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

In the Matter of the Accusation )
Against: )
) )
RAIF TAWAKOL, M.D. ) Case No. 08-2011-219450
) )
Physician's and Surgeon's ) )
Certificate No. C40824 ) )
) Respondent )
) )

DECISION

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

This Decision shall become effective at 5:00 p.m. on December 22, 2014

IT IS SO ORDERED December 15, 2014

MEDICAL BOARD OF CALIFORNIA

By:  
KIMBERLY RIRCHMEYER
Executive Director
BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

STIPULATED SURRENDER OF LICENSE AND ORDER

RAIF TAWAKOL, M.D.
812 W. 18th Street
Merced, CA 95340

Physician's and Surgeon's Certificate No. C 40824

Case No. 08-2011-219450

Respondent.

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

PARTIES

1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board of California. She brought this action solely in her official capacity and is represented in this matter by Kamala D. Harris, Attorney General of the State of California, by Jannsen Tan, Deputy Attorney General.

2. Raif Tawakol, M.D. (Respondent) is represented in this proceeding by attorney Robert B. Zaro, Esq., whose address is 1315 I Street, Suite 200 Sacramento, CA 95814.

Stipulated Surrender of License (Case No. 08-2011-219450)
3. On or about January 31, 1983, the Medical Board of California issued Physician's and Surgeon's Certificate No. C 40824 to Raif Tawakol, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 08-2011-219450 and will expire on May 31, 2014, unless renewed.

JURISDICTION

4. Accusation No. 08-2011-219450 was filed before the Medical Board of California (Board), Department of Consumer Affairs, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on December 2, 2013. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 08-2011-219450 is attached as Exhibit A and incorporated by reference.

ADVICEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 08-2011-219450. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Order.

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

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

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CULPABILITY

8. Respondent understands that the charges and allegations in Accusation No. 08-2011-219450, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

9. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation and that those charges constitute cause for discipline. Respondent hereby gives up his right to contest that cause for discipline exists based on those charges.

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

CONTINGENCY

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

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

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

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. C 40824, issued to Respondent Raif Tawakol, M.D., is surrendered and accepted by the Medical Board of California.

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

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

3. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 08-2011-219450 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

4. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in Accusation No. 08-2011-219450 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

ACCEPTANCE

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

DATED: 10/15/2014  
RAIF TAWAKOL, M.D.  
Respondent

Stipulated Surrender of License (Case No. 08-2011-219450)
I have read and fully discussed with Respondent Raif Tawakol, M.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: 10/21/14

ROBERT B. ZARO, ESQ.
Attorney for Respondent

ENDORSEMENT

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

Dated: 1/22/2014

Respectfully submitted,

KAMALA D. HARRIS
Attorney General of California
JOSE R. GUERRERO
Supervising Deputy Attorney General

JANNSON TAN
Deputy Attorney General
Attorneys for Complainant
In the Matter of the Accusation Against: RAIF TAWAKOL, M.D.
812 W. 18th Street
Merced, CA 95340

Physician's and Surgeon's Certificate No. C 40824

Respondent.

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official capacity as the Interim Executive Director of the Medical Board of California, Department of Consumer Affairs.

2. On or about January 31, 1983, the Medical Board of California issued Physician's and Surgeon's Certificate Number C 40824 to Raif Tawakol, M.D. ("Respondent"). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on May 31, 2014, unless renewed.
JURISDICTION

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

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, be publicly reprimanded and ordered to complete relevant educational courses, or have such other action taken in relation to discipline as the Board or an administrative law judge deems proper.

5. Section 2234 of the Code states:

"The [B]oard shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

"(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

"(b) Gross negligence.

"(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

"..."

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6. Unprofessional conduct under California Business and Professions Code, section 2234, is conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. *(Shea v. Board of Medical Examiners (1978)*
81 Cal.App.3d 564, 575.)

**FIRST CAUSE FOR DISCIPLINE**

*(Gross Negligence)*

7. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of patient KH, as more particularly alleged hereinafter:

8. Respondent is a physician and surgeon who practices in a clinic setting, doing business as Cardiology Clinic.

9. Patient KH, then a 62-year-old female, first presented to the Cardiology Clinic on or about September 29, 2011. Her blood pressure was noted as 100/72, pulse of 138, temperature at 109.1 F, weight and height at 174 lbs. and 68 inches respectively.

10. Patient KH presented with complaints of constant fever, nausea, diarrhea, sweats, fatigue, loss of appetite, muscle aches, weight loss, and abdominal pain that had been constant for the past four months. Patient KH stated that she had a full hysterectomy in 1995 and was not taking any hormone replacement. She stated she was very healthy in the past and that all of her symptoms and pain started within the last four months.

11. Respondent documented that patient KH had been taking Omeprazole, Aller Tec, Acetaminophen, Calcium, Vitamin D3, Magnesium, Zinc, Centrum Silver, Cytoprotein, Ester-C, Lutein, and Ferrous Sulfate prior to her visit with Respondent. Laboratory tests, a CT Scan and x-rays were ordered for patient KH and she was told to return in one month for the results.

12. During the September 29, 2011, office visit, Respondent noted that Patient KH has "a high Tachycardia today at 138" and documented that the patient "claims that it is always fast." The review of systems show that the patient admitted to palpitations and dyspnea on exertion. Respondent also documented a "normal sinus rhythm" despite the elevated heart rate. Respondent
did not mention the tachycardia in the list of diagnoses or treatment plan. Respondent did not
discuss the possible causes of the tachycardia with KH. Respondent did not order an EKG and
did not record any other history regarding the tachycardia.

13. During the September 29, 2011, office visit, Respondent also noted that patient had
high glucose from previous labs, at 158. Respondent checked patient KH’s present blood sugar
levels and noted that her sugar was 151 at 8:30 am after having cereal with milk and grape juice.
Respondent noted that “blood sugar is high and patient may be Diabetic.” Respondent diagnosed
patient KH with “GERD, Hyperlipidemia, High Glucose (pre-diabetic).”

14. During the September 29, 2011, office visit, Respondent ordered laboratory tests
where several abnormalities were revealed. These included an elevated fibrinogen, elevated
prothrombin fragment 1.2, elevated thrombin-antithrombin complex, elevated D-dimer, elevated
CRP and elevated Factor VIII activity. The results are indicative of deep vein thrombosis.

15. On or about October 18, 2011, Respondent saw patient KH for a follow up visit.
Patient KH stated that she was feeling better, that her fever was better, and that she was getting
her energy back. Patient KH blood pressure was at 100/62, pulse at 132, temperature at 98.1,
weight at 173 lbs and height at 68 inches. Respondent discussed the laboratory test results with
patient KH. Respondent noted: “Since her thyroid antibodies are high at 16 (ATPO) Synthroid
125 mcg was prescribed and a sample given. I explained the concept of antibodies and the idea of
reducing them through thyroid supplementation. Her TSH is normal at 1.56 but the FT3 is on the
low side 2.6 and the FT4 is mid range at 1.3, FT3 can improve with decrease in ATPO.”
Respondent diagnosed patient KH with: GERD, Hyperlipidemia, Abnormal Coagulation,
Hypothyroidism, Hypogonadism female, High Glucose, Lumbar Vertebral Degenerative Disease,
and Lumbar pain. Respondent prescribed Synthroid 125 mcg for the Thyroid issue. Respondent
based his diagnosis of hypothyroidism on an elevation of the thyroid peroxidase antibodies.
Patient KH was told to see Respondent in two weeks for a follow up visit on new medications.

16. During the October 18, 2011, patient visit, Respondent discussed the lab results with
patient KH. The lab results show A1C level is at 5.9. Respondent noted that he discussed
“metabolic syndrome and possible pre-diabetic status since her [patient KH’s] post Prandial
blood sugars are high at 151 - 154 in the office both visits.” Respondent documented
“Suggested that we improve the insulin resistance with Actos low dose 15mg and Metformin to
lower blood sugar levels and A1C level, since that would be safer in the long run. (ADA
standards these values represent pre-diabetes.)” Respondent noted that “this is due to the added
risk of high Fibrinogen of 516 with a Prothrombin fragment of 699 and a high TAT and a low
Protein S. She has low HDL at 41, should be 50 or above.” Respondent documented that "blood
sugar is high and patient is pre-diabetic." Respondent listed "high glucose" in the final diagnoses
section. Respondent prescribed and treated patient KH with Actos 15 mg daily, Metformin 500
mg twice daily, and Byetta 5 mg twice daily.

17. During the October 18, 2011, office visit, Respondent documented "abnormal
coagulation" in his list of diagnoses on the progress note. Respondent did not discuss the
possible underlying etiologies for these abnormal studies and did not have a plan for further
evaluation. He did not order any further work up or refer patient KH to a hematologist.

18. During the October 18, 2011, office visit, Respondent sent patient KH to a class to
learn how to inject Forteo, a medication that is used to treat osteoporosis. In the medication list,
Respondent documented Patient KH’s medication as follows: Omeprazole 20mg 1 QD, Aller Tee
10mg 1 QD, Acetaminophen 500mg PRN, Calcium 33mg 2 QD, Vitamin-D3 200IU 1 QD,
Magnesium 122mg 1 QD, Zinc 5mg 1 QD, Centrum Silver 1 QD, Cytoprotein 2 BID, Ester-C
500mg 1QD, Lutein 6mg 1 QD, Ferrous Sulfate 65mg 2 QD, BRM-4 2 BID, Vasulex 1 BID,
Actos 15mg 1 QD, Metformin 500mg 1 BID, Estrogel, Frteo 20mcg SQ QS, Byetta 5mcg SQ
BID. Respondent did not diagnose patient KH with osteoporosis. There is no record of a bone
density test being performed to justify the use of Forteo. X-rays of the lumbar spine taken on
October 12, 2011, were not suggestive of osteoporosis. The CT scan of the chest, abdomen, and
pelvis taken on October 12, 2011, was not suggestive of osteoporosis.

19. Respondent committed gross negligence in his care and treatment of patient KH which
included, but was not limited to, the following:

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A. Respondent misdiagnosed KH with hypothyroidism despite a normal TSH, normal free T3, normal free T4, normal thyroglobulin antibodies, and normal thyroid peroxidase antibodies.

B. Respondent prescribed Synthroid (levothyroxine) to a patient with normal thyroid function and undiagnosed tachycardia.

C. Respondent failed to adequately evaluate a case of tachycardia in patient KH who reported potentially serious symptoms such as palpitations and dyspnea on exertion.

D. Respondent prescribed three medications at the same time to lower KH’s blood glucose putting patient KH at risk for severe hypoglycemia, coma, and death.

E. Respondent failed to pursue the underlying etiology of the abnormal coagulation studies when they could indicate a serious disorder such as a deep venous thrombosis.

F. Respondent prescribed Forteo to patient KH without any medical justification.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

20. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of patient KH, as more particularly alleged hereinafter.

21. Respondent committed repeated negligent acts in his care and treatment of patient KH which included, but was not limited to, the following:

A. Paragraph 7 through 19, above, are hereby incorporated by reference and realleged as if fully set forth herein.

B. During the September 29, 2011, office visit, Respondent provided patient KH with an expired sample of Synthroid.

C. Respondent misdiagnosed KH with hypothyroidism despite a normal TSH, normal free T3, normal free T4, normal thyroglobulin antibodies, and normal thyroid peroxidase antibodies.

D. Respondent prescribed Synthroid (levothyroxine) to a patient with normal thyroid function and undiagnosed tachycardia.
E. Respondent failed to adequately evaluate a case of tachycardia in patient KH who reported potentially serious symptoms such as palpitations and dyspnea on exertion.

F. Respondent prescribed three medications at the same time to lower KH’s blood glucose putting patient KH at risk for severe hypoglycemia, coma, and death.

G. Respondent failed to pursue the underlying etiology of the abnormal coagulation studies when they could indicate a serious disorder such as a deep vein thrombosis.

H. Respondent prescribed Forteo to patient KH without any medical justification.

**DISCIPLINE CONSIDERATIONS**

23. To determine the degree of discipline, if any, to be imposed on Respondent, Complainant alleges that on or about April 3, 2006, in a prior disciplinary action entitled "In the Matter of the Third Amended Accusation Against Raif Tawakol, M.D.," before the Medical Board of California, in Case Number 08-2002-131117, Respondent's license was revoked, the revocation was stayed and Respondent was placed on probation for five years with terms and conditions. That decision is now final and is hereby incorporated by reference as if fully set forth herein.

24. On June 9, 1997, in a prior disciplinary action entitled "In the Matter of the Accusation Against Raif Tawakol, M.D.," before the Medical Board of California, in Case Number 08-92-18898, Respondent's license was revoked, the revocation was stayed, and Respondent was placed on probation for five years with terms and conditions. That decision is now final and is hereby incorporated by reference as if fully set forth.

**PRAYER**

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number C 40824, issued to Respondent Raif Tawakol, M.D.;

2. Revoking, suspending or denying approval of Respondent Raif Tawakol, M.D.'s authority to supervise physician's assistants, pursuant to section 3527, of the Code;

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3. Ordering Respondent Raif Tawakol, M.D. to pay the Medical Board of California, if placed on probation, the costs of probation monitoring; and

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

DATED: December 2, 2013

KIMBERLY KIRCHMEYER
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant
BEFORE THE
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation
Against:

RAIF TAWAKOL, M.D.
Physician’s and Surgeon’s
Certificate No. C 40824
Respondent

File No. 08-2002-131117

DECISION

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

This Decision shall become effective at 5:00 p.m. on April 3, 2006.

IT IS SO ORDERED March 3, 2006.

MEDICAL BOARD OF CALIFORNIA

By: [Signature]

Ronald L. Moy, M.D.
Chair
Panel B
Division of Medical Quality
BEFORE THE
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Third Amended Accusation
Against:

RAJF TAWAKOL, M.D.
900 West Olive Avenue, Suite D
Merced, CA 95348

Physician and Surgeon Certificate No. C40824
Respondent.

Case No. 08-2002-131117
OAH No. N-2004070508
STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

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

PARTIES

1. David T. Thornton (Complainant) is the Executive Officer of the Medical
Board of California. He brought this action solely in his official capacity and is represented in this
matter by Bill Lockyer, Attorney General of the State of California, by Mara Faust, Deputy Attorney
General.

2. Respondent Raif Tawakol, M.D. (Respondent) is represented in this
proceeding by attorney Robert B. Zaro, whose address is 915 L Street, Suite 1240, Sacramento, CA
94814.
3. On or about January 31, 1983, the Medical Board of California issued Physician and Surgeon Certificate No. C40824 to Raif Tawakol, M.D. (Respondent). The Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 08-2002-131117 and will expire on May 31, 2006, unless renewed.

JURISDICTION

4. The Third Amended Accusation No. 08-2002-131117 was filed before the Division of Medical Quality, Medical Board of California, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on March 18, 2005. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 08-2002-131117 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 08-2002-131117. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

CULPABILITY

8. Complainant amends the Third Amended Accusation No. 08-2002-131117 to strike paragraph 28 of page 7 in the fourth cause for discipline and to strike line 6 on page 8.
Respondent admits the truth of the second, third, fourth and eight causes for discipline in the Third Amended Accusation No. 08-2002-131117 as amended above. Complainant agrees that this settlement includes any and all open complaints against respondent as of December 22, 2005, filed with the Medical Board of California.

9. Respondent agrees that his Physician and Surgeon Certificate is subject to discipline and he agrees to be bound by the Medical Board of California’s imposition of discipline as set forth in the Disciplinary Order below.

RESERVATION

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

CONTINGENCY

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician and Surgeon Certificate No. C40824 issued to Respondent Raif Tewakol, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions.

1. MEDICAL RECORD KEEPING COURSE Within 60 calendar days of the effective date of this decision, respondent shall enroll in a course in medical record keeping, at respondent’s expense, approved in advance by the Division or its designee. Failure to successfully complete the course during the first 6 months of probation is a violation of probation.

A medical record keeping course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion
of the Division or its designee, be accepted towards the fulfillment of this condition if the course
would have been approved by the Division or its designee had the course been taken after the
effective date of this Decision.

Respondent shall submit a certification of successful completion to the
Division or its designee not later than 15 calendar days after successfully completing the course, or
not later than 15 calendar days after the effective date of the Decision, whichever is later.

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

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

Respondent shall submit a certification of successful completion to the
Division or its designee not later than 15 calendar days after successfully completing the course, or
not later than 15 calendar days after the effective date of the Decision, whichever is later.

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

The Program shall consist of a Comprehensive Assessment program
comprised of a two-day assessment of respondent’s physical and mental health; basic clinical and
communication skills common to all clinicians; and medical knowledge, skill and judgment
pertaining to respondent’s specialty or sub-specialty, and at minimum, a 40 hour program of clinical
education in the area of practice in which respondent was alleged to be deficient and which takes into
account data obtained from the assessment, Decision(s), Accusation(s), and any other information
that the Division or its designee deems relevant. Respondent shall pay all expenses associated with
the clinical training program.

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

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

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

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

   If respondent fails to complete the clinical training program within the designated time period, respondent shall cease the practice of medicine within 72 hours after being notified by the Division or its designee that respondent failed to complete the clinical training program.

   After respondent has successfully completed the clinical training program, respondent shall participate in a professional enhancement program equivalent to the one offered by the Physician Assessment and Clinical Education Program at the University of California, San Diego School of Medicine, which shall include quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at respondent's expense during the term of probation, or until the Division or its designee determines that further participation is no longer necessary.

   Failure to participate in and complete successfully the professional enhancement program outlined above is a violation of probation.
4. **NOTIFICATION** Prior to engaging in the practice of medicine, the
respondent shall provide a true copy of the Decision(s) and Accusation(s) to the Chief of Staff or the
Chief Executive Officer at every hospital where privileges or membership are extended to
respondent, at any other facility where respondent engages in the practice of medicine, including all
physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer
at every insurance carrier which extends malpractice insurance coverage to respondent. Respondent
shall submit proof of compliance to the Division or its designee within 15 calendar days.
This condition shall apply to any change(s) in hospitals, other facilities or
insurance carrier.

5. **OBEY ALL LAWS** Respondent shall obey all federal, state and local laws,
all rules governing the practice of medicine in California, and remain in full compliance with any
court ordered criminal probation, payments and other orders.

6. **QUARTERLY DECLARATIONS** Respondent shall submit quarterly
declarations under penalty of perjury on forms provided by the Division, stating whether there has
been compliance with all the conditions of probation. Respondent shall submit quarterly
declarations not later than 10 calendar days after the end of the preceding quarter.

7. **PROBATION UNIT COMPLIANCE** Respondent shall comply with the
Division’s probation unit. Respondent shall, at all times, keep the Division informed of respondent’s
business and residence addresses. Changes of such addresses shall be immediately communicated
in writing to the Division or its designee. Under no circumstances shall a post office box serve as
an address of record, except as allowed by Business and Professions Code section 2021(b).
Respondent shall not engage in the practice of medicine in respondent’s place
of residence. Respondent shall maintain a current and renewed California physician’s and surgeon’s
license.

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

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

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

All time spent in an intensive training program outside the State of California
which has been approved by the Division or its designee shall be considered as time spent in the
practice of medicine within the State. A Board-ordered suspension of practice shall not be
considered as a period of non-practice. Periods of temporary or permanent residence or practice
outside California will not apply to the reduction of the probationary term. Periods of temporary or
permanent residence or practice outside California will relieve respondent of the responsibility to
comply with the probationary terms and conditions with the exception of this condition and the
following terms and conditions of probation: Obey All Laws; Probation Unit Compliance; and Cost
Recovery.

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

10. **FAILURE TO PRACTICE MEDICINE - CALIFORNIA RESIDENT**

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

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

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

11. COMPLETION OF PROBATION  Respondent shall comply with all
financial obligations (e.g., cost recovery, restitution, probation costs) not later than 120 calendar days
prior to the completion of probation. Upon successful completion of probation, respondent’s
certificate shall be fully restored.

12. VIOLATION OF PROBATION  Failure to fully comply with any term or
condition of probation is a violation of probation. If respondent violates probation in any respect,
the Division, after giving respondent notice and the opportunity to be heard, may revoke probation
and carry out the disciplinary order that was stayed. If an Accusation, Petition to Revoke Probation,
or an Interim Suspension Order is filed against respondent during probation, the Division shall have
continuing jurisdiction until the matter is final, and the period of probation shall be extended until
the matter is final.

13. LICENSE SURRENDER  Following the effective date of this Decision, if
respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the
terms and conditions of probation, respondent may request the voluntary surrender of respondent’s
license. The Division reserves the right to evaluate respondent’s request and to exercise its discretion
whether or not to grant the request, or to take any other action deemed appropriate and reasonable
under the circumstances. Upon formal acceptance of the surrender, respondent shall within 15
calendar days deliver respondent’s wallet and wall certificate to the Division or its designee and
respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and
conditions of probation and the surrender of respondent’s license shall be deemed disciplinary action.
If respondent re-applies for a medical license, the application shall be treated as a petition for
reinstatement of a revoked certificate.

14. **PROBATION MONITORING COSTS** Respondent shall pay the costs
associated with probation monitoring each and every year of probation, as designated by the
Division, which are currently set at $3173.00, but may be adjusted on an annual basis. Such costs
shall be payable to the Medical Board of California and delivered to the Division or its designee no
later than January 31 of each calendar year. Failure to pay costs within 30 calendar days of the due
date is a violation of probation.

**ACCEPTANCE**

I have carefully read the above Stipulated Settlement and Disciplinary Order and have
fully discussed it with my attorney, Robert B. Zaro. I understand the stipulation and the effect it will
have on my Physician and Surgeon Certificate. I enter into this Stipulated Settlement and
Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision
and Order of the Medical Board of California.

DATED: **12/29/05**

[Signature]

RAIF TAWAKOL M.D.
Respondent

I have read and fully discussed with Respondent Raif Tawalkol, M.D. the terms and
conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
I approve its form and content.

DATED: **12/30/05**

[Signature]

ROBERT B. ZARO
Attorney for Respondent
ENDORSEMENT

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

DATED: 2/1/06.

BILL LOCKYER, Attorney General
of the State of California

\[\text{Mara Faust}\]
MARA FAUST
Deputy Attorney General
Attorneys for Complainant

DOJ Docket/Matter ID Number: SA2003AD0282
TSettlement.wpd
BEFORE THE
DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Third Amended Accusation Against:

RAIF TAWAKOL, M.D.
900 West Olive Avenue, Suite D
Merced, CA 95348

Physician and Surgeon's Certificate No. C40824

Respondent.

Complainant alleges:

PARTIES

1. David T. Thornton (Complainant) brings this Second Amended Accusation solely in his official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs.

2. On or about January 31, 1983, the Medical Board of California issued Physician and Surgeon's Certificate Number C40824 to Raif Tawakol (Respondent). The Physician and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on May 31, 2004, unless renewed.
JURISDICTION

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

4. Section 2234 of the Code states:

The Division of Medical Quality shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

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

(b) Gross negligence.

(c) Repeated negligent acts.

5. Section 2238 of the Code states that a violation of any federal statute or federal regulation or any of the statutes or regulations of this state regulating dangerous drugs or controlled substances constitutes unprofessional conduct.

6. Section 2261 of the Code states that knowingly making a document directly or indirectly related to the practice of medicine which falsely represents the existence or nonexistence of a state of facts, constitutes unprofessional conduct.

7. Section 2266 of the Code states that the failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.

8. Section 4081(a) of the Codes states that all records of manufacture and of sale, acquisition, or disposition of dangerous drugs or dangerous devices shall be at all times during business hours open to inspection by authorized officers of the law, and shall be preserved for at least three years from the date of making. A current inventory shall be kept by every manufacturer, wholesaler, pharmacy, . . . physician, . . . clinic, hospital, institution, or establishment holding a currently valid and unrevoked certificate, license, permit, registration, or exemption under Division
2 (commencing with section 1200) of the Health and Safety Code or under Part 4 (commencing with section 16000) of Division 9 of the Welfare and Institutions Code who maintains a stock of dangerous drugs or dangerous devices.

9. Section 11190 of the Health and Safety Code states:

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

(a) The name and address of the patient.

(b) The date.

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

The prescriber's record shall show the pathology and purpose for which the prescription is issued, or the controlled substance administered, prescribed, or dispensed.

10. Section 125.3 of the Code provides, in pertinent part, that the Division may request the administrative law judge to direct a licentia to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

11. Section 14124.12 of the Welfare and Institutions Code states, in pertinent part:

(a) Upon receipt of written notice from the Medical Board of California, the Osteopathic Medical Board of California, or the Board of Dental Examiners of California, that a licensee's license has been placed on probation as a result of a disciplinary action, the department may not reimburse any Medi-Cal claim for the type of surgical service or invasive procedure that gave rise to the probation, including any dental surgery or invasive procedure, that was performed by the licensee on or after the effective date of probation and until the termination of all probationary terms and conditions or until the probationary period has ended, whichever occurs first. This section shall apply except in any case in which the relevant licensing board determines that compelling circumstances warrant the continued reimbursement during the probationary period of any Medi-Cal claim, including any claim for dental services, as so described. In such a case, the department shall continue to reimburse the licensee for all procedures, except for those invasive or surgical procedures for which the licensee was placed on probation.
DRUGS

12. The following controlled substances and/or dangerous drugs are involved in this proceeding:

A. Oxycontin, a trade name for the opiate Oxycodone, is a Schedule II controlled substance within the meaning of Health and Safety Code section 11055(b)(1)(N), and is a dangerous drug as defined in section 4022 of the Code.

B. Clorazepate, a trade name for tranxene, a benzodiazepine, is a Schedule IV controlled substance within the meaning of Health and Safety Code section 11057(d)(7) and a dangerous drug as defined in section 4022 of the Code.

C. Sonata, a trade name for zaleplon, a nonbenzodiazepine hypnotic, is a Schedule IV controlled substance within the meaning of Health and Safety Code section 11057(d)(6) and a dangerous drug as defined in section 4022 of the Code.

D. Acetaminophen with Codeine, a generic chemical name for a narcotic drug, is a Schedule III controlled substance within the meaning of Health and Safety Code section 11056(c) and a dangerous drug as defined in section 4022 of the Code.

E. Hydrocodone Bitartrate with APAP, a generic chemical name for a narcotic drug, is a Schedule III controlled substance within the meaning of Health and Safety Code section 11056(e)(3) and a dangerous drug as defined in section 4022 of the Code.

F. Lortab, a trade name for the narcotic Hydrocodone combined with the nonnarcotic substance Acetaminophen, is a Schedule III controlled substance within the meaning of Health and Safety Code section 11056(e)(3), and a dangerous drug as defined in section 4022 of the Code.

G. Klonopin, a trade name for Clonazepam, is a benzodiazepine and a Schedule IV controlled substance within the meaning of Health and Safety Code section 11057(d)(6), and dangerous drug as defined in section 4022 of the Code.
FIRST CAUSE FOR DISCIPLINE
[Bus. & Prof. Code § 2234]
(Unprofessional Conduct)

13. Respondent is subject to disciplinary action under section 2234 of the Code. The circumstances are as follows:


15. In approximately late summer or early fall 2001, when M.L. went to a medical appointment accompanied by her exhusband, A.L., respondent asked A.L., "Are you f____king her?" M.L. told respondent that she and A.L. were just friends. Respondent then asked them both, "How often do you have sex?" despite the fact that they denied a sexual relationship. Respondent also stated that, "When I was your age, I would do it 4-5 times a day" and "you burn 300 calories every time you do it." During another office visit for M.L., during the same time period, respondent asked A.L. if he had an erection problem and needed Viagra.

16. In another office visit, respondent asked M.L. why she was wearing a see through top when she was not wearing a see through top.

17. In approximately fall or winter of 2001, respondent offered M.L. samples of the drug Lantus and then stated that he could take it out in trade later and that if M.L. lost weight she could do a private strip for him. In another visit, M.L. discussed her dosage of Lantus with him by expressing concern over taking 100 units. Respondent responded by asking, "Are you afraid? You’re not afraid to have a penis inside you."

18. During an examination of M.L. by respondent, respondent offered M.L. some type of "anxiety" medication, saying, "Will you take this if I give you a hug and a kiss?" Following this examination, respondent wrote down his cell phone number on a piece of paper and told M.L. to call him anytime.

19. The above-referenced sexual comments in paragraphs 14 through 17, in the absence of a complaint by patient M.L. of sexual dysfunction, constitute general unprofessional conduct in violation of section 2234 of the Code.
SECOND CAUSE FOR DISCIPLINE
[Bus. & Prof. Code § 2234(b)]
(Gross Negligence)

20. Complainant realleges paragraphs 13 through 17 above and incorporates it herein by reference as if fully set forth at this point. Respondent is subject to disciplinary action under section 2234(b) of the Code. The circumstances are as follows:

21. Respondent kept no medication list in patient M.L.’s chart, nor did he ever describe any changes in the medication that the patient was actually taking and he never updated an initial description of medication.

22. Respondent’s record keeping in general is confusing and contradictory, respondent does not indicate that he reviews laboratory results, nor that he addresses abnormal laboratory values (such as a "critically high" Na, a high K, or "critically low" uric acid), nor does respondent request records from previous treating physicians.

THIRD CAUSE FOR DISCIPLINE
[Bus. & Prof. Code § 2234(b) and 2261]
(Gross Negligence and false statements in the medical record)

23. Complainant realleges paragraphs 13 through 17 above and incorporates it herein by reference as if fully set forth at this point. Respondent is subject to disciplinary action under section 2234(b) of the Code. The circumstances are as follows:

24. Respondent created two versions of notes for M.L.’s visits of 1/15/01, 1/30/01 2/7/01, and 3/20/01, and the notes of a comprehensive physical examination appear to be identical for each of the patient’s visits.

FOURTH CAUSE FOR DISCIPLINE
[Bus. & Prof. Code § 2234(c)]
(Repeated Negligence Acts)

25. Complainant realleges paragraphs 13 through 17 above and incorporates it herein by reference as if fully set forth at this point. Respondent is subject to disciplinary action under section 2234(c) of the Code. The circumstances are as follows:

26. On 4/26/01, respondent diagnosed and treated M.L. for hypo-gonadism, (without first obtaining an OB/Gyn history of the patient, without performing a breast examination to evaluate if a hormone sensitive tumor might be present, without performing a pelvic examination
to evaluate the presence of endometrial cancer, and whether M.L.’s Estradiol level was normal (106 on 1/31/01). Respondent initially prescribed 1mg of Estradiol to M.L. and then increased the dosage to 2 mgs without documentation of the adequacy of treatment or a change in symptoms. The contraindications for prescribing Estradiol include migraine, vaginal bleeding and tobacco smoking all of which applied to M.L. Respondent’s overall care of patient M.L. for hypo-gonadism is a departure from the standard of care.

27. Respondent diagnosed M.L. as having anemia on 1/24/01, without a basis in the patient’s history, physical examination or laboratory testing (normal CBC on 6/27/01 and 8/22/01). M.L. was treated with B12 and B6 injections with no documentation of deficiencies in these vitamins, and B6 in not an appropriate treatment for anemia. Respondent’s overall care of patient M.L. for anemia is a departure from the standard of care.

28. On 1/8/01, patient M.L. complained of right ear pain with drainage and on 2/28/01, respondent made findings of persistent otitis media on examination of patient M.L. Respondent failed to choose the right antibiotics in the correct dosage for adequate treatment, he failed to expeditiously refer M.L. to an ENT specialist within six months to rule out nasopharynx cancer, respondent never documented the result of the specialist consult, and never documented the results of the CT scan. Respondent’s overall care of patient M.L. for otitis media is a departure from the standard of care.

29. Respondent treated patient M.L for diabetes for an entire year without noting in the patient’s chart any changes in the dosage of insulin, and reasons for the changes in dosage, and/or the results of such changes. There is no evidence that respondent counseled this diabetic patient who smokes to discontinue her smoking and the problems that smoking could cause in conjunction with her diabetes. Respondent also failed to monitor potential complications of this patient’s diabetes such as assessment of her retina, he failed to obtain a history related to this patient’s prior eye care, nor did respondent perform sensory examination of this patient’s feet despite the patient having a symptom of parenthesis. Respondent’s overall care of patient M.L. for diabetes is a departure from the standard of care.

30. Respondent failed to get patient M.L.’s history of a diagnosis of bipolar
disorder which caused patient to qualify for disability, failed to get the history that providers at Green Valley Health Center would only refill patient M.L.’s Ambien and Lorazepam when the patient attended mental health visits and that the patient was taking Neurontin 300mg TID. Respondent failed to ask for a psychiatric consult or a referral to confirm the diagnosis of bipolar disorder. Respondent improperly prescribed Prozac, Zoloft, and Celexa while the patient was on Neurontin and respondent failed to document the patient’s Neurontin level during his year of her treatment. Respondent’s overall care of patient M.L. for depression without a confirmation of her bipolar disorder is a departure from the standard of care.

**FIFTH CAUSE FOR DISCIPLINE**  
[Bus. & Prof. Code § 2234(d)]  
(Incompetence)

31. Complainant realleges paragraphs 13 through 17 and 23 through 27 above and incorporates them herein by reference as if fully set forth at this point. Respondent is subject to disciplinary action under section 2234(d) of the Code. The circumstances are as follows

32. Respondent’s overall care of patient M.L.’s hypo-gonadism, anaemia, otitis media, diabetes, and depression (without ruling out bipolar disorder), demonstrate that respondent lacks knowledge, training, skill, and experience in violation of section 2234(d) of the Code.

**SIXTH CAUSE FOR DISCIPLINE**  
[Bus. & Prof. Code § 2234(b)]  
(Gross Negligence, Prescribing Controlled Substances and Dangerous Drugs to Patient Without Medical Records)

33. Respondent is subject to disciplinary action under section 2234(b) of the Code. The circumstances are as follows:

34. In or about and between September 2000 and October 2000, respondent treated patient B.V. for depression, abdominal pain, nausea and vomiting.

35. In or about October 2000, respondent began to see patient B.V. socially.

36. On or about January 29, 2001, respondent indicated that the Evergreen Care Medical Corporation was buying respondent’s practice and employing a physician on the premises of the Merced office at 900 W. Olive Street, Suite D, Merced, California. The President of Evergreen Care Medical Corporation on January 29, 2001 was patient B.V.
On October 2, 2003, respondent’s office indicated they had lost patient B.V.’s chart.

Despite respondent’s lack of medical records regarding his treatment of patient B.V., DeWitt’s Drugstore pharmacy records show that respondent prescribed the following controlled substances to patient B.V.:

<table>
<thead>
<tr>
<th>Date</th>
<th>Amount</th>
<th>Controlled Substance</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/15/00</td>
<td>100</td>
<td>Hydrocodone/APAP, 7mg</td>
</tr>
<tr>
<td>10/10/00</td>
<td>45</td>
<td>Acetaminophen/Codeine</td>
</tr>
<tr>
<td>10/19/00</td>
<td>100</td>
<td>Hydrocodone/APAP, 7 mg</td>
</tr>
<tr>
<td>10/20/00</td>
<td>120</td>
<td>Clorazepate, 7.5mg</td>
</tr>
<tr>
<td>11/10/00</td>
<td>45</td>
<td>Acetaminophen/Codeine</td>
</tr>
<tr>
<td>6/9/01</td>
<td>60</td>
<td>OxyContin, 80mg</td>
</tr>
<tr>
<td>7/9/01</td>
<td>60</td>
<td>OxyContin, 80mg</td>
</tr>
<tr>
<td>8/3/01</td>
<td>120</td>
<td>OxyContin, 80 mg</td>
</tr>
<tr>
<td>8/3/01</td>
<td>60</td>
<td>Sonata, 10mg</td>
</tr>
<tr>
<td>9/18/01</td>
<td>60</td>
<td>Aspirin/Codeine, 32mg</td>
</tr>
<tr>
<td>9/26/01</td>
<td>120</td>
<td>OxyContin, 80mg</td>
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<tr>
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<td>120</td>
<td>OxyContin, 80mg</td>
</tr>
<tr>
<td>11/15/01</td>
<td>120</td>
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</tr>
<tr>
<td>12/24/01</td>
<td>120</td>
<td>OxyContin, 80mg</td>
</tr>
<tr>
<td>2/6/02</td>
<td>120</td>
<td>Lortab, 10/500</td>
</tr>
<tr>
<td>2/7/02</td>
<td>120</td>
<td>Clorazepate, 7.5 mg</td>
</tr>
<tr>
<td>3/9/02</td>
<td>120</td>
<td>OxyContin, 80mg</td>
</tr>
<tr>
<td>3/19/02</td>
<td>120</td>
<td>OxyContin, 80mg</td>
</tr>
<tr>
<td>4/2/02</td>
<td>120</td>
<td>Acetaminophen/Codeine</td>
</tr>
<tr>
<td>4/2/02</td>
<td>120</td>
<td>Lortab, 10/500</td>
</tr>
<tr>
<td>4/26/02</td>
<td>120</td>
<td>OxyContin, 80mg</td>
</tr>
<tr>
<td>4/26/02</td>
<td>120</td>
<td>Clorazepate, 7.5mg</td>
</tr>
<tr>
<td>5/25/02</td>
<td>120</td>
<td>Acetaminophen/Codeine</td>
</tr>
<tr>
<td>5/27/02</td>
<td>120</td>
<td>OxyContin, 80mg</td>
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<td>Acetaminophen/Codeine</td>
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<tr>
<td>11/9/02</td>
<td>120</td>
<td>OxyContin, 80mg</td>
</tr>
<tr>
<td>12/5/02</td>
<td>60</td>
<td>Klonopin, 1mg</td>
</tr>
<tr>
<td>12/18/02</td>
<td>120</td>
<td>Hydrocodone/APAP</td>
</tr>
<tr>
<td>12/30/02</td>
<td>120</td>
<td>Clorazepate, 7.5mg</td>
</tr>
<tr>
<td>12/31/02</td>
<td>120</td>
<td>OxyContin, 80mg</td>
</tr>
</tbody>
</table>

The failure by respondent to maintain records for prescribing controlled substances, including the carbon copies of the triplicate prescriptions, as well as a lack of medical
records to support the prescribing of dangerous drugs, constitutes a violation of 2234(b) of the Code.

SEVENTH CAUSE FOR DISCIPLINE
[Bus. & Prof. Code §§ 2238, 2266, 4081
and H&S Code § 11190]
(Failure to Maintain Adequate Medical Records)

40. Complainant realleges paragraphs 34 through 38 above and incorporates them herein by reference as if fully set forth at this point. Respondent is subject to disciplinary action under sections 2238, 2266, and 4081 of the Code as well as under Health and Safety Code section 11190 in that respondent failed to maintain adequate and accurate medical records for three years and failed to keep copies of any Schedule II prescriptions, and that such failures constitute unprofessional conduct.

EIGHTH CAUSE FOR DISCIPLINE
[Bus. & Prof. Code § 2266]
(Failure to Maintain Adequate Medical Records)

41. Respondent is subject to disciplinary action under section 2266 in that respondent treated patient J.W. from August 2003 through October 2003 and gave J.W. a diagnosis of ADD without proper documentation in her medical record. Respondent claims that he administered an ADD questionnaire or test to patient J.W., yet he kept no record of the questionnaire nor did he record in her chart any score. Respondent claims that he gave patient J.W. medication for her ADD, yet failed to record in her chart the results of giving the medication, what dosage he gave, and when the medication was given.

NINTH CAUSE FOR DISCIPLINE
[Bus. & Prof. Code § 2266]
(Failure to Maintain Adequate Medical Records)

42. Respondent is subject to disciplinary action under section 2266 in that Respondent treated patient B.B. from June 2003 through November 2003 in part for a diabetic condition. Despite respondent’s claim that he ran urine and glucose tests, patient B.B.’s chart does not reflect any results of any urine tests or any glucose tests.

DISCIPLINE CONSIDERATIONS

43. To determine the degree of discipline, if any, to be imposed on Respondent, Complainant alleges that on or about June 19, 1997, in a prior disciplinary action entitled, "In the
Matter of the Accusation Against Raif Tawakol before the Medical Board of California, in Case Number 08-92-18898, respondent's license was revoked, revocation was stayed, and then placed on five years of probation with terms and conditions for violations of 2234(b) and (c) in that respondent failed to monitor intravenous Heparin prescribed to a patient, he failed to recognize ischemia in a patient's arm, he diagnosed a patient with cholecystitis and cholangitis without a history or physical examination, he prescribed Diflucan and Zovirax without medical indication, respondent failed to do a history and physical before diagnosing hyper coagulable state and vasospasm, he failed to document the medical indications for anticoagulation therapy and treated a patient with Heparin therapy that was not medically indicated and not properly administered or monitored. That decision is now final and is incorporated by reference as if fully set forth.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Division of Medical Quality issue a decision:

1. Revoking or suspending Physician and Surgeon's Certificate Number C40824, issued to Raif Tawakol;

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

3. Ordering Raif Tawakol to pay the Division of Medical Quality the reasonable costs of the investigation and enforcement of this case, and, if placed on probation, the costs of probation monitoring;

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

DATED: 3/18/05

[Signature]

DAVID T. THORNTON
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant
BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DIVISION OF MEDICAL QUALITY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation )
Against: )

RAIF TAWAKOL, M.D. )
Certificate No. C-40824 )
Respondent. )
)
)
)

No. 08-92-18898

DECISION

The attached Stipulation Settlement and Disciplinary Order in case number 08-92-18898 is hereby adopted by the Division of Medical Quality of the Medical Board of California as its decision in the above entitled matter.

This Decision shall become effective on June 9, 1997.

IT IS SO ORDERED May 8, 1997.

DIVISION OF MEDICAL QUALITY
MEDICAL BOARD OF CALIFORNIA

By
ANABEL ANDERSON IMBERT, M.D.
President
IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-entitled proceedings that the following matters are true:

1. A Second Amended Accusation in case number 08-92-18898 was filed with the Division of Medical Quality, of the Medical Board of California Department of Consumer Affairs (the "Division") on Raif Tawakol, M.D., and is currently pending against Raif Tawakol (the "respondent").
2. The Second Amended Accusation, together with all
statutorily required documents, was duly served on the respondent
on or about September 16, 1996, and respondent filed a Notice of
Defense contesting the Accusation. A copy of the Second Amended
Accusation No. 08-92-18898 is attached as Exhibit "A" and hereby
incorporated by reference as if fully set forth.

3. The Complainant, Ron Joseph, is the Executive
Director of the Medical Board of California and brought this
action solely in his official capacity. The Complainant is
represented by the Attorney General of California,
Daniel E. Lungren, by and through Deputy Attorney General
Daniel J. Turner.

4. The respondent is represented in this matter by
Richard F. Antoine, Esq., whose address is 400 Capitol Mall,
11th Floor, Sacramento, CA 95814.

5. The respondent and his attorney have fully
discussed the charges contained in the Second Amended Accusation
number 08-97-18898, and the respondent has been fully advised
regarding his legal rights and the effects of this stipulation.

6. At all times relevant herein, respondent has been
licensed by the Medical Board of California under Certificate
No. C40824.

7. Respondent understands the nature of the charges
alleged in the Second Amended Accusation and that, if proven at
hearing, the charges and allegations would constitute cause for
imposing discipline upon him. Respondent is fully aware of his
right to a hearing on the charges contained in the Accusation.
his right to confront and cross-examine witnesses against him, his right to the use of subpoenas to compel the attendance of witnesses and the production of documents in both defense and mitigation of the charges, his right to reconsideration, appeal and any and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

Respondent knowingly, voluntarily and irrevocably waives and gives up each of these rights.


On or about February 29, 1992, respondent performed an operation to provide permanent vascular access on patient J.R. Respondent performed a gortex graft from the brachial artery to the radial artery to the cephalic vein at the elbow. Respondent's above procedure utilizing two arterial and one venous anastomosis was inappropriate and demonstrates gross negligence in violation of section 2234, subdivision (b) of the Code.

Respondent agrees to be bound by the Division's Disciplinary Order as set forth below.
9. The admissions made by respondent herein are for the purpose of this proceeding and any other proceedings in which the Division of Medical Quality, Medical Board of California, or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceedings.

10. Respondent acknowledges that he shall not be allowed to withdraw from this stipulation unless it is rejected by the Division.

11. COMPPELLING CIRCUMSTANCES FINDING Pursuant to the California State Budget Act of FY 96/97, the Board hereby finds that compelling circumstances exist to continue Medi-Cal payments to respondent during any period of probation and/or suspension provided herein.

12. Based on the foregoing admissions and stipulated matters, the parties agree that the Division shall, without further notice or formal proceeding, issue and enter the following order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that certificate number 08-97-18898 issued to Raif Tawakol is revoked. However, the revocation is stayed and respondent is placed on probation for five years on the following terms and conditions. Within 15 days after the effective date of this decision the respondent shall provide the Division, or its designee, proof of service that respondent has served a true copy of this decision on the Chief of Staff or the Chief Executive Officer at every hospital where
privileges or membership are extended to respondent or where
respondent is employed to practice medicine and on the Chief
Executive Officer at every insurance carrier where malpractice
insurance coverage is extended to respondent.

1. **PRESCRIBING PRACTICES COURSE** Within sixty (60) days
of the effective date of this decision, respondent shall enroll
in a course in Prescribing Practices, approved in advance by the
Division or its designee, and shall successfully complete the
course during the first year of probation.

2. **EDUCATION COURSE** Within ninety (90) days of the
effective date of this decision, and on an annual basis
thereafter, respondent shall submit to the Division or its
designee for its prior approval an educational program or course
to be designated by the Division, which shall not be less than 40
hours per year, for each year of probation. This program shall
be in addition to the Continuing Medical Education requirements
for re-licensure. Following the completion of each course, the
Division or its designee may administer an examination to test
respondent’s knowledge of the course. Respondent shall provide
proof of attendance for 65 hours of continuing medical education
of which 40 hours were in satisfaction of this condition and were
approved in advance by the Division or its designee.

3. **ORAL CLINICAL OR WRITTEN EXAM** Respondent shall take
and pass an oral clinical exam in a subject to be designated and
administered by the Division, or its designee. This examination
shall be taken within ninety (90) days after the effective date
of this decision. If respondent fails the first examination,
respondent shall be allowed to take and pass a second
examination, which may consist of a written as well as an oral
examination. The waiting period between the first and second
examinations shall be at least three (3) months. If respondent
fails to pass the first and second examination, respondent may
take a third and final examination after waiting a period of one
(1) year. Failure to pass the oral clinical examination within
eighteen (18) months after the effective date of this decision
shall constitute a violation of probation. The respondent shall
pay the costs of these examinations within ninety (90) days of
the administration of each exam.

If respondent fails the first examination, respondent
shall be suspended from the practice of medicine until a repeat
examination has been successfully passed, as evidenced by written
notice to respondent from the Division or its designee.

4. **PROHIBITED PRACTICE** During probation, respondent is
prohibited from practicing vascular surgery. At the earliest
opportunity, respondent shall inform applicable patients that
respondent is unable to perform vascular surgery.

5. **OBEY ALL LAWS** Respondent shall obey all federal,
state and local laws, all rules governing the practice of
medicine in California, and remain in full compliance with any
court ordered criminal probation, payments and other orders.

6. **QUARTERLY REPORTS** Respondent shall submit
quarterly declarations under penalty of perjury on forms provided
by the Division, stating whether there has been compliance with
all the conditions of probation.
7. **PROBATION SURVEILLANCE PROGRAM COMPLIANCE**

Respondent shall comply with the Division's probation surveillance program. Respondent shall, at all times, keep the Division informed of his/her addresses of business and residence which shall both serve as addresses of record. Changes of such addresses shall be immediately communicated in writing to the Division. Under no circumstances shall a post office box serve as an address of record.

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

8. **INTERVIEW WITH THE DIVISION, ITS DESIGNEE OR ITS DESIGNATED PHYSICIAN(S)**

Respondent shall appear in person for interviews with the Division, its designee or its designated physician(s) upon request at various intervals and with reasonable notice.

9. **TOLLING FOR OUT-OF-STATE PRACTICE, RESIDENCE OR IN-STATE NON-PRACTICE**

In the event respondent should leave California to reside or to practice outside the State or for any reason should respondent stop practicing medicine in California, respondent shall notify the Division or its designee in writing within ten (10) days of the dates of departure and return or the dates of non-practice within California. Non-practice is defined as any period of time exceeding thirty days in which respondent is not engaging in any activities defined in Sections 2051 and 2052 of the Business and Professions Code. All time spent in an
intensive training program approved by the Division or its
designee shall be considered as time spent in the practice of
medicine. Periods of temporary or permanent residence or
practice outside California or of non-practice within California,
as defined in this condition, will not apply to the reduction of
the probationary period.

10. COMPLETION OF PROBATION Upon successful completion
of probation, respondent’s certificate shall be fully restored.

11. VIOLATION OF PROBATION If respondent violates
probation in any respect, the Division, after giving respondent
notice and the opportunity to be heard, may revoke probation and
carry out the disciplinary order that was stayed. If an
accusation or petition to revoke probation is filed against
respondent during probation, the Division shall have continuing
jurisdiction until the matter is final, and the period of
probation shall be extended until the matter is final.

12. COST RECOVERY The respondent is hereby ordered to
reimburse the Division for its investigative and prosecution
\( \frac{12,000}{12,000} \) costs in the amount of \( \frac{12,000}{12,000} \) which is to be paid during the
first three years of probation. One third of \( \frac{12,000}{12,000} \) shall be
paid each year of the first three years of probation in quarterly
\( \frac{12,000}{12,000} \) payments. The first payment towards the above \( \frac{12,000}{12,000} \) shall be
made within 90 days of the effective date of this
decision. Failure to reimburse the Division’s cost of
investigation and prosecution shall constitute a violation of the
probation order, unless the Division agrees in writing to payment
by an installment plan because of financial hardship. The filing
of bankruptcy by the respondent shall not relieve the respondent of his responsibility to reimburse the Division for its investigative and prosecution costs.

13. **PROBATION COSTS**  Respondent shall pay the costs associated with probation monitoring each and every year of probation, which are currently set at $2,304.00, but may be adjusted on an annual basis. Such costs shall be payable to the Division of Medical Quality and delivered to the designated probation surveillance monitor at the beginning of each calendar year. Failure to pay costs within 30 days of the due date shall constitute a violation of probation.

14. **LICENSE SURRENDER**  Following the effective date of this decision, if respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the terms and conditions of probation, respondent may voluntarily tender his certificate to the Board. The Division reserves the right to evaluate the respondent's request and to exercise its discretion whether to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the tendered license, respondent will not longer be subject to the terms and conditions of probation.

**CONTINGENCY**

This stipulation shall be subject to the approval of the Division. Respondent understands and agrees that Board staff and counsel for complainant may communicate directly with the Division regarding this stipulation and settlement, without notice to or participation by respondent or his counsel. If the
Division fails to adopt this stipulation as its order, the stipulation shall be of no force or effect, it shall be inadmissible in any legal action between the parties, and the Division shall not be disqualified from further action in this matter by virtue of its consideration of this stipulation.

**ACCEPTANCE**

I have read the above Stipulated Settlement and Disciplinary Order. I have fully discussed the terms and conditions and other matters contained therein with my attorney, Richard F. Antoine. I understand the effect this Stipulated Settlement and Disciplinary Order will have on my medical license, and agree to be bound thereby. I enter this stipulation freely, knowingly, intelligently and voluntarily.

DATED: 2/14/9?

\[Signature\]

RAIF TAWAKOL
Respondent

I have read the above Stipulated Settlement and Disciplinary Order and approve of it as to form and content. I have fully discussed the terms and conditions and other matters therein with respondent Raif Tawakol.

DATED: 2-14-9?

\[Signature\]

RICHARD F. ANTOINE
Attorney for Respondent
ENDORSEMENT

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

DATED: 3-6-97

DANIEL E. LUNGRAN, Attorney General
of the State of California

[Signature]

DANIEL J. TURNER
Deputy Attorney General

Attorneys for Complainant
Ron Joseph, the complainant herein, alleges as follows:

1. He is the Executive Director of the Medical Board of California, and makes and files this second amended accusation in his official capacity as such and not otherwise. This second amended accusation supersedes and replaces nunc pro tunc the accusation heretofore filed.

2. On or about January 31, 1983, respondent Raif Tawakol, M.D., (hereinafter "respondent") was issued physician and surgeon's certificate number C40824 under the laws of the
State of California. The certificate is presently in full force and effect.

3. Section 2234 of the Business and Professions Code (hereinafter "the Code") provides that the Division of Medical Quality of the Medical Board of California shall take action against a holder of a physician and surgeon's certificate who is guilty of unprofessional conduct. Unprofessional conduct includes, in pertinent part, the following:

"(b) Gross negligence."

"(c) Repeated negligent acts."

"(d) Incompetence."

4. Section 125.3 of the Business and Professions Code provides, in pertinent part, that the Board may request for an administrative law judge to direct any licentiate found to have committed a violation or violations of the licensing act to pay to the Board a sum not to exceed the reasonable costs of the investigation and he enforcement of the case.

5. Respondent is subject to disciplinary action pursuant to section 2234, subdivision (c) of the Code, as more particularly alleged hereinafter:

- A. In July 1989, respondent saw patient D.R.1 who complained of tenderness in the right leg. Respondent made the diagnosis of deep vein thrombosis and placed the patient on intermittent intravenous Heparin, administered in the patient's home. Respondent did not order continuous intravenous Heparin

1. To protect patient privacy, the patient is referred to by initials. Disclosure of the full name will be provided to respondent pursuant to a timely request for discovery.
administration and, during the period D.R. received the Heparin
treatment, D.R.'s complete blood count (CBC) was not consistently
monitored for bleeding or platelet abnormalities.

B. Respondent's failure to order continuous
intravenous Heparin administration to D.R. was a departure from
the standard of practice and constitutes negligence.

C. Respondent's failure to order CBC's for D.R.
to monitor her platelet count was a departure from the standard
of practice and constitutes negligence.

6. Respondent is subject to disciplinary action
pursuant to section 2234 of the Code, as more particularly
alleged hereinafter:

A. On or about February 29, 1992, respondent
performed an operation to provide permanent vascular access on
patient J.R. Respondent performed a gortex graft from the
brachial artery to the radial artery to the cephalic vein at the
elbow. Respondent's above procedure utilizing two arterial and
one venous anastomosis was inappropriate and demonstrates
incompetence in violation of section 2234, subdivision d) of the
Code.

7. Respondent is subject to disciplinary action
pursuant to section 2234 of the Code as more particularly alleged
hereinafter:

A. On or about February 12, 1992, F.C., a 58-
year-old male patient was admitted to the hospital with a
previous left forearm arterial venous graft which had thrombosed.
It had previously been thrombectomized by another physician. On
February 17, 1992, the patient was readmitted with a thrombosed left forearm arterial venous graft and respondent placed a new right form loop arterial venous graft on the right arm. Between February 18 and February 27, 1992, respondent failed to recognize F.C.'s ischemia of the right hand and take appropriate action. On February 27, 1992, another physician removed the right arm graft which had a wound breakdown and placed a left upper arm graft on F.C. The right hand remained ischemic and on March 7, 1992, the patient sustained an above the elbow amputation and a left arm graft was placed on March 20, 1992, by another physician. The patient subsequently died of sepsis.

B. Respondent's failure between February 18 and February 27, 1992, to recognize ischemia of F.C.'s right hand and to take appropriate action was an extreme departure from the standard of practice and constitutes gross negligence in violation of section 2234, subdivision (b) of the Code.

8. Respondent is subject to disciplinary action pursuant to section 2234 of the Code as more particularly alleged hereinafter:

A. On or about February 15, 1993, A.R. was admitted to Merced Community Medical Center with acute ischemia of the left leg. Vascular surgery was performed by respondent on A.R. on February 16, 1993. The patient remained in the hospital after the surgery. A.R. developed respiratory distress and hypotension and required intubation and ventilator support at 11:30 a.m. on February 17, 1993. A.R.'s blood pressure ranged from a low of 54/34 at 11:50 a.m. on February 17, 1993, to 190/47
at 7:00 a.m. on the morning of February 18, 1993. The patient was administered 10 mg sublingual Procardia at respondent’s verbal order. Shortly after the patient received the Procardia, respondent, at approximately 7:00 a.m., personally administered 50 mg labetalol to the patient. At the time respondent was administering the labetalol, the patient’s blood pressure was 130 systolic. Shortly thereafter the patient experienced a cardiac arrest and expired.

B. Respondent’s administration of labetalol to A.R. was a departure from the standard of practice and constitutes negligence.

9. Respondent is subject to disciplinary action pursuant to section 2234 of the Code in that he is guilty of unprofessional conduct as more particularly alleged hereinafter:

Respondent ordered laboratory tests for D.L. which included Epstein Barr Virus, CA 125, thyroid antibody and COAG V.

B. Respondent's differential diagnosis of cholecystitis and cholangitis without a history or physical examination of D.L. was a departure from the standard of practice and constitutes negligence.

C. Respondent's failure to obtain a history from D.L., and/or to chart the history is a departure from the standard of practice and constitutes negligence.

D. Respondent's failure to provide D.L. with a physical examination and/or to chart the results of the physical examination is a departure from the standard of practice and constitutes negligence.

E. Respondent's failure to write the results in D.L.'s chart of the abdominal ultrasound given D.L. in his office is a departure from the standard of practice and constitutes negligence.

F. Respondent's prescription for diflucan and zovirax to D.L. without a good faith prior examination and medical indication therefore is a violation of section 2242 of the Code.

G. Respondent's prescribing diflucan and zovirax to D.L. constitutes incompetence in violation of section 2234 subdivision (d) of the Code.

H. Respondent's ordering the Epstein Barr Virus, CA 125 thyroid antibody and COAG tests for D.L. demonstrates
incompetence in violation of section 2234, subdivision (d) of the Code.

10. Respondent is subject to disciplinary action pursuant to section 2234 of the Code in that he is guilty of unprofessional conduct as more particularly alleged hereinafter:

A. Respondent saw S.H. as a patient from approximately December 1993 to November 1994. S.H.'s initial complaint was bilateral hip pain. During the above period respondent diagnosed S.H. with hypercoagulable state and vasospasm. From December 1993 to November 1994 respondent did not obtain a complete history nor performed a physical examination of S.H., and/or chart a complete history or physical examination. Respondent ordered intravenous heparin (anticoagulation therapy) for S.H. without documenting the medical indications for heparin. The heparin therapy provided S.H. did not include close documentation of the patient’s symptoms, and the corresponding protime. Respondent ordered anticoagulation tests for S.H. (plasminogen and plasminogen antigen levels) that were not medically indicated.

B. Respondent’s diagnosis of hypercoagulable state and vasospasm without obtaining a history or providing S.H. with a physical examination and/or charting a history and physical examination was a departure from the standard of practice and constitutes negligence.

C. Respondent’s failure to document the medical indications for anticoagulation therapy constitutes gross
negligence in violation of section 2234, subdivision (b) of the Code.

D. Respondent's use of the ultrasound to diagnose S.H. with vasospasm demonstrates incompetence in violation of section 2234, subdivision (d) of the Code.

E. Respondent's treatment of S.H. with heparin therapy was not medically indicated and not properly administered or monitored and demonstrates incompetence in violation of section 2234, subdivision (d) of the Code.

F. Respondent's treatment of S.H. with heparin therapy was not medically indicated and not properly administered or monitored and constitutes gross negligence in violation of section 2234 subdivision (b) of the Code.

G. Respondent ordering plasminogen and antigen activator tests which were not medically indicated constitutes gross negligence in violation of section 2234, subdivision (b) of the Code.

11. Respondent is subject to disciplinary action pursuant to section 2234 of the Code in that he is guilty of unprofessional conduct as more particularly alleged hereinafter:


and 10.G., in any combination, constitute repeated negligence
acts in violation of section 2234, subdivision (c), of the Code.

WHEREFORE, complainant prays that the Division of
Medical Quality hold a hearing on the matters alleged herein and
following said hearing issue a decision:

1. Suspending or revoking the physician and
surgeon's certificate issued to respondent Raif Tawakol, M.D.;

2. Prohibiting respondent from supervising any
physician assistants;

3. Ordering respondent to pay the costs of the
investigation and enforcement of this case; and

4. Taking such other and further actions as may
be proper.

DATED: September 16, 1996

RON JOSEPH
Executive Director
Medical Board of California
State of California
Complainant