conditions for five years, including that Dr. Harman obtain board certification in pain management; that he not treat chronic pain patients; that he have his practice monitored by another physician; that he complete 12 hours of ethics courses or programs each year for three years; and that he pay an administrative penalty of $5,000. The action was based on allegations of nontherapeutic prescribing of large amounts of controlled substances without complete or consistent medical records.

HARRIS, MICHAEL SPELLMAN, M.D., DALLAS, TX, Lic. #D3255
On February 4, 2005, the Board and Dr. Harris entered into an Agreed Order requiring Dr. Harris to complete an additional 10 hours of CME in risk management and assessing a $2,500 administrative penalty. The action was based on allegations that Dr. Harris violated the standard of care when he failed to perform timely a pre-operative examination on a patient undergoing cataract surgery.

HATCH, MARK EDWARD, M.D., ARLINGTON, TX, Lic. #G8863
On April 8, 2005, the Board and Dr. Hatch entered into an Agreed Order
suspending Dr. Hatch’s license for a minimum of six months from the date of his signing the order and until such time as he provides clear and convincing evidence to the Board adequately indicating he is competent to safely practice medicine, and further requiring Dr. Hatch to abstain from the consumption of alcohol and drugs and to undergo alcohol and drug screening and a psychiatric evaluation. The action was based on Dr. Hatch’s admitted abuse of hydrocodone and Xanax and admitted ordering of large quantities of these drugs under false pretenses for his own use.

HENDERSON, HAROLD CLAY, M.D., DALLAS, TX, Lic. #G3937
On April 8, 2005, the Board and Dr. Henderson entered into an Agreed Order requiring him to obtain 20 hours of continuing medical education approved for Category I credits by the American Medical Association and/or the American Osteopathic Association in thyroid disease issues (10 hours) and risk management (10 hours). The action was based on allegations that Dr. Henderson failed to meet the standard of care by not adequately following up on a patient who was prescribed thyroid medication.

HENDERSON, ROBERT BENSON, M.D., SOUTHLAKE, TX, Lic. #J6482
On April 8, 2005, the Board and Dr. Henderson entered into an Agreed Order publicly reprimanding Dr. Henderson, requiring him to complete a course or courses in the treatment of malignant head and neck tumors of at least 25 hours and assessing an administrative penalty of $3,000. The action was based on allegations Dr. Henderson violated the standard of care for removal of a benign pleomorphic adenoma of the parotid gland because an adequate margin of normal tissue was not removed in conjunction with the tumor to lessen the risk of recurrence. It did recur, requiring more extensive surgery.

HOLLINS, BLANCHARD TUCKER, M.D., HOUSTON, TX, Lic. #C7219
On June 3, 2005, the Board and Dr. Hollins entered into an Agreed Order requiring that Dr. Hollins’ practice be monitored by another physician for up to three years. The action was based on allegations the Board expert determined that Dr. Hollins failed to meet the standard of care by not referring patients with chronic pain, anxiety and depression to specialists.

HOLT, BYRON BUSBY, M.D., HOUSTON, TX, Lic. #D2460
On June 3, 2005, the Board and Dr. Holt entered into an Agreed Order assessing an administrative penalty of $2,000. The action was based on allegations that Dr. Holt failed to maintain adequate medical records for one patient.

HORTON, STEPHEN HOWARD, M.D., SOUTHLAKE, TX, Lic. #L1345
On April 8, 2005, the Board and Dr. Horton entered into an Agreed Order suspending Dr. Horton’s license for 90 days, then staying the suspension and placing Dr. Horton on probation under terms and conditions, including requiring Dr. Horton to enter an inpatient drug treatment facility; undergo psychiatric treatment; abstain from the consumption of alcohol and drugs; submit to
screening for alcohol and drugs; and participate in the activities of his county medical society and Alcoholics Anonymous. The action was based on Dr. Horton's intemperate use of alcohol, including an arrest for operating a motor vehicle in a public place while intoxicated and causing serious bodily injury to another.

HOUSE, CHARLES HAROLD, M.D., KILLEEN, TX, Lic. #D0390
On June 3, 2005, the Board and Dr. House entered into an Agreed Order indefinitely restricting Dr. House's license under terms and conditions, including the following: Dr. House is not permitted to supervise or delegate prescriptive authority to a physician assistant or advanced practice nurse; he may not prescribe controlled substances and must surrender his controlled substances certificates; he must enroll in the CPEP program (now the Center for Personalized Education for Physicians) and implement recommendations of that program and not treat any patient for pain for more than 30 days. The terms and conditions also require that Dr. House's practice be monitored by another physician and that he attend at least 50 hours of continuing medical education and perform one hundred hours of community service each year. The action was based on allegations that Dr. House nontherapeutically prescribed controlled substances to 13 patients and failed to take proper histories or maintain adequate medical records on the patients.

HOWARD, ANNETTE M., M.D., HOUSTON, TX, Lic. #J5161
On March 9, 2005, the Board entered an Order temporarily suspending Dr. Howard's license. The action was based on Dr. Howard's failure to comply with the requirements of a previous order and her failure to cooperate with Board staff and with staff's attempts to help her comply with the order.

HUGHES, KEITH PATRICK, M.D., LINCOLN, NE, Lic. #K3246
On April 8, 2005, the Board and Dr. Hughes entered into an Agreed Order requiring Dr. Hughes to comply with all the terms and conditions of an order of the State of Nebraska Department of Health and Human Services Regulation and Licensure Division. Dr. Hughes' Nebraska order was based on allegations of dependence on or an active addiction to controlled substances.

HURLEY, DOUGLAS LEE, M.D., TEMPLE, TX, Lic. #E4861
On December 10, 2004, the Board and Dr. Hurley entered into an Agreed Order placing Dr. Hurley on probation for five years, requiring a psychiatric evaluation, abstinence, and drug testing. The action was based on allegations that Dr. Hurley was convicted of driving while intoxicated and may have issues with depression.

INBODY, STEVEN BRYCE, M.D., HOUSTON, TX, Lic. #G7443
On February 4, 2005, the Board and Dr. Inbody entered into an Agreed Order suspending Dr. Inbody's license, but probating the suspension for 10 years. The action was based on allegations that Dr. Inbody self-prescribed and was addicted to a hydrocodone-containing medication.
JACKSON, CLEMIS LARAINÉ, M.D., KATY, TX, Lic. #H5147
On December 10, 2004, the Board and Dr. Jackson entered into an Agreed Order revoking Dr. Jackson’s license. The action was based on Dr. Jackson’s felony convictions for conspiracy, health care fraud, and money laundering.

JAFRI, ADNAN ZIA, M.D., BEAUMONT, TX, Lic. #K8229
On April 8, 2005, the Board and Dr. Jafri entered into an Agreed Order assessing an administrative penalty of $1,000. The action was based on allegations that Dr. Jafri failed to sign a death certificate on a timely basis.

JALALI, HAMID REZA, D.O., MAURICEVILLE, TX, Lic. #H0491
On June 3, 2005, the Board and Dr. Jalali entered into an Agreed Order requiring Dr. Jalali’s practice to be reviewed by another physician for one year and requiring Dr. Jalali to obtain at least 10 hours of continuing medical education in recordkeeping or risk management. The action was based on allegations that Dr. Jalali failed to appropriately document the need and rationale for drugs prescribed to a patient who died while under Dr. Jalali’s care.

JIA, ZAISHUI, M.D., HOUSTON, TX, Lic. #K3765
On April 8, 2005, the Board and Dr. Jia entered into an Agreed Order assessing a $500 administrative penalty. The action was based on allegations that Dr. Jia overcharged for medical records.

JOHNSON, TERRY LEE, M.D., WICHITA FALLS, TX, Lic. #J5795
On June 3, 2005, the Board and Dr. Johnson entered into an Agreed Order suspending Dr. Johnson’s license, staying the suspension after 90 days and placing him on probation under terms and conditions for 15 years. The terms and conditions include abstinence from alcohol and drugs, alcohol and drug testing, continuing psychiatric treatment, participation in Alcoholic’s Anonymous, and that he not serve as a physician for his immediate family. Dr. Johnson’s previous Confidential Nonpublic Agreed Rehabilitation Order of August, 2004, was also made public. The action was based on allegations that Dr. Johnson violated his August, 2004, Order for hydrocodone abuse by testing positive for Fentanyl and his admission that he had worn a Fentanyl patch while on a medical mission out of the country.

JOHNSON-CALDWELL, JENNIFER LAVETTE, M.D., HOUSTON, TX, Lic. #K5571
On April 8, 2005, the Board and Dr. Johnson-Caldwell entered into an Agreed Order assessing a $500 penalty. The action was based on the failure of Dr. Johnson-Caldwell to show completion of required continuing medical education.

JOSEPH, PHILMORE JOSLEY, M.D., HUMBLE, TX, Lic. #E1210
On December 10, 2004, the Board and Dr. Joseph entered into an Agreed Order assessing a $500 administrative penalty. The action was based on allegations that Dr. Joseph failed to release medical records in a timely fashion.
KERN, SUSAN B., M.D., HOUSTON, TX, Lic. #G6785
On February 4, 2005, the Board and Dr. Kern entered into an Agreed Order publicly reprimanding Dr. Kern, requiring an additional 20 hours of CME for three years, and requiring Dr. Kern’s practice to be monitored for one year. The action was based on allegations that Dr. Kern altered a medical record after she became aware that the Board was investigating an allegation that Dr. Kern failed to treat a patient within the standard of care. On June 3, 2005, the Board and Dr. Kern entered into an Agreed Order suspending Dr. Kern’s license for a minimum of 60 days and until such time as Dr. Kern personally appears before the Board and provides clear and convincing evidence that she is competent to safely practice medicine. The action is based on allegations that Dr. Kern prescribed numerous medications to herself without having medical records, kept class three controlled substances in unlocked cabinets, prescribed medication to a patient without keeping a medical record and was subject to numerous allegations from former employees as to improper office practices and altering of medical records.

KHAN, RABIA AWAN, M.D., IRVING, TX, Lic. #K4103
On December 10, 2004, the Board and Dr. Khan entered into an Agreed Order requiring Dr. Khan to obtain an additional 10 hours of CME in medical recordkeeping for three years. The action was based on allegations that Dr. Khan added information to a patient’s chart without properly identifying and dating the additional information.

KHATAMI, MANOOCHEHR, M.D., DALLAS, TX, Lic. #F8781
On April 8, 2005, the Board and Dr. Khatami entered into an Agreed Order requiring Dr. Khatami to obtain an additional 10 hours of continuing medical education in the law concerning release of medical records and assessing an administrative penalty of $1,000. The action was based on allegations Dr. Khatami failed to timely comply with a request to provide medical records.

KING, CLARENCE GORDON JR., M.D., SAN ANTONIO, TX, Lic. #E1883
On April 8, 2005, the Board and Dr. King entered into an Agreed Order assessing an administrative penalty of $3,000. The action was based on allegations that Dr. King failed to cause his physician to notify the Board, as required by an existing board order, that he had prescribed a controlled substance for Dr. King.

KING, MICHAEL WILLIAM, M.D., PORT ARTHUR, TX, Lic. #F1709
On April 8, 2005, the Board and Dr. King entered into an Agreed Order suspending Dr. King’s license, staying the suspension and placing him on probation for four years under terms and conditions, including that he undergo a complete examination by a physician; that he undergo an assessment by the Institute for Physician Evaluation in Dallas and complete any education recommended by IPE; that he complete a course in pain management of at least eight hours and appear before the Board at least once every six months. The action was based on allegations of nontherapeutic prescribing of controlled
substances and failure to practice medicine in an acceptable professional manner consistent with public health and welfare.

**KLEIMAN, DAVID A., M.D., ARLINGTON, TX, Lic. #F4167**
On April 8, 2005, the Board and Dr. Kleiman entered into an Agreed Order publicly reprimanding Dr. Kleiman and assessing an administrative penalty of $25,000. The action was based on allegations Dr. Kleiman disseminated advertisements that violated Board rules regarding making claims and representations that are not subject to substantiation or verification.

**KOLLAUS, KENNARD LEE, M.D., SEGUIN, TX, Lic. #G8222**
On January 24, 2005, the Board and Dr. Kollaus entered into an Agreed Order wherein the doctor was publicly reprimanded and assessed a $5,000 penalty. The action was based on allegations that Dr. Kollaus failed to supervise adequately advanced practice nurses, including leaving presigned prescription pads in clinics.

**KONDEJEWSKI, RICHARD JOSEPH, M.D., LEAGUE CITY, TX, Lic. #F0548**
On December 10, 2004, the Board and Dr. Kondejewski entered into an Agreed Order assessing a $1,000 administrative penalty. The action was based on allegations that Dr. Kondejewski failed to release medical records in a timely fashion.

**KUSMIERZ, ZBIGNIEW, M.D., McALLEN, TX, Lic. #K9829**
On June 3, 2005, the Board entered into an Agreed Order with Dr. Kuzmierz, suspending his license, staying the suspension and placing him on probation for 10 years under terms and conditions, including abstinence from drugs and alcohol, drug and alcohol testing, psychiatric evaluation and treatment, attendance at Narcotics Anonymous or a similar program, and limitations on his practice of anesthesiology, including that he not directly dispense or administer controlled substances to patients or be the only person qualified to dispense or administer anesthetic drugs present in an operating room. The action was based on allegations that Dr. Kusmierz abused the drug Fentanyl.

**LAKSHMIKANTH, BANGALORE NARAYAN, M.D., BROWNSVILLE, TX, Lic. #G4632**
On June 3, 2005, the Board and Dr. Lakshmikanth entered into a two-year Agreed Order requiring that Dr. Lakshmikanth successfully complete 35 hours of continuing medical education each year and assessing an administrative penalty of $5,000. The action was based on allegations that Dr. Lakshmikanth failed to meet the standard of care in his treatment of a 5 1/2-year-old patient who sustained an open fracture of his right forearm at the elbow and who, following treatment and application of a long-arm cast, developed a life-threatening infection and required amputation of the arm at the shoulder.
LEA-STOKES, MICHELE JOANNE, M.D., MOUNT GRETNA, PA, Lic. #G6672
On April 8, 2005, the Board and Dr. Lea-Stokes entered into a Mediated Agreed Order requiring that her medical records be monitored for one year; that she maintain adequate medical records; that she complete an additional 30 hours of continuing medical education within three years in the areas of risk management or medical records documentation, treating bipolar disorder and in treating patients with a history of substance abuse; and assessing an administrative penalty of $1,000. The action was based on allegations that Dr. Lea-Stokes failed to meet the standard of care in treating one patient and that her medical records documentation was inadequate to support the treatment rationale for that patient.

LEAVITT, LEWIS A. III, M.D., HOUSTON, TX, Lic. #F9718
On February 4, 2005, the Board and Dr. Leavitt entered into an Agreed Order suspending Dr. Leavitt's license, but probating the suspension for five years, issuing a public reprimand, limiting Dr. Leavitt's prescribing privileges, requiring 15 hours of CME in ethics for each year of the probation, assessing a $2,500 administrative penalty, and requiring the doctor to take and pass the medical jurisprudence examination. The action was based on allegations that Dr. Leavitt prescribed hydrocodone and benzodiazepine to a family member without maintaining a medical record.

LeBLANC, MARY MARTHA, M.D., MCALLEN, TX, Lic. #H4481
On March 4, 2005, the Board and Dr. LeBlanc entered into an Agreed Order publicly reprimanding Dr. LeBlanc, suspending her license, staying the suspension and placing her on probation for five years under terms and conditions, including that Dr. LeBlanc adequately supervise the activities of all her employees; that she pass the Medical Jurisprudence Examination within three attempts; and that she complete a 10-hour course or courses in recordkeeping and risk management. The order also assessed an administrative penalty of $5,000. The action was based on allegations that Dr. LeBlanc allowed a member of her staff to engage in the unauthorized practice of medicine, specifically, that she allowed her husband, who had a Ph.D. in hypnotherapy, to call himself Doctor and to perform a breast and pelvic exam on a female patient.

LEHANE, DANIEL EDWARD, M.D., HOUSTON, TX, Lic. #E1650
On April 8, 2005, the Board and Dr. Lehane entered into an Agreed Order assessing a $500 penalty. The action was based on allegations that Dr. Lehane failed to provide medical records on a timely basis.

LEONARD, PHILIP JOSEPH, M.D., AUSTIN, TX, Lic. #E8662
On December 10, 2004, the Board and Dr. Leonard entered into an Agreed Order restricting Dr. Leonard's license for 10 years, including a prohibition from any contact with female patients. The action was based on allegations that Dr. Leonard made bodily contact of a sexual nature with multiple female patients.
LEWIS, JEFFREY EARL, M.D., HIGHLAND VILLAGE, TX, Lic. #F8555
On May 16, 2005, the Board and Dr. Lewis entered into an Agreed Order publicly reprimanding Dr. Lewis, assessing an administrative penalty of $1,000 and requiring him to take and pass the Medical Jurisprudence Exam within one year. The action was based on allegations that Dr. Lewis did not effectively address a patient’s post-surgery complications.

LIGHT, KEVIN D., D.O., WEATHERFORD, TX, Lic. #J9162
On March 4, 2005, the Board entered an Order suspending Dr. Light’s license. The action was based on allegations that Dr. Light violated his December 13, 2002, order by ingesting alcohol.

LITTLE, HUGH ROBINSON, M.D., HOUSTON, TX, Lic. #L8112
On April 8, 2005, the Board and Dr. Little entered into an Agreed Order whereby Dr. Little surrendered his license to practice medicine in Texas. The action was based on Dr. Little’s being relieved of clinical duties as an emergency department resident at the University of Texas Health Science Center at Houston based on allegations of academic and behavioral issues.

LONGMIRE, WARREN T. JR., M.D., HITCHCOCK, TX, Lic. #D0950
On April 8, 2005, the Board and Dr. Longmire entered into an Agreed Order requiring Dr. Longmire to complete at least an additional 25 hours of continuing medical education in the areas of medical recordkeeping, preventative medicine and care and treatment of difficult patients. The action was based on allegations that Dr. Longmire failed to meet the standard of care in regards to colon cancer screening and prostate cancer screening.

MAYS, JEFFRY PATRICK, M.D., BRADY, TX, Lic. #J7815
On April 8, 2005, the Board and Dr. Mays entered into an Agreed Order requiring Dr. Mays to complete, within 12 months, courses in gynecological diseases and recordkeeping, each to be at least 10 hours and in addition to any other required continuing medical education, and assessing an administrative penalty of $3,000. The action was based on allegations that Dr. Mays failed to meet the standard of care in treating an elderly female patient hospitalized with a two-year history of vaginal discharge and bleeding for which the patient had refused to seek medical attention and, separately, that he failed to timely complete a death certificate.

McBRIDE, JOHN CECIL, M.D., HOUSTON, TX, Lic. #E2288
On June 3, 2005, the Board and Dr. McBride entered into an Agreed Order requiring Dr. McBride to publish three times an advertisement informing his former patients of his cessation of practice, his current mailing address and the procedure for his patients to obtain their records. The Agreed Order additionally assessed an administrative penalty of $500. The action was based on allegations that Dr. McBride closed his private practice without adequately informing his patients of the closing or where their records could be obtained, and without informing the Board of his new address.
McCLELLAN, DAVID MARK, M.D., CROSBY, TX, Lic. #G0476
On December 10, 2004, the Board and Dr. McClellan entered into an Agreed Order probating Dr. McClellan’s license for 10 years, issuing a public reprimand, and requiring the presence of a chaperone during examinations of female patients. The action was based on allegations that Dr. McClellan engaged in boundary violations.

McCRAE, WILLIAM H., M.D., DALLAS, TX, Lic. #F0576
On April 8, 2005, the Board and Dr. McCrae entered into an Agreed Order requiring Dr. McCrae to maintain a logbook of prescriptions written for dangerous drugs with addictive potential or potential for abuse and assessing an administrative penalty of $1,000. The action was based on allegations that Dr. McCrae failed to manage a patient’s medications in an acceptable professional manner consistent with public health and welfare.

McDONALD, RUSSELL NEIL, D.O., GROVES, TX, Lic. #E8705
On February 4, 2005, the Board and Dr. McDonald entered into an Agreed Order requiring Dr. McDonald to complete a 20-hour course concerning intake history and physicals for weight loss patients. The action was based on allegations that Dr. McDonald treated a patient with weight loss medications for two months, with no documentation of a physical examination and no labs ordered prior to treatment.

McGILL, THOMAS WAYNE, M.D., WOLFFORT, TX, Lic. #M0169
On June 3, 2005, the Board and Dr. McGill entered into an Agreed Order superseding and extending Dr. McGill’s prior October 8, 2004, Order with the Board for three years under the same terms and conditions, including that Dr. McGill’s practice be limited to a group or institutional setting and that he have a chaperone present during any physical examination of a patient. The June 3, 2005, Agreed Order additionally assessed an administrative penalty of $1,000. The action was based on a finding that Dr. McGill did not obtain prior written approval from the Executive Director, as required by the October 8, 2004, Order, before joining a new group practice.

McGRIFF, LLOYD, M.D., DALLAS, TX, Lic. #J5403
On April 8, 2005, the Board and Dr. McGriff entered into an Agreed Order whereby Dr. McGriff voluntarily and permanently surrendered his Texas medical license. The action was based on Dr. McGriff’s plea of guilty to Medicare fraud and his desire not to practice medicine in Texas.

McNUTT, STEVEN SCOTT, M.D., POTTSBORO, TX, Lic. #L0413
On April 8, 2005, the Board and Dr. McNutt entered into an Agreed Order requiring Dr. McNutt to complete an additional 56 hours of continuing medical education in ethics, risk management and recordkeeping; to pass the Medical Jurisprudence Examination with a score of 75 within one year; and assessing an administrative penalty of $4,000. The action was based on allegations Dr. McNutt
prescribed medications, which were necessary and proper, to three members of his office staff and to his wife, but without creating or maintaining a medical record for those persons.

McWILLIAMS, ROBERT BARTON, M.D., HOUSTON, TX, Lic. #H5002
On April 8, 2005, the Board and Dr. McWilliams entered into an Agreed Order assessing an administrative penalty of $1,000. The action was based on allegations that Dr. McWilliams failed to timely comply with requirements for continuing medical education.

MEHAGAN, YVONNE JO, M.D., CLEBURNE, TX, Lic. #K5674
On June 3, 2005, the Board and Dr. Mehagan entered into an Agreed Order requiring Dr. Mehagan to obtain an additional 35 hours of continuing medical education per year for two years in the areas of pain management, medical records and office management, and assessing an administrative penalty of $1,000. The action was based on allegations Dr. Mehagan did not meet the standard of care in her treatment of a chronic pain patient.

MEKHAIL, MOUNIR MAHER, M.D., TYLER, TX, Lic. #H2154
On April 8, 2005, the Board and Dr. Mekhail entered into an Agreed Order publicly reprimanding Dr. Mekhail and requiring that he not perform any surgical procedures in-office or in any nonaccredited hospital or nonaccredited ambulatory surgery center using narcotic or sedating drugs; allowing him to perform liposuction procedures only in an accredited ambulatory surgical center or accredited hospital; and assessing an administrative penalty of $2,500. The action was based on allegations that Dr. Mekhail did not meet the standard of care in that he failed, on several occasions, to obtain pre-operative laboratory work before performing tumescent liposuction procedures and, in one case, failing to monitor a patient’s hemoglobin or hematocrit during multiple tumescent liposuction procedures.

MILLS, BILLY GERALD, D.O., MESQUITE, TX, Lic. #D0716
On April 8, 2005, the Board and Dr. Mills entered into an Agreed Order whereby Dr. Mills voluntarily and permanently surrendered his Texas medical license, requiring him to retire from practice on April 7, 2005. The action was based on allegations that Dr. Mills failed to meet the standard of care in his treatment of two patients.

MIRZA, HUMAYUN, M.D., HOUSTON, TX, Lic. #L6120
On December 10, 2004, the Board and Dr. Mirza entered into an Agreed Order requiring Dr. Mirza to attend a boundaries course, to maintain adequate medical records, and to pay a $1,000 administrative penalty. The action was based on an order issued by the New York State Board of Professional Conduct, which placed Dr. Mirza on probation for three years due to inappropriate conduct with a patient.
MITCHELL, ROBY DEAN, M.D., AMARILLO, TX, Lic. #H4560
On October 27, 2003, a Temporary Suspension Order was entered suspending Dr. Mitchell's license due to evidence that the physician's continuation in the practice of medicine would constitute a continuing threat to public welfare. The Temporary Suspension Order shall remain in full force and effect until such time as it is superseded by a subsequent Order of the Board. The action was based on Dr. Mitchell's failure to comply with his Agreed Order dated April 14, 2003, which required that Dr. Mitchell have his patient records monitored by another physician.

MOREE, LAMAR HOUSTON JR., M.D., ALBANY, GA, Lic. #F3249
On April 8, 2005, the Board and Dr. Moree entered into an Agreed Order assessing an administrative penalty of $1,000. The action was based on allegations that Dr. Moree, who practices in Georgia, was disciplined by the Georgia Composite Board of Medical Examiners for delegating to a physician assistant who had failed to timely renew his license.

MORAN, WILMER JR., M.D., HOUSTON, TX, Lic. #E1684
On June 3, 2005, the Board and Dr. Moran entered into an Agreed Order whereby Dr. Moran voluntarily surrendered his Texas medical license. The action is based on Dr. Moran's admission of his present inability to practice medicine because of poor health.

MORRIS, DARELD RAY, D.O., AMARILLO, TX, Lic. #C8589
On December 10, 2004, the Board and Dr. Morris entered into an Agreed Order wherein Dr. Morris surrendered his license. The action was based on Dr. Morris' physical condition.

MONTOYA-ZERMENO, M. CARMEN, M.D., SAN ANTONIO, TX, Lic. #G6057
On April 8, 2005, the Board and Dr. Montoya-Zermeno entered into an Agreed Order suspending Dr. Montoya-Zermeno's license until such time as she satisfies the Board she is physically, mentally and otherwise competent to practice medicine. The action was based on allegations that Dr. Montoya-Zermeno ingested hydrocodone and hydromorphone in violation of a prior agreed order of the Board.

MURPHY, JAMES MARK, M.D., TEXARKANA, TX, Lic. #G6219
On March 24, 2005, the Board suspended Dr. Murphy's license until such time as he provides sufficient evidence to the Board that he is no longer incarcerated or serving a prison term and is competent to practice medicine safely. The action was based on the fact that Dr. Murphy is currently incarcerated in federal prison in Texarkana.

NAMIREDDY, VASANTH REDDY, M.D., FORT WORTH, TX, Lic. #H9125
On June 3, 2005, the Board and Dr. Namireddy entered into a three-year Agreed
Order requiring Dr. Namireddy to attend an additional 50 hours of continuing medical education in pharmacology, pain management, risk management, practice management and medical recordskeeping each year and assessing an administrative penalty of $3,000. The action was based on allegations that Dr. Namireddy wrote prescriptions for a person he should have known was an abuser of the narcotic drugs, controlled substances or dangerous drugs prescribed.

NANDETY, RAO K., M.D., KATY, TX, Lic. #F2819
On April 8, 2005, the Board and Dr. Nandety entered into an Agreed Order assessing an administrative penalty of $500. The action was based on allegations that Dr. Nandety failed to timely complete all required continuing medical education.

NARANG, HARCHARAN SINGH, M.D., HOUSTON, TX, Lic. #L5481
On February 4, 2005, the Board and Dr. Narang entered into an Agreed Order assessing a $1,000 administrative penalty. The action was based on allegations that Dr. Narang failed to provide medical records in a timely fashion.

NATALINO, MICHAEL R., M.D., SAN ANTONIO, TX, Lic. #F2821
On April 8, 2005, the Board and Dr. Natalino entered into an Agreed Order suspending Dr. Natalino’s license, staying the suspension and placing him on probation for three years under terms and conditions, including requirements that Dr. Natalino’s practice be monitored by another physician and that he obtain an additional 20 hours of continuing medical education in documentation. Dr. Natalino was also assessed a penalty of $5,000. The action was based on allegations that Dr. Natalino did not meet the standard of care in examining, diagnosing and treating a patient with pulmonary disease.

OLIVARES, JAIRO RAFAEL, M.D., GARLAND, TX, Lic. #J9250
On December 10, 2004, the Board and Dr. Olivares entered into an Agreed Order requiring attendance at courses in addictionology and recordkeeping, monitoring by a Board-approved physician, and paying a $3,000 administrative penalty. The action was based on allegations that Dr. Olivares engaged in nontherapeutic prescribing of narcotic medications and erred in a diagnosis. Dr. Olivares referred a patient to hospice on the assumption the patient suffered from pancreatic cancer, when the patient actually suffered from chronic pancreatitis.

OLMSTED, WILLIAM ROBERT, M.D., DALLAS, TX, Lic. #J1550
On June 3, 2005, the Board and Dr. Olmsted entered into an Agreed Order assessing an administrative penalty of $500. The action was based on allegations that Dr. Olmsted failed to supply requested medical records on a timely basis.

ORONoz, JOAQUIN FRANCISCO JR., M.D., LAREDO, TX, Lic. #K9860
On December 10, 2004, the Board and Dr. Oronoz entered into an Agreed Order publicly reprimanding Dr. Oronoz, requiring additional CME hours in ethics and requiring a year of anger management counseling. The action was based on
allegations that Dr. Oronoz engaged in unprofessional conduct by pushing or striking a surgical technician.

PARKER, THOMAS STERLING, M.D., GEORGETOWN, TX, Lic. #F1884
On December 10, 2004, the Board and Dr. Parker entered into an Agreed Order assessing a $1,000 administrative penalty. The action was based on failure to submit CME documentation, failure to comply with reporting requirements of a prior board order, and erroneously advertising that he was board certified in vascular medicine. While Dr. Parker is board certified in Internal Medicine, the American Board of Medical Specialties does not offer a certification in vascular medicine. On June 3, 2005, the Board and Dr. Parker entered into an Agreed Order publicly reprimanding Dr. Parker, requiring him to obtain 25 hours of ethics through courses or programs approved by the Executive Director of the Board and assessing an administrative penalty of $2,000. The action was based on allegations that Dr. Parker abetted the practice of medicine by a company owned by non-physicians.

PAYNE, DONALD EARL, M.D., TYLER, TX, Lic. #C5348
On December 10, 2004, the Board and Dr. Payne entered into an Agreed Order assessing a $500 administrative penalty. The actions were based on allegations that Dr. Payne incorrectly documented a physical examination by stating that the patient’s genitalia were normal, when in fact Dr. Payne did not examine the genitalia.

PENA, FRANCISCO I., M.D., LAREDO, TX, Lic. #F9107
On December 10, 2004, the Board and Dr. Pena entered into a 10-year Agreed Order publicly reprimanding Dr. Pena, ordering the doctor not to practice obstetrics, not to advertise that he is board certified in family practice, requiring an additional 20 hours of CME each year he is under order, and requiring the Texas medical jurisprudence exam.

PENDLETON, MICHAEL JEROME, M.D., CORPUS CHRISTI, TX, Lic. #L4091
On December 5, 2004, the Board and Dr. Pendleton entered into an Agreed Order suspending Dr. Pendleton’s license, probating the suspension and placing Dr. Pendleton under terms and conditions for five years including abstaining from alcohol and drugs, submitting to random drug testing, and psychiatric treatment. The action was based on allegations of intemperate use of alcohol and drugs.

PEREZCASAR, JOSE ENRIQUE, M.D., ORLANDO, FL, Lic. #H7205
On December 10, 2004, the Board revoked Dr. Perezcasar’s license. The action was based on allegations that Dr. Perezcasar intubated a patient when not medically indicated, failed to do an appropriate medical procedure within the standard of care on a second patient resulting in hospitalization, and failed to diagnose a fracture in a third patient resulting in subsequent surgery. Dr.
Perezcassar filed a Motion for Rehearing, which was denied by the Board. The order dated December 10, 2004, was effective January 20, 2005.

PETERS, ALONZO III, M.D., HOUSTON, TX, Lic. #F5696
On April 8, 2005, the Board and Dr. Peters entered into an Agreed Order revoking Dr. Peters' medical license. The action was based on allegations that Dr. Peters violated his existing agreed order by prescribing hydrocodone and promethazine with multiple refills to patients on a routine basis and by continuing to treat chronic pain patients in violation of his order.

PIERCE, BILLY DON, M.D., WEST, TX, Lic. #C6757
On February 4, 2005, the Board and Dr. Pierce entered into an Agreed Order publicly reprimanding Dr. Pierce, requiring successful completion of the medical jurisprudence examination and 16 hours of CME in medical recordkeeping. The action was based on allegations that Dr. Pierce failed to maintain a complete medical record on a patient.

PORRAS, ENRIQUE, M.D., EL PASO, TX, Lic. #J8346
On April 8, 2005, the Board and Dr. Porras entered into an Agreed Order requiring Dr. Porras to complete a course in risk management and assessing an administrative penalty of $1,000. The action was based on allegations that Dr. Porras did not adequately communicate with a patient's family regarding her care and status.

POWELL, BURRELL EDWIN, M.D., CONROE, TX, Lic. #C3175
On November 15, 2004, the Board and Dr. Powell entered into an Agreed Order requiring Dr. Powell to maintain adequate medical records, maintain a log book of all prescriptions, disallowing telephone prescriptions, requiring passage of the Special Purpose Examination exam, and requiring the doctor to seek Board approval if he changes his practice site. The action was based on allegations that Dr. Powell failed to keep adequate medical records and engaged in nontherapeutic prescribing. On February 4, 2005, the Board and Dr. Powell entered into an Agreed Order wherein the Board accepted the voluntary and permanent surrender of Dr. Powell's license. The action was based on Dr. Powell's inability to pass the SPEX and his desire to retire from the practice of medicine.

PRATER, WILLIAM WARREN, M.D., SAN ANTONIO, TX, Lic. #F4390
On June 3, 2005, the Board and Dr. Prater entered into a Mandatory Revocation Order revoking Dr. Prater's Texas medical license. The terms and conditions of his August 17, 1996, Agreed Order required Dr. Prater to abstain from alcohol unless prescribed by a physician and authorized the Board to automatically revoke his license upon determination by a Board panel that Dr. Prater had violated the Agreed Order. The action was based on Dr. Prater's violation on November 9, 2004, when he tested positive for alcohol.
RAMIREZ-LAVIN, JAVIER, M.D., McALLEN, TX, Lic. #F7893
On June 3, 2005, the Board and Dr. Ramirez-Lavin entered into an Agreed Order publicly reprimanding Dr. Ramirez-Lavin and assessing an administrative penalty of $1,000. The action was based on allegations that Dr. Ramirez-Lavin prematurely halted resuscitation on a newborn that he deemed to be stillborn. The infant still had a heartbeat and gasping respirations for 30 minutes after Dr. Ramirez-Lavin’s determination, and ultimately the newborn had normal pulse and breathing.

RAMIREZ-NIETO, MARIA CRISTINA, M.D., HOUSTON, TX, Lic. #J4979
On June 3, 2005, the Board and Dr. Ramirez-Nieto entered into an Agreed Order assessing an administrative penalty of $1,000. The action was based on allegations that Dr. Ramirez-Nieto failed to timely provide requested medical records.

RAPHAEL, PETER, M.D., PLANO, TX., Lic. #G8361
On June 8, 2005, the Board ordered that Dr. Raphael’s Texas medical license be immediately suspended. The action was based on Dr. Raphael’s failure to comply with all of the terms and conditions of an Order Dr. Raphael entered into with the Board on December 12, 2003. Subsequently, and also on June 8, the District Court of the 353rd Judicial District in Travis County, Texas, entered an Order denying Dr. Raphael’s application for a temporary restraining order against the enforcement of the Board’s Order.

RASHID, KHUSRO, M.D., SAN ANTONIO, TX, Lic. #K4203
On February 4, 2005, the Board and Dr. Rashid entered into an Agreed Order suspending Dr. Rashid’s license, but probating the suspension for five years. The action was based on allegations of disruptive behavior and failure to properly assess two patients before emergency room treatment.

ROBINSON, HERBERT JOEL, M.D., SAN ANTONIO, TX, Lic. #D5568
On June 3, 2005, the Board and Dr. Robinson entered into an Agreed Order assessing an administrative penalty of $500. The action was based on allegations that Dr. Robinson failed to timely provide requested medical records.

ROBY, RUSSELL R., M.D., AUSTIN, TX, Lic. #E1255
On December 10, 2004, the Board and Dr. Roby entered into an Agreed Order publicly reprimanding Dr. Roby, requiring a practice monitor, and requiring Dr. Roby to present an informed consent for Board approval. The action was based on allegations that Dr. Roby treated a patient’s bacterial infection with dilute tetanus toxoid injections without informed consent.

ROGLER-BROWN, TIMOTHY LEE, M.D., SAN BENITO, TX, Lic. #K6918
On June 3, 2005, the Board and Dr. Rogler-Brown entered into an Agreed Order assessing an administrative penalty of $1,000. The action was based on
allegations that Dr. Rogler-Brown used an advertising statement that was false, misleading or deceptive.

SACHDEV, ATUL KUMAR, M.D., HOUSTON, TX, Lic. #K1294
On April 8, 2005, the Board and Dr. Sachdev entered into an Agreed Order suspending Dr. Sachdev's license, staying the suspension and placing him on probation for two years; requiring him to complete a 10-hour course in recordkeeping and a 10-hour course in infectious diseases, both courses to be approved by the executive director in advance; requiring his practice to be monitored by another physician and assessing an administrative penalty of $5,000. The action was based on allegations that Dr. Sachdev failed to elicit an adequate history and physical for a patient and that his medical records were incomplete.

SANDERS, PATRICIA FERN, M.D., LONGVIEW, TX, Lic. #H4674
On June 3, 2005, the Board and Dr. Sanders entered into an Agreed Order assessing an administrative penalty of $1,500. The action is based on allegations that Dr. Sanders failed to timely provide requested medical records.

SARKAR, SONALI, M.D., HOUSTON, TX, Lic. #BP20019410
On June 3, 2005, the Board and Dr. Sarkar entered into an Agreed Order requiring that if Dr. Sarkar seeks a physician in training permit or a medical license, she must appear before the Licensure Committee of the Board and provide clear and convincing evidence that indicates to the satisfaction of the Board that she is physically, mentally, and otherwise competent to safely practice medicine. The action was based on allegations that Dr. Sarkar suffers from a mental illness.

SAUCEDA, FRANCISCO BASIL, M.D., SAN ANTONIO, TX, Lic. #H8375
On February 17, 2005, the Board entered an Order temporarily suspending Dr. Sauceda's license. The action was based on Dr. Sauceda's arrest for possession of cocaine and the subsequent discovery of prescription drugs and syringes in his vehicle. The action was also based on findings by the Board that Dr. Sauceda is a known drug abuser who had been under two previous Board orders for substance abuse.

SCALLY, MICHAEL CHARLES, M.D., HOUSTON, TX, Lic. #G0066
On February 4, 2005, the Board revoked Dr. Scally's license and assessed an administrative penalty of $190,000 and transcript costs of $12,809.50. The action was based upon findings that Dr. Scally prescribed anabolic steroids without a medical purpose, failed to recognize any errors in his treatment regime, and maintained inadequate medical records. Dr. Scally filed a Motion for Rehearing, which was denied by Board. The order dated February 4, 2005, was final effective March 11, 2005. On April 11, 2005, Dr. Scally filed an appeal to the 353rd Judicial District Court of Travis County, Austin. On April 8, 2005, the Board and Dr. Scally entered into an Agreed Order publicly reprimanding Dr. Scally. The action was based on allegations that Dr. Scally offered monetary incentives to
patients to recruit other patients for his practice. Dr. Scally’s license was revoked in a separate matter on February 4, 2005, but the Board retained jurisdiction to resolve these allegations.

SCHEFFEY, ERIC HESTON, M.D., HOUSTON, TX, Lic. #E6607
On February 4, 2005, the Board revoked Dr. Scheffey’s license and assessed an administrative penalty of $845,000 and transcript costs of $9,444.55. The action was based upon findings that Dr. Scheffey performed 29 unnecessary surgeries on 11 patients and also failed to report medical malpractice liability claims. Dr. Scheffey filed a Motion for Rehearing, which was denied by the Board. The order dated February 4, 2005, was effective March 18, 2005. Dr. Scheffey appealed to the 126th Judicial District Court, Travis County, on March 31, 2005.

SEUDEAL, INDAL M., M.D., HARLINGEN, TX, Lic. #J7664
On June 3, 2005, the Board and Dr. Seudeal entered into an Agreed Order publicly reprimanding Dr. Seudeal and requiring him to complete 15 hours of continuing medical education in recordkeeping; to complete an Advanced Trauma Life Support (ATLS) Course and obtain ATLS certification; and assessing an administrative penalty of $3,000. The action was based on allegations that Dr. Seudeal failed to meet the standard of care in managing a newly quadriplegic patient recovering from surgery by failing to monitor the patient for deterioration of function of the lungs, failing to order serial x-rays to assess respiratory status and failing to order pressure-breathing treatments as part of the critical care treatment plan.

SHAW, JAMES MILLARD, M.D., LAKEWAY, TX, Lic. #E1128
On April 8, 2005, the Board and Dr. Shaw entered into an Agreed Order assessing an administrative penalty of $1,000. The action was based on allegations that Dr. Shaw failed to timely complete all required continuing medical education.

SILBERG, LOUISE BARBARA, D.O., EL PASO, TX, Lic. #J9348
On February 4, 2005, the Board and Dr. Silberg entered into an Agreed Order accepting the voluntary and permanent surrender of the doctor’s license. The action was based on Dr. Silberg’s illness.

SILVA, SERGIO, M.D., AUSTIN, TX, Lic. #J8773
On April 8, 2005, the Board and Dr. Silva entered into an Agreed Order assessing an administrative penalty of $5,000. The action was based on allegations that Dr. Silva did not respond to a subpoena from the Board for medical records or to follow-up communication from Board staff.

SMITH, JAMES KIRBY JR., M.D., PORT LAVACA, TX, Lic. #D6178
On April 8, 2005, the Board and Dr. Smith entered into an Agreed Order requiring that Dr. Smith complete five hours of courses in records management and that his practice be monitored by another physician for a period that allows for four consecutive quarterly reports. The action was based on allegations that
Dr. Smith failed to inquire about allergies to medication prior to having his staff give an injection to which the patient was allergic.

SNOW, TASCA DARLENE, M.D., AUSTIN, TX, Lic. #L3836
On December 10, 2004, the Board publicly reprimanded Dr. Snow and placed certain terms and conditions on her license, specifically requiring that she take and pass the Medical Jurisprudence Examination within one year, and assessing an administrative penalty in the amount of $5,000. The action was based on unprofessional conduct in that Dr. Snow closed and moved her practice without providing required notice to the Board, terminated patient care without providing reasonable notice to her patients, and failed to provide a means for patients to obtain their medical records upon closure of her practice. Dr. Snow did not file a Motion for Rehearing; therefore the order dated December 10, 2004, is effective on January 10, 2005.

SPEAR, DAVE S., M.D., ODESSA, TX, Lic. #H9719
On June 3, 2005, the Board and Dr. Spear entered into an Agreed Order assessing an administrative penalty of $500. The action was based on allegations that Dr. Spear, as part of an attempt to implement a telemedicine project in an underserved area, violated a Board rule prohibiting offering rewards to any person for securing or soliciting a patient.

STEWART, KERBY JAMES, M.D., AUSTIN, TX, Lic. #J3623
On March 14, 2005, the Board entered an Order suspending Dr. Stewart’s license. The action was based on allegations that Dr. Stewart violated his December 12, 2003, agreed order by drinking alcohol.

STAFFORD, NOVARRO CHARLES, M.D., HOUSTON, TX, Lic. #H5072
On February 4, 2005, the Board and Dr. Stafford entered into an Agreed Order requiring the doctor to obtain an additional 20 hours of CME each year for two years in pediatric infectious diseases. The action was based on allegations that Dr. Stafford overutilized tympanograms.

STUMHOFER, ROBERT BRIAN, D.O., HOUSTON, TX, Lic. #H0857
On June 3, 2005, the Board and Dr. Stumhoffer entered into an Agreed Order requiring that Dr. Stumhoffer take and pass the Medical Jurisprudence Examination within one year and subjecting him to terms and conditions for three years, including that he must obtain 10 hours each of continuing medical education in medical records and ethics each year and that he not treat, prescribe for or otherwise serve as a physician for his immediate family. The action was based on allegations that Dr. Stumhoffer nontherapeutically prescribed controlled substances to his wife, without keeping a medical record, and to himself.

SUOMINEN, DAVID, M.D., CORINTH, TX, Lic. #J6752
On February 4, 2005, the Board and Dr. Suominen entered into an Agreed Order suspending Dr. Suominen’s license, but probating the suspension for 10 years.
and assessing a $10,000 administrative penalty. The action was based on allegations of unprofessional conduct, including misdemeanor criminal conduct, self-prescribing, and alcohol abuse.

TAYLOR, JILL ANN, D.O., KINGWOOD, TX, Lic. #K2296
On March 23, 2005, the Board and Dr. Taylor entered into an Agreed Order requiring Dr. Taylor to ensure that all advertisements for her practice conform to all provisions of Board rules regulating physician advertising and assessing an administrative penalty of $1,000. The action was based on allegations that Dr. Taylor's advertising regarding board certification was false, deceptive and misleading.

THIRSTRUP, LARRY GOFFREY, M.D., DALLAS, TX, Lic. #K4267
On November 18, 2004, a Temporary Suspension Order was entered suspending Dr. Thirstrup's license without notice due to evidence that the physician's continuation in the practice of medicine would constitute a continuing threat to public welfare. The allegations that led to the Temporary Suspension Order will be the subject of a Temporary Suspension Hearing with notice in the near future. The Temporary Suspension Order shall remain in full force and effect until such time as it is superseded by a subsequent Order of the board. The action was based on allegations of continued abuse of alcohol and drugs.

THOMAS, FRED C., M.D., DALLAS, TX, Lic. #G1785
On December 10, 2004, the Board and Dr. Thomas entered into an Agreed Order assessing a $1,000 administrative penalty. The action was based on allegations that Dr. Thomas failed to provide medical records in a timely fashion.

TORRES, RICHARD R., M.D., MESQUITE, TX, Lic. #K6943
On June 3, 2005, the Board and Dr. Torres entered into an Agreed Order assessing an administrative penalty of $2,000. The action was based on allegations that Dr. Torres failed to obtain the continuing medical education required by a prior Agreed Order.

TSE, EDWARD KIN-CHOW, M.D., HOUSTON, TX, Lic. #G4413
On June 3, 2005, the Board and Dr. Tse entered into a three-year Agreed Order requiring Dr. Tse's practice to be monitored by another physician and requiring Dr. Tse to complete an additional 50 hours of continuing medical education each year. The action was based on allegations that for one patient Dr. Tse maintained poor medical records, failed to properly evaluate the patient for chronic pain and overprescribed antibiotics.

TOVAR, WINFRED SCILLA, M.D., DALLAS, TX, Lic. #BP20015405
On April 8, 2005, the Board and Dr. Tovar entered into an Agreed Order requiring Dr. Tovar to undergo psychiatric evaluation and any treatment recommended as a result of the evaluation and to participate in the activities of
Sexaholics Anonymous. The action was the result of Dr. Tovar's arrest and deferred adjudication for public lewdness.

UGARTE, JOSE M., M.D., KINGSVILLE, TX, Lic. #E3134
On April 8, 2005, the Board and Dr. Ugarte entered into an Agreed Order assessing an administrative penalty of $500. The action was based on allegations that Dr. Ugarte failed to provide requested medical records on a timely basis.

VAGSHENIAN, GREGORY SIMON, M.D., AUSTIN, TX, Lic. #J8155
On October 19, 2004, the Board and Dr. Vagshenian entered into an Agreed Order restricting Dr. Vagshenian's license in that he shall not engage in the practice of medicine that involves direct patient contact or the prescription of any drugs or medication for any person. Dr. Vagshenian shall limit his medical practice to administrative non-clinical medicine only. The action was based upon conviction of the offense of assault on patients in the course of his practice.

VAZQUEZ-IBARRA, JESUS R., M.D., EL PASO, TX, Lic. #E4106
On April 8, 2005, the Board and Dr. Vazquez-Ibarra entered into an Agreed Order restricting his license for 10 years under terms and conditions, including that he is prohibited from practicing interventional cardiology or performing invasive procedures to diagnose and/or treat heart disease; that he must limit his practice to clinical cardiology; and that he must obtain continuing medical education in medical record documentation and in caring for difficult patients. The action was based on allegations that Dr. Vazquez-Ibarra did not meet the standard of care in treating five patients, failed to maintain adequate medical records and had his practice privileges restricted by the Del Sol Medical Center.

WALKER, McDONALD HUGO, M.D., PLANO, TX, Lic. #F7658
On June 3, 2005, the Board and Dr. Walker entered into an Agreed Order requiring Dr. Walker to complete 25 hours of continuing medical education in orthopedics, emergency medicine and medical recordkeeping within one year and assessing an administrative penalty of $1,000. The action was based on allegations Dr. Walker failed to meet the standard of care in evaluating an elderly patient who presented to the emergency room with complaints of left hip pain after a fall that caused a broken hip.

WALKER, RANDALL DEAN, M.D., MAGNOLIA, TX, Lic. #G5744
On February 4, 2005, the Board and Dr. Walker entered into an Agreed Order suspending the doctor's license for a minimum of 18 months. The action was based on allegations that Dr. Walker ingested alcohol, contrary to the requirements of a prior agreed order.

WALSS, RODOLFO J., M.D., BROWNSVILLE, TX, Lic. #J1423
On June 3, 2005, the Board and Dr. Walss entered into an Agreed Order assessing an administrative penalty of $500. The action was based on allegations that Dr. Walss used an advertising statement that was false, misleading or deceptive.
Wells, Darrel Richard, M.D., Huntsville, TX, Lic. #F2099
On May 8, 2005, the Board and Dr. Wells entered into an Agreed Order suspending Dr. Wells' license, staying the suspension and placing him on probation for as long as he holds a Texas medical license, requiring him to abstain from the consumption of alcohol or other drugs, undergo random drug screening, obtain a forensic psychiatric evaluation, complete a 60-day inpatient program, participate in Alcoholics Anonymous and comply with the terms and conditions of his contract with Huntsville Memorial Hospital. The action was based on allegations of a long history of drug and alcohol abuse with an April, 2004, relapse of alcohol abuse.

Wheeler, Douglas Wayne, M.D., Port Neches, TX, Lic. #F8731
On June 3, 2005, the Board and Dr. Wheeler entered into an Agreed Order replacing and extending an April 2, 2004, Mediated Order. The Agreed Order, as did the previous Order, suspends Dr. Wheeler's license, stays the suspension and places him on probation for five years under terms and conditions, including that he not practice obstetrics or surgical gynecology, that his practice be monitored by another physician, that he perform 100 hours of community service each year, that he complete at least 50 hours of additional continuing medical education and that he pay a $5,000 administrative penalty. The action was based on allegations that Dr. Wheeler had not complied with the terms of his April 2, 2004, Mediated Order in that he had not completed the community service nor paid all of the administrative penalty.

Whittaker Hilliard, Yolanda La Vern, M.D., San Antonio, TX, Lic. #F7302
On June 3, 2005, the Board and Dr. Hilliard entered into an Agreed Order assessing an administrative penalty of $1,000. The penalty was based on allegations that Dr. Hilliard failed to release requested medical records on a timely basis.

White, Robert Frank, M.D., Mount Vernon, TX, Lic. #C7159
On December 10, 2004, the Board and Dr. White entered into an Agreed Order assessing a $1,000 administrative penalty. The action was based on allegations that Dr. White did not timely complete his required CME hours.

Williams, Michael Lee, M.D., Palestine, TX, Lic. #H5995
On April 8, 2005, the Board and Dr. Williams entered into an Agreed Order requiring Dr. Williams to obtain 10 hours of continuing medical education in medical recordkeeping; obtain a letter from the Palestine Regional Medical Center confirming that he has completed the medical records of his patients admitted to the Center; and assessing a $1,000 administrative penalty. The action was based on allegations that Dr. Williams failed to timely complete medical records of patients admitted to Palestine Regional Medical Center and that his privileges were temporarily suspended by the Center for such failure to timely complete records.
WILLIAMSON, MARK ALAN, M.D., FRIENDSWOOD, TX, Lic. #H4855
On April 8, 2005, the Board and Dr. Williamson entered into an Agreed Order suspending Dr. Williamson’s license for 90 days beginning July 1, 2005, staying the suspension after 90 days and placing him on probation under terms and conditions for 10 years from the date of the order. The terms and conditions include a five-day inpatient assessment, a limitation of his practice to an academic setting, abstinence from the consumption of drugs and alcohol, participation in Alcoholics Anonymous, and continued psychiatric care. The action was based on allegations of a long history of alcohol and drug abuse by Dr. Williamson.

XENAKIS, STEPHEN N., M.D., ARLINGTON, VA, Lic. #G2061
On April 8, 2005, the Board and Dr. Xenakis entered into an Agreed Order assessing a $1,000 administrative penalty. The action was based on allegations that Dr. Xenakis failed to provide proof that he completed 12 hours of continuing medical education, including one hour in ethics.

ZIMMER, GERALD HARWICK III, M.D., ATHENS, TX, Lic. #J8853
On April 8, 2005, the Board and Dr. Zimmer entered into an Agreed Order publicly reprimanding Dr. Zimmer and assessing an administrative penalty of $1,000. The action was based on allegations Dr. Zimmer refused to provide a patient’s medical records unless additional payment was made for medical services provided.

Acupuncturists

KAREEM, ASYA, NORTH RICHLAND HILLS, TX, Lic. #AC00364
On December 10, 2004, the Board and Ms. Kareem entered into an Agreed Order assessing a $700 administrative penalty. The action was based on violation of a previous Order of the Board in which Ms. Kareem failed to pass the TSE with a score of 45 by April 1, 2003.

WILSON, JANIS PIERCE, LUBBOCK, TX, Lic. #AC00233
On December 10, 2004, the Board and Ms. Wilson entered into an Agreed Order suspending Ms. Wilson’s license. The action was based on allegations of depression and alcohol dependence.

Physician Assistants

CORDOVA, PHILIP FRANK, CANUTILLO, TX, Lic. #PA01727
On May 20, 2005, the Board of Physician Assistant Examiners and Mr. Cordova entered into an Agreed Order assessing an administrative penalty of $500. The action was based on allegations Mr. Cordova failed to report an arrest on his 2003 annual registration.

HARRIS, SHARYN KAY, CANYON LAKE, TX, Lic. #PA00262
On May 20, 2005, the Board of Physician Assistant Examiners and Ms. Harris
entered into an Agreed Order assessing an administrative penalty of $500. The action was based on allegations that Ms. Harris entered a plea of nolo contendere for driving while intoxicated on a night when she was on telephone call, though not required to see patients.

**HOUSEMAN, THAD WILLIAM, WHITNEY, TX, Lic. #PA01862**
On March 22, 2005, the Board of Physician Assistant Examiners and Mr. Houseman entered into an Agreed Order subjecting him to terms and conditions for five years, including a forensic psychiatric evaluation and treatment as recommended; abstinence from the consumption of alcohol and drugs; drug and alcohol testing; limitations on treating family members; and a requirement to practice only while under the direct supervision of an on-site physician. The action was based on allegations of prior drug abuse, writing prescriptions in his name for controlled substances to be taken by his wife, and violation of a prior agreed order.

**NOLEN, JOHN EDWARD, PALESTINE, TX, Lic. #PA01635**
On May 20, 2005, the Board of Physician Assistant Examiners and Mr. Nolen entered into an Agreed Order assessing an administrative penalty of $500. The action was based on allegations Mr. Nolen failed to report an arrest on his license renewal application.

**FERRILL, ANDREW MARTIN, P.A., AUSTIN, TX, Lic. #PA02571**
On November 5, 2004, the Board and Mr. Ferrill entered into an Agreed Order in which Mr. Ferrill voluntarily and permanently surrendered his Texas Physician Assistant license. The action was based on allegations of Mr. Ferrill's intemperate use of drugs.

**WEILAND, BONNIE EILEEN, P.A., AMARILLO, TX, Lic. #PA03649**
On November 5, 2004, the Board and Ms. Weiland entered into an Agreed Order requiring 10 hours of medical ethics and assessing a $500 administrative penalty. The action was based upon allegations that Ms. Weiland failed to perform a history and physical on three occasions while employed at Amarillo Veterans Administration.

**Non-Certified Radiologic Technician**

**WHITTEN, LEWIS W., DRIPPING SPRINGS, TX, Lic. #NC00063**
On February 4, 2005, the Board and Mr. Whitten entered into an Agreed Order wherein the Board accepted the voluntary surrender of his non-certified radiologic technician's license. The action was based on allegations that Mr. Whitten was convicted of a third-degree felony.