

LICENSE NO. G3541

**IN THE MATTER OF
THE LICENSE OF
FRANK ELMER LANE, MD**

**BEFORE THE

TEXAS MEDICAL BOARD**

AGREED ORDER ON FORMAL FILING

On the 14 day of August, 2026, came on to be heard before the Texas Medical Board (the Board), duly in session, the matter of the license of Frank Elmer Lane, MD (Respondent).

On July 1, 2024, Respondent appeared via videoconference with counsel Timothy Weitz at an Informal Show Compliance Proceeding and Settlement Conference (ISC) in response to letters of invitation from the staff of the Board (Board Staff). The Board's representatives were Sherif Zaafran, MD, member of the Board, and Lewis J. Benavides, member of District Review Committee 2 (Panel). Michael Bostic represented Board Staff. The ISC was deferred.

On January 27, 2025, Respondent appeared via videoconference without counsel at an ISC in response to letters of invitation from Board Staff. The Board's representatives were Sherif Zaafran, MD and Tomeka Herod, members of the Board (Panel). Meredith Massey represented Board Staff. Board Staff was not able to negotiate a resolution to this matter with Respondent.

On July 9, 2025, Board Staff filed a Complaint (Docket No. 503-25-23216.MD) with the State Office of Administrative Hearings (SOAH) alleging violations of the Medical Practice Act (Act) and Board Rules as to one patient (Patient 1).

On August 4, 2025, Respondent appeared via videoconference without counsel at an ISC in response to letters of invitation from Board Staff. The Board's representatives were Sherif Zaafran, MD and Tomeka Herod, members of the Board (Panel). Meredith Massey represented Board Staff. Board Staff was not able to negotiate a resolution to this matter with Respondent.

On December 5, 2025, Board Staff filed a First Amended Complaint to allege violations as to a second patient (Patient 2). Subsequent to the filing of the Complaint and the First Amended Complaint, but before a hearing on the merits, the Parties negotiated an agreement to resolve the case and have agreed to the terms and conditions set forth in this Agreed Order on Formal Filing. For the SOAH proceeding, C. Trey Scott, Mark S. Kennedy, and Lurese Terrell represented Respondent. Meredith Massey represented Board Staff and drafted this Order.

BOARD CHARGES

Board Staff charges that Respondent violated the Medical Practice Act and Board Rules regarding two patients. For Patient 1, Respondent engaged in unprofessional and dishonorable conduct, failed to meet the standard of care, interfered in the Board's investigation of the complaint against him, and failed to maintain complete and accurate medical and billing records. For Patient 2, Respondent failed to meet the standard of care, engaged in nontherapeutic prescribing of controlled substances, and interfered in the Board's investigation of the complaint against him.

BOARD HISTORY

Respondent has previous Board history. In 2004, the Board and Respondent entered an Agreed Order based on Respondent's failure to release medical records timely, requiring him to pay an administrative penalty of \$500. In 2020, the Board entered a Final Order reprimanding Respondent for failure to respond timely to a patient's request for medical records, requiring him to complete eight hours of CME and to pay an administrative penalty of \$500.

Upon the recommendation of the Board's representatives, and with the consent of Respondent, the Board makes the following Findings and Conclusions of Law and enters this Agreed Order.

FINDINGS

The Board finds the following:

1. General Findings:
 - a. Respondent received all notice required by law. All jurisdictional requirements have been satisfied. Respondent waives any defect in notice and any further right to notice or hearing under the Medical Practice Act, Texas Occupations Code Title 3, Subtitle B (Act) or the Rules of the Board, Texas Administrative Code Title 22, Part 9 (Board Rules).
 - b. Respondent currently holds Texas Medical License No. G3541. Respondent was originally issued this license to practice medicine in Texas on February 27, 1983. Respondent is not licensed to practice in any other state.

- c. Respondent is primarily engaged in the practice of psychiatry. Respondent is certified by the American Board of Psychiatry & Neurology.

2. Specific Panel Findings:

- a. Respondent became personally involved with Patient 1 in an inappropriate manner by communicating regularly with Patient 1 via text message about social issues outside of the physician-patient relationship and fraternizing with Patient 1 outside of office visits.
- b. Respondent became financially involved with Patient 1 in an inappropriate manner by routinely exchanging and offering to provide monetary assistance and hospitalities of pecuniary value to Patient 1.
- c. Respondent engaged in unnecessary, unprofessional, and nontherapeutic social interactions with Patient 1, an individual with serious mental illness to whom Respondent was prescribing controlled substances and an antipsychotic medication, under the guise of therapy. Respondent generated and submitted medical records and billing statements that misrepresented the services as appropriate to Patient 1's therapy and treatment for her diagnosed conditions.
- d. Respondent improperly contacted Patient 1 regarding the Board's investigation and directed Patient 1 to take certain actions to undermine the credibility of the person who filed the Board complaint against him.
- e. Respondent failed to maintain adequate medical and billing records for Patient 1.
- f. Respondent prescribed high doses of multiple controlled substances to Patient 2, despite being aware and informed of her misuse of her prescribed medications, history of drug overdose, and documented complications.
- g. While under Respondent's care, Patient 2 was hospitalized for Xanax overdose in 2023, for attempted suicide by Klonopin overdose and counterfeit Xanax pills containing fentanyl in 2024, and for attempted suicide by Klonopin overdose and self-mutilation in 2025.
- h. Respondent improperly discussed with Patient 2 regarding the Board's investigation, which resulted in Patient 2 writing a formal letter to the Board in support of Respondent's care.

3. Mitigating Factors:

In determining the appropriate sanctions in this matter, the Panel considered the following mitigating factors:

Respondent has cooperated in the investigation of the allegations related to this Agreed Order. Respondent neither admits nor denies the information given above. To avoid further investigation, hearings, and the expense and inconvenience of litigation, Respondent agrees to the entry of this Agreed Order and to comply with its terms and conditions.

CONCLUSIONS OF LAW¹

Based on the above Findings, the Board concludes that:

1. The Board has jurisdiction over the subject matter and Respondent pursuant to the Act.

2. Section 164.051(a)(1) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's commission of an act prohibited under Section 164.052 of the Act.

3. Section 164.051(a)(3) of the Act authorizes the Board to take disciplinary action against Respondent based on Respondent's violation of a rule adopted under this Act; specifically, Board Rules: 165.1(a), failure to create and maintain an adequate medical record; and 165.1(a)(1), failure to document each patient encounter.

4. Section 164.051(a)(6) of the Act authorizes the Board to take disciplinary action against Respondent for failing to practice medicine in an acceptable professional manner consistent with public health and welfare, as defined by the following Board Rules: 190.8(1)(A), failure to treat a patient according to the generally accepted standard of care; 190.8(1)(B), negligence in performing medical services; 190.8(1)(C), failure to use proper diligence in one's professional practice; 190.8(1)(D), failure to safeguard against potential complications; 190.8(1)(H), failure to disclose reasonable alternative treatments to a proposed procedure or treatment; 190.8(1)(M), inappropriate prescription of dangerous drugs or controlled substances to oneself, family members, or others in which there is a close personal relationship.

¹ Board Rules referenced are those in effect at the time of the action or conduct.

5. Section 164.052(a)(5) of the Act authorizes the Board to take disciplinary action against Respondent for unprofessional or dishonorable conduct that is likely to deceive or defraud the public, as provided in Section 164.053 of the Act, or injure the public, as further defined by the following Board Rules: 190.8(2)(F), engaging in sexually inappropriate behavior or comments directed towards a patient; 190.8(2)(G), becoming financially or personally involved with a patient in an inappropriate manner; 190.8(2)(J), providing medically unnecessary services to a patient or submitting a billing statement to a patient or a third-party payer that the licensee knew or should have known was improper (“Improper” means the billing statement is false, is fraudulent, misrepresents services provided, or otherwise does not meet professional standards); 190.8(2)(K), behaving in an abusive or assaultive manner towards a patient or the patient’s family or representatives that interferes with patient care or could be reasonably expected to impact adversely the quality of care rendered to a patient; 190.8(2)(P), behaving in a disruptive manner towards licensees, hospital personnel, other medical personnel, patients, family members, and others that interferes with patient care or could be reasonably expected to impact adversely the quality of care rendered to a patient; and 190.8(2)(S), contacting or attempting to contact a complainant, witness, medical peer review committee member, or professional review body as defined under Section 160.001 of the Act regarding statements used in an active investigation by the Board for purposes of intimidation.

6. Section 164.053(a)(3) of the Act authorizes the Board to take disciplinary action against Respondent for writing prescriptions for a person who (A) is known to be an abuser of narcotic drugs, controlled substances, or dangerous drugs; or (B) the physician should have known was an abuser of narcotic drugs, controlled substances, or dangerous drugs.

7. Section 164.053(a)(5) of the Act authorizes the Board to take disciplinary action against Respondent for prescribing or administering a drug or treatment that is nontherapeutic in nature or nontherapeutic in the manner in which the drug or treatment is prescribed or administered.

8. Section 164.053(a)(6) of the Act authorizes the Board to take disciplinary action against Respondent for prescribing, administering, or dispensing in a manner inconsistent with public health and welfare: (A) dangerous drugs as defined by Texas Health & Safety Code Chapter 483 or (B) controlled substances scheduled in Texas Health & Safety Code Chapter 481 or the Comprehensive Drug Abuse, Prevention and Control Act of 1970 (21 U.S.C. §§ 801 et seq.).

9. Section 164.001 of the Act authorizes the Board to impose a range of disciplinary actions against a person for violation of the Act or a Board rule.

10. Section 164.002(a) of the Act authorizes the Board to resolve and make a disposition of this matter through an Agreed Order.

ORDER

Based on the above Findings and Conclusions of Law, the Board ORDERS that:

1. This Order constitutes a PUBLIC REPRIMAND of Respondent, and Respondent is hereby reprimanded.

2. Independent Medical Evaluation: Upon entry of this Order, the Executive Director of the Board will designate a physician who is board-certified in psychiatry to serve as the Board's evaluating psychiatrist. Within 30 days thereafter, Respondent shall submit to and obtain an independent medical evaluation from the evaluating psychiatrist.

- a) The independent medical evaluation shall be conducted as directed by the Board, including, at a minimum:
 - 1. Social history and background information;
 - 2. History of present illness;
 - 3. Mental status exam;
 - 4. Review of records and other pertinent information;
 - 5. Current DSM multiaxial diagnosis, and
 - 6. Recommendations regarding continued care and treatment.
- b) The Compliance Division of the Board shall furnish a copy of this Order to the evaluating psychiatrist, who shall make a full report to the Compliance Division of the Board regarding the evaluating psychiatrist's evaluation of Respondent and recommendations.
- c) Respondent shall pay all fees charged by the evaluating psychiatrist.
- d) Respondent shall follow all recommendations made by the evaluating psychiatrist regarding continued care and treatment.

- e) Respondent's failure to cooperate with the evaluating psychiatrist or failure to follow the evaluating psychiatrist's recommendations constitutes a violation of this Order.
- f) If the evaluating psychiatrist recommends continued care and treatment, the Executive Director shall notify Respondent to submit within 30 days letters from up to three physicians who are board-certified in psychiatry and who agree to serve as Respondent's approved treating psychiatrist.
 - 1. The letters from proposed treating psychiatrist(s) shall state that they:
 - a. have been provided a copy of this Order;
 - b. agree to provide psychiatric treatment to Respondent; and
 - c. agree to provide periodic reports regarding Respondent's compliance with treatment and rehabilitation to (a) the Compliance Division of the Board or (b) an independent monitoring psychiatrist.
 - 2. A proposed treating psychiatrist may not be approved unless the proposed treating psychiatrist agrees to provide periodic reports either to the Compliance Division of the Board or to an independent monitoring psychiatrist.
 - 3. The Executive Director may reject all of the proposed treating psychiatrists and require the submission of additional letters or approve one or more to be the approved treating psychiatrist.
 - 4. Respondent shall begin the recommended care and treatment within 30 days after notification of approval of the treating psychiatrist.
 - 5. Respondent shall pay all fees charged by the treating psychiatrist.
 - 6. Respondent shall follow all recommendations made by the treating psychiatrist regarding continued care and treatment.
 - 7. Board staff may furnish to the treating psychiatrist any Board information that it determines, in its discretion, may be helpful or required for the treatment of Respondent.
 - 8. The treating psychiatrist shall provide periodic written reports no less than quarterly, on March 15, June 15, September 15, and December 15 of each year, during Respondent's treatment, either directly to the Compliance

Division of the Board or to an independent monitoring psychiatrist. Periodic reports shall include: (a) current diagnosis; (b) treatment regimen; (c) treatment compliance; (d) follow-up recommendations; and (e) prognosis. The Board or an independent monitoring psychiatrist may request clarification of periodic reports and may request additional reports.

9. The treating psychiatrist may require Respondent to participate in alcohol and/or drug screens and shall immediately report any positive results either directly to the Compliance Division of the Board or to an independent monitoring psychiatrist.
10. The treating psychiatrist shall immediately report, either directly to the Compliance Division of the Board or to an independent monitoring psychiatrist, any unilateral withdrawal from treatment by Respondent.
11. Respondent shall execute any and all releases for medical records and authorizations necessary to effectuate the provisions of this Order.
12. Respondent's failure to cooperate with the treating psychiatrist or failure to follow the treating psychiatrist's recommendations constitutes a violation of this Order.

3. Monitoring Continued Care and Treatment: During any continued care and treatment, the Board shall monitor Respondent's compliance with treatment and rehabilitation, either directly through the treating psychiatrist or through an independent monitoring psychiatrist designated by the Executive Director.

- a) If the approved treating psychiatrist agrees to provide reports directly to the Compliance Division of the Board, with the consent of Respondent, the Executive Director may authorize the treating psychiatrist to serve in the dual capacity as treating psychiatrist for Respondent and monitoring psychiatrist for the Board.
- b) If the approved treating psychiatrist does not agree to provide periodic reports to the Compliance Division of the Board, or if Respondent does not consent, or if the Executive Director requires an independent monitoring psychiatrist, the Executive Director shall designate a physician who is board-certified in psychiatry to serve as the Board's independent monitoring psychiatrist.

Respondent shall pay all fees charged by an independent monitoring psychiatrist.

- c) An independent monitoring psychiatrist may require Respondent to present for a personal interview up to twice each year during treatment.
- d) Respondent shall authorize the treating psychiatrist to provide information necessary for monitoring by the Board, either directly to the Compliance Division of the Board or through an independent monitoring psychiatrist. The information shall be limited to the minimum information necessary to ensure adequate assessment of Respondent's compliance with treatment, rehabilitation, and compliance with the terms of this Order.
- e) An independent monitoring psychiatrist shall provide periodic written reports to the Compliance Division of the Board no less than semi-annually, on March 15 and September 15 of each year, during Respondent's treatment. The monitoring reports shall include: (a) current diagnosis; (b) treatment regimen; (c) treatment compliance; (d) follow-up recommendations; and (e) prognosis.
- f) Board staff may furnish to the monitoring psychiatrist any Board information that it determines, in its discretion, may be helpful or required for the effective monitoring of Respondent's compliance with treatment, rehabilitation, and compliance with this Order.
- g) Respondent's failure to cooperate with the monitoring psychiatrist constitutes a violation of this Order.

4. Chart Monitoring: Respondent shall be subject to the following terms and conditions for 12 consecutive monitoring cycles (defined below). Respondent's practice shall be monitored by a physician (monitor), in accordance with Section 164.001(b)(7) of the Act. The Compliance Division of the Board shall designate the monitor and may change the monitor at any time for any reason. The monitor shall have expertise in a similar specialty area as Respondent. The Compliance Division shall provide a copy of this Order to the monitor, together with other information necessary to assist the monitor.

- a) As requested by the Compliance Division, Respondent shall prepare and provide complete legible copies of selected patient medical and billing records (selected records). The Compliance Division shall select records for at least 30

patients seen by Respondent during each three-month period following the last day of the month of entry of this Order (reporting period). The Compliance Division may select records for more than 30 patients, up to 10 percent of the patients seen during a reporting period. If Respondent fails to see at least 30 patients during any three-month period, the term of this Order shall be extended until Respondent can submit a sufficient number of records for a monitor to review.

- b) The monitor shall perform the following duties:
 - 1. Personally review the selected records;
 - 2. Prepare written reports documenting any perceived deficiencies and any recommendations to improve Respondent's practice of medicine or assist in the ongoing monitoring process. Reports shall be submitted as requested by the Compliance Division; and
 - 3. Perform any other duty that the Compliance Division determines will assist the effective monitoring of Respondent's practice.
- c) The Compliance Division shall provide to Respondent a copy of any deficiencies or recommendations submitted by the monitor. Respondent shall implement the recommendations as directed by the Compliance Division. If the chart monitor recommends that Respondent restrict or suspend his or her practice of medicine, Respondent shall be required to personally appear before a panel of Board representatives, upon written request mailed to Respondent's last known address on file with the Board at least 10 calendar days before the requested appearance date. Such appearance shall be for the purpose of consideration of the chart monitor's recommendations of restriction or suspension and held in accordance with Texas Administrative Code Title 22, Chapter 179. Based upon the Panel's findings and recommendations, the Board may modify this Order so that Respondent's practice is restricted or suspended, in accordance with the chart monitor's recommendations, or take any other action that may be appropriate to resolve the issues presented.
- d) The monitor may recommend that Respondent complete a competency evaluation. A monitor's recommendation for a competency evaluation must be

reviewed by the Chair of the Disciplinary Process and Review Committee (DPRC) for the purpose of making a determination of whether a competency evaluation is warranted. The Chair may approve or deny the monitor's recommendation. If the Chair approves the recommended competency evaluation, then the following terms shall apply and shall be a requirement of this Order:

1. Within 10 calendar days of being notified by the Compliance Division of the Board that the Chair has approved the monitor's recommendation, Respondent must contact a program approved by the Board and schedule an assessment of at least two days in length to determine Respondent's competence and ability to practice medicine.
2. Respondent shall authorize the approved program to send a written report regarding Respondent's performance and results of the competency evaluation directly to the compliance officer.
3. Upon completion of the competency evaluation, and based upon its results, Respondent must personally appear before a panel of Board representatives, upon written request mailed to Respondent's last known address on file with the Board at least 10 calendar days before the requested appearance date. The panel may make recommendations for appropriate action, including that Respondent follow all the program recommendations, comply with other necessary re-training or re-education measures, and may impose any other restrictions or suspension of Respondent's practice. Section 187.44 of this title (relating to Probationer Show Compliance Proceedings) applies to such appearances.
4. The Board may temporarily restrict or suspend Respondent's license based upon the results of the competency evaluation or Respondent's failure to follow any and all requirements set forth in subsection (c) of this section. Chapter 179 Subchapter F of this title (relating to Temporary Suspension and Restriction Proceedings) applies to such proceedings.
5. The monitor shall be the agent of the Board but shall be compensated by the Respondent through the Board. Such compensation and any costs incurred

by the monitor shall be paid by Respondent to the Board and remitted by the Board to the monitor. Respondent shall not charge the compensation and costs paid to the monitor to any patients.

6. A “monitoring cycle” begins when the Compliance Division selects patient records for review and concludes when Respondent receives the monitor’s report for that group of records and has made payment for the costs of that monitoring cycle.

5. Within 30 days from the date of the entry of this Order, Respondent shall contact the University of California San Diego Physician Assessment and Clinical Education (PACE) program to enroll in the Professional Boundaries Program and the PACE PLUS Program with Maintenance of Accountability and Professionalism Individual Coaching Sessions (PACE PLUS with Individual Coaching). Respondent shall execute all necessary releases and authorizations to PACE representatives to allow for a complete copy of the interim and final reports for the programs to be provided to the Compliance Division within 15 days of the completion of each report.

Within 180 days from the date of the entry of this Order, Respondent shall attend and successfully complete the Professional Boundaries Program. Respondent shall submit documentation of attendance and successful completion of this requirement to the Compliance Division of the Board on or before the expiration of the time limit set forth for completion of the course.

Within 180 days from the date of completion of the Professional Boundaries Program, Respondent shall successfully complete PACE PLUS with Individual Coaching. Respondent shall submit documentation of attendance and successful completion of this requirement to the Compliance Division of the Board on or before the expiration of the time limit set forth for completion of the course.

6. Within 30 days from the date of the entry of this Order, Respondent shall contact the University of California San Diego Physician Assessment and Clinical Education (PACE) program to enroll in the Physician Prescribing Program. Respondent shall execute all necessary releases and authorizations to PACE representatives to allow for a complete copy of the interim and final reports for the programs to be provided to the Compliance Division within 15 days of the completion of each report.

7. Within one year of the date of the entry of this Order, Respondent shall take and pass with a score of 75 or above the Jurisprudence Examination (JP Exam) given by the Board. Respondent is allowed three attempts to pass this examination successfully.

Respondent's failure to take and pass the JP Exam within three attempts within one year following the date of the entry of this Order constitutes a violation of this Agreed Order. After a committee of the Board or a panel of Board representatives (Board Representatives) has considered the information related to Respondent's violation of this provision and has determined that Respondent has not fulfilled the requirements of this provision, Respondent's license shall be **IMMEDIATELY SUSPENDED** pursuant to correspondence to Respondent from the Executive Director or Secretary-Treasurer of the Board indicating that Board Representatives have considered the information related to Respondent's violation of this provision and have determined that Respondent has not fulfilled the requirements of this provision. Although Respondent shall be invited to provide information or testimony to the Board Representatives, Respondent specifically waives any administrative due process under the Act or the Administrative Procedure Act for the Board Representatives to consider this information. **THIS SUSPENSION IS EFFECTIVE WITHOUT THE NEED FOR A HEARING AT THE STATE OFFICE OF ADMINISTRATIVE HEARINGS OR OTHER ADMINISTRATIVE DUE PROCESS UNDER THE ACT OR THE ADMINISTRATIVE PROCEDURE ACT, AND RESPONDENT SPECIFICALLY WAIVES ANY SUCH HEARING OR DUE PROCESS AND ALL RIGHTS OF APPEAL.** Respondent shall be notified of any suspension by certified mail, return receipt requested to Respondent's last known address on file with the Board. If Respondent's license is suspended on such a basis, the suspension shall remain in effect until such time as Respondent takes and passes the JP Exam and subsequently appears before the Board in person and provides sufficient evidence that, in the discretion of the Board, is adequate to show that Respondent possesses the skills and knowledge to practice safely in Texas and is otherwise physically and mentally competent to resume the practice in this State.

8. Within one year of the date of the entry of this Order, Respondent shall enroll in and successfully complete at least 16 (sixteen) hours of continuing medical education (CME) approved for Category I credits by the American Medical Association or the American Osteopathic Association divided as follows: eight (8) hours on the topics of ethics and professionalism; four (4) hours on prescribing of controlled substances; and four (4) hours on recordkeeping; each

approved in writing in advance by the Executive Director or a designee. To obtain approval for the course, Respondent shall submit in writing to the Compliance Department information on the course, to include at least a reasonably detailed description of the course content and faculty, as well as the course location and dates of instruction. Respondent shall submit documentation of attendance and successful completion of this requirement to the Compliance Department on or before the expiration of the time limit set forth for completion of the course. The CME requirements set forth in this paragraph is in addition to all other CME required for licensure maintenance.

9. Within 90 days of the date of the entry of this Order, Respondent shall pay an administrative penalty in the amount of \$2,000 (two thousand dollars), in a single payment by cashier's check or money order payable to the Texas Medical Board, submitted to the Board for routing so as to be remitted to the Comptroller of Texas for deposit in the general revenue fund. Respondent's failure to pay the administrative penalty as ordered constitutes grounds for further disciplinary action by the Board and may result in a referral by the Executive Director of the Board for collection by the Office of the Attorney General.

10. At all times while Respondent is under the terms of this Order, Respondent shall give a copy of this Order to all hospitals, nursing homes, treatment facilities, and other health care entities in Texas where Respondent has privileges, has pending an application for privileges, applies for privileges, or otherwise practices. Within 30 days of first being contacted by the Compliance Division of the Board following entry of this Order, Respondent shall provide to the Compliance Division of the Board documentation, including proof of delivery, that the Order was delivered to all such facilities.

11. The time period of this Order is extended for any period of time that: (a) Respondent subsequently practices exclusively outside the State of Texas; (b) this Order is stayed or enjoined by Court Order; or (c) for any period of time longer than 60 consecutive days that Respondent does not actively practice medicine and such cessation in practice is NOT due to a suspension of Respondent's license. Respondent shall immediately notify the Board in writing in the event that Respondent leaves Texas to practice elsewhere or ceases active practice for more than 60 consecutive days. Upon Respondent's return to active practice or return to Texas, Respondent shall notify the Board in writing. Upon return to Texas or active practice, Respondent shall be required to comply with the terms of this Order for the period of time remaining on the Order. Respondent

shall pay all fees for reinstatement or renewal of a license covering the period of extension or tolling. Tolling is in accordance with Board Rules.

12. Respondent shall comply with all the provisions of the Act and other statutes regulating Respondent's practice.

13. Respondent shall fully cooperate with the Board and the Board staff, including Board attorneys, investigators, compliance officers, consultants, and other employees or agents of the Board in any way involved in investigation, review, or monitoring associated with Respondent's compliance with this Order. Failure to cooperate fully constitutes a violation of this order and a basis for disciplinary action against Respondent pursuant to the Act.

14. Respondent shall inform the Board in writing of any change of Respondent's practice or mailing address within 10 days of the address change. This information shall be submitted to the Registrations Department and the Compliance Department of the Board. Failure to provide such information in a timely manner constitutes a basis for disciplinary action by the Board against Respondent pursuant to the Act. Respondent agrees that 10 days' notice of a Probationer Show-Compliance Proceeding to address any allegation of non-compliance with this Agreed Order is adequate and reasonable notice prior to the initiation of formal disciplinary action. Respondent agrees that any proceeding related to this Order may be held in person, by teleconference, or by videoconference at the discretion of the Board.

15. Any violation of the terms, conditions, or requirements of this Order by Respondent constitutes unprofessional conduct likely to deceive or defraud the public, or to injure the public, and constitutes a basis for disciplinary action by the Board against Respondent pursuant to the Act.

16. Respondent shall be permitted to supervise and delegate prescriptive authority to physician assistants and advanced practice nurses and to supervise surgical assistants.

17. The above-referenced conditions continue in full force and effect without opportunity for amendment, except for clear error in drafting, for two years following the date of the entry of this Order. If, after the passage of the two year period, Respondent wishes to seek amendment or termination of these conditions, Respondent may petition the Board in writing. The Board may inquire into the request and may, in its sole discretion, grant or deny the petition without further appeal or review. Petitions for modifying or terminating may be filed only once a year thereafter.

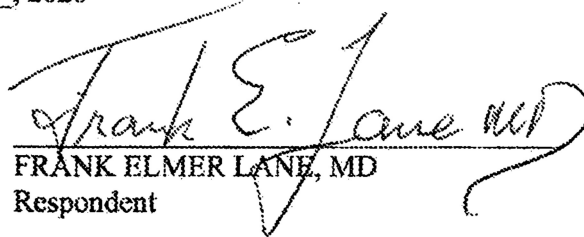
RESPONDENT WAIVES ANY FURTHER HEARINGS OR APPEALS TO THE BOARD OR TO ANY COURT IN REGARD TO ALL TERMS AND CONDITIONS OF THIS AGREED ORDER. RESPONDENT AGREES THAT THIS IS A FINAL ORDER.

THIS ORDER IS A PUBLIC RECORD.

(SIGNATURE PAGES FOLLOW)

I, FRANK ELMER LANE, MD, HAVE READ AND UNDERSTAND THE FOREGOING AGREED ORDER. I UNDERSTAND THAT BY SIGNING, I WAIVE CERTAIN RIGHTS. I SIGN IT VOLUNTARILY. I UNDERSTAND THIS AGREED ORDER CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN, OR OTHERWISE.

DATED: August 13, 2026


FRANK ELMER LANE, MD
Respondent

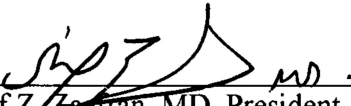
STATE OF _____ §
COUNTY OF _____ §

SWORN TO AND ACKNOWLEDGED BEFORE ME, the undersigned Notary Public, on this day of _____, 2026.

(Notary Seal)

Signature of Notary Public

SIGNED AND ENTERED by the presiding officer of the Texas Medical Board on this
14 day of August, 2026.



Sherif Z. Zafran, MD, President
Texas Medical Board