

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

In the Matter of the Accusation)	
Against:)	Case No. 04-2005-167015
)	
STEVEN JAMES MEE, JR., M.D.)	OAH No. L-2007060079
)	
Respondent/Petitioner.)	
_____)	

DECISION AFTER REMAND FROM SUPERIOR COURT

A stipulation in the above matter was adopted by the board on May 23, 2008 to become effective on June 23, 2008.

Thereafter, respondent filed a Petition for Writ of Mandate in Los Angeles County Superior court, Case No. BS 115927, and a stipulated Judgment and Order of Remand was issued by the court on August 26, 2008. The Superior Court of the State of California, set aside the decision and remanded the matter to the board solely for redetermination of probationary condition number 12. A copy of the Judgment and Order of Remand is attached as Exhibit "A".

Having reconsidered the matter in light of the stipulated Judgment and Order of Remand, the board makes the following Decision on Remand.

The attached stipulated decision (Exhibit "B") is adopted by the board as its decision in the matter with the following change:

1. Term and Condition No. 12 is stricken.

This decision shall become effective at 5:00 p.m. on October 30, 2008.

IT IS SO ORDERED this 30th day of October, 2008.

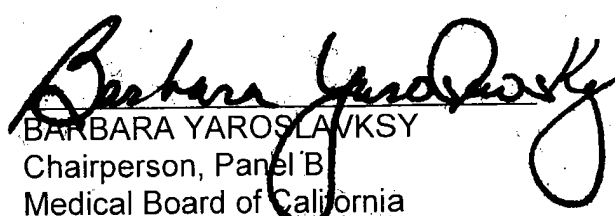

BARBARA YAROSLAVKSY
Chairperson, Panel B
Medical Board of California

Exhibit A

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**SUPERIOR COURT OF THE STATE OF CALIFORNIA
COUNTY OF LOS ANGELES - CENTRAL DISTRICT**

STEVEN JAMES MEE, JR., M.D.,
Petitioner,

v.

CALIFORNIA MEDICAL BOARD, DIVISION
OF CONSUMER AFFAIRS
Respondent.

Case No. BS 115927

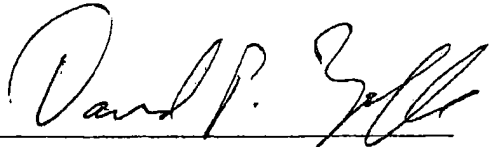
**JUDGMENT AND ORDER OF
REMAND**

Pursuant to a stipulation of the parties and the agreement of this Court, the Decision of the Respondent Medical Board of California is set aside and remanded to the Board solely for redetermination of probationary condition no.12 in its Decision No. 04-2005-167015.

This judgment and order of remand makes no determination on the merit or lack of merit of the petition herein.

IT IS SO ORDERED.

Dated: AUG 26 , 2008.



JUDGE OF THE SUPERIOR COURT

Exhibit B

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

In the Matter of the Accusation)
Against:)
)
)
STEVEN JAMES MEE, JR., M.D.)
)
Physician's and Surgeon's)
Certificate No. A-74290)
)
Respondent)
_____)

File No. 04-2005-167015

DECISION

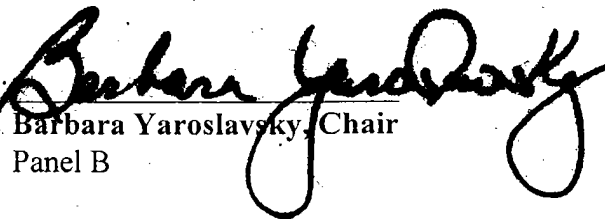
The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on June 23, 2008.

IT IS SO ORDERED May 23, 2008.

MEDICAL BOARD OF CALIFORNIA

By:


Barbara Yaroslavsky, Chair
Panel B

1 EDMUND G. BROWN JR., Attorney General
of the State of California
2 STEVEN V. ADLER
Supervising Deputy Attorney General
3 RICHARD D. HENDLIN, State Bar No. 76742
Deputy Attorney General
4 110 West "A" Street, Suite 1100
San Diego, CA 92101

5
6 P.O. Box 85266
San Diego, CA 92186-5266
Telephone: (619) 645-2071
7 Facsimile: (619) 645-2061

8 Attorneys for Complainant

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

12 In the Matter of the Accusation Against:

13 **STEVEN JAMES MEE, JR., M.D.**
5199 E. Pacific Coast Hwy., #302
14 Long Beach, CA 90804
Physician's and Surgeon's Certificate
15 No. A 74290

16 Respondent.

Case No. 04-2005-167015

OAH No. L-2007060079

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

17
18 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the
19 above-entitled proceedings that the following matters are true:

20 **PARTIES**

- 21 1. Barbara Johnston (Complainant) is the Executive Director of the Medical
22 Board of California. She is represented in this matter by Edmund G. Brown Jr., Attorney
23 General of the State of California, by Richard D. Hendlin, Deputy Attorney General.
- 24 2. Respondent STEVEN JAMES MEE, JR., M.D. (Respondent) is
25 represented in this proceeding by attorney James A. Demarais, Esq., whose address is 752 Town
26 & Country Road
27 Orange, California 92868, and whose telephone number is (714) 241-7135.

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1 3. On or about April 12, 2001, the Medical Board of California issued
2 Physician's and Surgeon's Certificate No. A 74290 to STEVEN JAMES MEE, JR., M.D. The
3 Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the
4 charges brought in Accusation No. 04-2005-167015 and will expire on December 31, 2008,
5 unless renewed.

6 **JURISDICTION**

7 4. Accusation No. 04-2005-167015 was filed before the Medical Board of
8 California (Board) , Department of Consumer Affairs, and is currently pending against
9 Respondent. A true and correct copy of the Accusation and all other statutorily required
10 documents were properly served on Respondent on May 11, 2007. Respondent timely filed his
11 Notice of Defense contesting the Accusation. A true and correct copy of Accusation No.
12 04-2005-167015 is attached as Exhibit A and incorporated herein by reference.

13 **ADVISEMENT AND WAIVERS**

14 5. Respondent has carefully read, fully discussed with counsel, and
15 understands the charges and allegations in Accusation No. 04-2005-167015. Respondent has
16 also carefully read, fully discussed with counsel, and understands the effects of this Stipulated
17 Settlement and Disciplinary Order.

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

25 7. Respondent is also fully aware of his legal rights under Business and
26 Professions Code section 2307 to petition for early termination or modification of probation
27 during the probation.

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8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above. Respondent understands that he will be on probation the entire seven years of probation and will not be able to petition for early termination or modification of the probation.

CULPABILITY

9. Respondent agrees that, at an administrative hearing, complainant could establish a *prima facie* case with respect to the charges and allegations contained in Accusation No. 04-2005-167015, and that he has thereby subjected his license to disciplinary action, and that he agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

10. Respondent agrees that if the Board ever petitions for revocation of probation, all of the charges and allegations contained in Accusation No. 04-2005-167015 shall be deemed true and correct for purposes of that proceeding or any other licensing proceeding involving respondent in the State of California.

CONTINGENCY

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

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1 **OTHER MATTERS**

2 12. This Stipulated Settlement and Disciplinary Order is intended by the
3 parties herein to be an integrated writing representing the complete, final and exclusive
4 embodiment of the agreements of the parties in the above-entitled matter.

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

8 14. In consideration of the foregoing admissions and stipulations, the parties
9 agree that the Board may, without further notice or formal proceeding, issue and enter the
10 following Disciplinary Order:

11 **DISCIPLINARY ORDER**

12 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A
13 74290 issued to Respondent STEVEN JAMES MEE, JR., M.D. (Respondent) is revoked.
14 However, the revocation is stayed and Respondent is placed on probation for seven (7) years on
15 the following terms and conditions.

16 1. **CONTROLLED SUBSTANCES - ABSTAIN FROM USE** Respondent
17 shall abstain completely from the personal use or possession of controlled substances as defined
18 in the California Uniform Controlled Substances Act, dangerous drugs as defined by Business
19 and Professions Code section 4022, and any drugs requiring a prescription. This prohibition does
20 not apply to medications lawfully prescribed to respondent by another practitioner for a bona fide
21 illness or condition.

22 Within 15 calendar days of receiving any lawful prescription medications,
23 respondent shall notify the Board or its designee of the: issuing practitioner's name, address, and
24 telephone number; medication name and strength; and issuing pharmacy name, address, and
25 telephone number.

26 2. **BIOLOGICAL FLUID TESTING** Respondent shall immediately submit
27 to biological fluid testing, at respondent's expense, upon the request of the Board or its designee.
28 A certified copy of any laboratory test results may be received in evidence in any proceedings

1 between the Board and the respondent. Failure to submit to, or failure to complete the required
2 biological fluid testing, is a violation of probation.

3 3. COMMUNITY SERVICE - FREE SERVICES Within 60 calendar days
4 of the effective date of this Decision, respondent shall submit to the Board or its designee for
5 prior approval a community service plan in which respondent shall during each and every year of
6 the seven years of probation, provide at least 120 hours of free medical services to a community
7 or non-profit organization, for a total of at least 840 hours of community or non-profit free
8 medical services over the seven years of probation. Respondent may not accelerate the rate in
9 which he provides the community service hours and may not carry over hours provided in one
10 year into another year. The community service hours must be completed not later than 2 months
11 prior to the completion of probation.

12 Prior to engaging in any community service, respondent shall provide a true copy
13 of the Decision to the chief of staff, director, office manager, program manager, officer, or the
14 chief executive officer at every community or non-profit organization where respondent provides
15 community service and shall submit proof of compliance to the Board or its designee within 15
16 calendar days. This condition shall also apply to any change(s) in community service.

17 Community service performed prior to the effective date of the Decision shall not
18 be accepted in fulfillment of this condition.

19 4. EDUCATION COURSE Within 60 calendar days of the effective date of
20 this Decision, and on an annual basis thereafter, respondent shall submit to the Board or its
21 designee for its prior approval educational program(s) or course(s) which shall not be less than
22 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be
23 aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified,
24 limited to classroom, conference, or seminar settings. The educational program(s) or course(s)
25 shall be at respondent's expense and shall be in addition to the Continuing Medical Education
26 (CME) requirements for renewal of licensure. Following the completion of each course, the
27 Board or its designee may administer an examination to test respondent's knowledge of the

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1 course. Respondent shall provide proof of attendance for 65 hours of continuing medical
2 education of which 40 hours were in satisfaction of this condition.

3 5. PRESCRIBING PRACTICES COURSE Within 60 calendar days of the
4 effective date of this Decision, respondent shall enroll in a course in prescribing practices, at
5 respondent's expense, approved in advance by the Board or its designee. Failure to successfully
6 complete the course during the first 6 months of probation is a violation of probation.

7 A prescribing practices course taken after the acts that gave rise to the charges in
8 the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the
9 Board or its designee, be accepted towards the fulfillment of this condition if the course would
10 have been approved by the Board or its designee had the course been taken after the effective
11 date of this Decision.

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

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

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

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

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

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

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

13 8. PROFESSIONAL BOUNDARIES PROGRAM Within 60 calendar days
14 from the effective date of this Decision, respondent shall enroll in a professional boundaries
15 program, at respondent's expense, equivalent to the Professional Boundaries Program, Physician
16 Assessment and Clinical Education Program at the University of California, San Diego School of
17 Medicine ("Program"). Respondent, at the Program's discretion, shall undergo and complete the
18 Program's assessment of respondent's competency, mental health and/or neuropsychological
19 performance, and at minimum, a 24 hour program of interactive education and training in the
20 area of boundaries, which takes into account data obtained from the assessment and from the
21 Decision, Accusation and any other information that the Board or its designee deems relevant.
22 The Program shall evaluate respondent at the end of the training, and the Program shall provide
23 any data from the assessment and training as well as the results of the evaluation to the Board or
24 its designee.

25 Failure to complete the entire Program not later than six months after respondent's
26 initial enrollment shall constitute a violation of probation unless the Board or its designee agrees
27 in writing to a later time for completion. Based on respondent's performance in and evaluations
28 from the assessment, education, and training, the Program shall advise the Board or its designee

1 of its recommendation(s) for additional education, training, psychotherapy and other measures
2 necessary to ensure that respondent can practice medicine safely. Respondent shall comply with
3 Program recommendations. At the completion of the Program, respondent shall submit to a final
4 evaluation. The Program shall provide the results of the evaluation to the Board or its designee.

5 The Program's determination whether or not respondent successfully completed
6 the Program shall be binding.

7 Failure to participate in and complete successfully all phases of the Program, as
8 outlined above, is a violation of probation.

9 If respondent fails to complete the Program within the designated time period,
10 respondent shall cease the practice of medicine within 72 hours after being notified by the Board
11 or its designee that respondent failed to complete the Program.

12 9. PSYCHIATRIC EVALUATION Within 30 calendar days of the
13 effective date of this Decision, and on whatever periodic basis thereafter may be required by the
14 Board or its designee, respondent shall undergo and complete a psychiatric evaluation (and
15 psychological testing, if deemed necessary) by a Board-appointed board certified psychiatrist,
16 who shall consider any information provided by the Board or designee and any other information
17 the psychiatrist deems relevant, and shall furnish a written evaluation report to the Board or its
18 designee. Psychiatric evaluations conducted prior to the effective date of the Decision shall not
19 be accepted towards the fulfillment of this requirement. Respondent shall pay the cost of all
20 psychiatric evaluations and psychological testing.

21 Respondent shall comply with all restrictions or conditions recommended by the
22 evaluating psychiatrist within 15 calendar days after being notified by the Board or its designee.
23 Failure to undergo and complete a psychiatric evaluation and psychological testing, or comply
24 with the required additional conditions or restrictions, is a violation of probation.

25 10. PSYCHOTHERAPY Within 60 calendar days of the effective date of this
26 Decision, respondent shall submit to the Board or its designee for prior approval the name and
27 qualifications of a board certified psychiatrist or a licensed psychologist who has a doctoral
28 degree in psychology and at least five years of postgraduate experience in the diagnosis and

1 treatment of emotional and mental disorders. Upon approval, respondent shall undergo and
2 continue treatment, including any modifications to the frequency of psychotherapy, until the
3 Board or its designee deems that no further psychotherapy is necessary.

4 The psychotherapist shall consider any information provided by the Board or its
5 designee and any other information the psychotherapist deems relevant and shall furnish a written
6 evaluation report to the Board or its designee. Respondent shall cooperate in providing the
7 psychotherapist any information and documents that the psychotherapist may deem pertinent.
8 Respondent shall have the treating psychotherapist submit quarterly status reports to the Board or
9 its designee. The Board or its designee may require respondent to undergo psychiatric
10 evaluations by a Board-appointed board certified psychiatrist.

11 If, prior to the completion of probation, respondent is found to be mentally unfit to
12 resume the practice of medicine without restrictions, the Board shall retain continuing
13 jurisdiction over respondent's license, and the period of probation shall be extended until the
14 Board determines that respondent is mentally fit to resume the practice of medicine without
15 restrictions. Respondent shall pay the cost of all psychotherapy and psychiatric evaluations.

16 Failure to undergo and continue psychotherapy treatment, or comply with any
17 required modification in the frequency of psychotherapy, is a violation of probation.

18 11. NOTIFICATION Prior to engaging in the practice of medicine, the
19 respondent shall provide a true copy of the Decision and Accusation to the Chief of Staff or the
20 Chief Executive Officer at every hospital where privileges or membership are extended to
21 respondent, at any other facility where respondent engages in the practice of medicine, including
22 all physician and locum tenens registries or other similar agencies, and to the Chief Executive
23 Officer at every insurance carrier which extends malpractice insurance coverage to respondent.
24 Respondent shall submit proof of compliance to the Board or its designee within 15 calendar
25 days.

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

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12. SUPERVISION OF PHYSICIAN ASSISTANTS During probation, respondent is prohibited from supervising physician assistants.

13. 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.

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

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

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

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

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

17. RESIDING OR PRACTICING OUT-OF-STATE In the event respondent should leave the State of California to reside or to practice, respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return. Non-practice

1 is defined as any period of time exceeding 30 calendar days in which respondent is not engaging
2 in any activities defined in Sections 2051 and 2052 of the Business and Professions Code.

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

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

18 18. FAILURE TO PRACTICE MEDICINE - CALIFORNIA RESIDENT

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

27 All time spent in an intensive training program which has been approved by the
28 Board or its designee shall be considered time spent in the practice of medicine. For purposes of

1 this condition, non-practice due to a Board-ordered suspension or in compliance with any other
2 condition of probation, shall not be considered a period of non-practice.

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

6 19. COMPLETION OF PROBATION Respondent shall comply with all
7 financial obligations (e.g., probation costs) not later than 120 calendar days prior to the
8 completion of probation. Upon successful completion of probation, respondent's certificate shall
9 be fully restored.

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

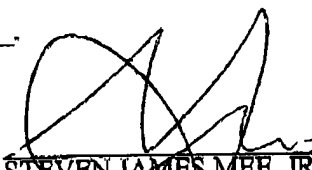
17 21. LICENSE SURRENDER Following the effective date of this Decision, if
18 respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy
19 the terms and conditions of probation, respondent may request the voluntary surrender of
20 respondent's license. The Board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

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1 22. PROBATION MONITORING COSTS Respondent shall pay the costs
 2 associated with probation monitoring each and every year of probation, as designated by the
 3 Board. Such costs shall be payable to the Medical Board of California and delivered to the Board
 4 or its designee no later than January 31 of each calendar year. Failure to pay costs within 30
 5 calendar days of the due date is a violation of probation.

6 ACCEPTANCE

7 I have carefully read the above Stipulated Settlement and Disciplinary Order and
 8 have fully discussed it with my attorney, James A. Demarais, Esq. I understand the stipulation
 9 and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated
 10 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be
 11 bound by the Decision and Order of the Medical Board of California.

12 DATED: 4/23/08
 13 
 14 STEVEN JAMES MEE, JR., M.D.
 15 Respondent

16 I have read and fully discussed with Respondent STEVEN JAMES MEE, JR.,
 17 M.D., the terms and conditions and other matters contained in the above Stipulated Settlement
 18 and Disciplinary Order. I approve its form and content.

19 DATED: 04/23/08
 20 
 21 JAMES A. DEMARAIS, ESQ.
 22 Attorney for Respondent

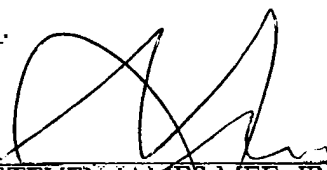
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1 22. PROBATION MONITORING COSTS Respondent shall pay the costs
 2 associated with probation monitoring each and every year of probation, as designated by the
 3 Board. Such costs shall be payable to the Medical Board of California and delivered to the Board
 4 or its designee no later than January 31 of each calendar year. Failure to pay costs within 30
 5 calendar days of the due date is a violation of probation.

ACCEPTANCE


7 I have carefully read the above Stipulated Settlement and Disciplinary Order and
 8 have fully discussed it with my attorney, James A. Demarais, Esq. I understand the stipulation
 9 and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated
 10 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be
 11 bound by the Decision and Order of the Medical Board of California.

12 DATED: 4/23/08

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 14 
 15 STEVEN JAMES MEE, JR., M.D.
 Respondent

16 I have read and fully discussed with Respondent STEVEN JAMES MEE, JR.,
 17 M.D., the terms and conditions and other matters contained in the above Stipulated Settlement
 18 and Disciplinary Order. I approve its form and content.

19 DATED: 04/23/08

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 22 JAMES A. DEMARAIS, ESQ.
 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 of the Department of Consumer Affairs.

DATED: April 24th, 2008

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of the State of California

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Supervising Deputy Attorney General

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Deputy Attorney General

Attorneys for Complainant

DOJ Matter ID: SD2007801089
80225643.wpd

Exhibit A

**In the Matter of the Accusation Against:
STEVEN JAMES MEE, JR., M.D.**

Accusation No. 04-2005-167015

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO May 11 2007
BY Catherine Reynolds ANALYST

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

12 In the Matter of the Accusation Against:

Case No. 04-2005-167015

13 **STEVEN JAMES MEE, JR., M.D.**
14 5199 E. Pacific Coast Hwy., #302
Long Beach, CA 90804

ACCUSATION

15 Physician's and Surgeon's Certificate
16 No. A 74290

17 Respondent.

18
19 Complainant alleges:

20 **PARTIES**

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

24 2. On or about April 12, 2001, the Medical Board of California issued
25 Physician's and Surgeon's Certificate Number A 74290 to STEVEN JAMES MEE, JR., M.D.
26 ("Respondent"). The Physician's and Surgeon's Certificate was in full force and effect at all
27 times relevant to the charges brought herein and will expire on December 31, 2008, unless
28 renewed.

JURISDICTION

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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 2227 of the Code states:

"(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the division, may, in accordance with the provisions of this chapter:

"(1) Have his or her license revoked upon order of the division.

"(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the division.

"(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the division.

"(4) Be publicly reprimanded by the division.

"(5) Have any other action taken in relation to discipline as part of an order of probation, as the division or an administrative law judge may deem proper.

"(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the division and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1."

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1 5. Section 2234 of the Code states:

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

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

8 "(b) Gross negligence.

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

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

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

21 "(d) Incompetence.

22 "(e) The commission of any act involving dishonesty or corruption which
23 is substantially related to the qualifications, functions, or duties of a physician and
24 surgeon.

25 "(f) Any action or conduct which would have warranted the denial of a
26 certificate.

27 "(g)"

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

6 7. Section 2239 of the Code states:

7 “(a) The use or prescribing for or administering to himself or herself, of
8 any controlled substance; or the use of any of the dangerous drugs specified in
9 Section 4022, or of alcoholic beverages, to the extent, or in such a manner as to be
10 dangerous or injurious to the licensee, or to any other person or to the public, or to
11 the extent that such use impairs the ability of the licensee to practice medicine
12 safely or more than one misdemeanor or any felony involving the use,
13 consumption, or self-administration of any of the substances referred to in this
14 section, or any combination thereof, constitutes unprofessional conduct. The
15 record of the conviction is conclusive evidence of such unprofessional conduct.

16 “(b) A plea or verdict of guilty or a conviction following a plea of nolo
17 contendere is deemed to be a conviction within the meaning of this section. The
18 Division of Medical Quality may order discipline of the licensee in accordance
19 with Section 2227 or the Division of Licensing may order the denial of the license
20 when the time for appeal has elapsed or the judgment of conviction has been
21 affirmed on appeal or when an order granting probation is made suspending
22 imposition of sentence, irrespective of a subsequent order under the provisions of
23 Section 1203.4 of the Penal Code allowing such person to withdraw his or her plea
24 of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or
25 dismissing the accusation, complaint, information, or indictment.”

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8. Section 2242 of the Code states:

“(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without a good faith prior examination and medical indication therefor, constitutes unprofessional conduct.

“(b) No licensee shall be found to have committed unprofessional conduct within the meaning of this section if, at the time the drugs were prescribed, dispensed, or furnished, any of the following applies:

“(1) The licensee was a designated physician and surgeon or podiatrist serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and if the drugs were prescribed, dispensed, or furnished only as necessary to maintain the patient until the return of his or her practitioner, but in any case no longer than 72 hours.

“(2) The licensee transmitted the order for the drugs to a registered nurse or to a licensed vocational nurse in an inpatient facility, and if both of the following conditions exist:

“(A) The practitioner had consulted with such registered nurse or licensed vocational nurse who had reviewed the patient's records.

“(B) The practitioner was designated as the practitioner to serve in the absence of the patient's physician and surgeon or podiatrist, as the case may be.

“(3) The licensee was a designated practitioner serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and was in possession of or had utilized the patient's records and ordered the renewal of a medically indicated prescription for an amount not exceeding the original prescription in strength or amount or for more than one refilling.

“(4) The licensee was acting in accordance with Section 120582 of the Health and Safety Code.”

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1 James. Although the prescription bottle was labeled as containing Ambien, 10 mg., in
2 fact, it contained approximately 16 to 20 scored tablets of Klonopin (Clonazepam)^{1/}, 2 mg.
3 Respondent told L.C. that Klonopin could make her tired, and to take only one-half of a
4 pill. He did not tell her about the effects of taking Klonopin with alcohol, nor did he ask
5 whether she was taking any other medications at the time or take any medical history.
6 Respondent did not provide patient L.C. with a properly labeled container identifying the
7 medication, dosage, and instructions for use. Over the next six months or so, patient L.C.
8 took a half of tablet of Klonopin when she had big sales meetings.

9 14. On or about February 1, 2005, Respondent, without obtaining a
10 history or performing a good-faith physical examination, and without seeing patient L.C.
11 in his office, phoned in a prescription to the Sav-On Pharmacy at 989 Avenida Pico, in San
12 Clemente, California, for patient L.C. for: 1) Neurontin^{2/}, 300 mg., #60, with three refills,
13 and 2) Ambien^{3/}, 10 mg., #30, with 1 refill. Respondent failed to explain to patient L.C.
14 the benefits and risks of the medications including any potential side effects. Respondent
15 also failed to document that he provided the medications or the indications for such
16 prescriptions. Patient L.C. took one of Neurontin pills which made her feel "jittery and
17 shaky" so she stopped taking it. She took the Ambien for sleep.

18 15. In response to a Medical Board of California subpoena, Respondent
19 provided a certification of no records for patient L.C.

20 16. On or about March 5, 2005, respondent and patient L.C. drove in
21 respondent's car to the Long Beach Marina where respondent owned a sail boat.
22 Respondent and patient L.C. arrived at his boat about 2:30 p.m., where they each drank

23
24 1. Clonazepam, the generic name of Klonopin, is listed in Schedule IV of the Controlled
Substances Act and is a depressant. (Health and Safety Code §11057, subd. (d)(7).)

25 2. Neurontin, generically known as gabapentin, is an anti-seizure medication and
26 neurotransmitter used for pain syndromes and is a "dangerous drug" as defined by Business
and Professions Code section 4022.

27 3. Ambien, (generic name: Zolpidem tartrate,) is a Schedule IV controlled substance and a
28 sedative/hypnotic." (Health and Safety Code §11057, subd. (d)(32)

1 about one and one-half beers and listened to music. They then met respondent's father and
2 a male friend of his father on another boat and talked for about a half-hour. Respondent's
3 father brought out some marijuana which he described as strong, and respondent and
4 patient L.C. smoked marijuana from a pipe. Respondent commented that the pot was
5 more potent than normal, and that it was the same stuff he would be getting soon. Patient
6 L.C. really felt the effects of the pot.

7 17. Also on or about March 5, 2005, at about 5:30 to 6:00 p.m.,
8 respondent and patient L.C. walked from respondent's boat to a Mexican restaurant called
9 Tequila Jacks, in Shoreline Village. During the 30-to-40-minute walk to the restaurant,
10 respondent took out a baggy containing a white Provigil⁴ pill and offered it to patient L.C.
11 She already felt "weird" from the marijuana, so she declined, stating she had to drive
12 home. Respondent told her the Provigil would keep her awake and alert. She took one-
13 half of a Provigil pill. Respondent ingested the other half. Patient L.C. had seen
14 respondent take Provigil several times before when he partied with friends. It was
15 respondent's routine to drink alcohol, smoke pot, and take Provigil when he wanted to
16 party.

17 18. Also on or about March 5, 2005, at the Mexican restaurant,
18 respondent and L.C. had two margaritas and dinner. Respondent had margaritas and shots
19 of liquor. They left the restaurant approximately between 9:30 p.m. to 10:00 p.m. and
20 walked around the marina, returning to respondent's boat approximately an hour and a half
21 later.

22 19. Also on or about March 5, 2005, while aboard respondent's small,
23 older, white sailboat, respondent and L.C. sat opposite each other on bench-type seats.
24 L.C. told respondent that it was late and she had to go home. Respondent told patient L.C.
25 that she should not drive yet, and that she should take a nap and then she would be better
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27
28 4. Provigil, (generic name: modafinil,) is listed in Schedule IV of the Controlled Substance
Act and is a wakefulness-promoting agent. (Health and Safety Code §11057, subd. (c)(3).)

1 able to drive. Respondent removed a white round Klonopin tablet from his overnight bag
2 and gave it to L.C. saying it would help her sleep. Respondent furnished patient L.C. the
3 Klonopin tablet without having conducted a good-faith examination, or discussing the
4 indications, benefits, or risks of the medication. At that time, Respondent did not provide
5 patient L.C. with a properly labeled container identifying the medication, dosage, and
6 instructions for use. Patient L.C. took the Klonopin at that time. After taking the
7 Klonopin, patient L.C.'s awareness became "fuzzy." Respondent came over and sat next
8 to her and they ended up in having sexual intercourse on the bed in the boat's cabin.
9 Patient L.C. only remembers bits and pieces of them having sex. Respondent used a
10 condom. Patient L.C. felt respondent knowingly gave her the mixture of drugs and alcohol
11 to impair her judgment for the purpose of having sex with her. She never gave her consent
12 to have sex with respondent.

13 20. On or about March 15, 2005, patient L.C. went to respondent's
14 house where respondent sold her a plastic bag containing approximately one-eighth of an
15 ounce of marijuana for approximately \$30.00 to \$50.00 cash.

16 **Patient R.S.**

17 21. On or about March 30, 2004, respondent wrote a prescription for
18 Provigil for patient R.S., a 33-year-old male drug company representative. Respondent
19 used R.S.'s name on the prescription, but wanted it for his own use. Respondent asked
20 R.S. to fill the prescription stating that respondent's insurance would not cover it. Patient
21 R.S. was angry and told respondent he didn't want respondent using his name to get drugs,
22 but finally agreed to fill the prescription. On or about March 30, 2004, respondent also
23 wrote a prescription for Trazodone^{5/}, 100 mg., for patient R.S., but it was never filled.

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26 5. Trazodone requires a prescription and is a "dangerous drug" under Business and
27 Professions Code section 4022. It is in the class of drugs called serotonin modulators and is
28 primarily used as an antidepressant.

1 22. On or about April 3, 2004, patient R.S. filled the Provigil
2 prescription at the Rite Aid Pharmacy located at 1720 Aviation Boulevard in Redondo
3 Beach, California, and gave it to respondent.

4 23. On or about December 31, 2004, respondent wrote prescriptions for
5 Hydromet cough syrup, 420 ml., (a Schedule III drug), and Flonase nasal spray for patient
6 R.S., who filled them on or about December 31, 2004. Patient R.S. used a small portion of
7 the cough syrup. Respondent came over to R.S.'s house and left, taking the rest of the
8 cough syrup with him.

9 24. In connection with the prescriptions described above in paragraphs
10 20 and 22, at no time did respondent see patient R.S in his office, take a history from
11 patient R.S., conduct a good faith medical examination of patient R.S., or maintain
12 adequate and accurate records regarding patient R.S. Respondent provided the Medical
13 Board Investigator a certificate of no records regarding patient R.S.

14 **Respondent's Interview With the Medical Board Investigator**

15 25. On or about February 23, 2006, during a tape-recorded interview
16 with a Medical Board investigator at the Board's Tustin District Office, respondent denied
17 giving Provigil to patient L.C. on March 5, 2005. Respondent admitted giving Klonopin
18 to patient L.C. on March 5, 2005, but stated he gave it to her after they had sexual
19 intercourse. Respondent stated he intermittently takes Klonopin and Provigil.

20 26. Respondent committed gross negligence in his care and treatment
21 of patients L.C. and R.S., which included, but was not limited to the following:

22 A. In or about early September 2004, Respondent, without
23 obtaining a history or performing a good-faith physical examination, and
24 without seeing patient L.C. in his office, gave patient L.C. a prescription
25 bottle labeled as prescribed to respondent for Ambien, 10 mg. In fact,
26 however, the bottle contained approximately 16 to 20 scored tablets of
27 Klonopin (Clonazepam), 2 mg. Respondent failed to tell patient L.C. about
28 the effects of taking Klonopin with alcohol, failed to ask her whether she

1 was taking any other medications at the time and he failed to take any
2 medical history. Respondent failed to provide patient L.C. with a properly
3 labeled container identifying the medication, dosage, and instructions for
4 use.

5 B. On or about February 1, 2005, Respondent, without
6 obtaining a history or performing a good-faith physical examination, and
7 without seeing patient L.C. in his office, phoned in a prescription for
8 patient L.C. for: 1) Neurontin, 300 mg., #60, with three refills, and 2)
9 Ambien, 10 mg., #30, with 1 refill. Respondent failed to explain to patient
10 L.C. the benefits and risks of the medications including any potential side
11 effects. Respondent also failed to document that he provided the
12 medications or the indications for such prescriptions.

13 C. On or about March 30, 2004, respondent, without obtaining
14 a history or performing a good-faith physical examination, and without
15 seeing patient R.S. in his office, wrote a prescription for Provigil for patient
16 R.S. Respondent used R.S.'s name on the prescription, but the drugs were
17 for respondent's own use. On or about April 3, 2004, patient R.S. filled the
18 Provigil prescription and gave the drugs to respondent.

19 D. On or about March 30, 2004, respondent, without obtaining
20 a history or performing a good-faith physical examination, and without
21 seeing patient R.S. in his office, wrote a prescription for Trazodone, 100
22 mg., for patient R.S.

23 E. On or about February 1, 2005, respondent failed to
24 document that he provided medications to patient L.C. and the indications
25 for such prescriptions.

26 F. On or about March 30, 2004, and December 31, 2004,
27 Respondent failed to document that he provided medications to patient R.S.
28 and the indications for such prescriptions.

1 G. Respondent failed to maintain adequate and accurate records
2 regarding patient L.C.

3 H. Respondent failed to maintain adequate and accurate records
4 regarding patient R.S.

5 I. On or about March 5, 2005, respondent engaged in a sexual
6 relationship with patient L.C., a patient to whom he had prescribed multiple
7 medications.

8 J. On or about March 5, 2005, respondent provided
9 medications to patient L.C. while respondent was under the influence of
10 alcohol and/or marijuana.

11 K. On or about March 5, 2005, respondent provided patient
12 L.C. with unlabeled Klonopin, which he removed from his overnight bag
13 while they were aboard his boat.

14 L. On or about March 5, 2005, respondent, without obtaining a
15 history or performing a good-faith physical examination, and without
16 discussing the indications, benefits, and risks of the medication, dispensed
17 Klonopin to patient L.C.

18 M. On or about early September 2004, respondent provided
19 patient L.C. with an prescription bottle labeled as being prescribed to
20 respondent for Ambien, but actually containing Klonopin.

21 N. On or about early March 5, 2005, and March 15, 2005,
22 respondent provided patient L.C. with marijuana, a Schedule I drug.

23 **SECOND CAUSE FOR DISCIPLINE**

24 **(Repeated Negligent Acts)**

25 27. Respondent is subject to disciplinary action under sections 2227 and
26 2234, as defined by section 2234, subdivision (c) in that he committed repeated negligent
27 acts in his care and treatment of patients L.C. and R.S., as set forth in Paragraphs 11

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1 through 25 A-N, inclusive, above, which are incorporated herein by reference as though
2 fully set forth.

3 **THIRD CAUSE FOR DISCIPLINE**

4 **(Incompetence)**

5 28. Respondent is further subject to disciplinary action under Code
6 sections 2220, 2227 and 2234, as defined by Code section 2234 subdivision (d), in that he
7 was incompetent in his care and treatment of patients L.C. and R.S., as more fully set forth
8 in paragraphs 12 through 25 A-N, inclusive, above, which are incorporated herein by
9 reference as though fully set forth.

10 **FOURTH CAUSE FOR DISCIPLINE**

11 **(General Unprofessional Conduct)**

12 29. Respondent is further subject to disciplinary action under Code
13 sections 2220, 2227 and 2234 for general unprofessional conduct in that he breached the
14 rules of the ethical code of the medical profession, and/or committed acts of conduct
15 which are unbecoming to a member in good standing of the medical profession, and which
16 demonstrate an unfitness to practice medicine, as more fully set forth in paragraphs 12
17 through 25 A-N, inclusive, above, which are incorporated herein by reference as though
18 fully set forth.

19 **FIFTH CAUSE FOR DISCIPLINE**

20 **(Sexual Relations With Patient)**

21 30. Respondent is subject to disciplinary action under sections Code
22 sections 2220, 2227 and 2234 as defined by Code section 726 in that he had sexual
23 relations with patient L.C., as more fully set forth in paragraphs 12 through 18, inclusive,
24 above, which are incorporated herein by reference as though fully set forth.

25 **SIXTH CAUSE FOR DISCIPLINE**

26 **(Excessive Use of Drugs or Alcohol)**

27 31. Respondent is subject to disciplinary action under sections Code
28 sections 2220, 2227 and 2234 as defined by Code section 2239 in that he used or

1 prescribed for or administered to himself, a controlled substance, or used of any of the
2 dangerous drugs specified in Section 4022, or of alcoholic beverages, to the extent, or in
3 such a manner as to be dangerous or injurious to himself, or to any other person or to the
4 public, or to the extent that such use impaired his ability to practice medicine safely, as
5 more fully set forth in paragraphs 12 through 18, inclusive, above, which are incorporated
6 herein by reference.

7 SEVENTH CAUSE FOR DISCIPLINE

8 (Furnishing Dangerous Drugs Without Examination)

9 32. Respondent is further subject to disciplinary action under Code
10 sections 2220, 2227 and 2234 as defined by Code section 2242 of the Code in that he
11 prescribed, dispensed, or furnished dangerous drugs as defined in Section 4022 without a
12 good faith prior examination and medical indication therefor, as more fully set forth in
13 paragraphs 12 through 25, inclusive, above, which are incorporated herein by reference as
14 though fully set forth.

15 EIGHTH CAUSE FOR DISCIPLINE

16 (Failure to Maintain Adequate and Accurate Medical Records)

17 33. Respondent is further subject to disciplinary action under Code
18 sections 2220, 2227 and 2234 as defined by Code section 2266 in that he failed to
19 maintain adequate and accurate medical records regarding his provision of medical
20 services to patients L.C. and R.S. as more fully set forth in paragraphs 11 through 23,
21 inclusive, above, which are incorporated herein by reference as though fully set forth.

22 NINTH CAUSE FOR DISCIPLINE

23 (Dishonesty and Corruption)

24 34. Respondent is further subject to disciplinary action under Code
25 sections 2220, 2227 and 2234 as defined by Code section 2234, subdivision (e), in that he
26 committed acts of dishonesty or corruption substantially related to the qualifications,
27 functions, or duties of a physician and surgeon as more fully set forth in paragraphs 19
28 through 24, above, which are incorporated herein by reference as though fully set forth.

1 PRAYER

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

5 1. Revoking or suspending Physician's and Surgeon's Certificate
6 Number A 74290, issued to Steven James Mee, Jr., M.D.

7 2. Revoking, suspending or denying approval of Steven James Mee,
8 Jr., M.D.'s authority to supervise physician's assistants, pursuant to section 3527 of the
9 Code;

10 3. Ordering Steven James Mee, Jr., M.D., if placed on probation, to
11 pay the Division of Medical Quality the costs of probation monitoring; and

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

14
15 DATED: May 11, 2007

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17 

18 DAVID T. THORNTON
19 Executive Director
20 Medical Board of California
21 Department of Consumer Affairs
22 State of California
23 Complainant

24 SD2006801266
25 80129909.wpd