

December 2024 Public Board Actions List

Georgia Composite Medical Board

The Board issued **four** public orders in **December 2024**. To view each Board order, click on the licensee's name below.

1. **Tammy Foster, RCP**

2038

Respiratory Care Professional

Public Consent Agreement for Reinstatement

2. **Fatisha E. Gayton, MD**

54612

Physician

Public Consent Order

3. **Sinan Haddad, MD**

56455

Physician

Public Consent Order

4. **Jason Stamper, DO**

57253

Physician

Voluntary Surrender

**BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD
STATE OF GEORGIA**

IN THE MATTER OF:

TAMMY FOSTER
RCP License No. 2038,

Reinstatement Applicant.

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DOCKET NO:

GEORGIA COMPOSITE
MEDICAL BOARD

DEC 20 2024

DOCKET NUMBER:

20250034

PUBLIC CONSENT AGREEMENT FOR REINSTATEMENT

Pursuant to O.C.G.A. Title 43, Chapters 1 and 34, the Georgia Composite Medical Board ("Board"), in its discretion, has considered the reinstatement application for licensure of Tammy Foster, ("Applicant") to practice as a respiratory care professional in the State of Georgia. In conjunction therewith, the Board hereby enters its Findings of Fact and Conclusions of Law as follows:

FINDINGS OF FACT

1.

On or about August 4, 1994, Applicant was issued a license to practice as a respiratory care professional in the State of Georgia. On or about June 30, 2024, Applicant's license expired. On or about September 30, 2024, Applicant's license lapsed for failure to renew upon expiration of the late renewal period.

2.

On or about October 25, 2024, Applicant submitted an application for reinstatement of Applicant's license to practice as a respiratory care professional. While reviewing the application, it was discovered that Applicant had worked as a respiratory care professional in Georgia after her license expired.

3.

Applicant waives any further findings of fact with respect to this matter.

CONCLUSIONS OF LAW

The unlicensed practice disclosed by Applicant is grounds for denial of licensure or licensure with discipline under O.C.G.A. Ch. 34, T. 43, as amended. Reinstatement of Applicant's license is within the discretion of the Board. Applicant hereby waives any further conclusions of law with respect to the above-styled matter.

ORDER

Beginning on the effective date of this Consent Agreement, Applicant's license to practice as a respiratory care professional in the State of Georgia shall be reinstated, subject to the following terms:

1.

Applicant shall submit to the Board a fine of **five hundred dollars (\$500.00)** to be paid in full by cashier's check or money order made payable to the Georgia Composite Medical Board within **sixty (60) days** of the effective date of this Consent Agreement. Said fine shall be sent to Georgia Composite Medical Board, 2 MLK Jr. Drive, SE, East Tower, 11th Floor, Atlanta, Georgia 30334, to the attention of the Executive Director. Failure to pay the entire amount by the 60th day shall be considered a violation of this Agreement and shall result in further sanctioning of Applicant's licensure, including revocation, upon substantiation thereof.

2.

This Consent Agreement and dissemination thereof shall be considered a **PUBLIC REPRIMAND** of Applicant by the Board.

3.

The effective date of this Consent Agreement is the date the Consent Agreement is docketed. Applicant should receive a docketed copy of the Consent Agreement from the Board at the Applicant's address and/or email address of record within ten (10) business days of the docket date. If Applicant has not received a docketed copy of the Consent Agreement, it is Applicant's responsibility to obtain a docketed copy of the Consent Agreement from the Board. Applicant must comply with the terms and conditions of the Consent Agreement beginning on the effective date.

4.

Applicant acknowledges that Applicant has read this Consent Agreement and understands its contents. Applicant understands that Applicant has the right to an appearance in this matter and freely, knowingly, and voluntarily waives that right by entering into this Consent Agreement. Applicant understands and agrees that a representative of the Department of Law may be present during the Board's consideration of this Consent Agreement and that the Board shall have the authority to review the investigative file and all relevant evidence in considering this Consent Agreement. Applicant further understands that this Consent Agreement will not become effective until approved and docketed by the Georgia Composite Medical Board. However, if this Consent Agreement is not approved, it shall not constitute an admission against interest in this proceeding or prejudice the right of the Board to adjudicate this matter. Applicant hereby consents to the terms and sanctions contained herein.

(Signature on following page)

Approved this 20th day of December 2024.

GEORGIA COMPOSITE MEDICAL BOARD

(BOARD SEAL)



BY: *S. Gangasani*
SREENIVASULU GANGASANI, MD
Chairperson

ATTEST: *J. S. Jones*
JASON S. JONES
Executive Director

CONSENTED TO: *Tammy Foster*
TAMMY FOSTER
Applicant

[As to Applicant's signature only:]
Sworn to and subscribed before me
this 19 day of December, 2024.

Nickolas S. Miller
NOTARY PUBLIC
My Commission Expires 2/12/2028
GEORGIA
PUBLIC
Calhoun COUNTY

BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD
STATE OF GEORGIA

IN THE MATTER OF: *
FATISHA ENAHORA GAYTON, M.D., * DOCKET NO.:
License #: 54612, *
Respondent. *

GEORGIA COMPOSITE
MEDICAL BOARD

DEC 19 2024

DOCKET NUMBER:
20250032

PUBLIC CONSENT ORDER

By agreement of the Georgia Composite Medical Board (“Board”) and FATISHA ENAHORA GAYTON, M.D., Respondent, the following disposition of this matter is entered pursuant to the provisions of the Georgia Administrative Procedure Act, O.C.G.A § 50-13-13(a)(4), as amended.

FINDINGS OF FACT

1.

Respondent is licensed to practice medicine in the State of Georgia and was so licensed at all times relevant to the facts stated herein.

2.

On January 4, 2022, at approximately 12PM, Patient A.G. presented to Respondent at Viva Atlanta Wellness for lip augmentation. Medical records indicate a dermal filler, specifically Versa, was injected into Patient A.G.’s upper and lower lip. “Before” photos were taken but no “after” photos were found in the records. It is documented that the following amounts were used in various parts of the lips: 0.3, 0.6, 3.0, and 3.0, for a total volume of 6.9 cc. Two product stickers were on the chart, adding up to 2.4 cc of product. The two stickers have the same lot number and expiration. It is unclear if these are duplicate stickers from a single syringe (1.2 cc total), or stickers from two separate syringes (2.4 cc total). The “plan” is documented as “possibly 1.2 cc or half, depending on response.” A note next to the diagram indicates “unable to

finish, + hematoma ... [no] blanching, ice applied.” Respondent states she did not believe she had injected a vessel as she did not see blanching.

3.

Patient A.G.’s consent form for “derma fillers” listed Allergan products Juvederm, Voluma, Volure, XC Ultra & Ultra Plus and Vobella, but did not mention Versa. There are post-treatment instructions in the medical records, which include post-treatment care and instructions to “please contact your practitioner” should “other reactions occur.” The written instructions did not include Respondent’s emergency contact information. Respondent states her cellphone number is typically given to patients. However, it was not done in this instance.

4.

Patient A.G.’s medical records include an undated photo that shows swelling and ecchymosis in the left upper lip. There is a screenshot of a text thread from Patient A.G.’s stepmother hoping to reach Respondent regarding Patient A.G. having “significant bruising and swelling” and patient wanting to speak with Respondent and share a photo “to see if this is normal or not.” The texted reply was from “Viva Wellness” from a person stating they would “direct to Dr. Gayton” and please “don’t be alarmed.” The time stamp on the text message showed it was sent at 3:36PM. There is no documented response from Respondent in the medical records. Respondent states she attempted to contact the patient but only had the patient’s stepmother’s phone number in the office’s computerized scheduling system.

5.

On or about January 4, 2022, approximately 4PM, Patient A.G. sought treatment from a second physician. Said second physician stated Patient A.G. reported undergoing a “Juvederm” injection into the bilateral upper and lower lip by Respondent. Patient A.G. informed said second

physician that Respondent hit a nerve and told her that she may have a little extra bruising, but no other instructions or warning were given. Patient A.G. indicated she had attempted to reach Respondent about the excess swelling, and Respondent was not available. No alternate way to contact Respondent for an emergency was given to Patient A.G. The second physician urgently examined Patient A.G. and diagnosed a vascular occlusion of the lip and treated Patient A.G. with a hyaluronidase injection.

6.

The Board utilized a peer reviewer who found Respondent's care of Patient A.G. below the minimum standards of care. The peer reviewer stated Respondent's diagnosis, treatment, and record keeping were below the standards of care. Specifically:

- 1) **Diagnosis and Treatment:** Ice was applied after an evaluation included evidence of bruising during a lip augmentation with dermal filler. Medical decision making and diagnosis did not consider or treat for possible vascular occlusion, which subsequently required treatment by another emergency physician. Additionally, Respondent did not provide emergency contact information.
- 2) **Record keeping:** Documentation does not adequately reflect the treatment, as the product volumes conflict with the product stickers on the chart and with the plan. Part of the documentation is illegible. The consent form does not include the product used for the patient, and there is no "after" photo of the treatment, which could have elucidated the problem (occlusion v. bruise).

7.

Respondent neither admits nor denies the facts herein and hereby waives any further findings of fact with respect to the above-styled matter. Respondent agrees to the sanctions herein in resolution of this matter.

CONCLUSIONS OF LAW

Respondent's conduct constitutes sufficient grounds for the imposition of sanctions upon Respondent's license to practice medicine in the State of Georgia under O.C.G.A. Title 43, Chapters 1 and 34, as amended.

ORDER

The Georgia Composite Medical Board, having considered all the facts and circumstances surrounding this matter, hereby orders, and Respondent hereby agrees, that the following sanctions shall be imposed upon Respondent's license to practice medicine in the State of Georgia:

1.

Upon the effective (docket) date of this Consent Order, Respondent's license to practice medicine as a licensed physician shall be subject to the following terms and conditions:

Fine and Fee. Within **sixty (60) days** of the docket date of this Consent Order, Respondent shall submit to the Board a fine in the amount of **one thousand dollars (\$1,000.00)**. Additionally, within the same time period, a fee of **one hundred fifty dollars (\$150.00)** shall be submitted to the Board for reimbursement of actual costs expended by the Board in investigating this case. Such fine and fee shall be paid in full by cashier's check or money order made payable to the Georgia Composite Medical Board and shall be sent to: Jason S. Jones, Executive Director, Georgia Composite Medical Board, 2 Martin Luther King Jr. Drive SE, East Tower, 11th Floor, Atlanta,

GA 30334 . Failure to pay the fine and fee within the 60th day shall be deemed a violation of this Consent Order and shall subject Respondent's license to further disciplinary action, including revocation.

Continuing Medication Education ("CME"). Within six (6) months of the docket date of this Consent Order, Respondent shall complete fifteen (15) hours of CME in the area of cosmetic surgery. This course shall be pre-approved by the Board and shall be in addition to CME requirements for license renewal and may not be used to fulfill any continuing education hours for license renewal.

Respondent shall submit the chosen course for approval and provide written evidence of successful completion of the CME to the Board. The preferred way to request approval and submit evidence of compliance with this order is by email: medbd@dch.ga.gov. Alternatively, requirements may be submitted to the Board via mail to: Latisha Bias, Compliance Manager, Georgia Composite Medical Board, 2 Martin Luther King Jr. Drive SE, East Tower, 11th Floor, Atlanta, GA 30334. **Failure to submit provide evidence of completion of the aforementioned courses to the Board within the stated time period shall be deemed a violation of this Consent Order and shall subject Respondent's license to further disciplinary action, including revocation.**

2.

In addition to and in conjunction with any other sanction contained herein, this Consent Order and dissemination thereof shall serve as a **PUBLIC REPRIMAND** to the Respondent for Respondent's conduct.

3.

For the duration of this Order, Respondent shall abide by all state and federal laws regulating the practice of medicine in the State of Georgia, the Rules and Regulations of the Georgia Composite Medical Board, and the terms of this Order. Should Respondent fail to so abide, his license may be further sanctioned or revoked, upon substantiation thereof.

4.

Approval of this Consent Order by the Georgia Composite Medical Board shall in no way be construed as condoning Respondent's conduct and shall not be construed as a waiver of any of the lawful rights possessed by the Board.

5.

Respondent understands that pursuant to O.C.G.A. Title 43, Chapter 34A, the contents of this Consent Order shall be placed on Respondent's Physician Profile. Furthermore, by executing this Consent Order, Respondent hereby agrees to permit the Georgia Board to update the Physician's Profile reflecting this Consent Order.

6.

Respondent acknowledges that Respondent has read this Consent Order and understands its contents. Respondent freely, knowingly and voluntarily waives his right to a hearing by entering into this Consent Order. Respondent understands and agrees that a representative of the Department of Law may be present during the Board's consideration of this Consent Order and that the Board shall have the authority to review the investigative file and all relevant evidence in considering this Consent Order. Respondent further understands that this Consent Order will not become effective until approved and docketed by the Board. Respondent understands that this Consent Order, once approved and docketed, shall constitute a public record, evidencing

disciplinary action by the Board that may be disseminated as such. However, if this Consent Order is not approved, it shall not constitute an admission against interest in this proceeding or prejudice the right of the Board to adjudicate this matter. Respondent hereby consents to the terms and sanctions contained herein.

Approved this 21st ^{19th} day of NOVEMBER ^{December}, 2024.

GEORGIA COMPOSITE MEDICAL BOARD

(BOARD SEAL)



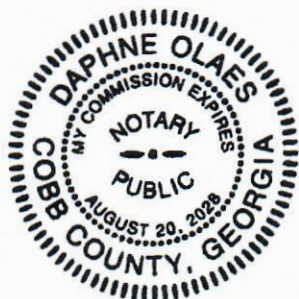
BY: *S. Gangasani*
SREENIVASULU GANGASANI, MD

ATTEST: *J. S. Jones*
JASON S. JONES
Executive Director

CONSENTED TO: *Fatisha Enahora Gayton*
FATISHA ENAHORA GAYTON, M.D.
Respondent

[As to the Signature of Fatisha Enahora Gayton, M.D.]
Sworn to and subscribed before me
This, 21st day of NOVEMBER 2024.

Daphne Olaves
NOTARY PUBLIC
My Commission Expires: 08/20/2028



BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD
STATE OF GEORGIA

IN THE MATTER OF:

SINAN HADDAD, MD,
License No. 56455,

Respondent.

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DOCKET NO:

GEORGIA COMPOSITE
MEDICAL BOARD

DEC 04 2024

DOCKET NUMBER:
20250029

PUBLIC CONSENT ORDER

By agreement of the Georgia Composite Medical Board ("Board") and SINAN HADDAD, MD ("Respondent") the following disposition of this disciplinary matter is entered pursuant to the provisions of the Georgia Administrative Procedure Act, O.C.G.A § 50-13-13(a)(4), as amended.

FINDINGS OF FACT

1.

Respondent is licensed to practice medicine as a physician in the State of Georgia and was so licensed at all times relevant to the matters asserted herein.

2.

On or about July 23, 2023, Respondent oversaw a hands-on training wherein medical assistants were allowed to perform RF microneedling on students in exchange for \$75.00 for each microneedling procedure. Respondent was present, in person, supervising the procedures. The medical assistants did not have any Board recognized licensures. Respondent did not know at the time that RF microneedling required a separate license for the medical assistants, who had received training from the equipment provider.

3.

Respondent admits the above findings of fact and waives any further findings of fact with respect to the above-styled matter.

CONCLUSIONS OF LAW

Respondent's conduct, if proven, constitutes sufficient grounds for the imposition of discipline upon his license to practice as a licensed physician in the State of Georgia, under O.C.G.A. Title 43, Chapters 1 and 34, as amended. Respondent hereby waives any further conclusions of law with respect to the above-styled matter.

ORDER

1.

The Board, having considered all the facts and circumstances surrounding this case, hereby orders, and Respondent hereby agrees, that his license to practice medicine as a physician in the State of Georgia shall be subject to the following terms and conditions:

1. Fine. Within **sixty (60) days** of the docket date of this Consent Order, Respondent shall submit to the Board a fine in the amount of **three thousand dollars (\$3,000.00)** to reimburse the Board for actual costs expended in this case. Such fine shall be payable by cashier's check or money order made payable to the Georgia Composite Medical Board and shall be submitted via mail to: Jason S. Jones, Executive Director, Georgia Composite Medical Board, 2 Martin Luther King Jr. Drive SE, East Tower, 11th Floor, Atlanta, GA 30334. **Failure to pay the fine within the stated time period shall be deemed a violation of this Consent Order and shall subject Respondent's license to further disciplinary action, including revocation.**

2. Coursework. Within **ninety (90) days** of the docket date of this Consent Order, Respondent shall complete **ten (10) hours** of continuing medical education (“CME”) hours on **ethics**. Said course shall not be used as CME hours for renewal. Documentation evidencing completion of coursework may be sent to Latisha Bias, Director of Compliance, via email to latisha.bias@dch.ga.gov, or as otherwise directed by the Board. **Failure to submit the required documentation, within the stated time period, shall be deemed a violation of this Consent Order and shall subject Respondent’s license to further disciplinary action, including revocation.**

2.

In addition to and in conjunction with any other sanction contained herein, this Consent Order and dissemination thereof shall serve as a **PUBLIC REPRIMAND** to the Respondent for Respondent’s conduct.

3.

If the Respondent shall fail to abide by all state and federal laws relating to drugs and regulating the practice of medicine in the State of Georgia, the Rules and Regulations of the Georgia Composite Medical Board, the terms of this Consent Order, or if it should appear from information received by the Board that the Respondent is unable to practice as a physician with reasonable skill and safety, Respondent's license may be further sanctioned or revoked, upon substantiation thereof.

4.

Respondent acknowledges that he has read this Consent Order and understands its contents. Respondent understands that this Consent Order will not become effective until

approved by the Georgia Composite Medical Board and docketed by the Board. Respondent further understands and agrees that the Board shall have the authority to review the investigative file and all relevant evidence in considering this Consent Order. Respondent understands that this Consent Order, once approved and docketed, shall constitute a public record, evidencing disciplinary action by the Board. However, if the Consent Order is not approved, it shall not constitute an admission against interest in this proceeding or prejudice the Board's ability to adjudicate this matter. Respondent understands that, by entering into this Consent Order, Respondent may not be eligible for a multistate license. The Respondent hereby consents to the terms and sanctions contained herein.

Approved this ~~19th~~^{4th} day of ~~November~~^{December}, 2024.

GEORGIA COMPOSITE MEDICAL BOARD

BY: *S. Gangasani*
SREENIVASULU GANGASANI, MD
Chairperson

ATTEST: *J. S. Jones*
JASON S. JONES
Executive Director

CONSENTED TO: *Sinan Haddad*
SINAN HADDAD, MD
Respondent

[As to the Signature of Sinan Haddad, MD]
Sworn to and subscribed before me
this ~~19th~~^{4th} day of ~~November~~^{December}, 2024.

Kiah S. Jones
NOTARY PUBLIC
EXPIRES ~~Commission Expires:~~ July 05, 2026
GEORGIA
07/05/2026
PUBLIC
GWINNETT COUNTY

**BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD
STATE OF GEORGIA**

IN THE MATTER OF:

**JASON NOAH STAMPER, DO,
License No. 57253,
Respondent.**

*
* **Docket No.**
*
*
*

GEORGIA COMPOSITE
MEDICAL BOARD

DEC 20 2024

DOCKET NUMBER:
20250033

VOLUNTARY SURRENDER

I, JASON NOAH STAMPER, DO, holder of License No. 57253 to practice as a physician in the State of Georgia pursuant to O.C.G.A. Ch. 34, T. 43, as amended, hereby freely, knowingly and voluntarily surrender said license to the Georgia Composite Medical Board. I hereby acknowledge that this surrender shall be considered to be and have the same effect as a revocation of my license, and I knowingly forfeit and relinquish all right, title and privilege of practicing medicine in the State of Georgia, unless and until such time as my license may be reinstated, in the sole discretion of the Board.

I acknowledge that I have read and understand the contents of this Voluntary Surrender. I understand that I have a right to a hearing in this matter, and I hereby freely, knowingly and voluntarily waive such right. I also understand that should the Board entertain any request for reinstatement, the Board shall have access to any investigative or medical information regarding me. I further understand that upon applying for reinstatement, it shall be incumbent upon me to demonstrate to the satisfaction of the Board that I am able to practice as a physician with reasonable skill and safety to patients, and that the Board may investigate my conduct since the time of the surrender of my license. I understand and agree that any reinstatement of my license to practice as a physician is a matter in the sole discretion of the Board and that the Board may deny any such reinstatement without identifying a reason for said denial.

This surrender shall become effective upon acceptance and docketing by the Board. I understand that this document will be a public record entered pursuant to O.C.G.A. §43-34-

8(b)(1) and that this action shall be considered to be and may be disseminated as a final order of the Board.

[As to Respondent's signature:]

Sworn to and subscribed before me

This 4th day of December, 2024.



JASON NOAH STAMPER, DO

Respondent

Kenneth Houston, Correctional Counselor
WITNESS

WITNESS INFORMATION

Full Name: Houston, Kenneth

Date of Birth: _____

Relationship to Respondent:
Correctional Counselor

Phone Number: _____

Email: _____

ACCEPTANCE OF SURRENDER

The voluntary surrender of License No. 57253 is hereby accepted by the Georgia Composite Medical Board, this 20th day of December, 2024.

GEORGIA COMPOSITE MEDICAL BOARD

(BOARD SEAL)

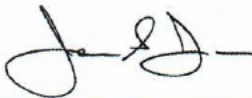


BY:



SREENIVASULU GANGASANI, MD
Chairperson

ATTEST:



JASON S. JONES
Executive Director