

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

In the Matter of the Accusation Against:)

Isaac Eliaz, M.D.)

File No. 12-2007-187090

Physician's and Surgeon's)

Certificate No. A73390)

Respondent.)

DECISION

The attached Stipulated Settlement and Disciplinary Order for Public Reprimand is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on August 25, 2010.

IT IS SO ORDERED July 26, 2010.

MEDICAL BOARD OF CALIFORNIA

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

1 EDMUND G. BROWN JR.
Attorney General of California
2 JOSE R. GUERRERO
Supervising Deputy Attorney General
JANE ZACK SIMON [SBN 116564]
3 LAWRENCE A. MERCER [SBN 111898]
Deputy Attorneys General
4 455 Golden Gate Avenue, Suite 11000
San Francisco, CA 94102-7004
5 Telephone: (415) 703-5544 (Simon)
(415) 703-5539
6 Fax: (415) 703-5480

7 *Attorneys for Complainant*
8 *Medical Board of California*

9 **BEFORE THE**
10 **MEDICAL BOARD OF CALIFORNIA**
11 **DEPARTMENT OF CONSUMER AFFAIRS**
12 **STATE OF CALIFORNIA**

Case No. 12-2007-187090

13 In the Matter of the Accusation Against:

14 **ISAAC ELIAZ, M.D.**
7064 Corline Ct. Suite A
15 Sebastopol, CA 95472

16 Physician's and Surgeon's
Certificate No. A73390

17 Respondent.
18

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER FOR PUBLIC
REPRIMAND**

19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
20 entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. Linda K. Whitney is the current Executive Director of the Medical Board of
23 California (Medical Board or Board) and the Complainant in this matter. This action has at all
24 times been brought and maintained solely in the official capacity of the Board's Executive
25 Director. Complainant is represented in this matter by Edmund G. Brown Jr., Attorney General
26 of the State of California, by Jane Zack Simon and Lawrence A. Mercer, Deputy Attorneys
27 General.
28

1 2. Respondent Isaac Eliaz, M.D. (Respondent) is represented in this proceeding by
2 Sharon Barclay Kime of Pacific West Law Group LLP, 213 Garcia Avenue, Half Moon Bay, CA
3 94019.

4 3. On November 2, 2000, the Medical Board of California issued Physician's and
5 Surgeon's Certificate No. A73390 to Isaac Eliaz, M.D.. The Physician's and Surgeon's Certificate
6 was in full force and effect at all times relevant to the charges brought in Accusation No. 12-
7 2007-187090.

8 **JURISDICTION**

9 4. Accusation No. 12-2007-187090 was filed before the Medical Board of California
10 (Board), and is currently pending against Respondent. The Accusation and all other statutorily
11 required documents were properly served on Respondent, who timely filed his Notice of Defense
12 contesting the Accusation. A copy of Accusation No. 12-2007-187090 is attached as Exhibit A.

13 **ADVISEMENT AND WAIVERS**

14 5. Respondent has carefully read, fully discussed with counsel, and understands the
15 charges and allegations in Accusation No. 12-2007-187090. Respondent has also carefully read,
16 fully discussed with counsel, and understands the effects of this Stipulated Settlement and
17 Disciplinary Order for Public Reprimand (Stipulation.)

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

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

27 ///

1 8. Respondent understands and agrees that the charges and allegations in Accusation
2 No. 12-2007-187090, if proven at a hearing, constitute cause for imposing discipline upon his
3 Physician's and Surgeon's Certificate. For the purpose of resolving the Accusation without the
4 expense and uncertainty of further proceedings, Respondent agrees that, at a hearing,
5 Complainant could establish a factual basis for charges related to deficiencies in medical records
6 and patient evaluation and assessment, he hereby gives up his right to contest those charges.

7 9. Respondent agrees to be bound by the Medical Board of California's imposition of
8 discipline as set forth in the Disciplinary Order below.

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

19 11. The parties understand and agree that facsimile or electronic copies of this Stipulated
20 Settlement and Disciplinary Order for Public Reprimand, including facsimile or electronic
21 signatures thereto, shall have the same force and effect as the originals.

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

25 ///
26 ///
27 ///
28 ///

DISCIPLINARY ORDER

1 **A. PUBLIC REPRIMAND**

2 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A73390 issued
3 to Respondent Isaac Eliaz, M.D. is hereby **publicly reprimanded** pursuant to California
4 Business and Professions Code section 2227. This Public Reprimand, issued in connection with
5 Respondent's conduct as set forth in Accusation No. 12-2007-187090, is as follows:
6

7 Between January and July, 2007, you failed to adequately evaluate and assess Patient
8 B.G., and to adequately and accurately document your care of Patient B.G.. Such
9 conduct constitutes unprofessional conduct pursuant to Business and Professions
10 Code section 2234.

11 **B. OFFICE PROTOCOL**

12 Within 90 calendar days of the effective date of this decision, Respondent shall submit to
13 the Board or its designee for its prior approval, a detailed, written protocol for the evaluation and
14 assessment of patients in Respondent's medical practice. Failure to fully comply with this
15 provision shall constitute unprofessional conduct and grounds for further disciplinary action.
16

17 **C. CONTINUING MEDICAL EDUCATION PROGRAM**

18 Within 60 calendar days of the effective date of this Decision, Respondent shall submit to
19 the Board or its designee for its prior approval an educational program(s) or course(s) which shall
20 not be less than 40 hours. The educational program(s) or course(s) shall focus on the areas of
21 patient evaluation, assessment and medical records documentation, and shall be Category I
22 certified, limited to classroom, conference, or seminar settings. The educational program(s) or
23 course(s) shall be at respondent's expense and shall be in addition to the Continuing Medical
24 Education (CME) requirements for renewal of licensure. Respondent shall complete the
25 program(s) or course(s) no later than 180 days after initial enrollment, unless the Board or its
26
27
28

1 designee agrees in writing to a later time for completion. Respondent shall submit a certification
2 of successful completion to the Board or its designee not later than 15 calendar days after
3 successfully completing the program(s) or course(s), or not later than 15 days after the effective
4 date of the Decision, whichever is later. Failure to successfully complete the continuing medical
5 education required in this paragraph shall constitute unprofessional conduct and grounds for
6 further disciplinary action.

7 **ACCEPTANCE**

8
9 I have carefully read this Stipulated Settlement and Disciplinary Order for Public
10 Reprimand and have fully discussed it with my attorney, Sharon Barclay Kime. I understand the
11 Stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into
12 this Stipulated Settlement and Disciplinary Order for Public Reprimand voluntarily, knowingly,
13 and intelligently, and agree to be bound by the Decision and Order of the Medical Board of
14 California.

15
16 DATED: June 18th, 2010

17 

18
19 **ISAAC ELIAZ, M.D.**
Respondent

20 **APPROVAL**

21 I have read and fully discussed with Respondent Isaac Eliaz, M.D. the terms and conditions
22 and other matters contained in this Stipulated Settlement and Disciplinary Order for Public
23 Reprimand. I approve its form and content.

24 DATED: 6-19-2010

25 

26 **SHARON BARCLAY KIME**
Pacific West Law Group LLP


27 Attorneys for Respondent

ENDORSEMENT

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

Dated: 6/22/2010

EDMUND G. BROWN JR.
Attorney General of California


JANE ZACK SIMON
LAWRENCE A. MERCER
Deputy Attorneys General
Attorneys for Complainant

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

Exhibit A

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

EDMUND G. BROWN JR.
Attorney General of California
JOSE R. GUERRERO
Supervising Deputy Attorney General
JANE ZACK SIMON
Deputy Attorney General
State Bar No. 116564
455 Golden Gate Avenue, Suite 11000
San Francisco, CA 94102-7004
Telephone: (415) 703-5544
Fax: (415) 703-5480
E-mail: Janezack.simon@doj.ca.gov
*Attorneys for Complainant
Medical Board of California*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO August 26 20 09
BY Valerie Mon ANALYST

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

In the Matter of the Accusation Against:

ISAAC ELIAZ, M.D.
7064 CORLINE CT, SUITE A
SEBASTOPOL, CA 95472

PHYSICIAN'S AND SURGEON'S CERTIFICATE NO.
A73390

Case No. 12-2007-187090

ACCUSATION

Complainant alleges:

PARTIES

1. Barbara Johnston (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs.
2. On or about November 2, 2000, the Medical Board of California issued Physician's and Surgeon's Certificate Number A73390 to Isaac Eliaz, M.D. (respondent). Said certificate is renewed and current, with an expiration date of August 31, 2010.

///

///

1 **JURISDICTION**

2 3. This Accusation is brought before the Medical Board of California¹ (Board),
3 Department of Consumer Affairs, under the authority of the following laws. All section
4 references are to the Business and Professions Code unless otherwise indicated.

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

10 B. Section 2234 of the Code provides that the Medical Board shall take action
11 against any licensee who is charged with unprofessional conduct. Unprofessional conduct
12 includes, but is not limited to:

13 “(a) Violating or attempting to violate, directly or indirectly, assisting in or
14 abetting the violation of, or conspiring to violate, any provision of this chapter
15 [Chapter 5, the Medical Practice Act].

16 “(b) Gross negligence.

17 “(c) Repeated negligent acts. . . .”

18 C. Section 2242 of the Code provides that the prescribing, dispensing or
19 furnishing dangerous drugs without an appropriate prior examination and a medical
20 indication constitutes unprofessional conduct.

21 D. Section 2266 of the Code provides that the failure of a physician and
22 surgeon to maintain adequate and accurate medical records constitutes unprofessional
23 conduct.

24 E. Health and Safety Code section 123110 provides that the failure of a
25 physician to provide a patient with copies of his or her medical record when requested
26 constitutes unprofessional conduct.

27 ¹ The term “Board” means the Medical Board of California. “Division of Medical
28 Quality” shall also be deemed to refer to the Board.

1 FIRST CAUSES FOR DISCIPLINE

2 (General Unprofessional Conduct, Gross Negligence, Repeated Negligent Acts, Prescribing
3 without Appropriate Examination, Refusal to Provide Records)

4 4. Respondent operates the Amitabha Medical Clinic and Healing Center
5 (“Amitabha”) in Sebastopol, California. Respondent is not board certified in any specialty, but
6 specializes in integrative medicine.

7 5. Patient B.G. was a 59 year old man who presented to Amitabha on or about
8 January 11, 2007 for an integrated medicine consultation and an evaluation of previously
9 diagnosed prostate cancer. Patient B.G. had received treatment and/or consultation from other
10 physicians, including a urologist, an oncologist and his primary care physician. He then elected
11 to seek care from respondent and his Amitabha clinic. Patient B.G. was at the time suffering
12 from a great deal of emotional and personal distress.

13 6. When Patient B.G. first presented to Amitabha on January 11, 2007, he
14 completed a patient information form setting forth the name of his physician and the date of his
15 last physical examination. He was also provided with a written statement of “Office Financial
16 Policy” which indicated that Amitabha was not a primary care office, and that patients were
17 required to have a primary care physician. There is no other documentation in respondent’s chart
18 for B.G. indicating that respondent’s self-described role as a consultant was otherwise discussed
19 with B.G. at any time during his treatment with respondent.

20 7. Respondent was not available to see B.G. as a new patient, and B.G. was seen on
21 January 11, 2007 by respondent’s nurse practitioner. The nurse practitioner took some history,
22 and noted that B.G. was taking Avodart² on a daily basis. The nurse practitioner noted that B.G.
23 was emotionally labile and crying, and described him as “severely traumatized” by his son’s
24 death. She noted that B.G.’s decision making skills were “compromised by his emotionality and
25 death. She noted that B.G.’s decision making skills were “compromised by his emotionality and
26 death.

27 ² Avodart is a trade name for dutasteride. It is used to treat prostate enlargement. Avodart
28 is a prescription drug and a dangerous drug as defined by Business and Professions Code §4022.

1 anger.” The nurse practitioner documented B.G.’s decision to pursue a “watchful waiting
2 approach” to his prostate cancer, and a plan to consult with respondent. The nurse practitioner’s
3 note reflects a review of records B.G. brought along with him. No physical examination was
4 performed, there was no review of systems, no medical or surgical history was taken, and there
5 was no request for additional records from other treating physicians.

6 8. Following B.G.’s January 11 office visit, respondent discussed patient B.G. with
7 his nurse practitioner and reviewed the records B.G. had provided. Respondent’s January 13,
8 2007 chart note sets forth a plan for a nutritional supplement program for the nurse practitioner to
9 review with B.G.; a proposal for sodium phenylbutyrate (“SPB”) ³ treatment, which was to be
10 discussed with the patient by the nurse practitioner and was to include discussion of possible
11 benefits, potential side effects and the need for a low sodium diet; PPD testing⁴ as preparation for
12 possible BCG treatment⁵; referral to UCSF for a doppler ultrasound and an MRI-S; and review of
13 lab needs.

14 9. Patient B.G.’s next contact with the Amitabha clinic was with the nurse
15 practitioner on January 15, 2007. The nurse practitioner’s note for that contact reflects a
16 discussion of the consultation with respondent. Patient B.G. was directed to stop taking Avodart,
17 which had been prescribed by another physician; to obtain a series of lab tests; to obtain the
18 UCSF studies recommended by respondent; and, to implement a nutritional supplement program.
19 The chart note also reflects a discussion of the SPB therapy, B.G.’s weight was recorded for
20 purposes of calculating the dose of SPB, and a low sodium diet was advised. SPB therapy was
21 initiated and B.G. was given a prescription for sodium phenylbutyrate. A PPD test was
22 administered, and BCG treatment was started. No physical examination was performed, and
23 other than weight, no vital signs were taken.
24

25 ³ Sodium Phenylbutyrate is a prescription drug and a dangerous drug as defined by
26 Business and Professions Code §4022.

27 ⁴ PPD testing refers to a tuberculosis test.

28 ⁵ BCG refers to an experimental therapy designed to enhance the immune system. BCG is
a vaccine requiring a prescription, and is a dangerous drug as defined by Business and
Professions Code §4022.

1 10. B.G. returned to see the nurse practitioner on February 7, 2007. He was noted to
2 have Gilbert's syndrome⁶ and hot flashes, as well as depression, anger and frustration. A ten
3 pound weight gain was noted (although no actual weight was recorded.) The nurse practitioner
4 discussed a "spring cleanse" and dietary adjustments. On February 28, 2007, the nurse
5 practitioner reviewed lab results with B.G. A slightly elevated blood glucose level was discussed;
6 B.G. wanted to try glucophage and he was given a prescription for glucophage⁷. The plan was to
7 repeat laboratory tests in one month. The nurse practitioner had another follow-up with B.G. on
8 March 19, 2007. At that time B.G. reported that he felt much better, and that he continued to take
9 the SPB. No physical exam was performed and/or documented by the nurse practitioner at any of
10 these visits, and no vital signs were taken or recorded.

11 11. Patient B.G.'s first visit with respondent was on April 2, 2007. Respondent's chart
12 for the visit contains a review of the nurse practitioner visits, lab tests and the results of the MRI-
13 S and ultrasound studies. Respondent noted that B.G. was taking Avodart. He concluded that
14 there was some degree of metabolic syndrome⁸. For the first time, the chart noted allergies to
15 several medications, as well as a family history of heart disease and hyperlipidemia. Respondent
16 performed a pulse diagnosis from a Chinese medical view, but conducted no other physical
17 examination; no vital signs were recorded, and no medical or surgical history was taken.
18 Respondent documented B.G.'s emotional state was characterized by "a lot of anger" and
19 respondent described B.G. as crying and very tense at the time of the visit. Respondent's plan
20 was to proceed with "active watchful waiting" in accordance with B.G.'s wishes, to continue with
21 supplements, glucophage, exercise, nutrition and SPB, and to obtain further studies at UCSF. A
22

23 ⁶ Gilbert's syndrome is a mild liver disorder in which the liver doesn't properly process
24 bilirubin.

24 ⁷ Glucophage is an oral antidiabetic medication used to treat type 2 (non-insulin-
25 dependent) diabetes. It is a prescription drug and a dangerous drug as defined in Business and
26 Professions Code §4022.

26 ⁸ Metabolic syndrome refers to a cluster of conditions that occur together, increasing the
27 risk of heart disease, stroke and diabetes. These conditions typically include increased blood
28 pressure, elevated insulin levels, excess body fat around the waist or abnormal cholesterol levels.

1 separate written chart note dated April 2, 2007, says "stop Avodart." B.G.'s SPB protocol was
2 modified, and respondent referred B.G. for additional lab studies and for lipid and marker testing.

3 12. B.G. had an additional follow-up with the nurse practitioner on April 9, 2007.
4 B.G.'s weight gain and diet was discussed. No physical exam was conducted, and no vital signs
5 were taken or recorded.

6 13. B.G. saw respondent on May 14, 2007. Labs were reviewed, and B.G.'s
7 supplement program was modified. Respondent's record for the visit notes that B.G. was
8 concerned about a rising PSA, and that he had gained weight. Respondent discussed with B.G.
9 his elevated lipids and the possibility that he should consider statins and local therapy for prostate
10 cancer. Respondent again noted possible metabolic syndrome, and glucophage was discontinued.
11 No vitals were taken or recorded, and no physical examination was conducted.

12 14. Patient B.G. saw respondent for a final office visit on July 18, 2007. B.G. voiced
13 concern about a rise in his PSA and a 3 pound weight gain was noted. B.G. was described as
14 angry and upset. Respondent made adjustments to B.G.'s supplements, and his SPB dosage was
15 increased. No vitals were taken or recorded, and no physical examination was conducted.

16 15. Over the next several weeks, respondent and B.G. exchanged letters and e-mails.
17 Respondent advised B.G. that his lipid panel was abnormal, and encouraged B.G. to follow-up
18 with his primary care physician for medication management. Respondent recommended that
19 B.G. discontinue the SPB due to his weight gain, and that he seriously consider local therapy for
20 his prostate cancer.
21

22 16. On August 26, 2007, Patient B.G. sent a written request, by fax, to respondent
23 requesting that all of his medical records, including "...notes, diagnosis, treatment plan, labs
24 prescribed and the complete course of treatment provided by you..." be sent to two specified
25 physicians. Respondent sent B.G. a letter on August 27, 2007 advising him that Amitabha would
26 only provide "labs and images," which had already been provided. This position was consistent
27 with Amitabha office policy. On the same date, respondent terminated his treatment relationship
28

1 with B.G. B.G. then sent two more letters to respondent, which included a number of
2 complaints, and a further demand for all of his medical records. Respondent contacted B.G. by
3 telephone and attempted to resolve his concerns. Respondent eventually provided B.G. with his
4 complete medical record.

5 **ACTS OR OMISSIONS/VIOLATIONS**

6 17. Respondent committed the following acts or omissions in his care and treatment of
7 B.G.:

8 A. Respondent provided medical treatment to B.G. over numerous office visits
9 and for more than six months without ever conducting a thorough evaluation ,which would have
10 included a medical/surgical history, review of systems and physical examination;
11

12 B. Respondent treated B.G. for prostate cancer over numerous office visits
13 and for more than six months without ever conducting a rectal or prostate examination, or any
14 physical examination;

15 C. Respondent treated B.G. with various modalities -- -- including SPB
16 therapy known to cause fluid retention—and noted concern for metabolic syndrome, over
17 numerous office visits and for more than six months without ever taking and/or recording any
18 vital signs;

19 D. Respondent discontinued the Avodart prescription issued to B.G. by
20 another physician without any communication or notification to the prescribing physician;
21

22 E. B.G. was seen in respondent's practice and received treatment, including
23 prescriptions of various medications and supplements, over a period of nearly four months before
24 he was ever seen and evaluated by respondent, and before he was asked about drug allergies or
25 sensitivities.

26 F. Respondent failed to either provide B.G. with complete and adequate
27 informed consent regarding treatment with SPB or BCG, and regarding respondent's self-
28

1 described status as a consultant, and/or failed to adequately document said informed consent.

2 G. Respondent provided treatment and prescribed several dangerous drugs
3 without conducting an appropriate prior medical examination, and without taking any steps to
4 communicate this information to B.G.'s primary or other treating physicians.

5 H. Respondent failed to provide B.G. with his complete medical
6 record, despite several appropriate and specific requests for those records.
7

8 18. Respondent's conduct as set forth above constitutes general unprofessional
9 conduct and is cause for disciplinary action pursuant to Section 2234 of the Code;

10 19. Respondent's conduct as set forth above constitutes gross negligence, and/or
11 repeated negligent acts and is cause for disciplinary action pursuant to Sections 2234(b) and/or
12 2234(c) of the Code;

13 20. Respondent's conduct as set forth above constitutes prescribing without an
14 appropriate prior examination and is cause for disciplinary action pursuant to Section 2242.
15

16 21. Respondent's conduct as set forth above constitutes the failure to maintain
17 adequate and accurate medical records and is cause for disciplinary action pursuant to Section
18 2266.

19 22. Respondent's conduct as set forth above constitutes a failure to provide medical
20 records upon request, and is cause for disciplinary action pursuant to Health and Safety Code
21 section 123110.
22

23 **PRAYER**

24 WHEREFORE, Complainant requests that a hearing be held on the matters herein
25 alleged, and that following the hearing, the Board issue a decision:

26 1. Revoking or suspending Physician's and Surgeon's Certificate Number
27 A73390 issued to Isaac Eliaz, M.D.

28 2. Ordering respondent to pay probation costs in the event that he is placed on

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

probation;

3. Revoking, suspending, or denying approval of respondent's authority to supervise physician assistants; and

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

Dated: August 26, 2009


BARBARA JOHNSTON
Executive Director
Medical Board of California

SF2009403969
20204573.doc