

**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 KIRCHMEYER  
Executive Director**

1 KAMALA D. HARRIS  
Attorney General of California  
2 JOSE R. GUERRERO  
Supervising Deputy Attorney General  
3 JANNSEN TAN  
Deputy Attorney General  
4 State Bar No. 237826  
1300 I Street, Suite 125  
5 P.O. Box 944255  
Sacramento, CA 94244-2550  
6 Telephone: (916) 445-3496  
Facsimile: (916) 327-2247  
7 *Attorneys for Complainant*

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

11 In the Matter of the Accusation Against:

Case No. 08-2011-219450

12 **RAIF TAWAKOL, M.D.**

13 812 W. 18th Street  
14 Merced, CA 95340

**STIPULATED SURRENDER OF  
LICENSE AND ORDER**

15 **Physician's and Surgeon's Certificate No. C**  
16 **40824**

17 Respondent.

18  
19  
20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
21 entitled proceedings that the following matters are true:

22 **PARTIES**

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

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

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.

## ADVISEMENT 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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1 CULPABILITY

2 8. Respondent understands that the charges and allegations in Accusation No. 08-2011-  
3 219450, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and  
4 Surgeon's Certificate.

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

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

13 CONTINGENCY

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

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

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

1 ORDER

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

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

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


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

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

20 ACCEPTANCE

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

26  
27 DATED: 10/15, 2014

  
28 RAIF TAWAKOL, M.D.  
Respondent

1 I have read and fully discussed with Respondent Raif Tawakol, M.D. the terms and  
2 conditions and other matters contained in this Stipulated Surrender of License and Order. I  
3 approve its form and content.

4 DATED:

10/21/14

Robert B. Zaro

ROBERT B. ZARO, ESQ.  
Attorney for Respondent

6  
7 ENDORSEMENT

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

10 Dated:

11/22/2014

Respectfully submitted,

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

13  
14  
15 JANNSEN TAN  
Deputy Attorney General  
Attorneys for Complainant

16  
17  
18 SA2013309432  
19 11522352.doc

1 KAMALA D. HARRIS  
Attorney General of California  
2 THOMAS S. LAZAR  
Supervising Deputy Attorney General  
3 JANNSEN TAN  
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Sacramento, CA 94244-2550  
6 Telephone: (916) 445-3496  
Facsimile: (916) 327-2247

7 *Attorneys for Complainant*

8  
9 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

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

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

16 Respondent.

Case No. 08-2011-219450

**A C C U S A T I O N**

17  
18 Complainant alleges:

19 **PARTIES**

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

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

27 ///

28 ///

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO December 2 20 13  
BY D. FIRDIAUS ANALYST

## 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.

"..."

///



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 100.1 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, Cytoprostein, 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

1 did not mention the tachycardia in the list of diagnoses or treatment plan. Respondent did not  
2 discuss the possible causes of the tachycardia with KH. Respondent did not order an EKG and  
3 did not record any other history regarding the tachycardia.

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

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

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

26 16. During the October 18, 2011, patient visit, Respondent discussed the lab results with  
27 patient KH. The lab results show A1C level is at 5.9. Respondent noted that he discussed  
28 "metabolic syndrome and possible pre-diabetic status since her [patient KH's] post Prandial

1 blood sugars are high at 151 - 154 in the office both visits." Respondent documented  
2 "Suggested that we improve the insulin resistance with Actos low dose 15mg and Metformin to  
3 lower blood sugar levels and A1C level, since that would be safer in the long run. (ADA  
4 standards these values represent pre-diabetes.)" Respondent noted that "this is due to the added  
5 risk of high Fibrinogen of 516 with a Prothrombin fragment of 699 and a high TAT and a low  
6 Protein S. She has low HDL at 41, should be 50 or above." Respondent documented that "blood  
7 sugar is high and patient is pre-diabetic." Respondent listed "high glucose" in the final diagnoses  
8 section. Respondent prescribed and treated patient KH with Actos 15 mg daily, Metformin 500  
9 mg twice daily, and Byetta 5 mg twice daily.

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

14 18. During the October 18, 2011, office visit, Respondent sent patient KH to a class to  
15 learn how to inject Forteo, a medication that is used to treat osteoporosis. In the medication list,  
16 Respondent documented Patient KH's medication as follows: Omeprazole 20mg 1 QD, Aller Tee  
17 10mg 1 QD, Acetaminophen 500mg PRN, Calcium 33mg 2 QD, Vitamin-D3 200IU 1 QD,  
18 Magnesium 122mg 1 QD, Zinc 5mg 1 QD, Centrum Silver 1 QD, Cytoprotein 2 BID, Ester-C  
19 500mg 1QD, Lutein 6mg 1 QD, Ferrous Sulfate 65mg 2 QD, BRM-4 2 BID, Vasculex 1 BID,  
20 Actos 15mg 1 QD, Metformin 500mg 1 BID, Estrogel, Frteo 20mcg SQ QS, Byetta 5mcg SQ  
21 BID. Respondent did not diagnose patient KH with osteoporosis. There is no record of a bone  
22 density test being performed to justify the use of Forteo. X-rays of the lumbar spine taken on  
23 October 12, 2011, were not suggestive of osteoporosis. The CT scan of the chest, abdomen, and  
24 pelvis taken on October 12, 2011, was not suggestive of osteoporosis.

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

27 ///

28 ///

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

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

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

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

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

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

13                               **SECOND CAUSE FOR DISCIPLINE**

14                               **(Repeated Negligent Acts)**

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

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

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

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

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

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

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

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

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

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

8 **DISCIPLINE CONSIDERATIONS**

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

15 24. On June 9, 1997, in a prior disciplinary action entitled "In the Matter of the  
16 Accusation Against Raif Tawakol, M.D.," before the Medical Board of California, in Case Number  
17 08-92-18898, Respondent's license was revoked, the revocation was stayed, and Respondent was  
18 placed on probation for five years with terms and conditions. That decision is now final and is  
19 hereby incorporated by reference as if fully set forth.

20 **PRAYER**

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

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

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

27 ///

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

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

4 DATED:   December 2, 2013

  
KIMBERLY KIRCHMEYER  
Interim Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

8 SA2013309432/31809993.doc

**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.** )

File No. 08-2002-131117

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

Respondent )  
\_\_\_\_\_ )

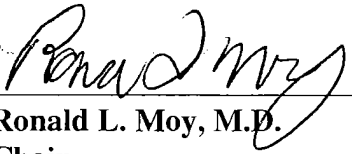
**DECISION**

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:   
**Ronald L. Moy, M.D.**  
**Chair**  
Panel B  
Division of Medical Quality

1 BILL LOCKYER, Attorney General  
of the State of California  
2 GAIL M. HEPPELL, Supervising  
Deputy Attorney General  
3 MARA FAUST, State Bar No. 111729  
Deputy Attorney General  
4 California Department of Justice  
1300 I Street, Suite 125  
5 P.O. Box 944255  
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6 Telephone: (916) 324-5358  
Facsimile: (916) 327-2247  
7

8 Attorneys for Complainant

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

12 In the Matter of the Third Amended Accusation  
Against:

13 RAIF TAWAKOL, M.D.  
14 900 West Olive Avenue, Suite D  
Merced, CA 95348  
15

16 Physician and Surgeon Certificate No. C40824

17 Respondent.

Case No. 08-2002-131117

OAH No. N-2004070508

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

18  
19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the  
20 above-entitled proceedings that the following matters are true:

21 **PARTIES**

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

26 2. Respondent Raif Tawakol, M.D. (Respondent) is represented in this  
27 proceeding by attorney Robert B. Zaro, whose address is 915 L Street, Suite 1240, Sacramento, CA  
28 94814.



1                   3.     On or about January 31, 1983, the Medical Board of California issued  
2 Physician and Surgeon Certificate No. C40824 to Raif Tawakol, M.D. (Respondent). The Certificate  
3 was in full force and effect at all times relevant to the charges brought in Accusation No.  
4 08-2002-131117 and will expire on May 31, 2006, unless renewed.

5                                   JURISDICTION

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

12                                   ADVISEMENT AND WAIVERS

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

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

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

26                                   CULPABILITY

27                   8.     Complainant amends the Third Amended Accusation No. 08-2002-131117  
28 to strike paragraph 28 of page 7 in the fourth cause for discipline and to strike line 6 on page 8.

1 Respondent admits the truth of the second, third, fourth and eight causes for discipline in the Third  
2 Amended Accusation No. 08-2002-131117 as amended above. Complainant agrees that this  
3 settlement includes any and all open complaints against respondent as of December 22, 2005, filed  
4 with the Medical Board of California.

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

8 RESERVATION

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

12 CONTINGENCY

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

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

19 DISCIPLINARY ORDER

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

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

27 A medical record keeping course taken after the acts that gave rise to the  
28 charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion

1 of the Division or its designee, be accepted towards the fulfillment of this condition if the course  
2 would have been approved by the Division or its designee had the course been taken after the  
3 effective date of this Decision.

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

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

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

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

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

23 The Program shall consist of a Comprehensive Assessment program  
24 comprised of a two-day assessment of respondent's physical and mental health; basic clinical and  
25 communication skills common to all clinicians; and medical knowledge, skill and judgment  
26 pertaining to respondent's specialty or sub-specialty, and at minimum, a 40 hour program of clinical  
27 education in the area of practice in which respondent was alleged to be deficient and which takes into  
28 account data obtained from the assessment, Decision(s), Accusation(s), and any other information

1 that the Division or its designee deems relevant. Respondent shall pay all expenses associated with  
2 the clinical training program.

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

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

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

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

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

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

27 Failure to participate in and complete successfully the professional  
28 enhancement program outlined above is a violation of probation.

1                   4.     NOTIFICATION     Prior to engaging in the practice of medicine, the  
2 respondent shall provide a true copy of the Decision(s) and Accusation(s) to the Chief of Staff or the  
3 Chief Executive Officer at every hospital where privileges or membership are extended to  
4 respondent, at any other facility where respondent engages in the practice of medicine, including all  
5 physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer  
6 at every insurance carrier which extends malpractice insurance coverage to respondent. Respondent  
7 shall submit proof of compliance to the Division or its designee within 15 calendar days.

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

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

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

17                   7.     PROBATION UNIT COMPLIANCE     Respondent shall comply with the  
18 Division's probation unit. Respondent shall, at all times, keep the Division informed of respondent's  
19 business and residence addresses. Changes of such addresses shall be immediately communicated  
20 in writing to the Division or its designee. Under no circumstances shall a post office box serve as  
21 an address of record, except as allowed by Business and Professions Code section 2021(b).

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

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

28                   8.     INTERVIEW WITH THE DIVISION, OR ITS DESIGNEE     Respondent shall

1 be available in person for interviews either at respondent's place of business or at the probation unit  
2 office, with the Division or its designee, upon request at various intervals, and either with or without  
3 prior notice throughout the term of probation.

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

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

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

24           10.     FAILURE TO PRACTICE MEDICINE - CALIFORNIA RESIDENT

25                     In the event respondent resides in the State of California and for any reason  
26 respondent stops practicing medicine in California, respondent shall notify the Division or its  
27 designee in writing within 30 calendar days prior to the dates of non-practice and return to practice.  
28 Any period of non-practice within California, as defined in this condition, will not apply to the

1 reduction of the probationary term and does not relieve respondent of the responsibility to comply  
2 with the terms and conditions of probation. Non-practice is defined as any period of time exceeding  
3 30 calendar days in which respondent is not engaging in any activities defined in sections 2051 and  
4 2052 of the Business and Professions Code.

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

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

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

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

23 13. LICENSE SURRENDER Following the effective date of this Decision, if  
24 respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the  
25 terms and conditions of probation, respondent may request the voluntary surrender of respondent's  
26 license. The Division reserves the right to evaluate respondent's request and to exercise its discretion  
27 whether or not to grant the request, or to take any other action deemed appropriate and reasonable  
28 under the circumstances. Upon formal acceptance of the surrender, respondent shall within 15

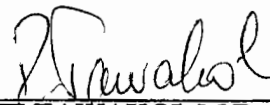
1 calendar days deliver respondent's wallet and wall certificate to the Division or its designee and  
2 respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and  
3 conditions of probation and the surrender of respondent's license shall be deemed disciplinary action.  
4 If respondent re-applies for a medical license, the application shall be treated as a petition for  
5 reinstatement of a revoked certificate.

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

12 ACCEPTANCE


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

18 DATED: 12/29/05.

19   
20 RAIF TAWAKOL M.D.  
Respondent

21  
22 I have read and fully discussed with Respondent Raif Tawakol, M.D. the terms and  
23 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
24 I approve its form and content.

25 DATED: 12/30/05.

26   
27 ROBERT B. ZARO  
28 Attorney for Respondent




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ENDORSEMENT

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

DATED: 2/1/06.

BILL LOCKYER, Attorney General  
of the State of California

  
MARA FAUST  
Deputy Attorney General  
Attorneys for Complainant

DOJ Docket/Matter ID Number: SA2003AD0282  
TSettlement.wpd

# **EXHIBIT A**

1 BILL LOCKYER, Attorney General  
of the State of California  
2 GAIL M. HEPPELL, Supervising  
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3 MARA FAUST, State Bar No. 111729  
Deputy Attorney General  
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6 Telephone: (916) 324-5358  
Facsimile: (916) 327-2247  
7

Attorneys for Complainant

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

13 In the Matter of the Third Amended Accusation  
Against:

14 RAIIF TAWAKOL, M.D.  
15 900 West Olive Avenue, Suite D  
Merced, CA 95348

16 Physician and Surgeon's Certificate No. C40824

17 Respondent.  
18

Case No. 08-2002-131117

**THIRD AMENDED  
ACCUSATION**

19 Complainant alleges:

20 PARTIES

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

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

28 ///

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

1 2 (commencing with section 1200) of the Health and Safety Code or under Part 4 (commencing with  
2 section 16000) of Division 9 of the Welfare and Institutions Code who maintains a stock of  
3 dangerous drugs or dangerous devices.

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

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

9 (a) The name and address of the patient.

10 (b) The date.

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

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

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

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

22 (a) Upon receipt of written notice from the Medical Board of  
23 California, the Osteopathic Medical Board of California, or the Board  
24 of Dental Examiners of California, that a licensee's license has been  
25 placed on probation as a result of a disciplinary action, the department  
26 may not reimburse any Medi-Cal claim for the type of surgical service  
27 or invasive procedure that gave rise to the probation, including any  
28 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 tranxène, 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.

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1 **FIRST CAUSE FOR DISCIPLINE**

2 [Bus. & Prof. Code § 2234]

3 (Unprofessional Conduct)

4 13. Respondent is subject to disciplinary action under section 2234 of the Code.

5 The circumstances are as follows:

6 14. On or about and between January 9, 2001 and January 18, 2002 respondent  
7 treated patient M.L. primarily for diabetes, anxiety, depression, hypo-gonadism, anemia, and otitis  
8 media in 24 visits.

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

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

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

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

27 19. The above-referenced sexual comments in paragraphs 14 through 17, in the  
28 absence of a complaint by patient M.L. of sexual dysfunction, constitute general unprofessional  
conduct in violation of section 2234 of the Code.

1 **SECOND CAUSE FOR DISCIPLINE**

2 [Bus. & Prof. Code § 2234(b)]  
3 (Gross Negligence)

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

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

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

14 **THIRD CAUSE FOR DISCIPLINE**

15 [Bus. & Prof. Code § 2234(b) and 2261]  
16 (Gross Negligence and false statements in the medical record )

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

20 24. Respondent created two versions of notes for M.L.'s visits of 1/15/01, 1/30/01  
21 2/701, and 3/20/01, and the notes of a comprehensive physical examination appear to be identical  
22 for each of the patient's visits.

23 **FOURTH CAUSE FOR DISCIPLINE**

24 [Bus. & Prof. Code § 2234(c)]  
25 (Repeated Negligence Acts)

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

26 26. On 4/26/01, respondent diagnosed and treated M.L. for hypo-gonadism,  
27 (without first obtaining an OB/Gyn history of the patient, without performing a breast examination  
28 to evaluate if a hormone sensitive tumor might be present, without performing a pelvic examination



1 to evaluate the presence of endometrial cancer, and whether M.L.'s Estradiol level was normal (106  
2 on 1/31/01). Respondent initially prescribed 1mg of Estradiol to M.L. and then increased the dosage  
3 to 2 mgs without documentation of the adequacy of treatment or a change in symptoms. The  
4 contraindications for prescribing Estradiol include migraine, vaginal bleeding and tobacco smoking  
5 all of which applied to M.L. Respondent's overall care of patient M.L. for hypo-gonadism is a  
6 departure from the standard of care.

7           27. Respondent diagnosed M.L. as having anemia on 1/24/01, without a basis in  
8 the patient's history, physical examination or laboratory testing (normal CBC on 6/27/01 and  
9 8/22/01). M.L. was treated with B12 and B6 injections with no documentation of deficiencies in  
10 these vitamins, and B6 in not an appropriate treatment for anemia. Respondent's overall care of  
11 patient M.L. for anemia is a departure from the standard of care.

12           28. On 1/8/01, patient M.L. complained of right ear pain with drainage and on  
13 2/28/01, respondent made findings of persistent otitis media on examination of patient M.L.  
14 Respondent failed to choose the right antibiotics in the correct dosage for adequate treatment, he  
15 failed to expeditiously refer M.L. to an ENT specialist within six months to rule out nasopharynx  
16 cancer, respondent never documented the result of the specialist consult, and never documented the  
17 results of the CT scan. Respondent's overall care of patient M.L. for otitis media is a departure from  
18 the standard of care.

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

28           30. Respondent failed to get patient M.L.'s history of a diagnosis of bipolar

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

9 **FIFTH CAUSE FOR DISCIPLINE**

10 [Bus. & Prof. Code § 2234(d)]  
11 (Incompetence)

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

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

18 **SIXTH CAUSE FOR DISCIPLINE**

19 [Bus. & Prof. Code § 2234(b)]  
20 (Gross Negligence, Prescribing Controlled Substances and  
21 Dangerous Drugs to Patient Without Medical Records)

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

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

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

27 36. On or about January 29, 2001, respondent indicated that the Evergreen Care  
28 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.

37. On October 2, 2003, respondent's office indicated they had lost patient B.V.'s chart.

38. 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.:

<u>Date</u>	<u>Amount</u>	<u>Controlled Substance</u>
9/15/00	100	Hydrocodone/APAP, 7mg
10/10/00	45	Acetaminophen/Codeine
10/19/00	100	Hydrocodone/APAP, 7 mg
10/20/00	120	Clorazepate, 7.5mg
11/10/00	45	Acetaminophen/Codeine
6/9/01	60	OxyContin, 80mg
7/9/01	60	OxyContin, 80mg
8/3/01	120	OxyContin, 80 mg
8/3/01	60	Sonata, 10mg
9/18/01	60	Aspirin/Codeine, 32mg
9/26/01	120	OxyContin, 80mg
11/9/01	120	OxyContin, 80mg
11/15/01	120	Clorazepate, 7.5mg
12/24/01	120	OxyContin, 80mg
2/6/02	120	Lortab, 10/500
2/7/02	120	Clorazepate, 7.5 mg
3/9/02	120	OxyContin, 80mg
3/19/02	120	OxyContin, 80mg
4/2/02	120	Acetaminophen/Codeine
4/2/02	120	Lortab, 10/500
4/26/02	120	OxyContin, 80mg
4/26/02	120	Clorazpate, 7.5mg
5/25/02	120	Acetaminophen/Codeine
5/27/02	120	OxyContin, 80mg
6/21/02	120	Lortab, 50/100
6/26/02	120	OxyContin, 80mg
7/29/02	120	OxyContin, 80mg
9/3/02	120	Hydrocodone/APAP
9/6/02	120	OxyContin, 80mg
9/6/02	120	Clorazepate, 7.5mg
10/15/02	120	OxyContin, 80mg
10/15/02	60	Sonata, 10mg
10/15/02	120	Acetaminophen/Codeine
11/9/02	120	OxyContin, 80mg
12/5/02	60	Klonopin, 1mg
12/18/02	120	Hydrocodone/APAP
12/30/02	120	Clorazepate, 7.5mg
12/31/02	120	OxyContin, 80mg

39. 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

1 records to support the prescribing of dangerous drugs, constitutes a violation of 2234(b) of the Code.

2 **SEVENTH CAUSE FOR DISCIPLINE**

3 [Bus. & Prof. Code §§ 2238, 2266, 4081  
4 and H&S Code § 11190]

5 (Failure to Maintain Adequate Medical Records)

6 40. Complainant realleges paragraphs 34 through 38 above and incorporates them  
7 herein by reference as if fully set forth at this point. Respondent is subject to disciplinary action  
8 under sections 2238, 2266, and 4081 of the Code as well as under Health and Safety Code section  
9 11190 in that respondent failed to maintain adequate and accurate medical records for three years  
10 and failed to keep copies of any Schedule II prescriptions, and that such failures constitute  
11 unprofessional conduct.

12 **EIGHTH CAUSE FOR DISCIPLINE**

13 [Bus. & Prof. Code § 2266]

14 (Failure to Maintain Adequate Medical Records)

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

22 **NINTH CAUSE FOR DISCIPLINE**

23 [Bus. & Prof. Code § 2266]

24 (Failure to Maintain Adequate Medical Records)

25 42. Respondent is subject to disciplinary action under section 2266 in that  
26 Respondent treated patient B.B. from June 2003 through November 2003 in part for a diabetic  
27 condition. Despite respondent's claim that he ran urine and glucose tests, patient B.B.'s chart does  
28 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

1 Matter of the Accusation Against Raif Tawakol" before the Medical Board of California, in Case  
2 Number 08-92-18898, respondent's license was revoked, revocation was stayed, and then placed on  
3 five years of probation with terms and conditions for violations of 2234(b) and (c) in that respondent  
4 failed to monitor intravenous Heparin prescribed to a patient, he failed to recognize ischemia in a  
5 patient's arm, he diagnosed a patient with cholecystitis and cholangitis without a history or physical  
6 examination, he prescribed Diflucan and Zovirax without medical indication, respondent failed to  
7 do a history and physical before diagnosing hyper coagulable state and vasospasm, he failed to  
8 document the medical indications for anticoagulation therapy and treated a patient with Heparin  
9 therapy that was not medically indicated and not properly administered or monitored. That decision  
10 is now final and is incorporated by reference as if fully set forth.

11 PRAYER

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

- 14 1. Revoking or suspending Physician and Surgeon's Certificate Number C40824,  
15 issued to Raif Tawakol;
- 16 2. Revoking, suspending or denying approval of Raif Tawakol's authority to  
17 supervise physician's assistants, pursuant to section 3527 of the Code;
- 18 3. Ordering Raif Tawakol to pay the Division of Medical Quality the reasonable  
19 costs of the investigation and enforcement of this case, and, if placed on probation, the costs of  
20 probation monitoring;
- 21 4. Taking such other and further action as deemed necessary and proper.

22 DATED: 3/18/05

23  
24   
25 DAVID T. THORNTON  
26 Executive Director  
27 Medical Board of California  
28 Department of Consumer Affairs  
State of California  
Complainant

In the Matter of the Accusation )  
Against: )  
 ) No. 08-92-18898  
RAIF TAWAKOL, M.D. )  
Certificate No. C-40824 )  
 )  
Respondent. )  
 )  
 )

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.

IT IS SO ORDERED May 8, 1997

By Anabel Imbert  
ANABEL ANDERSON IMBERT, M.D.  
President

DANIEL R. LUNGREN, Attorney General  
of the State of California  
GAIL HEPPELL, Supervising  
Deputy Attorney General  
DANIEL J. TURNER  
Deputy Attorney General  
1300 I Street, Suite 125  
P. O. Box 944255  
Sacramento, CA 94244-2550  
Telephone: (916) 327-7852

Attorneys for Complainant

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

In the Matter of the Accusation	)	Case No. 08-92-18898
Against:	)	
	)	OAH No. N-9503269
RAIF TAWAKOL, M.D.	)	
840 West Drive, Suite C	)	<b>STIPULATED SETTLEMENT</b>
Merced, CA 95348	)	<b>AND</b>
	)	<b>DISCIPLINARY ORDER</b>
	)	
Physician and Surgeon's	)	
Certificate No. C40824,	)	
	)	
Respondent.	)	

**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").

///

1           2.     The Second Amended Accusation, together with all  
2     statutorily required documents, was duly served on the respondent  
3     on or about September 16, 1996, and respondent filed a Notice of  
4     Defense contesting the Accusation. A copy of the Second Amended  
5     Accusation No. 08-92-18898 is attached as Exhibit "A" and hereby  
6     incorporated by reference as if fully set forth.

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

13          4.     The respondent is represented in this matter by  
14    Richard F. Antoine, Esq., whose address is 400 Capitol Mall,  
15    11th Floor, Sacramento, CA 95814.

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

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

23          7.     Respondent understands the nature of the charges  
24    alleged in the Second Amended Accusation and that, if proven at  
25    hearing, the charges and allegations would constitute cause for  
26    imposing discipline upon him. Respondent is fully aware of his  
27    right to a hearing on the charges contained in the Accusation,



1 his right to confront and cross-examine witnesses against him,  
2 his right to the use of subpoenas to compel the attendance of  
3 witnesses and the production of documents in both defense and  
4 mitigation of the charges, his right to reconsideration, appeal  
5 and any and all other rights accorded by the California  
6 Administrative Procedure Act and other applicable laws.  
7 Respondent knowingly, voluntarily and irrevocably waives and give  
8 up each of these rights.

9           8. Respondent admits the truth of each and every  
10 allegation in paragraphs 5, 7, 9.A., 9.B., 9.F., 10.A., 10.B.,  
11 10.C., and 10.F. in the Second Amended Accusation  
12 No. 08-92-18898. Paragraphs 5.B., 5.C., 7.B., 9.B., 10.B.,  
13 10.C., and 10.F., constitute repeated negligent acts in violation  
14 of section 2234, subd. (c), of the Business and Professions Code.  
15 Respondent also admits to the truth of the following and has  
16 thereby subjected himself to disciplinary action:

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

25           Respondent agrees to be bound by the Division's  
26 Disciplinary Order as set forth below.

27 ///

1           9. The admissions made by respondent herein are for  
2 the purpose of this proceeding and any other proceedings in which  
3 the Division of Medical Quality, Medical Board of California, or  
4 other professional licensing agency is involved, and shall not be  
5 admissible in any other criminal or civil proceedings.

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

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

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

18  
19                           **DISCIPLINARY ORDER**

20           IT IS HEREBY ORDERED that certificate number  
21 08-97-18898 issued to Raif Tawakol is revoked. However, the  
22 revocation is stayed and respondent is placed on probation for  
23 five years on the following terms and conditions. Within 15 days  
24 after the effective date of this decision the respondent shall  
25 provide the Division, or its designee, proof of service that  
26 respondent has served a true copy of this decision on the Chief  
27 of Staff or the Chief Executive Officer at every hospital where

1 privileges or membership are extended to respondent or where  
2 respondent is employed to practice medicine and on the Chief  
3 Executive Officer at every insurance carrier where malpractice  
4 insurance coverage is extended to respondent.

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

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

23           3.     ORAL CLINICAL OR WRITTEN EXAM     Respondent shall take  
24 and pass an oral clinical exam in a subject to be designated and  
25 administered by the Division, or its designee. This examination  
26 shall be taken within ninety (90) days after the effective date  
27 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.

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

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

13                   8.     INTERVIEW WITH THE DIVISION, ITS DESIGNEE OR ITS  
14 DESIGNATED PHYSICIAN(S)     Respondent shall appear in person for  
15 interviews with the Division, its designee or its designated  
16 physician(s) upon request at various intervals and with  
17 reasonable notice.

18                   9.     TOLLING FOR OUT-OF-STATE PRACTICE, RESIDENCE OR IN-STATE NON-  
19 PRACTICE     In the event respondent should leave California to  
20 reside or to practice outside the State or for any reason should  
21 respondent stop practicing medicine in California, respondent  
22 shall notify the Division or its designee in writing within ten  
23 (10) days of the dates of departure and return or the dates of  
24 non-practice within California. Non-practice is defined as any  
25 period of time exceeding thirty days in which respondent is not  
26 engaging in any activities defined in Sections 2051 and 2052 of  
27 the Business and Professions Code. All time spent in an

1 intensive training program approved by the Division or its  
2 designee shall be considered as time spent in the practice of  
3 medicine. Periods of temporary or permanent residence or  
4 practice outside California or of non-practice within California,  
5 as defined in this condition, will not apply to the reduction of  
6 the probationary period.

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

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

17 12. COST RECOVERY The respondent is hereby ordered to  
18 reimburse the Division for its investigative and prosecution  
19 costs in the amount of <sup>12,000</sup> ~~\$18,500.00~~ which is to be paid during the  
20 first three years of probation. One third of <sup>12,000</sup> ~~\$18,500.00~~ shall be  
21 paid each year of the first three years of probation in quarterly  
22 payments. The first payment towards the above <sup>12,000</sup> ~~18,500.00~~ shall be  
23 made within 90 days of the effective date of this  
24 decision. Failure to reimburse the Division's cost of  
25 investigation and prosecution shall constitute a violation of the  
26 probation order, unless the Division agrees in writing to payment  
27 by an installment plan because of financial hardship. The filing

1 of bankruptcy by the respondent shall not relieve the respondent  
2 of his responsibility to reimburse the Division for its  
3 investigative and prosecution costs.

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

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

#### 22                           CONTINGENCY


23           This stipulation shall be subject to the approval of  
24 the Division. Respondent understands and agrees that Board staff  
25 and counsel for complainant may communicate directly with the  
26 Division regarding this stipulation and settlement, without  
27 notice to or participation by respondent or his counsel. If the

1 Division fails to adopt this stipulation as its Order, the  
2 stipulation shall be of no force or effect, it shall be  
3 inadmissible in any legal action between the parties, and the  
4 Division shall not be disqualified from further action in this  
5 matter by virtue of its consideration of this stipulation.

6 ACCEPTANCE

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

14 DATED: 2/14/97

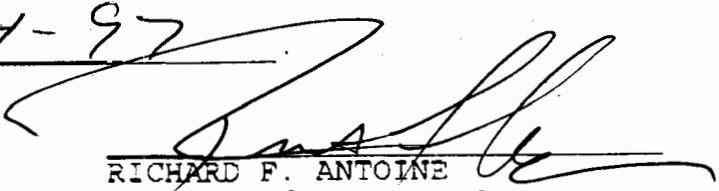
15  
16   
17 RAIF TAWAKOL  
Respondent

18 ///

19 ///

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

24 DATED: 2-14-97

25  
26   
27 RICHARD F. ANTOINE  
Attorney for Respondent

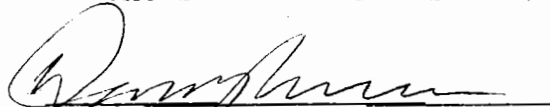


ENDORSEMENT

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. LUNGREN, Attorney General  
of the State of California



DANIEL J. TURNER  
Deputy Attorney General

Attorneys for Complainant

1 DANIEL E. LUNGREN, Attorney General  
of the State of California  
2 GAIL HEPPELL  
Supervising Deputy Attorney General  
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4 1300 I Street, P. O. Box 944255  
Sacramento, California 94244-2550  
5 Telephone: (916) 327-7852

6 Attorneys for Complainant

7  
8 BEFORE THE  
DIVISION OF MEDICAL QUALITY  
9 MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
10 STATE OF CALIFORNIA

11 In the Matter of the Accusation ) No. 08-92-18898  
Against: )  
12 ) SECOND AMENDED  
Raif Tawakol, M.D. ) ACCUSATION  
13 840 West Drive, Suite C )  
Merced, CA 95348 )  
14 )  
Physician and Surgeon's )  
15 Certificate No. C40824 )  
16 Respondent. )  
17 )

18 Ron Joseph, the complainant herein, alleges as follows:

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

24 2. On or about January 31, 1983, respondent Raif  
25 Tawakol, M.D., (hereinafter "respondent") was issued physician  
26 and surgeon's certificate number C40824 under the laws of the  
27

1 State of California. The certificate is presently in full force  
2 and effect.

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

9 "(b) Gross negligence."

10 "(c) Repeated negligent acts."

11 "(d) Incompetence."

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

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

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

26  
27 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.

1 administration and, during the period D.R. received the Heparin  
2 treatment, D.R.'s complete blood count (CBC) was not consistently  
3 monitored for bleeding or platelet abnormalities.

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

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

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

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

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

24 A. On or about February 12, 1992, F.C., a 58-  
25 year-old male patient was admitted to the hospital with a  
26 previous left forearm arterial venous graft which had thrombosed.  
27 It had previously been thrombectomized by another physician. On

1 February 17, 1992, the patient was readmitted with a thrombosed  
2 left forearm arterial venous graft and respondent placed a new  
3 right form loop arterial venous graft on the right arm. Between  
4 February 18 and February 27, 1992, respondent failed to recognize  
5 F.C.'s ischemia of the right hand and take appropriate action.  
6 On February 27, 1992, another physician removed the right arm  
7 graft which had a wound breakdown and placed a left upper arm  
8 graft on F.C. The right hand remained ischemic and on March 7,  
9 1992, the patient sustained an above the elbow amputation and a  
10 left arm graft was placed on March 20, 1992, by another  
11 physician. The patient subsequently died of sepsis.

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

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

20 A. On or about February 15, 1993, A.R. was  
21 admitted to Merced Community Medical Center with acute ischemia  
22 of the left leg. Vascular surgery was performed by respondent on  
23 A.R. on February 16, 1993. The patient remained in the hospital  
24 after the surgery. A.R. developed respiratory distress and  
25 hypotension and required intubation and ventilator support at  
26 11:30 a.m. on February 17, 1993. AR.'s blood pressure ranged  
27 from a low of 54/34 at 11:50 a.m. on February 17, 1993, to 190/47

1 at 7:00 a.m. on the morning of February 18, 1993. The patient  
2 was administered 10 mg sublingual Procardia at respondent's  
3 verbal order. Shortly after the patient received the Procardia,  
4 respondent, at approximately 7:00 a.m., personally administered  
5 50 mg labetalol to the patient. At the time respondent was  
6 administering the labetalol, the patient's blood pressure was 130  
7 systolic. Shortly thereafter the patient experienced a cardiac  
8 arrest and expired..

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

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

15 A. On or about September 3, 1993, respondent saw  
16 patient D.L. with complaints of epigastric pain. Respondent  
17 prescribed Zantac to D.L. and ordered several tests including an  
18 upper G.I. and CA 125. D.L. returned to see respondent on  
19 October 18, 1993 with a complaint of continued abdominal pain.  
20 Respondent prescribed prilosec to D.L. On October 19, 1993, D.L.  
21 had an abdominal ultrasound at respondent's office in Merced.  
22 Respondent did not write the results of the ultrasound in D.L.'s  
23 chart. On or about October 28, 1993, D.L. returned to  
24 respondent's office and respondent, without obtaining a history  
25 or performing a physical examination on D.L. diagnosed,  
26 "cholangitis v. cholecystitis. Retroperitoneal fungal  
27 infection." Respondent prescribed diflucan and zovirax to D.L.

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

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

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

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

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

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

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

25 H. Respondent's ordering the Epstein Barr Virus,  
26 CA 125 thyroid antibody and COAG tests for D.L. demonstrates

27

1 incompetence in violation of section 2234, subdivision (d) of the  
2 Code.

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

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

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

25           C. Respondent's failure to document the medical  
26 indications for anticoagulation therapy constitutes gross  
27



1 negligence in violation of section 2234, subdivision (b) of the  
2 Code.

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

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

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

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

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

21 A. The factual allegations of paragraphs 5.A.,  
22 5.B., 5.C., 7.A., 7.B., 8.A., 8.B., 9.B., 9.C., 9.D., 9.E.,  
23 10.B., 10.C., 10.F., and 10.G. supra, are incorporated by  
24 reference as though fully set forth at this point.

25 B. Each of the acts alleged in paragraphs 5.B.,  
26 5.C., 7.B., 8.B., 9.B., 9.C., 9.D., 9.E., 10.B., 10.C., 10.F.,  
27

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

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

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

8 2. Prohibiting respondent from supervising any  
9 physician assistants;

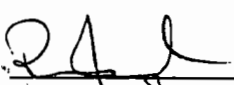
10 3. Ordering respondent to pay the costs of the  
11 investigation and enforcement of this case; and

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

14 DATED: September 16, 1996

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SEP 17 1996  
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\_\_\_\_\_  
RON JOSEPH  
Executive Director  
Medical Board of California  
State of California

Complainant