Governor Appoints Two to Board

Governor Rick Perry has appointed Melinda McMichael, M.D., to the board. Dr. McMichael is an Austin physician. She graduated from Kansas State University and received her medical degree from the University of Kansas, where she was elected to Alpha Omega Alpha. After completing a residency in internal medicine at the University of Texas Health Science Center at San Antonio, she served a year as chief resident and clinical instructor in internal medicine. Since that time, she has practiced primary care and internal medicine at the University of Texas at Austin University Health Services, where for several years she was the medical director and has continued to contribute in various other clinical and administrative capacities. Dr. McMichael is board certified in internal medicine, and is a member of the American College of Physicians, Travis County Medical Society, Texas Medical Association, American Medical Association, and the American College Health Association. She previously served as a public member of the Board of Directors of the State Bar of Texas, and volunteers regularly at the Volunteer Healthcare Clinic in Austin. Dr. McMichael replaces John W. Pate, M.D., of El Paso, who had served on the board since 2002.

Governor Perry also appointed public member Timothy Webb, J.D., to the board. A native of Nashville, Tennessee, Mr. Webb received his law degree from the Thurgood Marshall School of Law at Texas Southern University in 1995. Prior to law school he enjoyed a successful career in pharmaceutical sales and served as a Captain in the United States Air Force. Mr. Webb worked for the law firm of Akin, Gump, Strauss, Hauer and Feld in Houston and subsequently formed the law offices of Webb & Associates. His practice primarily concentrates on bankruptcy and civil litigation. He is a member of the State Bar of Texas, College of the State Bar of Texas, American Inns of Court, and the Screen Actor’s Guild of America. He is admitted to practice in the United States District Court for the Northern, Southern, Eastern, and Western Districts of Texas and serves on the Cypress-Fairbanks Independent School District Legislative Study Committee. He served on the State Bar Mentor, Professionalism, and the Pattern Jury Charge Committees. He also served on the Development Ordinance Advisory Committee for the City of Carrollton, Texas, and was appointed to the Texas Physician Assistant Board in 2000 where he
served as Chairman from 2004 to 2007, until his appointment to the Medical Board. Mr. Webb replaced Mr. Eddie Miles Jr., who had served on the board since 1997.

Governor Perry also reappointed Roberta Kalafut, D.O., as President of the board, for a term ending April 13, 2013.

Keith Miller, M.D., of Center, who had served since 2003, has also left the board. The board appreciates the service Dr. Pate, Mr. Miles and Dr. Miller have given to the people of Texas.

Know the Law that Regulates Your Practice

The Texas Medical Board has two core functions: to license qualified physicians, physician assistants and acupuncturists who wish to practice in Texas; and to take disciplinary action against licensees found to be in violation of the Medical Practice Act (which is part of the Texas Occupations Code) or the appropriate practice act for PAs or acupuncturists.

The Texas Legislature sets the standard by which TMB carries out those functions. In the 2003 and 2005 sessions, the Legislature made changes that dramatically affected the process, enabling TMB to be more effective, efficient, fairer to licensees against whom complaints are filed, and better protecting the public.

Legislative changes made in 2003 through Senate Bill 104 as part of the tort reform package gave TMB new powers and resources to more effectively prosecute standard of care cases. When TMB underwent Sunset review during the 2005 Legislative session, rules adopted to implement SB 104 were codified into law as SB 419. Among the changes were statutory time limits to complete investigations and litigate cases, ending an era during which cases dragged on for years, to the dissatisfaction of all concerned. Most cases now reach resolution within a year.

To help understand how TMB reaches a disciplinary action, let's briefly the review the process.

Complaints

When TMB receives a complaint (just under 7,000 in Fiscal Year 2007), board staff first determines if the complaint is against a licensee we regulate, i.e. a physician, physician assistant or acupuncturist. Complaints against other practitioners are forwarded to the appropriate regulatory agency.

Of those roughly 7,000 complaints received, about 4,400 are dismissed for one of the following three reasons: they are not against one of our licensees (nonjurisdictional); we determine that the complaint, if accurate, would not violate the MPA (jurisdictional-not filed); or the complaint may be dismissed during an initial 30-day period during which we contact both the complainant and the licensee to make sure we have all of the necessary information; the latter to
provide an opportunity to refute the charges with documentary evidence. If the licensee provides sufficient evidence during this 30-day period that there was no violation, there is no investigation.

Statutory Authority

Sections 164.051 and 164.052 of the Occupations Code spell out the violations for which TMB may deny licensure or discipline a licensee. Here they are paraphrased; the full statutory language is at [http://tlo2.tlc.state.tx.us/statutes/oc.toc.htm](http://tlo2.tlc.state.tx.us/statutes/oc.toc.htm):

- Conviction or deferred adjudication, community supervision, or deferred disposition for a felony or a misdemeanor involving moral turpitude.
- Commits or attempts to commit a violation of the Board Rules (complete Board Rules are at [http://www.tmb.state.tx.us/rules/rules/bdrules.php](http://www.tmb.state.tx.us/rules/rules/bdrules.php)).
- Is unable to practice medicine with reasonable skill and safety because of illness, drunkenness; excessive use of drugs, narcotics, or other substances, or a mental or physical condition, or is found by a court to be of unsound mind, or uses alcohol or drugs in an intemperate manner that could endanger a patient’s life.
- Fails to practice medicine in an acceptable professional manner consistent with public health and welfare.
- Is removed, suspended or subject to discipline by peers.
- Is subject to repeated or recurring meritorious health care liability claims.
- Is disciplined by another state board.
- Submits false or misleading documents in application for licensure.
- Commits unprofessional conduct likely to deceive or defraud the public.
- Uses an advertising statement that is false, misleading or deceptive, or advertises professional superiority in a manner not readily subject to verification. This includes claiming certification by an ABMS board when such is not the case, or claiming certification by a board not recognized by the TMB.
- Purchases, barter or uses a medical degree, license or diploma, or alters with fraudulent intent, a license, certificate, diploma or transcript, or uses such a document, or subverts the examination process for licensure.
- Impersonates a physician.
Employs or associates in practice with a person whose license to practice has been suspended, canceled or revoked.

Performs or procures a criminal abortion; performs an abortion on a viable unborn child during the third trimester of pregnancy (with certain exceptions); performs an abortion on an unemancipated minor without proper consent.

Aids and abets the unlicensed practice of medicine.

Violates any state or federal law connected to the practice of medicine (a complaint, indictment or conviction is not necessary; proof of commission of the act is sufficient).

Fails to keep records of purchase and disposal of controlled substances.

Writes false or fictitious prescriptions.

Prescribes nontherapeutically.

Fails to adequately supervise those to whom the physician delegates or delegates to someone known to be unqualified.

Investigations

The investigative process varies depending upon the allegations. In cases in which the allegations are not related to the standard of care, relevant information is collected by an investigator. Next, a quality assurance committee reviews the case for legal action if there appears to be a violation, or it's recommended for dismissal if not.

If, on the other hand, the allegations concern standard of care violations, the investigator sends the relevant medical records to expert panelists. These experts are all certified by an ABMS board, are not located in the same vicinity as the investigated doctor, and have been selected by a series of peers. The expert, certified typically in the same specialty in which the investigated doctor was trained, evaluates all the relevant medical information and submits a report to the investigator. Whether or not the expert determines there is a violation of the standard of care, the case goes to a second expert. If that expert agrees with the first that the case shows a violation, the case is referred by the investigator to the QA committee. If both agree there is no violation, the investigator refers it to a board committee for dismissal. If the first two experts do not agree, the records go to a third expert, and the determination of two out of three panelists prevails. Either the case is referred by QA evaluation for litigation or it is referred to the board committee to consider for dismissal, after which the agency terminates the complaint and the parties are notified.

Litigation

If QA directs the case to go to litigation, the case is assigned to a staff attorney. Next, a board panel made up of a public and a physician member hears the case at an informal hearing.
at the hearing is the physician being investigated, frequently with an attorney, and a staff attorney representing TMB. At the Informal Settlement Conference, the board panel hears from both sides, deliberates, and determines whether there has been a violation of the MPA. If so, it recommends a disciplinary order that is offered to the physician. If not, the panel recommends to the board that the case be dismissed.

If the physician does not want to accept the proposed disciplinary order, even after negotiation, the case is referred to the State Office of Administrative Hearings for a formal hearing with the elements of a civil court trial, with sworn witnesses, rules of evidence, depositions and a formal record by a court reporter. The administrative law judge who hears the case deliberates and eventually presents a Proposal for Decision to the board with a recommendation for disposition of the case. However, the final decision ultimately rests with the board, which may accept the ALJ’s proposal, modify it, or take an entirely different action.

Minimal Violations

TMB has recently begun issuing administrative orders for minimal statutory violations. These are complaints based on violations that do not involve the standard of care and are for rules violations such as failing to release medical records in a timely fashion; failing to get or properly document required continuing medical education; failing to timely sign a death certificate; failing to post information in the office for filing a complaint with TMB; or advertising one is board certified when he or she is not, or the board cited is not one TMB recognizes. If the licensee agrees to sign an order without appearing for an informal settlement conference, the action is resolved with an administrative penalty. These actions, although still public, will not be listed in news releases and the newsletter by name (beginning with this issue), only by the numbers of such violations.

There has been recent criticism that taking action on these minor rules infractions is a waste of the board’s time and unnecessarily singles out otherwise good physicians. If board members believe there is a violation of the MPA, the board is legally compelled to take action. If the respondent wishes to contest the case and refuses to sign an order, a Formal Complaint is filed with the State Office of Administrative Hearings for a contested case hearing. This Complaint will list the violations the Board reasonably believes it can prove in a court of law and is published on the agency web site. At the conclusion of the formal SOAH hearing, the judge presents a recommendation to the board to resolve the matter. However, as noted above, the final decision rests with the board. These final board actions are public and appear on the licensees profile on the agency web site.

Board decisions reflect an effort to strike a balance between public protection and fairness to respondents. The board and agency staff constantly strive to maintain a process that is fair and efficient to licensees while assuring the citizens of Texas that they are entitled to proper and competent treatment from their healthcare professionals.
New Processes in Place to Expedite Issuance of New Licenses

Screening and Analysis of Applications a Two-Part Process

TMB has developed a process to screen applications prior to assignment to a licensure analyst. This screening process is only to determine if, based on the information provided in the application, all expected items were submitted. The content of the items is not reviewed for acceptability until the application is assigned to a licensure analyst. A licensure analyst may determine that additional items or additional information related to a licensure requirement, not requested during the screening process, must be submitted.

Applicants will be contacted by e-mail as soon as the application is screened. They will be informed which, if any, expected items are lacking from the application. Please note, until all of the items requested during the screening process are received, applications will not be assigned to a licensure analyst for content analysis.

For a speedier overall licensure process, applicants should know what supplemental documentation is required and submit it at the same time as submitting the application online. Visit the TMB web site for a supplemental documentation checklist, eligibility requirements, and other important information (http://www.tmb.state.tx.us/professionals/physicians/applicants/physicianapplicants.php).

Priority Handling and Expedited Handling for Certain Applicants

Physician Applicants Treating Medicare and Medicaid Patients

Applicants who agree to treat Medicare and Medicaid patients for the five years following issuance of their medical licenses will be assigned a priority status for application processing. Applicants must sign an agreement that they will accept any Medicare and Medicaid patient. The agreement must be submitted to the board. It is on the web site, under Additional Licensure Forms and titled Form X. Visit the TMB web site for the form (http://www.tmb.state.tx.us/professionals/physicians/applicants/licforms.php).

Agreements by physicians will be noted on the Board’s web site and may also be reflected in the physician’s Public Physician Profile on the web site. Failure to comply with this agreement shall constitute unprofessional or dishonorable conduct that is likely to deceive or defraud the public or injure the public and may result in disciplinary action.

Applicants Who Will Practice in Certain Areas

The board is required to expedite handling of applicants who will practice in Medically Underserved Areas (MUAs), Health Professional Shortage Areas (HPSAs), and rural areas. Applicants must submit additional licensure Form X, and verification from the Department of State Health Services and/or the Office of Rural and Community Affairs. Visit the TMB web site for the form (http://www.tmb.state.tx.us/professionals/physicians/applicants/licforms.php).
Priority Status and Expedited Handling

Priority status and expedited handling mean that an applicant’s file will be placed ahead of applicants without priority status for screening, assignment to a licensure analyst after successful completion of screening, and for processing by a licensure analyst.

The order of priority of applications assigned priority status or expedited handling depends on the agreement and/or factors involved. Applicants who will treat Medicare and Medicaid patients in addition to practicing in an MUA, HPSA, and/or rural area will receive the highest priority.

Exam Attempts and Eligibility

Legislation passed last session modified the licensing examination attempt limits. An applicant for an unrestricted physician license must pass each part of an examination within three attempts; however, certain exceptions were added (Texas Occ. Code 155.056. Examination Attempt Limits).

Exceptions are only allowed for two groups of applicants, those who:

- held, or had a pending application for, a Physician in Training permit on 9/1/05, or
- have been licensed in good standing in another state for at least five years, and who have no restrictions, orders, or probation on any other state medical licenses.

The exceptions are:

1. a fourth attempt allowed on one part only, or
2. a fifth or sixth attempt allowed on one part only, if:
   - the applicant becomes specialty board certified by an A.B.M.S. or A.O.A. member board, and
   - completes, in Texas, an additional two years of postgraduate medical training beyond what is required.

Fingerprinting

As of October 1, 2007, physician licensure applicants, and many current applicants, are required to submit their fingerprints for state and national criminal history background checks. Fingerprinting services are provided by Integrated Biometric Technology for a fee of $44.20, payable directly to IBT. Results of the fingerprinting will be sent directly to TMB both from the Texas Department of Public Safety Criminal Records and the Federal Bureau of Investigation. Applicants in Texas will make an appointment for a live scan (a process that captures fingerprints without the use of ink), at locations throughout the state of Texas. Applicants outside Texas will be fingerprinted in ink on a card, (only cards provided by the Texas...
Medical Board are acceptable), at a local law enforcement agency, and will submit the card directly to IBT for digital scanning. Visit the TMB web site for more information (http://www.tmb.state.tx.us/professionals/physicians/applicants/fingerprinting.php).

Licensure Application Fee

The application fee for physician licensure increased by $80 on September 16. The new fee is $885. The board is required to generate revenue to cover additional costs, including the addition of six new licensure staff. The additional licensure staff will assist in reducing the backlog of applications and in decreasing the amount of time it takes to process an application. Most fees have increased in recent years, but the physician licensure application fee has not increased since at least 1994, other than a $5 increase for online applications.

Governor Appoints Physician Assistant Board Members

Governor Rick Perry has appointed four people to the Texas Physician Assistant Board.

Teralea Davis Jones, P.A.-C., of Beeville, is the rural health clinic coordinator of Beeville Family Practice. She is a member of the Texas and American Academies of Physician Assistants, the Fellowship of Christian Physician Assistants, the Christian Medical and Dental Association and Alpha Eta, the physician assistant honor society. She is a recipient of the Physician Assistant of the Year award from the Texas Academy of Physician Assistants. Ms. Jones received a bachelor’s degree from the University of Texas Medical Branch at Galveston. She replaced Dwight Deter, P.A.-C., of El Paso, on the board.

Felix Koo, M.D., of McAllen, is the clinical coordinator of the Physician Assistant Studies Program at the University of Texas-Pan American. He is a volunteer medical director of Hope Medical Clinic and a volunteer pediatrician for the Alton Church of Christ Health Projects. Dr. Koo also serves as a board member of the Children’s Defense Fund-Rio Grande Valley. He received a doctorate degree from the University of Texas Medical Branch at Galveston and a doctor of medicine degree from the University of Texas Health Science Center at San Antonio. He replaced Stephen D. Benold, M.D., of Georgetown, on the board.

Abelino Reyna, of Waco, is a partner of Reyna and Reed L.L.P. He is president of the Association of Good Government and a board member of the Freeman Center. Mr. Reyna is a member of the City of Waco Planning Commission, State Bar of Texas and McLennan County Bar Association. Additionally, he is a member of the National Association of Criminal Defense Lawyers and the Texas Criminal Defense Lawyers Association. Mr. Reyna received a bachelor’s and law degree from Baylor University. He replaced Timothy Webb, who is now a member of the Texas Medical Board.

The board thanks Mr. Deter, Dr. Benold and Mr. Webb for their service. Mr. Deter has the distinction of holding the first P.A. license issued, PA00001.
Rule Changes

The board has adopted the following rules and rule changes since the last issue of the *Medical Board Bulletin*. The rules can be found on the TMB website at [http://www.tmb.state.tx.us/rules/rules/bdrules_toc.php](http://www.tmb.state.tx.us/rules/rules/bdrules_toc.php).

**Chapter 161, General Provisions**, amending to 161.3, Organization and Structure, regarding standards of conduct for Board members, including prohibiting expert testimony by board members in cases in which a licensee is a party and in which the expert testimony relates to the standard of care or medical malpractice.

**Chapter 163, Licensure**, proposed amendments to 163.1, Definitions; 163.2, Full Texas Medical License, regarding recognition of Texas Higher Education Coordinating Board authority to determine a school to be Fraudulent or Substandard and to clarify that any foreign medical school must meet the Board's substantial equivalence requirements; 163.4, Procedural Rules for Licensure Applicants, regarding processing of applications determined to be ineligible to allow appeal to Licensure Committee on one issue, without spending staff time to process the rest of the application; 163.6, Examinations Accepted for Licensure, to delete subparagraph (e) (10-Year Rule) and make it a new 163.7; 163.6, Examinations Accepted for Licensure, adding a new 163.7(e)(4) eliminating requirements to retake the jurisprudence examination; adding a new 163.7, Ten Year Rule, to include the provision previously included in 163.6(e); adding a new 163.8, Authorization to Take Professional Licensing Examination, to set forth in rule the provisions for applicants to take an examination, invoking the exemption from Chapter 61, Subchapter G, Texas Education Code, as provided in 161.303, Texas Education Code; and adding a new 163.9, Only One License, to provide that any outstanding license or permit is canceled upon issuance of another license.

**Chapter 164, Physician Advertising**, proposed amendments to 164.4, Board Certification, to set forth requirements for advertising a medical specialty.

**Chapter 166, Physician Registration**, proposed amendments to 166.5, Relicensure Following Cancellation for Nonpayment of Registration Fee, to refer to provisions of Chapter 196 for cancellation upon non-payment, relinquishment, or surrender.

**Chapter 172, Temporary and Limited Licenses**, proposed amendments to 172.5, Visiting Physician Temporary Permit, to remove the requirement of a license in another state.

**Chapter 173, Physician Profiles**, to include amendments to 173.3, Physician Initiated Updates, requiring updates regarding address changes, conviction, or incarceration within 30 days.
Chapter 176, Health Care Liability Lawsuits and Settlements, amending §176.1 Definitions; §176.2 Reporting Responsibilities; §176.4 Timeframes and Attachments; §176.6 Penalty; §176.8 Board Review of Health Care Liability Lawsuits and Settlements; and §176.9 Reporting Form. Provides statutory references to Chapter 74 of the Texas Civil Practices and Remedies Code and Chapters 82 and 1901 of the Insurance Code, and updates name of Texas Medical Board.

Chapter 181, Contact Lens Prescriptions, amending §181.2 Definitions; §181.3 Release of Contact Lens Prescription; and §181.6 Physician's Prescriptions: Delegation, relating to establishing that the verification of a contact lens prescription may substitute for an original signature to create a valid contact lens prescription.

Chapter 182, Use of Experts, proposed amendments to §182.5, Expert Panel, to add the American Board of Oral and Maxillofacial Surgery to subparagraph (2)(B) and to provide for removal from the Expert Panel if a panelist repeatedly provides unreliable reports.

Chapter 184, Surgical Assistants, proposed amendments to §184.4, Qualifications for Licensure, to delete outdated provisions; amendments to §184.8, License Renewal, to provide for cancellation upon expiration of a permit; and a new §184.26, Voluntary Relinquishment or Surrender of a License, to refer to Chapter 196, regarding Relinquishment or Surrender of a license.

Chapter 187, Procedural Rules, to add a new Subchapter G., Suspension by Operation of Law, to provide a procedure for mandatory suspension or revocation of license upon incarceration under §164.058 of the Medical Practice Act.

Chapter 190, Disciplinary Guidelines, to include amendments to §190.8, Violation Guidelines, providing on-call back-up by person who is not licensed or does not have training or experience, and prohibition against physician subject to an investigation from contacting a complainant or witness for purpose of intimidation.

Chapter 191, District Review Committees, amending §191.4 Activities and Scope of Authority. Deletes provision that allows District Review Committee (DRC) members to evaluate medical competency of physicians under investigation. Establishes DRC members are allowed to participate in mediation and requires DRC members to have the same qualifications as expert panel members.

Chapter 194, Non-certified Radiologic Technicians, amending §194.2 Definitions; §194.3 Registration; §194.4 Annual Renewal; §194.5 Non-Certified Technician's Scope of Practice; §194.6 Suspension, Revocation or Nonrenewal of Registration. Provides updates regarding the names of the Texas medical Board and Department of State Health Services, and clarifies that NCT registrations that are not renewed within 90 days will be considered expired.
Chapter 196, Voluntary Surrender of Medical License, to change the title of the chapter and include amendments to §196.1 and §196.4, to change the term for voluntary surrender that is not involved in disciplinary action or impairment to Relinquishment.

Chapter 197, Emergency Medical Service, amending §197.1 Purpose; §197.2 Definitions; §197.3 Off-line Medical Director; and §197.4 On-Line Medical Director. Provides updates regarding the names of the Texas Medical Board and Department of State Health Services, requires that EMS medical directors report to the board the names and license numbers of all emergency medical personnel who work under a medical director's supervision, and removes the requirement that on-line physicians be familiar with the capabilities of the pre-hospital providers, as well as local EMS operational policies and regional critical care referral protocols.

Chapter 198, Unlicensed Practice, proposed amendments to §198.1 - 198.7, to establish a procedure for cease and desist orders.

Formal Complaints

The following Formal Complaints have been filed with the State Office of Administrative Hearings regarding the licensees listed below. The cases were unresolved at the time of publication.

Daniel J. Aldrich, M.D....K3667 ........6/12/07......Unprofessional conduct; failure to practice consistent with public health and welfare; nontherapeutic prescribing.

Christine L. Canterbury, M.D.K4010.....10/22/04.....Failure to practice consistent with public health and welfare; failure to meet the standard of care; inadequate medical records.

Roy L. Carr, M.D. ..........H4216 ..........8/31/07......Unprofessional conduct; action by peers.

Dora B. Crandall, M.D.......G5884 .........6/5/07......Unprofessional conduct; false, misleading or deceptive advertising.

Debbie A. Crawford, D.O. ..J8973 ........6/25/07......Unprofessional conduct; failure to practice consistent with public health and welfare; failure to meet the standard of care; delegating to unqualified person; failure to adequately supervise; failure to maintain adequate medical records.

James A. Donovitz, M.D....K1747 ........8/30/07......Unprofessional conduct; failure to practice consistent with public health and welfare; failure to meet the standard of care.
Rodney N. Dotson, M.D. ...
D9988
8/28/07
Failure to maintain adequate medical records; failure to meet the standard of care; nontherapeutic prescribing; unprofessional conduct.

William R. Francis Jr., M.D.
E0920
8/29/07
Failure to maintain adequate medical records; inability to practice with reasonable skill and safety because of mental or physical condition; failure to practice consistent with public health and welfare; failure to meet the standard of care; nontherapeutic prescribing; unprofessional conduct.

Jack F. Hardwick, M.D.
C6352
8/30/07
Failure to practice consistent with public health and welfare; failure to meet the standard of care.

Ramiro Hernandez, M.D.
E6093
11/7/07
Failure to practice consistent with public health and welfare; failure to meet the standard of care; nontherapeutic prescribing; unprofessional conduct; violation of board rules; violation of state laws.

Ahmed U. Jamaluddin, M.D.
H5326
8/30/07
Aiding and abetting unlicensed practice; delegating to unqualified person.

Alfred R. Johnson, D.O.
F8525
10/22/07
Failure to practice consistent with public health and welfare; failure to meet the standard of care; unprofessional conduct; filing a fraudulent insurance claim; improper billing.

Geoffrey Jubang, M.D.
E5803
10/3/07
Failure to practice consistent with public health and welfare; nontherapeutic prescribing; unprofessional conduct; violation of board rule regarding pain treatment; violation of a state or federal law; prescribing to known abuser of drugs.

Daniel H. Kinzie IV, M.D.
G8562
8/20/07
Failure to practice consistent with public health and welfare; failure to meet the standard of care; nontherapeutic prescribing; failure to maintain adequate medical records.

Dennis A. LaRavia, M.D.
L4514
6/4/07
Unprofessional conduct; violation of state or federal law; violation of board rule regarding Physician in Training permits.

Harold D. Lewis, D.O.
E6126
8/30/07
Failure to practice consistent with public health and welfare; failure to meet the
standard of care; nontherapeutic prescribing; failure to maintain adequate medical records; violation of board rule regarding pain treatment; prescribing to known abuser of drugs.

Lynn A. Lyons, D.O. ..........L4050.........8/31/07......Action in another state; failure to cooperate with Board staff.

Owen S. Maat, M.D. ..........J5609.........8/31/07......Unprofessional conduct; failure to comply with a board order.

James J. Mahoney, D.O. ....H0591 .........8/24/07......Failure to practice consistent with public health and welfare; failure to meet the standard of care; unprofessional conduct; nontherapeutic prescribing.

Alejandro F. Marquis, M.D.K1248.........8/22/07......Failure to practice consistent with public health and welfare; failure to meet the standard of care; unprofessional conduct.

Daniel A. Maynard, D.O....E1669............7/11/07......Failure to practice consistent with public health and welfare; failure to meet the standard of care; nontherapeutic prescribing; unprofessional conduct; violation of board rule regarding treatment of pain; prescribing to known abuser of drugs; improper billing; violation of a state or federal law.

David A. McClellan, M.D..E4511..........6/4/07......Unprofessional conduct; violation of state or federal law; violation of board rule regarding Physician in Training permits.

David M. McClellan, M.D. G0476 ..........6/25/07......Failure to practice consistent with public health and welfare; failure to meet the standard of care; unprofessional conduct; failure to maintain adequate medical records; violation of board rule regarding the treatment of pain; nontherapeutic prescribing; prescribing to known abuser of drugs; improper billing; violation of a state or federal law; failure to comply with previous board order.

Martin E. McGonagle, M.D.G6563 ........6/14/07......Failure to meet the standard of care; negligence; unprofessional conduct; failure to maintain adequate medical records; failure to release medical records within 15 days.
Adam Naaman, M.D. ..........E3591..........8/30/07......Failure to practice consistent with public health and welfare; failure to meet the standard of care.

John W. Pate, M.D. ..........E0269..........10/22/07......Failure to practice consistent with public health and welfare; failure to meet the standard of care; unprofessional conduct.

William J. Rea, M.D. ..........D2294 ..........8/24/07......Failure to meet the standard of care; providing medically unnecessary services; nontherapeutic prescribing or treatment.

Rodulfo L. Rivera, M.D. ....E6894........8/30/07......Failure to practice consistent with public health and welfare; failure to maintain adequate medical records; failure to meet the standard of care; nontherapeutic prescribing; unprofessional conduct; aiding and abetting unlicensed practice; failure to properly delegate and supervise; violation of board rule 193.4(4).

Franklin A. Rose, M.D. ......G0027 ..........8/20/07......Failure to practice consistent with public health and welfare; failure to meet the standard of care; failure to maintain adequate medical records.

John D. Seifert, M.D. .......D4855 ..........8/31/07......Unprofessional conduct; failure to practice consistent with public health and welfare; nontherapeutic prescribing.

Aman Ali Shah, M.D. .......M1440 ..........8/31/07......Unprofessional conduct; failure to practice consistent with public health and welfare; failure to maintain adequate medical records.

Ihsan Shanti, M.D. ..........K4562 ..........8/30/07......Failure to practice consistent with public health and welfare; failure to meet the standard of care; unprofessional conduct; permitting another person to use his license to practice medicine; aiding and abetting unlicensed practice; delegating to unqualified person.

Kurt J. Sherick, M.D. .......H1210 ..........8/31/07......Unprofessional conduct; failure to practice consistent with public health and welfare; nontherapeutic prescribing; failure to maintain adequate medical records.

Charles I. Sitomer, M.D. ....G7341 ..........10/3/07......Failure to meet the standard of care; unprofessional conduct; violation of a state or federal law.
Garry W. Stubbs, M.D. ........H8442 .........8/30/07......Intemperate use; inability to practice with reasonable skill and safety because of excessive use of drugs or other substances; failure to meet the standard of care.

Stephen L. Wilson, M.D. ...G4220 ..........8/30/07......Unprofessional conduct; failure to practice consistent with public health and welfare; billing for services that were not provided or were not medically necessary.

New Physician Licenses Issued in Fiscal Year 2007

The Texas Medical Board issued licenses to 3,324 physicians during Fiscal Year 2007, which ended August 31. Future issues will include lists of new licensees since the previous issue. The board congratulates the following new Texas licensed physicians:

MD * Rivera-Sanchez, Yadira Milagros MD * Robbins, Richard James MD * Roberson, Sainte Raquel MD * Roberts, Clayton Keith DO * Roberts, Dennis DONald MD * Roberts, Elizabeth MD * Roberts, Matthew Adam MD * Roberts, Seth Howard MD * Robinson, Brandy Rochelle MD * Roca, Margo Hirshman MD * Roden, Shannon Lynn MD * Rodgers, Bruce Allen Jr MD * Rodovia, Gregoriy Tsotneevich MD * Rodrigues, Sandra Gertrude MD * Rodriguez, Adriana Maria MD * Rodriguez, Angel Arturo MD * Rodriguez, Anna Maria MD * Rodriguez, Edgar Amador MD * Rodriguez, Ramiro Rincon Jr MD * Rodriguez, Ramon Eduardo MD * Rodriguez, Sandra Esperanza MD * Roethlic, Scott Taggart MD * Roh, Mary Sun MD * Rohatgi, Anand Kumar MD * Rolon, Sam Edwin DO * Roman, Joseph Jason MD * Roman-Pavajeau, Jaime Luis MD * Ron, Nitin Prahad MD * Root, Walter W MD * Rose, Stephen Dean MD * Rosenbaum, Frances Marie MD * Rosenberg, Ethan Ross MD * Rosenblum, Richard Scott DO * Rosenfield, Scott Bernard MD * Rosenthal, Anthony James MD * Rosipal, Charles Eugene MD * Rosner, Joel Louis MD * Rossi, Joseph William MD * Rossin, Richard David MD * Rubenstein, Melissa Anne MD * Rubio, Edmundo Raquel MD * Rubio, Marieth Graciela MD * Rudd, Dawn Marie MD * Rudolph, Timothy Niel MD * Ruggiero, Rosechelle Mary MD * Ruiz-Adib, Demi Ms MD * Runion, Lance Keith MD * Runyon, Bratcher Lee MD * Rush, James Avery IV MD * Russell, Rex Trevor MD * Rutledge, Ladonna Patrice MD * Rutman, Cameron Rey MD * Sacco, Damon Can MD * Sacks, Bethany Cara MD * Sacks, Justin Michael MD * Sadagopan, Radhika MD * Sadiq, Ahad Ali MD * Saed, Qais MD * Saed, Soheil Ahmad DO * Saenz Alvarado, Rodrigo MD * Saha, Anup Kumar MD * Saha, Devjani MD * Saha, Amber Moreau MD * Sahu, Mariam Boyd MD * Salkeld, Mario Rey MD * Salko, Eduardo MD * Saltz, Richard Kenneth MD * Samari, Kavel MD * Sam, Shehzad MD * Sam, Venkata Chalapathi MD * Samaddar, Mohammad MD * Samsey, Kathleen Michelle MD * Samuel, Zita Susan MD * Sanchez, Carmen Irene MD * Sanchez, Judith Imelda MD * Sanchez, Teofofo Resendiz III MD * Sanders, Clayton James MD * Sanders, Kenneth Wayne MD * Sanders, Lawrence Richard MD * Sandoval, Stephen Degnan MD * Sangha, Roopinder MD * Sankaralingam, Senthil MD * Santa Maria, Daniel Luigi MD * Santala, Samuel Martin MD * Santiago, Lumaril MD * Santili, Dataya Kanjana MD * Santor, Rebecca Anna MD * Santos, Alexia Beatriz MD * Saraf, Sunil Kumar MD * Saranathan, Anand MD * Sarma, Satyam MD * Sarmento, Don Jose MD * Sartini, Barrie William MD * Sarvat, Bikai MD * Sarvis, James Alan MD * Sashital, Deepa Rajesh MD * Sathyaaparaksh, Roopali MD * Satodiya, Mukesh Bhatbhuti MD * Saeed, Rito Manuel Jr MD * Saurette, Jennifer Bisnette MD * Sauri, Michael Anthony MD * Savage, Clare Michelle MD * Savani, Rashmin Chandulal MD * Savitz, Sean Isaac MD * Saya, Ashley MD * Scaglioni, Pier Paolo MD * Scanlon, Paul David MD * Schaefler, Matthew Edward DO * Schafer, Stefan Caro MD * Schellingerhout, David MD * Schiering, Steven James MD * Schilbach, John Carlyle MD * Schlecte, Marvin Charles III MD * Schmitz, Gillian Riemcke MD * Schnell, John Lane MD * Schreiner, Virginia Schreiner MD * Schroder, Catherine Annette MD * Schroeder, Brian Toby MD * Schroeder, Frank Alexander MD * Schuler, Christopher Michael MD * Schulzis, Tristan Robert MD * Schulze, Keith MD * Schutte, Peggy DO * Schwarz, Roderich Eghert MD * Scobercea, Sebastian Ilie MD * Scoccia, Vincent Frank DO * Scoggin, Rikki Justice MD * Scoresby, Tyler Wilson MD * Scruggs, Granger Ryan MD * Seaberg, John Paul MD * Seabrook, Robert Todd MD * Seay, Thomas Marion MD * Seckelhazadeh, Marjan MD * Sedlak, Michael MD * Seger, Victor Jules MD * Sehgal, Charu Jajo MD * Sehgal, Puja Amit MD * Sekhar, Deepa Lakshmi MD * Serabe, Baruti Maathai MD * Serota, David Brett MD * Sethi, Rajesh MD * Sethi, Shelly DO * Sethi, Shikha MD * Seto, Keith Edward MD * Setouleh-Maram, Shahriar MD * Settonna, Loretta Anita Campbell MD * Shafi, Saima MD * Shah, Amin MD * Shah, Amit Arvind MD * Shah, Anish DO * Shah, Anup Ajit MD * Shah, Asim
Ahmed● MD * Shah, Farah Afifab● MD * Shah, Hiral Kirikut● MD * Shah, Jessica Prafull● MD * Shah, Komal Bankin● MD * Shah, Manojkumar P● MD * Shah, Mona Dharia● MD * Shah, Nosheen Ravi● MD * Shah, Parul Yogendra● MD * Shah, Pragnesh Rajkiran● MD * Shah, Sandeep Anil● MD * Shahbahrami, Paul Farrokhi● MD * Shahzad, Att● MD * Shahk, Farhat Zafar● MD * Shalq, Kamran Ahmed● MD * Shalq, Muhammad Ilyas M.S.● MD * Shamim, Sadat Anwar● MD * Shams, Carlos Rafael● MD * Shanklin, Christopher Lane● MD * Shamsugam, Ganes● MD * Shapiri, Jonathan● MD * Sharipo, Stuart Matthew● DO * Sharaf, Ambreen● MD * Sharkey, Christine Dupiche● MD * Sharma, Kapil● MD * Shama, Manisha● MD * Shama, Naveen● MD * Shama, Rajesh Kumar● MD * Shama, Samya● MD * Shar, Stewart Allen● MD * Sharry, Jessica Irene● MD * Shatby, Meena Wilson● MD * Shaw, Aaron Ivy● DO * Shaw, Joanna Ethel Tadsio● MD * Shaw, Michael Kenneth● DO * Shaw, Stephanie Ann● MD * Sheehan, Maureen K● MD * Sheer, Todd Alexander● MD * Shelia, Barry Z● MD * Sheffield, James Kemitt Jr MD * Sheikh, Murazza Aatif● MD * Sheikh, Shams Farooq● MD * Sheikh, Shazia Farooq● MD * Sheikh, Courtney● MD * Shelby, Harold Thomas● MD * Shen, Honggang● MD * Shen, Jing● MD * Shenava, Vinitha● MD * Sherman, Vadim● MD * Sherry, Steven Daniel● MD * Sheshadr, Rashmi Mein● MD * Sheth, Maushmi Nilay● MD * Shi, Susan Shuchiner● MD * Shimpi, Glenn Michael● DO * Shirakbari, Alica Ann● MD * Shobassy, Ahmed Nezar● MD * Shore, Bradly Scott● MD * Shreekhara Vasudeva● Meera● MD * Shroff, Puneet● MD * Shroff, Rachna Trived● MD * Shyam, Roopam● MD * Siddiki, Saba Khan● MD * Siddiki, Khurram● MD * Siddique, Haroon Wasi● MD * Siddiqui, Anees Ahmed● MD * Siddiqui, Farah Naz● MD * Siddiqui, Hina Farooq● MD * Siddiqui, Sadia Saiid● MD * Siddiqui, Saud Ikram● MD * Sikand, Shivani● MD * Sikora, Andrew Gregory● MD * Silva, Camron● Manuel De Jesus● MD * Silverstein, Marc David● MD * Simmons, Kevin James● MD * Simon, Anne Christina● DO * Simon, Mark Christopher● MD * Simon, Matthias● MD * Simpao, Marc● MD * Simpson, Sherry Marie● MD * Sinay, Lenito John● MD * Singer, Miriam Sager● MD * Singh, Kulan● MD * Singh, Manvinder● MD * Singh, Sandeep● MD * Singh, Sapandeep Kaur● MD * Singh, Shailender● MD * Singh, Sona● MD * Singh, Supreet● MD * Singhania, Neil Abe● MD * Singman, Eric Lowell● MD * Sirois, Cindy Hang● MD * Sisman, Julie● MD * Skinner, Michael Allen● MD * Skinner, Ryan Todd● MD * Skrine, Robin Annette Bell● MD * Shadly, John Henry● MD * Skavcheva, Evgenia Genova● MD * Slawsky, Richard Charles● MD * Slawson, Stephen Eric● MD * Slesnick, Timothy Charles● MD * Slim, Ahmad Mohamed● MD * Slus, Harold Andrew III DO * Slose, Richard Marvin● MD * Sone, Tamra● MD * Sonal● MD * Shop, Gregory Dean● MD * Smalley, Franklin John● MD * Smaruksy, Loren Petrozzella● MD * Sneathman, Dana Hampton● MD * Smichowska, Joanna● Kataryzna● MD * Smith, Eric David● MD * Smith, Robert Lee● MD * Smith, Huelin Everett Jr MD * Smith, Jason Landon● MD * Smith, Jeff Donald● MD * Smith, Jeffrey Kevin● MD * Smith, Kamila Sabbagh Tagi● MD * Smith, Kerlington David● MD * Smith, Kirsten Leigh● MD * Smith, Lane Fann● MD * Smith, Lenora Brooke● DO * Smith, Philip Carey● MD * Smith, Stephen Reilly● MD * Smith, Todd Mikel● MD * Snow, Angela Ducote● MD * Snyder, Brad Elliot Sr● MD * Snyder, Karen Dee● MD * Soederberg, Britt Linea● MD * Soheit, Pejman● MD * Sohn, Mie● MD * Solby, Steven Thomas● DO * Solis, Miguel Angel Jr MD * Soll, Adam● MD * Sonabend, Michael● MD * Song, Wenru● MD * Soremekun-Salami, Olutoyin Mayowa● MD * Sorensen, Kathleen Ann● MD * Sorensen, Richard Allan● MD * Soriano, Maria Cristina Manahan● MD * Souza, Pablo Cesar● MD * Souza, Sergio Eduardo● MD * Sparks, Holly Christian● DO * Spaulding, David Dale● DO * Spellman, Michael James Jr MD * Sperling, Rebekah Elizabeth● MD * Spindler, Melanie● MD * Spitzer, Florence Catherine● DO * Spoon, Michael Joseph● MD * Springer, Robert Montgomery III MD * Square, Jaime Hoberton● MD * Srokowski, Tomasz Pawel● MD * Stadnick, Michael Edward● MD * Stair, Matthew Allen● MD * Stals, Stefllini● DO *
Disciplinary Actions

QUALITY OF CARE VIOLATIONS

BAHR, DOUGLAS F., M.D., NEW BRAUNFELS, TX, Lic. #H0149

On June 8, 2007, the Board and Dr. Bahr entered into an Agreed Order requiring that he complete 12 additional continuing medical education hours in the area of record keeping; have his practice monitored by another physician; submit a written detailed plan addressing procedures to be implemented by Dr. Bahr to ensure that he effectively monitor and treat his nursing home patients; and pay an administrative penalty of $1,000. The action was based on Dr. Bahr’s failure to meet the standard of care with regard to an elderly nursing home patient in that he did not appropriately treat her ongoing diarrhea, vomiting and abdominal pain secondary to an infection with clostridium difficile.

BLISSARD, PAUL, M.D., AUSTIN, TX, Lic. #F6453

On June 8, 2007, the Board and Dr. Blissard entered into a three-year Agreed Order requiring that he have his practice monitored by another physician; that he have signed pain management contracts in all chronic pain patient files; and that he obtain 30 hours of Category I CME with 10 hours in medical record keeping, 10 hours in headache management, and 10 hours in pain management. The action was based on standard of care violations including his failure to adequately document past medical history, perform or document adequate physical examinations, adequately document reasons for diagnoses made, and use laboratory and imaging studies as tools to diagnose.

BRUNKEN, ROBERT BYRT, M.D., DALLAS, TX, Lic. #C3593

On June 8, 2007, the Board and Dr. Brunken entered into an Agreed Order whereby the Board accepted Dr. Brunken’s voluntary and permanent surrender of his license. The action was based
on Dr. Brunken’s prescribing controlled substances to a patient for weight loss without performing a thorough physical examination and assessment, maintaining an adequate medical record, or taking corrective action upon learning that the patient was obtaining the same prescription simultaneously from another physician.

CAMPBELL, ROBERT DOUGLAS, M.D., DALLAS, TX, Lic. #C3003

On June 8, 2007, the Board and Dr. Campbell entered into an Agreed Order assessing an administrative penalty of $1,000 and prohibiting Dr. Campbell from treating immediate family members, prescribing controlled substances or dangerous drugs to himself or immediate family members, or prescribing controlled substances or dangerous drugs with addictive potential or potential for abuse to any patient outside his current practice setting. The action was based on prescribing controlled substances to a family member for a nearly a three-year period without maintaining a medical record or record of the prescriptions.

CARLSON, DAVID W., GARLAND, TX, Lic. #H0233

On August 24, 2007, the Board and Dr. Carlson entered into an Agreed Order requiring Dr. Carlson to obtain 12 hours of CME in cardiovascular disease and payment of an administrative penalty of $2,000. The action was based on Dr. Carlson’s inadequate treatment and monitoring of a patient with atrial fibrillation.

CHANG, JUNE-CHIEH, M.D., CONROE, TX, Lic. #K4020

On August 24, 2007, the Board and Dr. Chang entered into a three-year Agreed Order requiring that he have his practice monitored by another physician, complete a course in record-keeping, and complete an additional 10 hours of CME in pain management for each year of the order. The action was based on Dr. Chang’s failure to maintain adequate medical records, failure to examine whether treatment followed was effective and if there were any alternatives to that treatment, and inadequate monitoring of medications prescribed.

DAVIS, JENNIFER L., M.D., CORPUS CHRISTI, TX, Lic. #J4070

On August 24, 2007, the Board and Dr. Davis entered into an Agreed Order requiring that she complete 10 hours of CME in risk management and that she pay an administrative penalty of $1,000. The action was based on Dr. Davis inappropriately prescribing antidepressants to herself and a family member.

ELDERS, GREGORY J., M.D., GRAPEVINE, TX, Lic. #L8677

On August 24, 2007, the Board and Dr. Elders entered into a three-year Agreed Order requiring that Dr. Elders not treat or provide medications to his immediate family or himself, that he maintain a logbook of all prescriptions for controlled substances or dangerous drugs with addictive potential or potential for abuse, and that he complete an eight-hour course in medical record-keeping and an eight-hour course in ethics/risk management. The action was based on Dr.
Elders in inappropriate prescribing of medications to family members without maintaining medical records.

HOZDIC, RICHARD L. II, M.D., ATLANTA, TX, Lic. #J8587

On August 24, 2007, the Board and Dr. Hozdic entered into an Agreed Order requiring that Dr. Hozdic complete 10 hours of CME in the area of pediatric ENT emergencies and that he pay an administrative penalty of $1,000. The action was based on Dr. Hozdic's failure to adequately treat a patient who had a pebble lodged in his ear.

MARROW, CHARLES, M.D., TEXARKANA, TX, Lic. #E4006

On June 8, 2007, the Board and Dr. Marrow entered into an Agreed Order assessing an administrative penalty of $1,000 and requiring that Dr. Marrow provide a $200 refund to a patient for charges she incurred. The action was based on Dr. Marrow's overcharging for completion of disability forms for a patient that were never actually sent to the appropriate parties.

MASSEY, WARNER, M.D., GRAND SALINE, TX, Lic. #D6084

On August 24, 2007, the Board and Dr. Massey entered into an Agreed Order which is an addendum to his February 16, 2007, order and requires that Dr. Massey complete an additional 10 hours CME per year in pain management, 15 hours CME per year in the areas of psychiatry or psychiatric illnesses, and that he purchase and use a PDA in his regular practice with PDR/medical software installed. The action was based on Dr. Massey's failure to adequately treat two patients with chronic headaches and anxiety.

MONTELONGO, JUAN A., M.D., EL PASO, TX, Lic. #H6445

On August 24, 2007, the Board and Dr. Montelongo entered into an Agreed Order publicly reprimanding Dr. Montelongo and requiring the completion of 30 hours total in courses related to risk management, pediatric emergencies, and pediatric surgical conditions; passage of the Texas Medical Jurisprudence examination with a score of at least 75 within three attempts; completion of an Advanced Pediatric Life Support Course and Pediatric Life Support certification. The action was based on Dr. Montelongo's failure to meet the standard of care by sending a child patient, who presented with bowel obstruction and gastroenteritis, to the ICU without obtaining an emergent surgical consultation to evaluate for an acute abdomen as a possible source of sepsis.

PETEREK, WILLIAM, M.D., GALVESTON, TX, Lic. #D7384

On August 24, 2007, the Board and Dr. Peterek entered into an Agreed Order requiring that Dr. Peterek's practice be monitored by another physician for two years and that he complete a course in record-keeping of at least eight hours. The action was based on his failure to adequately treat three patients with symptoms of hypertension, urinary dysfunction, and/or prostatitis, and failure to maintain adequate medical records.
On June 8, 2007, the Board and Dr. Reichert entered into a five-year Mediated Agreed Order requiring that Dr. Reichert’s practice be monitored by another physician, that he pass the Texas Medical Jurisprudence exam, that he pay a $2,500 administrative penalty; that he complete an additional 15 hours per year of CME in medical record keeping and five hours per year in ethics. The action was based on Dr. Reichert’s failure to maintain adequate medical records and failure to meet the standard care in the treatment of five patients by failing to appropriately assess, diagnoses, and act on laboratory results.

On August 24, 2007, the Board and Dr. Rojas entered into an Agreed Order requiring that Dr. Rojas complete eight hours of CME in medical record-keeping and eight hours of CME in risk management, and that he pay an administrative penalty of $2,000. The action was based on his failure to meet the standard of care for a patient who underwent ulcer surgery, as demonstrated by his failure to exercise diligence in his examination and treatment of the patient after the surgery and by failing to make and keep adequate records of examinations performed on two dates.

On June 8, 2007, the Board and Dr. Ruggiero entered into a two-year Agreed Order requiring the physician’s practice be monitored by another physician; that he complete 20 hours of CME in each of the following: risk management, record keeping, and pain management; and that he transfer the care of patient J.K. to another physician. The action was based on Dr. Ruggiero’s failure to comply with the Board’s pain management rules regarding the care of patient J.K. and failure to refer the patient to psychotherapy or a psychiatrist when he began prescribing medications for the patient’s depression and possible bipolar disorder.

On June 8, 2007, the Board and Dr. Sloman-Moll entered into a three-year Agreed Order requiring that Dr. Sloman-Moll attend a Board-approved pain-management course of at least 10 hours and a course in antibiotic therapy of at least five hours, and pay an administrative penalty of $5,000. The action was based on Dr. Sloman-Moll’s treatment of two patients where he used an aggressive procedure given the first patient’s symptoms and current health status and prescribed a pain medication that was contraindicated for the second patient.

On August 24, 2007, the Board and Dr. Smith entered into a three-year Mediated Agreed Order requiring that Dr. Smith’s practice be monitored by another physician, that he complete a course in spinal surgery of at least 20 hours and a course in medical record-keeping of at least 10 hours, and that he pay an administrative penalty of $3,000. The action was based on Dr. Smith’s not obtaining a discography as part of the pre-operative workup for two patients who
underwent interbody fusions, and for pre-operative documentation for a patient that did not consistently document the presence of radiculopathy to substantiate surgical intervention.

TAYLOR, JILL ANN, D.O., KINGWOOD, TX, Lic. #K2296

On May 10, 2007, the Board and Dr. Taylor entered into an Agreed Order requiring that she complete CME in gynecological care for primary care physicians, and that she pay an administrative penalty of $1,000. The action was based on failure to adequately evaluate a patient receiving hormonal therapy and failure to obtain medical records from previous providers to confirm previous examinations and their results.

THURMAN, BENJAMIN HILL, M.D., SAN ANGELO, TX, Lic. #F4604

On June 8, 2007, the Board and Dr. Thurman entered into an Agreed Order requiring that Dr. Thurman obtain 20 hours of Board-approved CME, with half in ethics and the other half in medical record-keeping, and pay an administrative penalty of $1,000. The action was based on Dr. Thurman’s failure to keep adequate medical records and use medically acceptable testing to support his diagnosis of mercury toxicity in a patient.

WIENER, ISIDORO, M.D., HOUSTON, TX, Lic. #G5769

On August 24, 2007, the Board and Dr. Wiener entered into an Agreed Order requiring that the physician obtain 10 hours of CME in the management of surgical complication. The action was based on Dr. Wiener’s delay in performing a second-look laparotomy for a patient who underwent a laparoscopic lysis of adhesions and excision of a cecal cyst initially completed without complication, but who subsequently developed complications.

WORKMAN, MARK ALBERT, M.D., WICHITA FALLS, TX, Lic. #K8582

On June 8, 2007, the Board and Dr. Workman entered into an Agreed Order requiring that Dr. Workman complete at least 10 hours of additional CME in risk management and that he pay an administrative penalty of $1,000. The action was based on Dr. Workman’s performance of a stellate ganglion block on the patient’s wrong side.

UNPROFESSIONAL CONDUCT VIOLATIONS

BELL, WAYNE L., M.D., POTTSBORO, TX, Lic. #E8319

On August 24, 2007, the Board and Dr. Bell entered into an Agreed Order requiring that the physician complete at least 30 hours of additional CME in risk management, medical record-keeping, and ethics; have a chaperone present any time he performs a physical examination on a female patient; and pay an administrative penalty of $1,000. The action was based on the physician’s examination of a female patient on two occasions without a chaperone present and without creating a medical record based on the examinations.
BIRMAN, ALEX, M.D., KENNETDALE, TX, Board Permit #30021243

On June 8, 2007, the Board and Dr. Birman entered into an Agreed Order publicly reprimanding Dr. Birman and assessing a $500 administrative penalty. The action was based on Dr. Birman’s failure to report on his annual report for his Texas physician-in-training permit that he had been arrested since his last report. Dr. Birman’s arrest was for possession of cocaine.

KERN, SUSAN B., M.D., KINGWOOD, TX, Lic. # G6785

On August 24, 2007, the Board and Dr. Kern entered into an Agreed Order requiring that Dr. Kern limit her practice to research medicine and see patients only as part of institutional research and medicine and that she may not prescribe or authorize approval or refills of dangerous drugs. The action was based on allegations that she violated her December, 2005, order by prescribing and refilling, on several occasions, controlled substances and dangerous drugs with addictive or abusive potential.

KEY, JAMES D. SR, M.D., BROWNSVILLE, TX, Lic. #E3339

On August 24, 2007, the Board and Dr. Key entered into an Agreed Order requiring that Dr. Key obtain 20 hours of CME in ethics and that he pay an administrative penalty of $3,000. The action was based on Dr. Key’s becoming financially involved with a patient in an inappropriate manner.

LINDLEY, HERBERT, M.D., ANADARKO, TX, Lic. #H4018

On August 24, 2007, the Board and Dr. Lindley entered into an Agreed Order requiring that he obtain eight hours of ethics courses or ethics programs yearly for three years, and that he pay an administrative penalty of $500. The action was based on Dr. Lindley’s performance of a genital examination of a patient with abdominal pain without providing adequate explanation of the indication for the examination, failing to document the examination, and failing to adequately document the findings of the examination.

MAXWELL, SETH C., M.D., GALVESTON, TX, PIT Lic. #BP30013291

On August 24, 2007, the Board and Dr. Maxwell entered into an Agreed Order assessing an administrative penalty of $1,000. The action was based on instances of unprofessional conduct and disruptive behavior while in residency at UTMB.

RANA, PUSHPA R., M.D., DALLAS, TX, Lic. #E5900

On August 24, 2007, the Board and Dr. Rana entered into an Agreed Order requiring that Dr. Rana’s practice be monitored by another physician for one year and that she complete 15 hours of CME in risk management and 15 hours of CME in the treatment of allergies. The action was based on her placement on deferred adjudication due to indictments for Medicaid fraud.

RAPER, THOMAS B., NEW ORLEANS, LA, Lic. #L9442
On August 24, 2007, the Board and Dr. Raper entered into an Agreed Order requiring that Dr. Raper take and pass the Medical Jurisprudence Examination and pay an administrative penalty of $5,000. The action was based on Dr. Raper’s failure to honor an agreement to practice in a rural area in Arkansas upon completion of his medical education and on his initial failure to timely repay the student loan. The agreement with the Arkansas Rural Medicine Practice Student Loan and Scholarship Board had given him special consideration to be admitted to medical school.

SHELDON, WILLIAM ROBERT, M.D., PLANO, TX, Lic. #F1999

On April 13, 2007, the Board and Dr. Sheldon entered into a Mediated Agreed Order requiring Dr. Sheldon to provide reasonable access to his patients’ charts for two years and a list of employees in his clinic who will observe Dr. Sheldon’s examinations of female patients; to complete the Vanderbilt course on professional boundaries or an equivalent course; and to pay an administrative penalty of $1,000.

VIOLATION OF PROBATION OR PRIOR ORDER

BASPED, BEAUFORD, D.O., FORT WORTH, TX, Lic. #E3813

On June 8, 2007, the Board and Dr. Basped entered into an Agreed Order incorporating and superseding Dr. Basped’s current order and allowing Dr. Basped an additional six months to complete requirements, passage of SPEX and completion of CPEP, as set out in his December 9, 2005, order. Failure to comply with requirements of the six-month extension shall result in revocation. The action was based on Dr. Basped’s noncompliance with his current order.

CARTWRIGHT, GREGORY BRYAN, M.D., FORT WORTH, TX, Lic. #H7544

On June 8, 2007, the Board and Dr. Cartwright entered into an Agreed Order requiring Dr. Cartwright to pay a $1,000 administrative penalty and to provide the board a copy of his child support agreement. The action was based on Dr. Cartwright’s violation of his 2004 agreed order for failure to participate in the Board’s drug testing program and to provide verification of AA attendance. Dr. Cartwright was incarcerated from July 1 to July 7, 2006, based on allegations that he was in contempt of a child support order and therefore was unable to comply with his 2004 order during this time.

DEEP, ANTHONY M., M.D., SAN ANTONIO, TX, Lic. #K9254

On August 24, 2007, the Board and Dr. Deep entered into an Agreed Order requiring him to obtain 15 additional hours of CME in prescribing controlled substances, medical record-keeping, and risk management; and payment of an administrative penalty of $500. The action was based on his violation of his 2001 order prior to its expiration on December 7, 2006, that required Dr. Deep to surrender all samples of controlled substances and dangerous drugs to DPS Narcotic Services.

KHAN, RABIA, M.D., IRVING, TX, Lic. #K4103
On August 24, 2007, the Board and Dr. Khan entered into an Agreed Order requiring that she comply with all CME requirements of her December 10, 2004, order with the Board within 180 days and that she pay an administrative penalty of $1,000. The action was based on her violation of the 2004 order by failing to obtain an additional 10 hours of approved CME in medical record-keeping for 2006.

OKOSE, PETER C., M.D., FRIENDSWOOD, TX, Lic. #J2714

On August 24, 2007, the Board and Dr. Okose entered into an Agreed Order extending his 2006 order by two years, prohibiting him from treating pain patients or prescribing any pain medications, assessing an administrative penalty of $6,000, and requiring the revocation of his license if he again violates his 2006 order. The action was based on his treatment of pain management patients in violation of his 2006 order.

ORTIZ, AURELIO A., M.D., MIAMI, FL, Lic. #F7870

On August 24, 2007, the Board and Dr. Ortiz entered into an Agreed Order requiring that he pass the Texas jurisprudence exam within 90 days and that he pay an administrative penalty of $1,000. The action was based on his violation of his 2006 Order by failing to timely complete the CME requirements and pass the JP exam as required.

PATTESON, MORRIS K., M.D., LAMPASAS, TX, Lic. #E2779

On August 24, 2007, the Board and Dr. Patteson entered into a 10-year Agreed Order requiring that he abstain from consuming prohibited substances, including alcohol and drugs not prescribed for him; participate in the Board’s program for testing for drugs and alcohol; undergo an independent psychiatric evaluation; continue receiving care from his current treating psychiatrist at least once per month for the first year of treatment, and thereafter as requested; participate in the activities of Alcoholics Anonymous at least five times per week; continue to participate in the activities of a county or state medical society committee on physician health and rehabilitation; continue to participate in the Texas Medical Association random drug screening program; not treat immediate family or himself; maintain a log for every prescription written for controlled substances or dangerous drugs with addictive potential or potential for abuse; not have access to controlled substances in his office; and limit his practice to no more than 50 hours per week in a group setting. The action was based on Dr. Patterson’s testing positive for Butalbital and EtG after submitting to a random drug screening.

STAFFORD, NOVARRO CHARLES, M.D., HOUSTON, TX, Lic. #H5072

On June 8, 2007, the Board and Dr. Stafford entered into an Agreed Order extending his February, 2005, order by six months and requiring that Dr. Stafford obtain 10.5 hours of classroom CME in pediatric infectious diseases. The action was based on Dr. Stafford’s failure to complete 40 hours of CME in pediatric infectious diseases as required by the 2005 order.

ACTION BASED ON CRIMINAL CONVICTIONS
CLAYTON, CHARLES THOMAS, M.D., THE WOODLANDS, TX, Lic. #F1452

On June 8, 2007, the Board and Dr. Clayton entered into an Agreed Order revoking Dr. Clayton’s license. The action was based on Dr. Clayton’s conviction and incarceration in federal prison for filing false tax statements and failing to file income tax returns.

HALL-HERPIN, CALLIE, M.D., HOUSTON, TX, Lic. #K5306

On June 8, 2007, the Board and Dr. Hall-Herpin entered into an Agreed Order revoking the license. The action was based on Dr. Hall-Herpin’s conviction and incarceration in 2006 for conspiracy to unlawfully distribute and dispense controlled substances.

ROHR, ELIZABETH ANNE, M.D., ROANOKE, TX, Lic. #J3590

On June 8, 2007, the Board issued a Final Order revoking Dr. Rohr’s license. The action was based on Dr. Rohr’s state felony conviction for Interference with Child Custody on April 13, 2006.

ACTION BASED ON
PEER REVIEW ACTIONS

BRADY, WALTER EDWARD, D.O., MEXIA, TX, Lic. #C6122

On June 8, 2007, the Board and Dr. Brady entered into an Agreed Order publicly reprimanding Dr. Brady and assessing a $1,000 administrative penalty. The action was based on peer review action for Dr. Brady’s failure to meet his responsibilities as the on-call physician by refusing to reexamine a patient upon the request of an R.N.

INADEQUATE MEDICAL RECORDS

BOND, WILLIAM M., M.D., HOUSTON, TX, Lic. #F9220

On August 24, 2007, the Board and Dr. Bond entered into a two-year Agreed Order requiring that Dr. Bond have his practice monitored by another physician and that he obtain 10 additional hours of CME in medical record-keeping. The action was based on Dr. Bond’s failure to maintain adequate and legible medical records.

DESHMUKH, AVI TRIMBAK, MD., STEPHENVILLE, TX, Lic. #H1067

On June 8, 2007, the Board and Dr. Deshmukh entered into a Mediated Agreed Order requiring that Dr. Deshmukh incorporate into at least two seminars addressing female urinary incontinence at which he is a speaker a 10-20 minute discussion regarding the use or non-use of cystoscopy after operative treatment of female urinary incontinence. The action was based on inadequate medical records.

FRANCIS, ALBERTO, M.D., McALLEN, TX, Lic. #F8484
On August 24, 2007, the Board and Dr. Francis entered into an Agreed Order requiring that Dr. Francis complete a 10-hour course in medical record-keeping and that he pay an administrative penalty of $500. The action was based on Dr. Francis’s failure to maintain adequate medical records for a patient on whom he performed a tubal ligation.

McDONALD, BRUCE B., M.D., AUSTIN, TX, Lic. #E0261

On August 24, 2007, the Board and Dr. McDonald entered into an Agreed Order assessing an administrative penalty of $500. The action was based on Dr. McDonald’s prescription of Tenuate Dospan to a family member for the purpose of weight reduction without maintaining medical records to document the circumstances under which he prescribed the medication.

ONEAL, DON MARTIN, M.D., SULPHUR SPRINGS, TX, Lic. #E2769

On June 8, 2007, the Board and Dr. Oneal entered into an Agreed Order requiring that Dr. Oneal’s practice be monitored by another physician for one year and that he obtain five hours of CME in the area of medical record keeping. The action was based on inadequate medical records.

VEMURU, RAVIKUMAR, M.D., ODESSA, TX, Lic. #J5044

On August 24, 2007, the Board and Dr. Vemuru entered into an Agreed Order requiring that he complete five hours of CME in medical record-keeping and five hours in risk management. The action was based on his failure to document his interactions with a patient being treated for iron deficiency and the reason for the delay in providing results from a diagnostic study.

WHITT, WINSTON ARNETT, M.D., LUBBOCK, TX, Lic. #J4612

On May 10, 2007, the Board and Dr. Whitt entered into an Agreed Order requiring that he successfully complete a medical record keeping course offered by the University of California San Diego Physician Assessment and Clinical Education (PACE) program, or an approved equivalent program, and pay an administrative penalty of $2,000. The action was based on allegations that Dr. Whitt failed to adequately maintain medical records for his chronic pain patients between 2002 and 2004.

INAPPROPRIATE CONDUCT INVOLVING PHYSICIAN-PATIENT RELATIONSHIP

FARBER, STEVEN HOWARD, M.D., CONROE, TX, Lic. #F8102

On June 8, 2007, the Board and Dr. Farber entered into an Agreed Order suspending Dr. Farber’s license until he personally appears before the board and provides clear and convincing evidence that he is physically, mentally, and otherwise competent to safely practice medicine; and further requiring that for 10 years Dr. Farber abstain from drugs and alcohol; participate in the board’s drug testing program; and provide to the board a list of all subsequent prescriptions and any subsequent orders for prohibited substances. The action was based on Dr. Farber’s engaging in sexual contact and sexually inappropriate behavior with a patient; becoming
financially involved with a patient; behaving in an abusive manner towards a patient that could be reasonably expected to adversely impact the quality of care rendered to a patient; nontherapeutic prescribing of medication; writing false or fictitious prescriptions for dangerous drugs; and inability to practice medicine with reasonable skill and safety to patients because of illness, drunkenness, and excessive use of drugs and narcotics.

GULLEDGE, WILLIAM RALPH, M.D., FORT WORTH, TX, Lic. #E9213

On July 3, 2007, the Board and Dr. Gulledge entered into an Agreed Order publicly reprimanding Dr. Gulledge and requiring Dr. Gulledge to pay an administrative penalty of $5,000 and to obtain 10 hours of Category CME credits in medical records, with a prescribing/delegation component if available. The action was based on Dr. Gulledge maintaining a personal and sexual relationship with a patient and prescribing medication to this patient while the relationship was ongoing.

IMPAIRMENT DUE TO ALCOHOL OR DRUGS

GUERRERO, TERESA TRUMBLE, M.D., THE WOODLANDS, TX, Lic. #H8471

On June 8, 2007, the Board and Dr. Guerrero entered into a four-year Agreed Order requiring that Dr. Guerrero abstain from the consumption of prohibited substances; participate in the board’s drug testing program; continue quarterly care from her treating psychiatrist and monthly care from her treating licensed professional counselor; and participate in AA at least three times a week. The action was based on Dr. Guerrero’s abuse of hydrocodone and Xanax and her March 2006 arrest for obtaining controlled substances by fraud with the charge later reduced to possession of controlled substance.

KETTERER, CYNTHIA LEE, M.D., HOUSTON, TX, Lic. K3771

On June 8, 2007, the Board and Dr. Ketterer entered into an Agreed Order suspending Dr. Ketterer’s license until she successfully completes the CPEP or PACE program. Upon her completion of either program the suspension shall be stayed and Dr. Ketterer will be placed on probation for 15 years and she will be required to abstain from prohibited substances; participate in the board’s drug testing program; participate in AA five times a week; participate in weekly meetings of a county or state medical society committee on physician health and rehabilitation; continue to receive care and treatment from her current treating psychiatrist; not self-prescribe or prescribe to family members controlled substance or dangerous drugs with addictive potential or potential for abuse; and limit her medical practice to her current practice or a group or institutional setting. The action was based on Dr. Ketterer’s request that her suspension imposed on August 15, 2003, be lifted based on her two-year sobriety and current recovery program.

LONGMOOR, CHARLES E., M.D., DALLAS, TX, Lic. #J4307

On August 24, 2007, the Board and Dr. Longmoor entered into a seven-year Agreed Order limiting his practice of medicine to a group or institutional setting; requiring he abstain from the
consumption of prohibited substances, participate in the board’s drug screening program, undergo a 96-hour inpatient evaluation for substance abuse, be treated by a psychiatrist and psychotherapist, attend AA at least five times a week, and pay an administrative penalty of $1,000. The action was based on his intemperate use of alcohol and his 30-day jail sentence for violation of his deferred adjudication agreement related to charges of criminal trespass of a habitation.

SAUCEDA, FRANCISCO BASIL, M.D., SAN ANTONIO, TX, Lic. # H8375

On June 8, 2007, the Board and Dr. Sauceda entered into a 15-year Agreed Order placing Dr. Sauceda on probation and requiring that he abstain from the consumption of prohibited substances; participate in the board’s drug screening program; obtain treatment from a psychiatrist on at least a monthly basis, with reports from the treating psychiatrist sent to an independent monitoring psychiatrist; attend AA or Caduceus at least five times a week; limit his practice to a group or institutional setting; not supervise PAs or APNs; and enroll in and complete a clinical mini-residency of at least 90 days. The action was based on the lifting of a suspension of Dr. Sauceda’s license that has been in effect since February 17, 2005. The suspension occurred due to Dr. Sauceda’s substance abuse and arrest in December 2004 for cocaine possession and misdemeanor theft.

SILVA, SERGIO, M.D., AUSTIN, TX, Lic. #J8773

On August 24, 2007, the Board and Dr. Silva entered into an Agreed Order suspending Dr. Silva’s license until at least May 11, 2008, and until he can provide evidence that he is able to safely practice medicine. The action was based on his nontherapeutic prescribing of medications to a seven-year old patient who subsequently suffered from medication induced toxicity, and Dr. Silva’s impairment due to his use of cocaine.

WRIGHT, MARK L., M.D., WACO, TX, Lic. #H4810

On August 24, 2007, the Board and Dr. Wright entered into a 10-year Agreed Order requiring that Dr. Wright abstain from consuming prohibited substances, including alcohol and drugs not prescribed for him; participate in the board’s program for testing for drugs and alcohol; continue receiving care from his current treating psychiatrist at least once every other week in group therapy and once a month on an individual basis; and participate in the activities of AA at least three times per week. The action was based on Dr. Wright’s abuse of alcohol.

NONTHERAPEUTIC PRESCRIBING

CABANSAG, DEAN A., M.D., ARLINGTON, TX, Lic. #L3255

On August 24, 2007, the Board and Dr. Cabansag entered into a three-year Agreed Order requiring that he limit his practice to a group or institutional setting, that he maintain a logbook of all prescriptions written for controlled substances or dangerous drugs with addictive potential or potential for abuse, that his practice be monitored by another physician, that he pass the Special Purpose Examination, that he personally attend and complete 10 hours of ethics and 10
hours of CME in pain management, and that he pay an administrative penalty of $3,000. The action was based on his failure maintain adequate medical records related for patients with intractable pain, and his nontherapeutic prescribing of medications.

GIBSON, DONALD II, M.D., SUGARLAND, TX, Lic. #H5209

On August 24, 2007, the Board and Dr. Gibson entered into a five-year Agreed Order requiring that Dr. Gibson become familiar with state and federal law pertaining to dangerous drugs and controlled substances, that his practice be monitored by another physician, that he complete 10 hours of CME in medical ethics and medical record-keeping, and that he complete the process of becoming re-certified by the American Board of Internal Medicine. The action was based on Dr. Gibson's maintenance of inadequate and illegible medical records for patients with intractable pain and his nontherapeutic prescribing of dangerous or addictive drugs.

LANGSJOEN, HANS ALFRED, M.D., GALVESTON, TX, Lic. #E2668

On June 8, 2007, the Board and Dr. Langsjoen entered into a three-year Agreed Order requiring that Dr. Langsjoen not provide medical treatment to his family; not prescribe controlled substances or dangerous drugs with addictive potential or potential for abuse to himself or family members; abstain from consumption of prohibited substances for six months and participate in the board's drug testing program during this time; obtain 10 hours of CME in ethics and record-keeping, pass the Texas Medical Jurisprudence exam; appear before the board before reapplying to DEA or DPS to obtain controlled substance registrations; pay an administrative penalty of $2,500; and not supervise or delegate prescriptive authority to PAs or APNs. The action was based on Dr. Langsjoen's ordering a large amount of controlled substances that were delivered directly to his residence to self-treat his restless leg syndrome and to be used by family members with ADD, kidney stones, and diabetes.

MANIA, WILLIAM M., M.D., RICHARDSON, TX, Lic. #F9770

On August 24, 2007, the Board and Dr. Mania entered into an Agreed Order requiring that he obtain an additional six hours of medical record-keeping, six hours in the diagnosis and treatment of psychiatric disorders, and pay an administrative penalty of $1,000. The action was based on his nontherapeutic prescribing of Xanax to a patient.

ADVERTISING VIOLATIONS

CZEKAJ, PHILIP, M.D., SAN ANTONIO, TX, Lic. #G4946

On June 8, 2007, the Board and Dr. Czekaj entered into an Agreed Order assessing an administrative penalty of $500. The action was based on Dr. Czekaj's use of misleading advertising that implied that Dr. Czekaj was board certified in Cenegenics or Age Management, when his actual board certification is in Emergency and Preventive Medicine.

FAM, FATHI G., M.D., DALLAS, TX, Lic. #E7909
On August 24, 2007, the Board and Dr. Fam entered into an Agreed Order requiring that he complete 20 hours of CME in medical ethics, that he maintain his web site and printed materials related to skin care classes and services in compliance with board rules and that he pay a $5,000 administrative penalty. The action was based on his publications of advertisements that contained statements that were confusing, misleading and not readily subject to verification.

ROBY, RUSSELL R., M.D., AUSTIN, TX, Lic. #E1255

On August 24, 2007, the Board and Dr. Roby entered into a four-year Agreed Order requiring that Dr. Roby provide certain information to the public in all advertisements and print media; that his practice be monitored by another physician; that he successfully complete the medical record-keeping course offered by the University of California San Diego Physician Assessment and Clinical Education (PACE) program, or an approved equivalent program; that he complete six hours of CME in ethics; that he not treat any patient with thyroid therapy; that he maintain a logbook for each patient of all antigen injections given to that patient; that he provide copies of all proposed clinical studies research projects, IRB proposals, phase 1 and 2 studies/results, and any on-going or proposed research projects; and that he pay a $15,000 administrative penalty. The action was based on misleading advertising about hormone neutralization therapy.

ROUTH, LISA, M.D., HOUSTON, TX, Lic. #H2742

On June 8, 2007, the Board and Dr. Routh entered into an Agreed Order assessing an administrative penalty of $1,000 and requiring that Dr. Routh revise her internet advertising to comply with all relevant laws and rules and submit copies of the revised advertisements to the Executive Director. The action was based on Dr. Routh’s use of misleading advertising that included non-verifiable statements of professional superiority on the internet.

TRIGO, LUIS C. III, M.D., DALLAS, TX, Lic. #J2467

On August 24, 2007, the Board and Dr. Trigo entered into an Agreed Order requiring that Dr. Trigo complete eight hours of ethics, that he complete an office management audit, that he revise his CV and office brochure to remove any and all false and/or misleading statements, and that he pay an administrative penalty of $1,000. The action was based on his use of misleading advertisements and his failure to adequately supervise those working under his direction.

TYLOCK, GARY R., M.D., IRVING, TX, Lic. #G2869

On August 24, 2007, the Board and Dr. Tylock entered into an Agreed Order requiring that he develop a written internal protocol to be approved by the Executive Director that sets out guidelines for all advertising related to Dr. Tylock’s practice and that he pay an administrative penalty of $500. The action was based on his advertising professional superiority without identifying the basis for the claim in the advertising.

INADEQUATE SUPERVISION OR DELEGATION
SCHROEDER, VINITA B., M.D., HIGHLAND PARK, TX, Lic. #J4504

On August 24, 2007, the Board and Dr. Schroeder entered into an Agreed Order assessing an administrative penalty of $5,000. The action was based on her delegation of a medical act and failure to supervise a physician not licensed in the state of Texas.

VIOLATION OF BOARD RULES

OLIVENCIA-YURVATI, ALBERT H., D.O., FORT WORTH, TX, Lic. #H2655

On August 24, 2007, the Board and Dr. Olivencia-Yurvati entered into an Agreed Order assessing an administrative penalty of $5,000 and requiring that the physician research and write a paper suitable for publication regarding the steps to follow in the diagnosis and treatment of esophageal injuries. The action was based on his failure to use proper diligence in his workup of a patient who required esophageal repair after a perforation by the anesthesiologist during a surgical procedure by another physician.

PIGOTT, SHIRLEY P., M.D., VICTORIA, TX, Lic. #F7054

On August 24, 2007, the Board and Dr. Pigott entered into a Mediated Agreed Order requiring that Dr. Pigott obtain 10 hours of CME in the area of medical record keeping, that she submit written office policies relating to the office’s practice and procedure for managing requests for medical records and lab reports, and that she pay an administrative penalty of $500. The action was based on Dr. Pigott’s failure to timely release certain lab tests to a single patient.

VOLUNTARY SURRENDERS

BLINKOV, ANDREW, M.D., HOUSTON, TX, Lic. #K1368

On August 24, 2007, the Board and Dr. Blinkov entered into an Agreed Order permitting Dr. Blinkov to voluntarily surrender his license. The surrender was permitted in lieu of further investigation related to his alleged violation of his August 2006 order.

BRYAN, GARY L., M.D., PLANO, TX, Lic. #M0024

On August 24, 2007, the Board and Dr. Bryan entered into an Agreed Order revoking Dr. Bryan’s license. The action was based on Dr. Bryan’s alcohol relapse on January 24, 2007, while under a suspension order of the board requiring abstinence from alcohol.

CONNER, W. KEITH, D.O., AUSTIN, TX, Lic. #G8683

On August 24, 2007, the Board and Dr. Connor entered into an Agreed Order prohibiting him from maintaining a medical office and requiring the cancellation of his license at the end of November 2007 based on his voluntary surrender of his license. The action was based on his placement on deferred adjudication for a misdemeanor for prescribing Xanax to a patient without a physical examination or an adequate medical record.
CREAMER, DICK O., M.D., SAN ANTONIO, TX, Lic. #C1830

On August 24, 2007, the Board and Dr. Creamer entered into an Agreed Order whereby the board accepted Dr. Creamer’s voluntary and permanent surrender of his license. The action was based on Dr. Creamer’s prescribing of controlled substances for family members, former patients, and himself without maintaining adequate medical records.

GORDON, WILLIAM H. JR., M.D., LUBBOCK, TX, Lic. #D0890

On August 24, 2007, the Board and Dr. Gordon entered into an Agreed Order accepting the voluntary surrender of Dr. Gordon’s license. The action was based on his failure to comply with a board subpoena for medical records while under a suspension order of the board.

KHAN, NASIM, M.D., SPRING, TX, Lic. #G5947

On August 24, 2007, the Board and Dr. Khan entered into an Agreed Order whereby the board accepted Dr. Khan’s voluntary and permanent surrender of his license. The action was based on her failure to meet the standard of care due to her nontherapeutic prescription of controlled substances to four patients and to herself.

MARRACK, DAVID, M.D., BELLAIRE, TX, Lic. #D1318

On August 24, 2007, the Board and Dr. Marrack entered into an Agreed Order whereby the board accepted Dr. Marrack’s voluntary and permanent surrender of his license. The action was based on Dr. Marrack’s permanent and severe loss of vision, and his decision to surrender his license in lieu of further investigation relating to allegations that he failed to comply with federal guidelines related to his prescribing of controlled substances.

OTHER STATE BOARD ACTIONS

DEAN, PATRICK J., M.D., MEMPHIS, TN, LIC. #49121

On August 24, 2007, the Board and Dr. Dean entered into an Administrative Agreed Order reprimanding Dr. Dean and requiring him to comply with all the terms and conditions of his Consent Order entered by the North Carolina Medical Board on September 14, 2006. The action was based on action taken by the North Carolina Medical Board as a result of Dr. Dean’s evaluating pathology specimens from patients in North Caroline prior to having obtaining a North Carolina medical license.

TEMPORARY RESTRICTION OR SUSPENSION

WOODWARD, JOHN R., M.D., DALLAS, TX, LIC. #D4884

On August 24, 2007, the Board issued a Temporary Restriction Order against Dr. Woodward that prohibits Dr. Woodward from prescribing or administering any controlled substances or
dangerous drugs. The action was based on the board’s determination that Dr. Woodward has demonstrated impaired judgment in part as a result of his self-prescribing of Accomplia, which caused him significant severe effects and is not approved by the FDA for use in the United States.

CEASE AND DESIST ORDERS

The 80th Legislature gave the Texas Medical Board the authority to issue cease-and-desist orders in cases where it finds the unlicensed practice of medicine, and the following orders were issued in accordance with the legislation and with Board Rule Chapter 198, Unlicensed Practice.

On August 24, 2007, the Board and Burnett Armstrong entered into an Agreed Cease and Desist Order, requiring that Ms. Armstrong cease and desist any practice of medicine effective August 13, 2007. The action was based on her holding herself out as a physician and treating a patient for the flu even though Ms. Armstrong is not licensed to practice medicine in Texas.

On August 24, 2007, the Board and Charles Richter entered into an Agreed Cease and Desist Order, requiring that Mr. Richter cease and desist any practice of medicine in the state of Texas effective August 7, 2007. The action was based on his holding himself out as a physician and treating several patients diagnosed with cancer even though Mr. Richter is not licensed to practice medicine in Texas.

MINIMAL STATUTORY VIOLATIONS

The board entered into agreed orders with 48 physicians for minimal statutory violations.

NONDISCIPLINARY REHABILITATION ORDERS

The board entered into agreed nondisciplinary rehabilitation orders with 57 physicians during FY-07.

PHYSICIAN ASSISTANTS

CASEY, DENNIS, P.A., Kingwood, TX, Lic. #PA-00129

On May 18, 2007, the Physician Assistant Board and Mr. Casey entered into an three-year Agreed Order requiring that Mr. Casey obtain an annual evaluation from his supervising physician, complete a course in medical records, obtain five hours in ethics each year, and pay an administrative penalty of $2,000. The action was based on Mr. Casey’s failure to adequately evaluate and document patients’ histories and physical examinations, and inappropriate providing of narcotics without documenting a medical justification.

McCARTY, RENE LUNDAY, P.A., Tyler, TX, Lic. #PA-01101

On May 18, 2007, the Physician Assistant Board and Ms. McCarty entered into an Agreed Order requiring Ms. McCarty to pay an administrative penalty of $500. The action was based on Ms.
McCarty’s treating patients from October 27, 2005, until February 5, 2006, without a supervising physician. Mitigating factors included Ms. McCarty’s 20 years in practice without incident and her effort to provide health for minor ailments to low-income, uninsured patients.

WEBSTER, ROBERT LEON, P.A. Houston, TX, Lic. #PA-04057

On May 18, 2007, the Physician Assistant Board and Mr. Webster entered into an three-year Agreed Order requiring that he obtain an annual evaluation from his supervising physician, complete a course in medical records, obtain five hours in ethics each year, and pay an administrative penalty of $2,000. The action was based on Mr. Webster’s failure to adequately evaluate and document patients’ histories and physical examinations, and inappropriate providing of narcotics without documenting a medical justification.