

June 2023 Public Board Actions List

Georgia Composite Medical Board
Attn: **Ms. Latisha Bias**, Public Records Unit
2 MLK Jr. Drive, S.E., East Tower, 11th Floor
Atlanta, Georgia 30334
PH: (404) 657-3194
FX: (404) 463-2539
Email: latisha.bias@dch.ga.gov

The Board issued **seven** public orders in **June 2023**. To view each Board order, click on the licensee's name below.

1. Mark Griffis, MD

38140

Physician

Public Consent Agreement for Reinstatement

2. Syed Hasan, MD

55757

Physician

Consent Order for Continuance of Agency Review

3. Eduardo Daniel Moreno Mandujano, PA

10420

Physician Assistant

Voluntary Surrender

4. Melvin Perry, MD

46470

Physician

Final Decision

5. Sherri Studstill, MD

66085

Physician

Request for Expedited Hearing

6. Samuel Teniola, MD

49349

Physician

Public Consent Order

7. Crystal Terrill, DO

71169

Physician

Public Consent Order

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

IN THE MATTER OF:

MARK GRIFFIS, M.D.

Previous license No.: 38140

Applicant.

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DOCKET NO.

GEORGIA COMPOSITE
MEDICAL BOARD

JUN 02 2023

DOCKET NUMBER:

20230069

PUBLIC CONSENT AGREEMENT FOR REINSTATEMENT

By agreement of the Georgia Composite Medical Board ("Board") and Mark Griffis, M.D. ("Applicant"), the following disposition of this matter is entered pursuant to O.C.G.A. T. 43, Chs. 1 and 34.

FINDINGS OF FACT

1.

On or about July 25, 2022, Applicant submitted an application to practice medicine in the State of Georgia ("Application"). In his application, Applicant indicated that his practice plans were to work in the Dodge County Hospital.

2.

On or about December 6, 2018, Applicant voluntarily surrendered his license to practice medicine. This surrender followed Applicant's November 16, 2018 conviction for Conspiracy to Falsify Documents in *USA v. Griffis*, In the United States District Court for the Southern District of Georgia, Case No. 3:18CR00002-1.

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At the direction of the Board, Applicant took the SPEX examination and passed the competency evaluation.

4.

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

CONCLUSIONS OF LAW

Issuance of Applicant's license to practice medicine in Georgia under O.C.G.A. Ch. 34, T. 43, as amended, is within the sole discretion of the Board. The Applicant hereby waives any further conclusions of law with respect to the above-styled matter.

ORDER

The Board, having considered the application for reinstatement of Applicant's license, hereby orders and Applicant hereby agrees as follows:

1.

Beginning on the effective date of this Consent Agreement (hereinafter "Agreement"), Applicant's license to practice medicine in the State of Georgia shall be issued under under the following terms:

(a) **RESTRICTED PRACTICE.** Applicant shall be solely authorized to work in the Southeast Treatment Center, 816 Professional Center Drive, Eastman, GA 31023. Applicant may not work in any other setting until approved by the Board, under the terms of paragraph (c) below.

(b) **ABIDE BY LAWS, RULES, AND TERMS.** The Applicant shall abide by all State and Federal laws regulating the practice of medicine, the Rules and Regulations of the Board, and the terms of the Agreement. If the Applicant shall fail to abide by any of the terms of this Agreement, Applicant's license shall be subject to discipline, including revocation, upon substantiation thereof after notice and hearing.

(c) **PETITION TO TERMINATE MONITORING PERIOD.** After two (2) years, Applicant shall be eligible to petition the Board to terminate the restriction in this Agreement, by certifying under oath before a notary public that Applicant has complied with all conditions of this Agreement. The Board shall review and evaluate the practice of Applicant prior to terminating this Agreement. At such time, should the Board determine that reasonable cause

exists for maintaining or adding any terms or conditions on Applicant's license, the Board shall notify Applicant of its intent to continue or modify this Agreement to impose any terms deemed necessary at the time of the petition, and Applicant may respond to such notice in writing or request an appearance before the Board as in a non-contested case. This Agreement shall remain in effect pending a final determination by the Board and notification that it has been terminated.

2.

This Agreement shall constitute a PUBLIC REPRIMAND for his prior conduct.

3.

Applicant acknowledges that he has read this Consent Agreement and understands its contents. Applicant understands that he has the right to appear before the Board in this matter, and freely, knowingly and voluntarily waives such right by entering into this Consent Order. Applicant understands that this Consent Agreement will not become effective until approved and docketed by the Board. Applicant further understands and agrees that a representative of the Department of Law may be present during presentation of this Consent Agreement to the Board and that the Board shall have the authority to review the investigative file and all relevant evidence in considering this Consent Order. Applicant further understands that this Consent Agreement, once approved, shall constitute a public record that may be disseminated as a disciplinary action of the Board and will be reportable to the National Practitioner Data Bank. However, if the 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 consents to the terms and conditions contained herein.

(signatures on following page)

Approved this 2nd day of June, 2023.



GEORGIA COMPOSITE MEDICAL BOARD

BY:

MATTHEW W. NORMAN, M.D.
Chairperson

ATTEST:

DANIEL R. DORSEY
Executive Director

CONSENTED TO:

MARK GRIFFIS, M.D.
Applicant

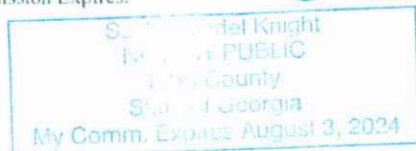
[As to Applicant's signature:]

Sworn to and subscribed before me

This 1st day of June, 2023.

NOTARY PUBLIC

My Commission Expires:



DEC 06 2018

DOCKET NUMBER:
20182230

BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD

STATE OF GEORGIA

IN THE MATTER OF:

MARK GRIFFIS, M.D.,
License No. 038140,
Respondent.

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DOCKET NO.: 20182230

VOLUNTARY SURRENDER

I, MARK GRIFFIS, holder of License No. 038140 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 (hereinafter "Board"). I hereby acknowledge that this surrender shall have the same effect as 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 understand that I have a right to a hearing in this matter, and I hereby freely, knowingly and voluntarily waive such right to a hearing. I also understand that should any request for reinstatement be entertained by the Board, the Board shall have access to any investigative file in this matter. 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 medicine with reasonable skill and safety to patients, and that if the Board is not satisfied, the Board shall not reinstate my license.

This surrender shall become effective upon acceptance and docketing by the Board. I understand that this document will be considered to be a public record and that this action shall be considered to be and may be disseminated as a final order of the Board.

[SIGNATURES ON FOLLOWING PAGE]

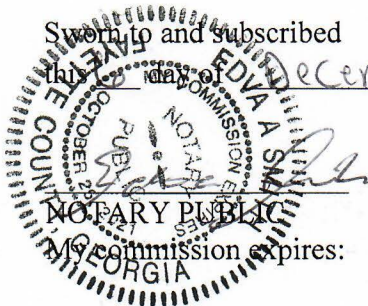
[As to Respondent's Signature:]

Sworn to and subscribed

this 6th day of December, 2018.

MARK GRIFFIS, M.D.

Respondent



ACCEPTANCE OF SURRENDER

The voluntary surrender of License No. 0038140 is hereby accepted by the Georgia Composite Medical Board, this 6th day of December, 2018.

GEORGIA COMPOSITE MEDICAL BOARD

BY: J. Jeffrey Marshall, M.D.

J. JEFFREY MARSHALL, M.D.

Chairperson

ATTEST: Lasharn Hughes

LASHARN HUGHES

Executive Director



BEFORE THE COMPOSITE STATE BOARD OF MEDICAL EXAMINERS

STATE OF GEORGIA

IN THE MATTER OF:

Mark Griffis, M.D.
License No. 38140,
Respondent

Docket No.

Composite State Board
of Medical Examiners

OCT 17 2007

DOCKET NUMBER

20020082

PUBLIC CONSENT ORDER TERMINATING PROBATION

WHEREAS, the Composite State Board of Medical Examiners ("Board") entered a Consent Order in the above styled matter on May 10, 2002, which placed Respondent's license to practice medicine in Georgia on probation; and

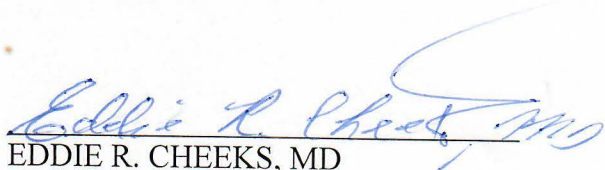
WHEREAS, Respondent has petitioned to have the probation terminated; and

WHEREAS, the Board has determined that the Respondent has complied with all the terms and conditions of the probation,

NOW, THEREFORE, IT IS HEREBY ORDERED that the probation of Respondent's license to practice medicine in the State of Georgia be TERMINATED.

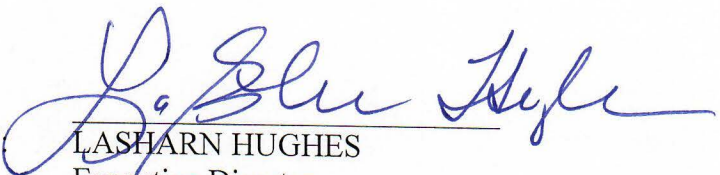
SO ORDERED, this **4th** day of **October** 2007

COMPOSITE STATE BOARD OF
MEDICAL EXAMINERS


EDDIE R. CHEEKS, MD
President

(BOARD SEAL)

ATTEST


LASHARN HUGHES
Executive Director

BEFORE THE COMPOSITE STATE BOARD OF MEDICAL EXAMINERS

Composite State Board
of Medical Examiners

STATE OF GEORGIA

MAY 10 2002

IN THE MATTER OF:

MARK GRIFFIS, M.D.,
License No. 038140,

Respondent.

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DOCKET NO.

DOCKET NUMBER

20021082

PUBLIC CONSENT ORDER

By agreement of the Composite State Board of Medical Examiners ("Board") and Mark Griffis, M.D. ("Respondent") the following disposition of this matter is entered pursuant to the provisions of 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 matters asserted herein.

2.

On or about March 8, 1996, the Respondent entered into a Consent Order with the Board whereby his license was indefinitely suspended as a result of his chemical dependence.

3.

On or about November 13, 1996, the Board issued an Order Lifting Suspension and Permitting Return to Practice, which provided for reinstatement of the Respondent's license but placed the license on probationary status until discharged by the Board. The Order further provided that if the Respondent should fail to abide by all State and Federal laws regulating the practice of medicine or relating to drugs, the Rules and Regulations of the Composite State

Board of Medical Examiners, and the terms of his licensure probation, his license would be subject to further discipline including revocation.

4.

From about February 1998 to approximately March 1999, the Respondent practiced medicine as Medical Director of the Diet Centers located in Douglas, Georgia, with satellite clinics in Alma, Georgia and Fitzgerald, Georgia.

5.

Respondent's conduct failed to conform to the minimal standards of acceptable and prevailing medical practice in the following manner:

(a) In connection with such practice at The Diet Centers, the Respondent signed blank prescriptions and made them available for use at a later date by non-physician clinic personnel in the prescribing of controlled substances to patients in violation of O.C.G.A. § 16-13-41(b) and (n). At the direction of Respondent, these non-physician personnel would see the patients without a physician present and fill in the blank prescriptions previously signed by Respondent with various controlled substances.

(b) Without personally examining or seeing the patients, the Respondent would sign entries on the patients' medical charts, which were made by non-physician clinic personnel.

(c) On several occasions, Respondent directed other non-physician persons, including his wife at the time, to sign his name on patients' charts.

6.

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 constitutes sufficient grounds for the Board to exercise its disciplinary authority and impose sanctions on Respondent as a licensee under O.C.G.A. Ch. 34, T. 43, as amended, O.C.G.A. § 43-1-19(a) and the Rules of the Composite State Board of Medical Examiners. Respondent hereby waives any further findings of law with respect to this matter.

ORDER

The Composite State Board of Medical Examiners, having considered the particular facts and circumstances of this case, it is hereby ordered, and Respondent hereby agrees, to the following terms of discipline:

1.

Commencing June 1, 2002, the Respondent's license to practice medicine in the state of Georgia shall stand suspended for a period of twelve (12) months. Pursuant to O.C.G.A. § 43-34-37(b)(2), **all but forty-five (45) days of said suspension is hereby stayed**, pending satisfactory completion of the forty-five (45) days of actual suspension and the probationary period imposed in paragraph 2, below, and the Respondent's compliance with the terms and conditions of this Consent Order. Should any of the terms and conditions of probation of this Consent Order be violated by the Respondent, said stay shall immediately be vacated upon the Board's notification of such violation(s) and service upon the Respondent of an order vacating the stay without Respondent being entitled to any appearance before the Board or an administrative hearing.

During the period of actual suspension, the Respondent shall not practice medicine in the State of Georgia. If Respondent practices medicine in the State of Georgia without express written permission of the Board, Respondent's license shall be subject to revocation, upon substantiation thereof.

2.

During the period of suspension, the Respondent shall continue to pay the license renewal fee on or before each expiration date as established by the Composite State Board of Medical Examiners. Failure to pay the license renewal fee shall result in the administrative revocation of Respondent's license without a hearing as provided by O.C.G.A. § 43-1-19(1) and Board Rule 360-2-.07, with reinstatement within the discretion of the Board. Respondent acknowledges that when considering the reinstatement of an administratively revoked license, the Board has authority to review any investigative file relating to the Respondent.

3.

Following the forty-five (45) day period of actual suspension and during the stayed period, Respondent's license shall be placed on probation for a period of not less than five (5) years from the last day of the period of actual suspension with the following terms and conditions of probation:

(a) TRIPPLICATE PRESCRIPTIONS. Respondent shall utilize a triplicate prescriptions system for all controlled substances prescribed by him. Each prescription for such a controlled substance written by Respondent shall be sequentially numbered and the copies distributed as follows: original to patient, one copy to the Board, and one copy to the patient's chart. Respondent shall not begin renumbering when he reaches 1000, but shall continue to number sequentially. The copies for the Board shall be mailed or delivered to the Board by Respondent once per quarter. A copy of Respondent's dispensing records shall be provided to the Board upon request for all controlled substances dispensed by him or on his order. Two (2) years from the effective date of this Consent Order, Respondent may petition for removal or modification of this triplicate prescription requirement.

(b) PRESCRIPTION LOG. Respondent shall personally maintain for inspection a contemporaneous log (separate from his clinical records or the clinical records of other health

care providers) of all controlled substances and dangerous drugs prescribed, administered, dispensed, or ordered by him. The prescription log shall include the date, patient name, drug, strength, quantity, and refill status, on a form approved by the Board. The prescription log shall also include the diagnosis and the reasons for prescribing, administering, dispensing, or ordering each drug. The Board shall be authorized to inspect Respondent's prescription log. If Respondent's prescription log fails to comply with the requirements of this consent order, the Board is authorized to summarily suspend Respondent's license, pending a hearing. Two (2) years from the effective date of this Consent Order, Respondent may petition for removal or modification of this prescription-logging requirement for all controlled substances.

(c) RECORD KEEPING. Prior to prescribing, administering, ordering or dispensing any controlled substance, Respondent shall detail fully the examination performed and diagnosis reached in the particular patient's file. Respondent shall specifically record all physical data of the patient, and detail the exact nature of Respondent's evaluation of the patient. In addition to this requirement, Respondent agrees to comply with all record keeping requirements of the Board.

(d) USE OF PHYSICIAN'S ASSISTANT OR NURSE PRACTITIONER. If Respondent employs a physician's assistant and/or nurse practitioner in his practice, Respondent shall not utilize the physician's assistant and/or nurse practitioner to perform tasks which are otherwise prohibited by the terms of this Consent Order, or otherwise utilize the services of the physician's assistant and/or nurse practitioner in such a way as to circumvent any restriction, term or condition outlined herein. Respondent expressly agrees to disclose this consent order to any physician's assistant or nurse practitioner with whom Respondent employs or associates.

(e) CONTINUING MEDICAL EDUCATION IN PRESCRIBING. Within 1 year of the date on which the probationary period begins to run, Respondent shall attend and successfully complete the Mini-Residency entitled "Appropriate Prescribing of Controlled Substances" sponsored by The Mercer University Southern School of Pharmacy in Atlanta. Upon successful completion of the Mini-Residency program, the Respondent shall submit

documentation thereof to the Board. This requirement shall be in addition to the continuing education requirements set forth in O.C.G.A. § 43-34-3.

(f) CONTINUING MEDICAL EDUCATION IN ETHICS. Within one (1) year of the date on which the probationary period begins to run, Respondent shall complete 20 hours of CME in Ethics. These hours shall be in addition to the normal hours of CME required for license renewal for all Georgia physicians. Prior to obtaining the CME, Respondent shall submit the title of the course(s) he plans to attend and information concerning the course(s) to the Board's Medical Director for approval. Respondent shall submit proof upon completion of each course(s) to the Board.

(g) CONTINUING MEDICAL EDUCATION IN BARIATRIC MEDICINE. Within one (1) year of the date on which the probationary period begins to run, Respondent shall complete 20 hours of CME in Bariatric Medicine. These hours shall be in addition to the normal hours of CME required for license renewal for all Georgia physicians. Prior to obtaining the CME, Respondent shall submit the title of the course(s) he plans to attend and information concerning the course(s) to the Board's Medical Director for approval. Respondent shall submit proof upon completion of each course(s) to the Board.

(h) COMMUNITY SERVICE. During the probationary period, Respondent shall perform one hundred (100) hours in a community service program approved by the Board. Respondent shall submit to the Board a request for approval of a community service project. Said community service cannot be performed in Respondent's office and the community service may not include the treatment of patients for weight loss. The request for approval by the Board shall show the dates of service, the community service program, the name of the individual who will act as your sponsor/supervisor for the community service, and the tasks to be performed by Respondent. After completion of such service, Respondent shall cause his sponsor to submit a letter to the Board identifying the hours worked in the approved program along with a description of the services provided. Failure to perform any of the requirements of this

paragraph shall be considered a violation of this order and shall result in further sanctioning of Respondent's license, including revocation, upon substantiation thereof.

(i) INSPECTIONS/INTERVIEWS. During the probationary period, the Medical Coordinator or another Board representative shall periodically review and inspect Respondent's records. The representative is authorized to review and inspect these records at any reasonable time and as often as the representative deems necessary. The Respondent shall have the right to be present during such inspection of records and the patients' privacy and confidentiality rights shall be maintained. The Respondent shall be available, upon reasonable notice, for personal interviews with the Medical Coordinator or other representative of the Board. Failure of the Respondent to be reasonably available for inspection of his records or for personal interviews with a Board representative shall be considered a violation of this Consent Order.

(j) RESIDENCY OUTSIDE GEORGIA. In the event Respondent should leave Georgia to reside or practice outside Georgia for periods longer than thirty (30) consecutive days, Respondent shall notify the Board in writing of the dates of departure and return. Periods of residency or practice outside Georgia as well as periods when respondent is not actively engaged in the practice of medicine or is on inactive licensure status will not apply to the reduction of Respondent's probationary period, except as authorized by the Board. Respondent shall advise the Board of any change in address of record or employment status.

(k) DISCLOSURE. In addition to other disclosures required by this Consent Order, Respondent shall supply a copy of this Consent Order, once approved and docketed, and within ten (10) days from receipt of the docketed copy by Respondent, to each hospital or other institution in Georgia where Respondent maintains staff privileges of any kind, and to any person with whom Respondent is associated in practice, including other physicians or physician's assistants or to any person or entity for whom Respondent is employed as a physician in the State of Georgia. Respondent shall also be required to disclose the existence

of and provide a copy of this Consent Order to such individuals or entities in connection with any future application for institutional appointment, associated practice, utilization of a physician's assistant, or employment as a physician in the State of Georgia while this Consent Order is in effect. By executing this Consent Order, Respondent specifically consents to any such individuals or entities reporting to the Board information which would affect Respondent's ability to practice medicine with reasonable skill and safety to patients, notwithstanding any privilege provided by state or federal law.

(1) ABIDE BY ALL LAWS. Respondent shall abide by all State and Federal laws regulating the practice of medicine or relating to drugs, the Rules and Regulations of the Composite State Board of Medical Examiners, the terms of any order issued by another lawful licensing authority or consent agreement entered between Respondent and another lawful licensing authority and the terms of this Consent Order. If Respondent shall fail to abide by such laws, rules, terms or orders, or if it should appear from monitoring reports submitted to the Board that Respondent is otherwise unable to practice medicine with reasonable skill and safety to patients, Respondent's license shall be subject to further discipline, including revocation, upon substantiation thereof after notice and hearing, and if revoked the Board in its discretion may determine that the license should be permanently revoked and not subject to reinstatement. Should another lawful licensing authority or court of competent jurisdiction enter an order revoking Respondent's license or revoking Respondent's probationary status while Respondent is subject to this Consent Order, Respondent's Georgia license shall stand automatically suspended, effective on the date of such action, pending proceedings for revocation or other action by the Georgia Board.

(m) TERMINATION OF PROBATION. Respondent may petition for termination six (6) months prior to the expiration of his probation by certifying under oath before a notary public that Respondent has complied with all conditions of probation and by providing documentation supporting discharge from probation. The Composite State Board of Medical Examiners shall review and evaluate the practice of Respondent prior to lifting the probation. At such time, the Board shall be authorized to restore all rights and privileges to Respondent's license, unless the Board has received information that Respondent has not complied with the terms of the probation or has otherwise failed to comply with the laws and rules regulating his practice as a physician. Should the Board determine that reasonable cause exists for maintaining Respondent's license on probationary status, the Board shall notify Respondent of its intent to extend the probationary period, and Respondent may respond to such notice in writing or request an appearance before the Board as in a non-contested case. In any event, this Consent Order shall remain in effect pending a final determination by the Board and notification that the probationary period has terminated.

4.

In addition to and in conjunction with any other condition imposed by this Consent Order, Respondent shall submit to the Composite State Board of Medical Examiners a fine in the amount of \$8,000. Said fine shall be paid in \$2,000.00 installments during the first year beginning from the effective date of this Consent Order. The first installment of \$2,000.00 shall be submitted to the Board no later than thirty (30) days from the first day of the probationary period following the completion of the forty-five (45) day suspension. The second installment of \$2,000.00 shall be submitted to the Board no later than ninety (90) days from the first day of the probationary period. The third installment of \$2,000.00 shall be submitted to the Board no later

than one hundred and eighty (180) days from the first day of the probationary period. The fourth installment of \$2,000.00 shall be submitted to the Board no later than one-year from the effective date of this Consent Order. Each of the installments shall be in the form of a certified check or money order made payable to the Composite State Board of Medical Examiners and sent to the attention of Karen Mason, Executive Director, 2 Peachtree Street, NE, 10th Floor, Atlanta, Georgia 30303. Failure to perform any of the requirements of this paragraph shall be considered a violation of this order and shall result in further sanctioning of Respondent's license, including revocation, upon substantiation thereof.

5.

This Consent Order shall be considered a PUBLIC REPRIMAND of Respondent by the Board and may be disseminated as such.

6.

Within ten (10) days of any request of the Board, the Respondent shall promptly supply all information necessary for the reporting of this Consent Order to the National Practitioner Data Bank, as required by federal law.

7.

Respondent understands that he has the right to a hearing in this matter, and Respondent freely, knowingly and voluntarily waives such right by entering into this Consent Order. Respondent further understands and agrees that a representative of the Department of Law may be present during the presentation 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 understands that this Consent Order will not become effective until approved by the Composite State Board of Medical Examiners and docketed by the Executive Director,

State Examining Boards. Respondent further understands that this Consent Order, once approved, shall constitute a public record, which may be disseminated as a disciplinary action of the Board. If this Consent Order is not approved, it shall not constitute an admission against interest in this proceeding, or prejudice the ability of the Board to adjudicate this matter. Respondent consents to the terms and sanctions contained herein.

Approved, this 10th day of May, 2002.

**COMPOSITE STATE BOARD
OF MEDICAL EXAMINERS**

BY:

Roger E. Hill, D.O.
President

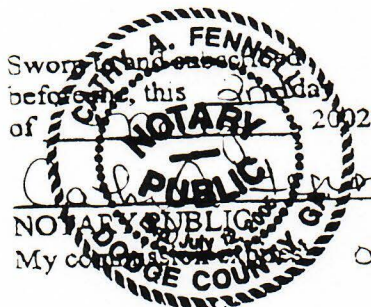
(BOARD SEAL)

ATTEST:

Karen A. Mason
KAREN A. MASON
Executive Director,
Composite State Board of Medical Examiners

CONSENTED TO:

Mark Griffis, M.D.
MARK GRIFFIS, M.D.
Respondent



NOV 13 1996

BEFORE THE COMPOSITE STATE BOARD OF MEDICAL EXAMINERS

STATE OF GEORGIA

DOCKET NUMBER
95-2308

IN THE MATTER OF:

MARK GRIFFIS, M.D.,
License No. 038140,

Respondent.

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DOCKET NO. 95-2308

ORDER LIFTING SUSPENSION AND PERMITTING RETURN TO PRACTICE

1.

On October 25, 1995, the Board voted to summarily suspend Respondent's license based on reliable indications that he had become unable to safely practice medicine because of his chemical dependence. On or about March 11, 1996, the Respondent entered into a Consent Order with the Board as a result of the Respondent's chemical impairment. In that Consent Order Respondent agreed "that his license as a physician shall be suspended indefinitely and that he shall not practice as a physician until further order of the Board." The Consent Order further provided that the Board shall have the discretion to reinstate Respondent's privilege to practice as a physician and to place upon Respondent's license any conditions that the Board may deem appropriate.

2.

The Respondent has petitioned the Board for lifting of the suspension, and has submitted to the Board evidence of professional advocacy for his return to practice. Therefore, the

Board hereby orders that the Respondent's license to practice medicine be reinstated and placed on probation until discharged by the Board, subject to the following terms and conditions:

(a) Immediate Evaluation. Respondent shall submit to an evaluation by a psychiatrist or other therapist acceptable to the Board within thirty (30) days of the effective date of this Order. Pre-approval for the evaluator shall be obtained by contacting the Board's medical director. Respondent shall execute such releases as may be required for the Board to obtain the results of such evaluations. Respondent also agrees to undergo any follow-up therapy recommended by the therapist, including, but not limited to, any therapy for sexual impulse control.

(b) Treatment/Aftercare. Respondent shall remain in treatment or aftercare with therapists acceptable to the Board and shall provide the Board with a copy of his continuing aftercare contract. Respondent shall also abide by the terms of such agreement.

(c) Participation in Support Group. Respondent shall affiliate with and regularly participate in meetings of Alcoholics Anonymous, Narcotics Anonymous, Caduceus Club or another similar support group acceptable to the Board in accordance with his aftercare contract or as otherwise required by the Board.

(d) Abstain from Mood Altering Substances. Respondent shall completely abstain from the consumption of mood altering substances, including alcohol, except as prescribed by a duly

licensed practitioner for a legitimate medical purpose. If such treatment entails the use of narcotics or other potentially addictive substances, a consultation with a Board approved addictionologist shall be obtained at the direction of the medical coordinator.

(e) Supervision and Monitoring. Respondent shall designate an acceptable supervising ("workplace") physician and an acceptable primary care ("monitoring") physician experienced in addictionology, and provide a copy of this Order to both physicians. Such physicians shall sign a statement to be submitted to the Board within 60 days of the effective date of this Order, as evidence of having read and understood same and having agreed to serve as Respondent's supervising and monitoring physicians.

(f) Quarterly Reports. Respondent shall submit or cause to be submitted quarterly reports from his supervising and monitoring physicians or therapists regarding his performance and mental/physical condition by March 31, June 30, September 30 and December 31, including a report on any medication being prescribed to Respondent. Failure to submit or have such reports submitted in a timely manner shall be considered a violation of this Order. It is expected that said supervising and monitoring physicians shall be in communication with each other and will immediately report any change in Respondent's condition, which would render Respondent unable to practice with reasonable skill and safety to patients. Respondent shall consent to such

supervising and monitoring physicians or any other facility where Respondent obtains medical treatment reporting upon Respondent's condition, notwithstanding any privilege provided by state or federal law. Respondent shall obtain prior Board approval through the medical coordinator or executive director for any change in supervising or monitoring physicians.

(g) Random Drug/Alcohol Screens. The Board or its representative or Respondent's supervising or monitoring physicians shall have the authority at any time to order Respondent to undergo random witnessed and immediate drug/alcohol urine, biological fluid or blood screen analysis at Respondent's expense. Proper chain of custody shall be maintained and positive results shall be confirmed by such means as may be required to ensure the validity of such screening.

(h) Further evaluation. At any time during the period of probation, the Board shall also have the authority to order Respondent to undergo additional physical or mental evaluations by physicians designated by the Board. Respondent shall execute such releases as may be required for the Board to obtain the results of such evaluations.

(i) DEA Registration. There shall be no restrictions on the legitimate prescribing, administering, ordering or dispensing of controlled substances in the usual course of Respondent's practice. In accordance with Board rules, Respondent shall not prescribe, administer, order or dispense controlled substances for personal or family use.

(j) Use of Physician's Assistant. If Respondent employs a physician's assistant in his practice, Respondent shall not utilize the physician's assistant to perform tasks which are otherwise prohibited by the terms of this Order, or otherwise utilize the services of the physician's assistant in such a way as to circumvent any restriction, term or condition outlined herein.

(k) Periods of Residency Outside Georgia. In the event Respondent should leave Georgia to reside or practice outside of Georgia for periods longer than thirty (30) consecutive days, Respondent shall notify the Board in writing of the dates of departure and return. Periods of residency or practice outside of Georgia as well as periods when Respondent is not actively engaged in the practice of medicine or is on inactive licensure status will not apply to the reduction of Respondent's probationary period, except as authorized by the Board. Respondent shall advise the Board of any change in address of record or employment status.

(l) Abide By Laws, Rules and Terms. Respondent shall abide by all State and Federal laws regulating the practice of medicine or relating to drugs, the Rules and Regulations of the Composite State Board of Medical Examiners and the terms of this Order and probation. If Respondent shall fail to abide by such laws, rules or terms, or if it should appear from monitoring reports submitted to the Board that Respondent is otherwise unable to practice medicine with reasonable skill and safety to

patients, Respondent's license shall be subject to further discipline, including revocation, upon substantiation thereof after notice and hearing; and if revoked, the Board in its discretion may determine that the license should be permanently revoked and not subject to reinstatement. Any violation of this Order shall be deemed to be sufficient to authorize the Board to order summary suspension of Respondent's license, pending further proceedings, pursuant to the provisions of the Georgia Administrative Procedure Act, O.C.G.A. § 50-13-18(c)(1), or any other statute authorizing emergency action, but Respondent shall be entitled to an expedited hearing to substantiate such violation(s), if the Board exercises such right.

(m) Termination of Probation. Respondent shall not be eligible to petition for termination of probation until Respondent has maintained sobriety for a period of five years. At such time, Respondent may petition for termination by certifying under oath before a notary public that he has complied with all conditions of probation and by providing documentation supporting discharge from probation. Respondent shall also certify under oath that he has been continuously sober for a period of at least five years. The Composite State Board of Medical Examiners shall review and evaluate the practice of Respondent prior to lifting the probation. At such time, the Board shall be authorized to restore all rights and privileges incident to the license of Respondent, unless the Board has received information that Respondent has not complied

with the terms of probation or has otherwise failed to comply with the laws and rules regulating the practice of medicine. Should the Board determine that reasonable cause exists for maintaining Respondent's license on a probationary status, the Board shall notify Respondent of its intent to extend the probationary period, and Respondent may respond to such notification in writing or request an appearance before the Board or its representative as in a non-contested case. In any event, this Order shall remain in effect pending a final determination by the Board and notification that the probationary period has terminated.

Ordered this 17th day of NOVEMBER, 1996.

COMPOSITE STATE BOARD OF MEDICAL EXAMINERS

BY: HOYT C. DEES, M.D., President

(BOARD SEAL)

Will G. Miller
WILLIAM G. MILLER, JR.
Joint Secretary
State Examining Boards

MAR 08 1996

DOCKET NUMBER

BEFORE THE COMPOSITE STATE BOARD OF MEDICAL EXAMINERS 95-23
STATE OF GEORGIA

IN THE MATTER OF:

MARK GRIFFIS, M.D.,

License No. 038140,

Respondent.

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DOCKET NO. 95-2308

CONSENT ORDER

By agreement of the Composite State Board of Medical Examiners and Mark Griffis, M.D., Respondent, the following disposition of this matter is entered pursuant to the provisions of O.C.G.A. § 50-13-13(a)(4).

FINDINGS OF FACT

1.

Respondent is licensed to practice 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 October 25, 1995, the Board voted to summarily suspend Respondent's license to practice medicine based on reliable indications that Respondent had become unable to safely practice medicine by reason of chemical dependence.

3.

Respondent waives any further findings of fact with respect to the above matter.

CONCLUSIONS OF LAW

Respondent's actions constitute sufficient grounds for the Board to exercise its disciplinary authority and to impose sanctions on Respondent as a licensee under O.C.G.A. Ch. 34, T. 43, as amended, O.C.G.A. § 43-1-19(a) and the Rules of the Composite State Board of Medical Examiners. Respondent waives any further findings of law with respect to this matter.

ORDER

The Board having considered the particular facts and circumstances of this case, it is hereby ordered, and the Respondent hereby agrees, as follows:

1.

Respondent agrees that his license as a physician shall be suspended indefinitely and that he shall not practice as a physician until further order of the Board. If Respondent practices as a physician without express permission of the Board, Respondent's license shall be subject to revocation, upon substantiation thereof.

2.

Respondent agrees to enter and complete treatment for his chemical dependency at a treatment facility acceptable to the Board. Respondent shall enter the acceptable treatment program within ten (10) days of the Board's acceptance of this Consent Order. Respondent shall also completely abstain from the consumption of any mood altering substances, except as prescribed by a duly licensed practitioner for a legitimate medical purpose.

3.

Upon completion of his initial treatment, Respondent shall continue to comply with any recommended follow-up care as may be suggested by his treating physician and/or shall comply with further recommendations of the Board. Respondent shall execute a release so that the Board may obtain the results and records relating to any of Respondent's evaluation(s) and/or treatment.

4.

After Respondent completes treatment and begins any necessary follow-up care, Respondent shall obtain professional advocacy for his return to the practice of medicine and shall personally meet with the Impairment Committee of the Board to discuss the course of Respondent's rehabilitation. The Board shall have the discretion following such meeting to reinstate Respondent's privilege to practice as a physician, to place upon Respondent's license any conditions that the Board may deem appropriate, or to deny reinstatement if the Board determines that Respondent needs further rehabilitation.

5.

This Consent Order constitutes a public order and may be disseminated by the Board as a public record.

6.

Respondent acknowledges that he is represented by counsel, has read this Consent Order and understands its contents. Respondent understands that he has the right to a hearing in this matter, and Respondent freely, knowingly and voluntarily waives

such right by entering into this Consent Order. Respondent understands that this Consent Order will not become effective until approved by the Composite State Board of Medical Examiners and docketed by the Joint Secretary. Respondent further understands and agrees that a representative of the State Department of Law may be present during the presentation 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, once approved, shall constitute a public record which may be disseminated as a disciplinary action of the Board. If this Consent Order is not approved, it shall not constitute an admission against interest in this proceeding, or prejudice the ability of the Board to adjudicate this matter. Respondent consents to the terms and sanctions contained herein.

Approved, this 7th day of March, 1997⁶.

COMPOSITE STATE BOARD OF MEDICAL
EXAMINERS

BY: 

HOYT C. DEES, MD
President

(Signatures continued on next page.)

(BOARD SEAL)

ATTEST:

William G. Miller, Jr.
WILLIAM G. MILLER, JR.
Joint Secretary
State Examining Boards

CONSENTED TO:

Mark Griffis, M.D.
MARK GRIFFIS, M.D.
Respondent

Sworn to and subscribed
before me this 21st day
of January, 1995 W.G.M.

William G. Miller, Jr.
NOTARY PUBLIC
My commission expires

WILLIAM G. MILLER
312 ... JERSEY
My Commission Expires March 27, 1999

[Signature]
Attorney for Respondent

BEFORE THE COMPOSITE STATE BOARD OF MEDICAL EXAMINERS 95-2308
STATE OF GEORGIA

IN THE MATTER OF:

MARK GRIFFIS, M.D.

License No. 038140,

Respondent.

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DOCKET NO. 95-2308

ORDER OF SUMMARY SUSPENSION

1.

Respondent is licensed by the Composite State Board of Medical Examiners ("Board") to practice as a physician in the State of Georgia.

2.

The Board has received reliable information and evidence indicating that Respondent has become unable to practice as a physician with reasonable skill and safety to the public by reason of chemical dependence and relapse to the use of alcohol.

3.

The Board has also received reliable information and evidence that Respondent has violated a Consent Agreement reached between Respondent and the Board on or about March 3, 1994. Respondent was initially licensed to practice medicine in Georgia pursuant to a Consent Agreement, because at the time of licensure, he was a recovering alcoholic.

4.

Under the Consent Agreement, Respondent was granted the privilege to practice medicine subject to various terms and conditions. The Agreement also expressly provides that

Respondent's violation of the Agreement gives the Board the right to summarily suspend Respondent's license.

5.

Under the terms of the Consent Agreement, Respondent agreed, among other things, to place his license on probation with the Board and to "completely abstain from the consumption of mood altering substances, including alcohol"

6.

Despite his agreement, Respondent has returned to the use of alcohol. In fact, it appears that Respondent has been drinking alcohol in violation of his Consent Agreement since December of 1994.

7.

Based on the above, the Board finds that Respondent's practice of medicine poses a threat to the public health, safety and welfare and imperatively requires emergency action. Therefore, it is hereby ORDERED that Respondent's license to practice as a physician in the State of Georgia be and is hereby SUMMARILY SUSPENDED pursuant to O.C.G.A.

§ 50-13-18(c)(1) pending further proceedings on behalf of the Board, which shall be promptly instituted and determined. It is further ORDERED that:

(a) The Board shall promptly request that the Office of State Administrative Hearings issue an official Notice of Hearing, an unofficial copy of which the Board shall serve upon Respondent contemporaneously with this Order. The Board shall request that the Office of State Administrative Hearings assign

the matter to an Administrative Law Judge and schedule the matter for a hearing. Should Respondent request an expedited hearing, the date for the hearing is subject to change in the discretion of the Administrative Law Judge.

(b) If Respondent wishes to avail himself of the opportunity for an expedited hearing under O.C.G.A. § 50-13-18(c)(1), Respondent shall execute and file with the Docket Clerk of the Office of State Administrative Hearings, the original and one copy of the attached "Request for Expedited Hearing." Respondent shall also mail a copy to the attorney for the Board, whose name and address is listed on the Notice of Hearing.

This Order is signed and attested by the Joint Secretary of the State Examining Boards on behalf of the Composite State Board of Medical Examiners.

This 11th day of November, 1995.

COMPOSITE STATE BOARD OF MEDICAL
EXAMINERS

LARRY E. BRIGHTWELL, M.D.
President

(BOARD SEAL)


William G. Miller, Jr.
WILLIAM G. MILLER, JR.
Joint Secretary
State Examining Boards

Counsel:

MELANIE D. WILSON
Assistant Attorney General
40 Capitol Square, S.W.
Atlanta, Georgia 30334
Telephone: (404) 656-0397



GEORGIA COMPOSITE MEDICAL BOARD

BY: 
MATTHEW W. NORMAN, M.D.
Chairperson

ATTEST: 
DANIEL R. DORSEY
Executive Director

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

IN THE MATTER OF:

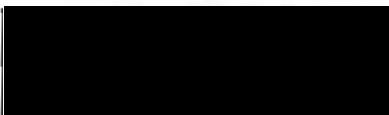
**SYED HASAN, M.D.,
License No. 55757,**

Respondent.

TO: Syed Hasan, M.D.



Samuel E. Britt, III



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**OSAH DOCKET NO. 2312559
2312559-OSAH-GCMB-PHY-31-Barnes**

Board Docket No.

**GEORGIA COMPOSITE
MEDICAL BOARD**

JUN 05 2023

**DOCKET NUMBER
10230072**

**ORDER FOR REVIEW, EXTENDING TIME FOR REVIEW,
AND SCHEDULING REVIEW**

COMES NOW, the Georgia Composite Medical Board ("Board") and hereby enters an Order extending the time for and scheduling a review in the above-referenced matter. An Initial Decision in this matter was docketed with the Office of State Administrative Hearings ("OSAH") on May 5, 2023. The Board voted for agency review on May 25, 2023. O.C.G.A. § 50-13-41(d)(3) provides that the Board "shall have a period of 30 days" from the docketing of an initial decision to reject or modify that decision, and that if the Board fails to reject or modify the decision within 30 days, the initial decision stands affirmed by operation of law. However, O.C.G.A. § 50-13-41(d)(4) provides that the Board may enter an order extending the deadline when "unusual and compelling circumstances render it impracticable" for the Board to complete its review within 30 days of the docketing of the initial decision. In this case, such unusual and

compelling circumstances make it necessary for the Board to extend the time in which it has to review this matter and render a final decision.

Specifically, the Board's next meeting date is June 29, 2023. In light of the Board's existing schedule and the date the Board voted for agency review, the Board cannot conduct and complete its review of this matter within the first 30-day period.

Accordingly, the Board hereby enters this Order Scheduling and Extending the Time for Review of the Initial Decision for June 29, 2023, at 1 p.m. Please note that, at this time, the Board is scheduled to meet in person at the Board's office located at 2 MLK Jr. Drive SE, East Tower, 11th Floor, Atlanta, GA 30334 and/or the Board may also conduct the Review via video conference. Respondent should check with the Board prior to the date of the Review to announce whether he will be attending in person (if the Board is meeting in person) or to obtain the link to attend via video conference.

The review will be held pursuant to the provisions of the Georgia Administrative Procedure Act, O.C.G.A. Ch. 50-13, and the Rules of the Joint Secretary, State Examining Board, Chapter 295-13. The Board reserves the right to take the matter under advisement and continue the deliberations until a date certain if deemed necessary due to the Board's agenda or the complexity of the issues.

This 1st day of June 2023.

[signatures on following page]



GEORGIA COMPOSITE MEDICAL BOARD

BY:

MATTHEW W. NORMAN, M.D.
Chairperson

ATTEST:

DANIEL R. DORSEY
Executive Director

BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD

STATE OF GEORGIA

IN THE MATTER OF:

**Eduardo Daniel Moreno Mandujano, P.A.
License No. 10420,
Respondent.**

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**GEORGIA COMPOSITE
MEDICAL BOARD**

JUN 26 2023

**DOCKET NUMBER:
20230019**

VOLUNTARY SURRENDER

I, EDUARDO DANIEL MORENO MANDUJANO, P.A., holder of License No. 10420 to practice medicine 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 medicine 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 medicine 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. I understand that I cannot apply for reinstatement for two years from the date of the surrender of my license.

This surrender shall become effective upon acceptance and docketing by the Board. I understand that this document will be considered to be a public record evidencing disciplinary action, 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 17th day of May, 2022

Laura D. Paulk
NOTARY PUBLIC
My commission expires: 3-4-2026



Eduardo Daniel Moreno Mandujano
EDUARDO DANIEL MORENO MANDUJANO.
Respondent

ACCEPTANCE OF SURRENDER

The voluntary surrender of License No. 10420 is hereby accepted by the Georgia Composite Medical Board, this 26th day of June, 2022.



GEORGIA COMPOSITE MEDICAL BOARD

BY:

Matthew W. Norman
MATTHEW W. NORMAN, MD
Chairperson

ATTEST:

Daniel R. Dorsey
DANIEL R. DORSEY
Executive Director

BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD

STATE OF GEORGIA

IN THE MATTER OF:

MELVIN PERRY, M.D.,
License No. 46470,
Respondent.

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OSAH Docket No.: 2313515
2313515-OSAH-GCMB-PHY-33-Barnes

BOARD DOCKET NO:

GEORGIA COMPOSITE
MEDICAL BOARD

JUN 13 2023

DOCKET NUMBER:
10230074

FINAL DECISION

An Initial Decision was issued by the Office of State Administrative Hearings in the above matter on May 12, 2023. Respondent's attorney was served with the Initial Decision on the same day. In the absence of an application to the agency for review of said Initial Decision, or an order by the Board to review said Initial Decision on its own motion, said Initial Decision becomes the Final Decision of the Board by operation of law, pursuant to O.C.G.A. § 50-13-17(a).

FINDINGS OF FACT

The Findings of Fact entered by the Administrative Law Judge in the Initial Decision are adopted and incorporated by reference herein.

CONCLUSIONS OF LAW

The Conclusions of Law entered by the Administrative Law Judge in the Initial Decision are adopted and incorporated by reference herein.

DECISION AND ORDER

The recommendation of the Administrative Law Judge that no disciplinary action be taken against Respondent is adopted and incorporated by reference and, having become final on June 12, 2023, is hereby made the Final Decision of the Board, effective June 12, 2023.

SO ORDERED, this 13th day of June, 2023.

GEORGIA COMPOSITE MEDICAL BOARD



MATTHEW W. NORMAN, M.D.
Chairperson



DANIEL DORSEY
Executive Director



**BEFORE THE OFFICE OF STATE ADMINISTRATIVE HEARINGS
STATE OF GEORGIA**

**GEORGIA COMPOSITE MEDICAL
BOARD,**

Petitioner,

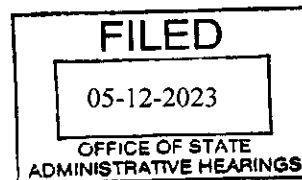
v.

**MELVIN PERRY, MD,
Respondent.**

Docket No.: 2313515

2313515-OSAH-GCMB-PHY-33-Barnes

Agency Reference No.: 46470



INITIAL DECISION

Petitioner, the Georgia Composite Medical Board (“Board”) brought this action seeking the imposition of sanctions against Respondent’s license to practice medicine in Georgia. The evidentiary hearing took place before the undersigned administrative law judge on April 12, 2023. The Board was represented by Sandra Bailey, Esq., Assistant Attorney General. Respondent was represented by Brian Trulock, Esq., and Marie Wilcox, Esq. The undersigned heard testimony from Agent Cameron Rabbitt, Kristin Howe, Elizabeth Chambers, Christa Summers, and Respondent. After careful consideration of the evidence and the arguments of the parties, and for the reasons stated below, the Board’s decision to impose sanctions against Respondent’s license to practice as a physician is **REVERSED**.

I. FINDINGS OF FACT

1. Respondent is licensed to practice medicine in the state of Georgia and was licensed as such at all times referenced in this Decision. Respondent’s specialties are pediatrics and pediatric critical care medicine. Respondent is also currently licensed to practice medicine in Louisiana. (Statement of Matters Asserted; Exhibit P-1; Testimony of Cameron Rabbitt).
2. Respondent received his bachelor’s degree in microbiology with honors from Louisiana State University. He subsequently attended medical school at Louisiana State University’s New Orleans campus. He completed his residency in pediatrics at the Children’s Hospital in New Orleans,

followed by a fellowship in critical care medicine at the Medical College of Georgia. He has been board-certified in pediatrics since 1999 and in critical care medicine since 2002. Additionally, he holds certifications in basic life support and in pediatric intensive life support. (Testimony of Respondent).

3. Following his fellowship, Respondent joined the faculty at Emory School of Medicine, and later worked at Children's Healthcare of Atlanta (CHOA). After that, he spent approximately twelve years doing locum tenens work, meaning he acted as a substitute for physicians who were on extended leave. He practiced across the country, at one point holding as many as twelve licenses at once. However, he still maintained a permanent residence in Georgia. (Testimony of Respondent).
4. At some point during that period Respondent practiced at the Wilford Hall medical center, which is located at an Air Force base in Texas. In that role he performed critical care work, primarily treating very sick children—both children from the local community as well as airmen's children. He was also the medical director in charge of the transport (both air and ground) of critically ill individuals both back to the U.S. from overseas and within the U.S. (Testimony of Respondent).
5. Respondent returned permanently to Georgia in 2020 and established his own practice, Total Care Pediatrics, in Austell, Georgia. (Testimony of Respondent).

Patient S.C.

6. On July 15, 2019, Elizabeth Chambers brought her then 20-month-old daughter, S.C., to the Children's Clinic in Newnan, Georgia, where Respondent was working as a locum tenens physician. (Testimony of Elizabeth Chambers; Testimony of Respondent).
7. S.C. had initially developed a fever of 103 degrees the prior Saturday afternoon. The fever was initially reduced with Motrin. Ms. Chambers consulted with her brother-in-law, a physician's

assistant, who advised her to continue to monitor the fever. She grew alarmed when, after checking S.C.'s temperature just past midnight, she had a temperature of 106 degrees.¹

8. Ms. Chambers and her husband agreed that they did not have time to travel to the hospital, which was 20 minutes away, and instead decided to put S.C. in a cool bath to bring the fever down; she recalled a time when one of her older children had a 105-degree fever, and his doctor had advised her to do this. After around 45 minutes, S.C.'s temperature had gone down to 100 degrees. (Testimony of Ms. Chambers).
9. By around 5:45 a.m. Sunday morning, S.C.'s temperature had spiked back up, so Ms. Chambers took her to Summit Urgent Care in Newnan at around 7:30 a.m. The healthcare provider she saw at the clinic suspected a urinary tract infection (UTI) and recommended that Ms. Chambers take S.C. to her primary care on Monday so that a urine culture could be taken. In the meantime, they prescribed Suprax, an antibiotic. The clinic did not recommend emergency care at that point. (Testimony of Ms. Chambers).
10. Ms. Chambers recalled that Suprax did not work as quickly as she hoped. In her experience with her older children, she knew that antibiotics tended to result in rapid improvement, but she estimated that S.C. was only around 50% better. However, she determined that S.C. was definitely not acutely ill—for example, she was eager to go play with her older siblings on Sunday afternoon. (Testimony of Ms. Chambers).
11. Early Monday morning, Ms. Chambers left a message at the Children's Clinic, S.C.'s regular pediatrician's office, explaining S.C.'s illness. S.C. did not seem to be in any particular distress that morning, but Ms. Chambers said she felt "uneasy." She called the clinic again and let them know she was on her way. (Testimony of Ms. Chambers; Testimony of Patti Ferguson).

¹ Ms. Chambers stated that from past experience she knew that the particular thermometer she used always read one degree higher, so she estimated that S.C.'s actual temperature was 105 degrees.

12. Ms. Chambers arrived at the Children's Clinic at around 8:45 a.m., where she was told that S.C. would be seen by Respondent, instead of their usual doctor. Ms. Chambers asked if they could see Shannon, a physician's assistant, who had treated her kids before, but she was not available. (Testimony of Ms. Chambers).
13. Ms. Chambers and S.C. were taken to an exam room. A nurse took S.C.'s vitals, and Ms. Chambers recalled that her temperature was only slightly elevated. (Testimony of Ms. Chambers).
14. Respondent came into the exam room, introduced himself, and asked Ms. Chambers what was going on with S.C. Ms. Chambers noticed that he looked at her the whole time, and "didn't even look" at S.C. at all. At one point, he interrupted her and was "very angry," "scolding" Ms. Chambers for not taking S.C. to the hospital. He pointed at her and told her she made a "terrible, terrible mistake." Ms. Chambers described the tone of his voice as "almost a yell." Respondent testified that they both raised their voices. (Testimony of Ms. Chambers; Testimony of Respondent).
15. Ms. Chambers testified that she started to say, "I'm sorry you don't agree with our parental judgment," but Respondent interrupted and said "You could've killed your daughter, you could have cost her her life." Ms. Chambers says she asked that he speak to her respectfully and says she "begged" him to just look at S.C. Based on how S.C. was acting, Ms. Chambers did not think that going to the emergency room was warranted.
16. Respondent conceded that he is "not a shrinking violet," and that "people sometimes take offense to that." He says that he told Ms. Chambers that her actions could have resulted in S.C.'s death, but denies saying, "You almost killed your daughter." (Testimony of Respondent).
17. Ms. Chambers asked Respondent whether she could see Shannon, saying, "I didn't want to see you anyway." According to Ms. Chambers, Respondent said she could not see Shannon, and in

fact, she was no longer a patient at the Children's Clinic and that she needed to "get out." Respondent denies that he "fired" Ms. Chambers from the practice. (Testimony of Ms. Chambers; Testimony of Respondent).

18. Patti Ferguson was in her office behind the front desk while Respondent was meeting with Ms. Chambers. She recalls hearing raised voices, particularly Respondent's. She added that she typically cannot hear voices in the exam rooms from her office. After a few minutes, she decided to go and see what was going on, but by then Ms. Chambers and Respondent were heading towards her. (Testimony of Ms. Ferguson).
19. Ms. Chambers went to the checkout desk and spoke with Patti Ferguson, the office manager. Ms. Chambers asked her whether Shannon could see S.C. Ms. Chambers was crying at this point. Ms. Ferguson asked Respondent and he said "absolutely not." Ms. Ferguson noted that his voice was "raised" and that he was not screaming, but was "louder than normal." Ms. Ferguson said she had to stand by Respondent's decision. (Testimony of Ms. Chambers; Testimony of Patti Ferguson).
20. Ms. Chambers testified that Respondent did not examine S.C. or even look at her. She also says that, although he chastised her for not taking S.C. to the hospital, he did not explicitly tell her "you need to take her to the hospital." She says he did not provide any instructions for S.C.'s care at all. (Testimony of Ms. Chambers).
21. At the hearing, Respondent explained that, in a situation where a baby had such a persistently high fever, was not responding to antibiotics, and was "not acting like a toddler should act," his concern was that she had a UTI that was at risk of moving into the kidneys, resulting in a condition called pyelonephritis. This was concerning to Respondent because pyelonephritis could lead to sepsis. Respondent was especially concerned about S.C. developing sepsis, because the death rate from sepsis in pediatric patients approaches 50 percent. He explained that his approach was to "look at

what may kill you first instead of what may kill you last,” acknowledging that he looks at things differently than some other physicians.² (Testimony of Respondent).

22. Respondent testified that, had Ms. Ferguson told him about Ms. Chambers’ situation prior to seeing her, he would not have let them in in the first place. The Children’s Clinic did not have the resources required to treat S.C. Specifically, he could not take urine cultures or blood samples. He added that Piedmont Newnan Hospital was a ten-minute drive away from the Children’s Clinic, and under federal law was required to accept walk-ins. (Testimony of Respondent).

23. Respondent does not believe he accepted S.C. as his patient that day. (Testimony of Respondent).

24. Respondent did not see the need to call an ambulance for S.C., or to call Piedmont Newnan Hospital and let them know she would be arriving soon, because, as he explained, S.C. was not “critical,” even as she did need a more advanced level of care to treat her illness. (Testimony of Respondent).

25. After leaving the Children’s Clinic, Ms. Chambers did not take S.C. to the hospital immediately, but instead tried to find a primary care doctor who would accept a new patient for a sick appointment. She eventually got an appointment with a doctor in Tyrone, Georgia. That doctor gave her something to put in S.C.’s diaper that would hopefully catch a urine sample. (Testimony of Ms. Chambers).

26. At around 3 p.m., as Ms. Chambers was driving home from Tyrone, S.C. began crying and screaming. Up until that point, S.C. had not been in distress and her fever had stayed consistently at 100 degrees. But at this point “the picture changed.” She took S.C. to Piedmont Newnan

² Respondent said that he did not explain any of this to Ms. Chambers. He implied that he believed it would not have been useful because she “had already been ignoring medical advice.” When asked why he would say that she had already been ignoring medical advice, he answered: “because based on when I talked to her with -- despite her with all these doses of Tylenol and Motrin this is my first time hearing it, she just told me that the baby was -- she just did cold baths.” (Testimony of Respondent).

Hospital. There, medical staff took blood and urine samples and officially diagnosed her with a UTI. Eventually S.C. was transported to CHOA via ambulance, where she spent two nights receiving intravenous antibiotics. S.C.'s medical records from CHOA indicate that she was diagnosed with acute pyelonephritis. (Testimony of Ms. Chambers; Exhibit P-8).

27. The same day that Ms. Chambers visited the Children's Clinic, her husband, Josh Chambers, made a complaint to the Board about Respondent. (Testimony of Ms. Chambers; Exhibit P-6; Testimony of Agent Rabbitt).
28. Dr. Ann Contrucci, a pediatrician, performed a medical records review of S.C.'s case on behalf of the Board. Her review was limited to the note Respondent wrote following S.C.'s visit to the Children's Clinic. (Testimony of Dr. Contrucci; Exhibit P-7).
29. Dr. Contrucci testified that Respondent's medical note regarding S.C. was incomplete. She therefore concluded that Respondent's treatment of S.C. fell below the professional standard of care. (Testimony of Dr. Contrucci).
30. The top part of S.C.'s medical note was completed by the nurse. It listed her temperature, weight, and the medications she had taken. It also contained a brief note describing the history of her illness: that she had developed a fever on Saturday that had risen to 106 degrees at its peak, and that she had gone to Urgent Care on Sunday. At the bottom of the page, Respondent had written a note that said something along the lines of: "Patient was to be seen after high fever of 106 degrees. Mom did not take patient to ER . . . When mom was informed of the . . . dangers she said that 'it was a parent judgment call.' This MD was uncomfortable with mom['s] reaction and defiance of medical advice . . . Mom was instructed that this office is not the appropriate level of care. Mom was instructed to go to the Emergency Department, as we cannot get lab results back in a timely enough manner in office. Mom disregarded and went to another pediatric office, who contacted

this office about transferring records.” Dr. Contrucci criticized this note as not having been written in real time, as it was clearly not written until after the other pediatrician’s office called the Children’s Clinic. (Exhibit P-7; Testimony of Dr. Contrucci; Testimony of Respondent).

31. Dr. Contrucci explained that, particularly in pediatrics, looking at a patient is very important because a physician can glean a lot of information from a visual observation. She would also have conducted a basic physical exam. She says that meeting the standard of care requires at least a working assessment, and there is no indication that Respondent conducted any exam at all. Dr. Contrucci believes that “if it’s not recorded, it didn’t happen,” and that the “bare minimum” level of care is to document a patient’s visit and assessment.” (Testimony of Dr. Contrucci).
32. Dr. Contrucci believes that a physician-patient relationship had formed between Respondent and S.C. She believes that such a relationship forms the moment a physician walks into an exam room where a patient is waiting. She conceded that if no physician-patient relationship is formed, a doctor does not have an obligation to write a note for a patient. (Testimony of Dr. Contrucci).
33. Respondent denies that he formed a physician-patient relationship with S.C. Therefore, he had no obligation to write a note for her. (Testimony of Respondent).

The Walmart Incident

34. The following incident occurred on December 5, 2019, in a Newnan, Georgia Walmart parking lot. (Testimony of Christa Summers, Testimony of Respondent).
35. Christa Summers had gone to Walmart that day at around noon to pick up an online order. As she was leaving, she was preparing to drive past the front of the store where shoppers enter and exit. The car in front of her unexpectedly stopped to pick up a passenger. Ms. Summers chose to drive around the car. She says she looked around before passing and did not see anyone. She estimates that she was moving at around five miles per hour as she moved to the left of the stopped vehicle.

As she was moving back into her lane, she heard a crash and her car shook. At first she did not know what could have caused the crash and worried that she had hit something. (Testimony of Ms. Summers).

36. Ms. Summers said she saw Respondent and a turned-over shopping cart. His arms were up in the air, and he was yelling. Still not sure what had happened, Ms. Summers pulled over and called 911. Respondent seemed to have left the area, but she was afraid to get out of her car. (Testimony of Ms. Summers).

37. Respondent explained that after he parked at Walmart that day, he took a cart from a shopper who had finished using it and started walking towards the front of the store. He saw Ms. Summers and made eye contact with her. As he began to cross in front of the store, Ms. Summers pulled to the left of the stopped car, into the lane where Respondent was walking. Respondent says that he pushed the cart away from him and put his hands up in the air to avoid being hit. He added that he did not intentionally push the cart into Ms. Summers' car. (Testimony of Respondent).

38. Respondent says that he could see Ms. Summers was calling the police and, wanting to avoid a confrontation, he went inside the store to do his shopping. (Testimony of Respondent).

39. An officer arrived at the scene quickly. Once she got out of her car, Ms. Summers saw the damage on her driver's side passenger door. The officer went inside the Walmart to find Respondent—Ms. Summers had told him that Respondent had been wearing khaki scrubs. After the officer found Respondent, he asked Ms. Summers how much damage she estimated had been done to her car. When she told him she thought it was around \$500, he arrested Respondent. (Testimony of Ms. Summers; Testimony of Agent Rabbitt).

40. Subsequently, Respondent swore out a warrant for attempted vehicular homicide, which Ms. Summers received the following January. However, Respondent admitted that he did not

necessarily think that Ms. Summers had intentionally tried to kill him. (Testimony of Ms. Summers; testimony of Respondent).

Kristin Howe

41. The following incident occurred on July 21, 2022, at Respondent's office, Total Care Pediatrics, in Austell, Georgia. (Testimony of Respondent; Testimony of Kristin Howe).
42. Respondent was treating a two-month-old baby who had come into his office that day with difficulty breathing. She was hypoxemic, meaning she had low blood oxygen levels. Respondent had treated her with oxygen, albuterol, and steroids. Respondent was in the process of weaning the patient slowly off of the supplemental oxygen, noting that she had been stable in his office for "hours" by that evening. Because it was getting late, Respondent wanted to have the baby transported to CHOA while she was stable enough. He called the non-emergency services number, but his call was bumped up to emergency-level due to internal dispatch protocol. (Testimony of Respondent).
43. Kristin Howe, a paramedic for Puckett EMS, testified that her truck was dispatched to Respondent's office for an infant with difficulty breathing. (Testimony of Ms. Howe).
44. The fire department arrived at Respondent's office first. Respondent told the firefighters to leave because he did not need them. He testified that he was particularly concerned about having a lot of authorities around his office because many of his patients have documentation issues, and might not feel comfortable going into his building with the firetruck blocking the entrance. The firefighters responded that Puckett EMS had told them to stay. (Testimony of Respondent).
45. When Puckett EMS arrived, Respondent says he saw Ms. Howe arrive with two colleagues and start "yanking" at the door, which was kept locked due to COVID-19 protocols. Ms. Howe testified that when she arrived and knocked at the door, she could see Respondent through the glass calling

the police to report that the fire department was trespassing. (Testimony of Ms. Howe; Testimony of Respondent).

46. Respondent took Ms. Howe and the other two paramedics to a patient room, where his patient was sitting in her mother's lap, receiving supplemental oxygen through nasal canula tubing. Ms. Howe walked into the room and immediately asked the baby's mother, in Spanish, whether the baby had eaten. Respondent says that at no point did paramedics ask him anything about the child's history, or allow him to say anything.
47. According to Ms. Howe, Respondent told the paramedics that he had already called the report in to the hospital so that it would expect the baby's arrival but did not tell them which hospital. Respondent directed the infant's mother to place her on the paramedics' stretcher, which was positioned just outside the exam room. However, Ms. Howe told her to put the baby in her car seat instead, which they could then strap onto the stretcher. Respondent explained that he had wanted to put the baby on the stretcher directly, because having her in the car seat could impact her breathing. Ms. Howe testified that putting the baby in the car seat would keep her more secure during transport. Respondent says that Ms. Howe overruled him and told the mother to put the baby in the car seat. (Testimony of Ms. Howe; Testimony of Respondent).
48. Ms. Howe says that she is tasked with transporting a child that young at least once a week. (Testimony of Ms. Howe).
49. Once the child was in the car seat, Respondent wanted to check her vitals again to make sure she was still stable. He was "alarmed" that her heart rate was a "very high" 215. A heart rate that high could lead to injury to the child's heart. (Testimony of Respondent).
50. Respondent also wanted to check the baby's oxygen levels. Ms. Howe and her coworkers attempted to use a traditional "clip-on" pulse oximeter, which is normally meant to clip to an

adult's finger. At the hearing, Ms. Howe explained that the protocol for using that device on infants is to clip it onto the child's big toe, and then pull the baby's sock over the device so that it stays on. Ms. Howe says that the baby kicked the pulse oximeter off before they could get the sock over it, but that she saw it provide a reading of 100% oxygen saturation. She believed that number was reliable. (Testimony of Respondent; Testimony of Ms. Howe).

51. Respondent explained that the FDA and pulse oximeter's manufacturer do not recommend using the clip-on pulse oximeter on babies or infants, because they are designed to need a certain amount of blood flow in order to give a proper reading. (Testimony of Respondent).
52. Respondent said that the "older" of the three EMTs kept trying to get the clip on. Unlike Ms. Howe, Respondent was not comfortable trusting the reading from the device. He added that he does not personally recall seeing the 100 percent result. Instead, Respondent wanted to use a "band-aid" oxygen monitor, which comes in the form of a small strip that wraps around a baby's finger. Ms. Howe says that her supervisor went to their truck to see whether they had a band-aid oxygen monitor, but Respondent says that no one told him that. Respondent had an oxygen monitor in his office.³ (Testimony of Respondent; Testimony of Ms. Howe).
53. According to Ms. Howe, Respondent told her that, because she did not have the right equipment, he would transport the baby himself (presumably in his own vehicle). Ms. Howe says she asked the child's mother whether she wanted to go in the ambulance. She says Respondent started yelling, insisting that he was taking the baby with him. (Testimony of Ms. Howe).
54. Respondent, however, stated that he was growing increasingly concerned about the child's stats as the EMTs continued to attempt to make the clip-on pulse oximeter stay on. Wanting to bring the baby back into the exam room to be stabilized, he reached over to unclip the baby from her car

³ Ms. Howe's truck was not equipped with a band-aid oxygen monitor that day. However, she testified that they were not legally required to carry one because, according to her, the regular clip-on works well enough.

seat, and Ms. Howe hit his hand. Respondent said nothing but reached over again, and Ms. Howe hit his hand away again. (Testimony of Respondent).

55. Respondent was at this point still holding the oxygen tank. Ms. Howe says she reached over and removed the nasal canula tubing (which was still attached to the infant) from the oxygen tank so that they could leave. It is not clear how Ms. Howe intended to continue providing the child with oxygen. (Testimony of Respondent; Testimony of Ms. Howe).

56. Ms. Howe says that as she was reaching for the oxygen tubing Respondent “shoved” her back with both hands, while Respondent testified just that he “pushed her hand away.” She said “boy, don’t you ever touch me,” to which he responded “bitch, don’t call me boy.” Ms. Howe denied that she used “boy” as a racial pejorative, but rather that she said it because he was “throwing a temper tantrum.” (Testimony of Respondent; Testimony of Ms. Howe).

57. Ms. Howe says that Respondent began reaching for the baby, and Ms. Howe stepped up and put her arm out, “and that’s when we ended up fighting to the floor.” In contrast, Respondent recalls that Ms. Howe ran around the stretcher towards him, and he held out his right arm and pushed her away. He says that she lost her footing and grabbed the sleeve of his sweatshirt, dragging him down with her and ripping his sleeve. (Testimony of Respondent; Testimony of Ms. Howe).

58. Ms. Howe says that Respondent ended up on top of her, but that she fought him off and he fell over to her left. Although Respondent still had the oxygen tank in his hand, Ms. Howe denies that he tried to hit her with it. Respondent says that Ms. Howe’s coworker jumped on top of him, and that Respondent kicked him away. According to Ms. Howe, the entire altercation lasted around 10 to 15 seconds. Ms. Howe says she got off the ground first, while Respondent says that he did. (Testimony of Respondent; Testimony of Ms. Howe).

59. One of Ms. Howe’s coworkers called the police, who arrived around two or three minutes later

and arrested Respondent. Ms. Howe did not make any complaints to the Board. (Testimony of Respondent; Testimony of Ms. Howe; Testimony of Agent Rabbitt).

60. The Board initiated an investigation into Respondent following an article in the Atlanta Journal-Constitution about this incident. As part of his investigation, Agent Rabbitt interviewed Ms. Howe. He also looked for a history of quality of care complaints about Respondent, which is when he found the complaint from Ms. Chambers. (Testimony of Agent Rabbitt).
61. On July 26, 2022, Agent Rabbitt visited Puckett EMS to interview Ms. Howe. As part of his investigation, he took photos of bruising on her arms and legs and a small laceration on her ear. (Testimony of Agent Rabbitt; Testimony of Ms. Howe; Exhibit P-5).
62. Ms. Howe testified that, although she understood that Respondent was a physician and the infant in question was his patient, she believed that she was in charge of the child's care once she arrived at the scene. She believed that while she was required to take directions from the Puckett EMS medical director, she is only allowed to do what other physicians say if they give her a written order. She says the protocol is "a little bit of a sketchy area." She insisted that she does not have to take orders from "some random doctor." (Testimony of Ms. Howe).
63. According to Ga. Comp. R. & Regs. 511-9-2-.07(1)(i), "[c]ontrol of patient care at the scene of an emergency shall be the responsibility of the individual in attendance most appropriately trained and knowledgeable in providing prehospital emergency care and transportation." When a physician-patient relationship has been established "the Medic must follow the medical direction of that physician." A physician-patient relationship is established when "[a] physician is on the scene and demonstrates a willingness to assume responsibility for patient management or purports to be the patient's personal physician and the Medic takes reasonable steps to immediately verify the medical credentials of the physician." Id. 511-9-2-.07(1)(i)1. and 2.

II. CONCLUSIONS OF LAW

1. The Board bears the burden of proof in this matter. Ga. Comp. R. & Regs. 616-1-2-.07(1). The standard of proof is a preponderance of the evidence. Ga. Comp. R. & Regs. 616-1-2-.21(4).
2. Pursuant to O.C.G.A. 43-34-6(a), Petitioner has the “powers, duties, and functions of professional licensing boards as provided in Chapter 1 of [O.C.G.A. Title 43].”
3. Professional licensing boards may discipline a licensee upon a finding by a majority of the entire board that the licensee has:

[e]ngaged in any unprofessional, immoral, unethical, deceptive, or deleterious conduct or practice harmful to the public that materially affects the fitness of the licensee . . . to practice a business or profession licensed under this title or is of a nature likely to jeopardize the interest of the public; such conduct or practice need not have resulted in actual injury to any person or be directly related to the practice of the licensed business or profession but shows that the licensee . . . has committed any act or omission which is indicative of bad moral character or untrustworthiness. Such conduct or practice shall also include any departure from, or the failure to conform to, the minimal reasonable standards of acceptable and prevailing practice of the business or profession licensed under this title.

O.C.G.A. § 43-1-19(a)(6).

4. Similarly, under Georgia Code Section 43-34-8(a)(7), the Board has the authority to discipline a physician upon a finding by the Board that the licensee has:

[e]ngaged in any unprofessional, unethical, deceptive, or deleterious conduct or practice harmful to the public, which need not have resulted in actual injury to any person. As used in this paragraph, the term “unprofessional conduct” shall include any departure from, or failure to conform to, the minimal standards of acceptable and prevailing medical practice and shall also include, but not be limited to, the prescribing or use of drugs, treatment, or diagnostic procedures which are detrimental to the patient as determined by the minimal standards of acceptable and prevailing medical practice or by rule of the board.

O.C.G.A. § 43-34-8(a)(7).

5. Ga. Comp. R. & Regs. 360-3-.02 authorizes the Board to take disciplinary action against a licensee for unprofessional conduct, which is defined as, among other things, as:

(16) Failing to maintain patient records documenting the course of the patient’s medical evaluation, treatment, and response.

(18) Any other practice determined to be below the minimal standards of acceptable and prevailing practice.

6. Additionally, professional licensing boards may discipline a licensee upon a finding by a majority of the entire board that the licensee has:

“[v]iolated a statute, law, or any rule or regulation of this state, any other state, the professional licensing board regulating the business or profession licensed under this title, the United States, or any other lawful authority without regard to whether the violation is criminally punishable when such statute, law, or rule or regulation relates to or in part regulates the practice of a business or profession licensed under this title and when the licensee or applicant knows or should know that such action violates such statute, law, or rule.”

O.C.G.A. § 43-1-19(a)(8). See also O.C.G.A. 43-34-8(a)(10) and Ga. Comp. R. & Regs. 360-3-.03.

7. Pursuant to Georgia Code Sections 43-1-19(d) and Ga. Comp. R. & Regs. 360-3-.01, Petitioner is authorized to deny, revoke, suspend, fine, reprimand or otherwise limit the license of a physician or physician assistant for all the grounds set forth in O.C.G.A. § 43-34-8, and may impose a fine not to exceed \$500 for each violation of a law, rule, or regulation relating to the licensed business or profession; or impose on a licensee fees or charges in an amount necessary to reimburse the professional licensing board for the administrative and legal costs incurred by the board in conducting an investigative or disciplinary proceeding.
8. Additionally, pursuant to Georgia Code Section 43-34-8(b)(1), Petitioner may take one or more of the following actions when the Board finds that a person is unqualified to be granted a license or that a licensee should be disciplined:

- (A) Refuse to grant a license, certificate, or permit to an applicant;
- (B) Place the licensee, certificate holder, or permit holder on probation for a definite or indefinite period with terms and conditions;
- (C) Administer a public or private reprimand, provided that a private reprimand shall not be disclosed to any person except the licensee, certificate holder, or permit holder;
- (D) Suspend any license, certificate, or permit for a definite or indefinite period;
- (E) Limit or restrict any license, certificate, or permit;
- (F) Revoke any license, certificate, or permit;

- (G) Impose a fine not to exceed \$3,000 for each violation of a law, rule, or regulation relating to the licensee, certificate holder, permit holder, or applicant;
- (H) Impose a fine in a reasonable amount to reimburse the board for the administrative costs;
- (I) Require passage of a board approved minimum competency examination;
- (J) Require board approved medical education;
- (K) Condition the penalty, or withhold formal disposition, which shall be kept confidential, unless there is a public order upon the applicant, licensee, certificate holder, or permit holder's submission to the care, counseling, or treatment by physicians or other professional persons, which may be provided pursuant to Code Section 43-34-5.1, and the completion of such care, counseling, or treatment, as directed by the board; or
- (L) Require a board approved mental and physical evaluation of all licensees, certificate holders, or permit holders.

9. Under Georgia law, a doctor-patient relationship is formed “where the patient knowingly seeks the assistance of the physician and the physician knowingly accepts him as a patient.” *Tomeh v. Bohannon*, 329 Ga. App. 596, 599 (Ga. Ct. App. 2014) (quoting *Anderson v. Houser*, 240 Ga. App. 613, 615 (Ga. Ct. App. 1999)). In *Tomeh*, the Court held that “[a] doctor who is merely on call, but who renders no treatment nor care to a patient does not have a doctor-patient relationship.” *Id.* at 600. And while in *Tomeh* the physician “did not even meet” the patient in question, the Court is not convinced that Respondent consented to a doctor-patient relationship with S.C. simply by walking into the patient exam room and initiating a conversation with Ms. Chambers. Rather, the Court considers the fact that Respondent clearly communicated to Ms. Chambers that he would not be examining S.C. that day to show that he did not form a physician-patient relationship with her.

10. To be clear, the undersigned does not intend to condone Respondent's behavior towards Ms. Chambers. However, because the Matters Asserted filed by the Board did not contain any allegations regarding how Respondent spoke to her that day, the Court may not consider whether that behavior would justify sanctions against him. See O.C.G.A. § 50-13-13(a)(2)(D) (“The notice shall include. . . [a] short and plain statement of the matters asserted.”).

11. The Court further concludes that the Board did not prove, by a preponderance of the evidence, that Respondent purposefully hit Ms. Summers car with his shopping cart on December 5, 2019. Ms.

Summers was a credible witness, but she admitted that she never saw Respondent push his cart into her car. She even stated that, when she called the police, she was still not exactly sure what had happened. Meanwhile, Respondent provided an explanation for why he pushed his cart away from him that was at least plausible.


12. The Board similarly did not prove that it is more likely than not that Respondent “tackled and struck” Ms. Howe on July 21, 2022. (*See* Notice of Hearing). The Court takes Ms. Howe’s accusations very seriously. However, after thoroughly reviewing both her and Respondent’s explanation of events, the undersigned cannot conclude that it is more likely than not that they are true. Ms. Howe only said that she and Respondent “ended up fighting to the floor” and did not clearly state that Respondent attacked her. Respondent’s explanation, in which Ms. Howe started towards him and he defended himself, is plausible.

13. The three events described at the hearing suggest that Respondent has a concerning pattern of sometimes unnecessarily escalating tensions, and he very well may benefit from the anger management courses the Board recommends. However, the Board was required to prove each of its specific accusations of Respondent by a preponderance of the evidence, and it did not do so here.

III. DECISION

In accordance with the foregoing Findings of Fact and Conclusions of Law, the Board's decision to sanction Respondent's medical license is **REVERSED**.

SO ORDERED, this 12th day of May, 2023.


Shakara M. Barnes
Administrative Law Judge





NOTICE OF INITIAL DECISION

Attached is the Initial Decision of the administrative law judge. A party who disagrees with the Initial Decision may file a motion with the administrative law judge and/or an application for agency review.

Filing a Motion with the Administrative Law Judge

A party who wishes to file a motion to vacate a default, a motion for reconsideration, or a motion for rehearing must do so within 10 calendar days of the entry of the Initial Decision. Ga. Comp. R. & Regs. 616-1-2-.28, -.30(4). All motions must be made in writing and filed with the judge's assistant, with copies served simultaneously upon all parties of record. Ga. Comp. R. & Regs. 616-1-2-.04, -.11, -.16. The judge's assistant is Devin Hamilton - 404-657-3337; Email: devinh@osah.ga.gov; Fax: 404-657-3337; 225 Peachtree Street NE, Suite 400, Atlanta, Georgia 30303.

Filing an Application for Agency Review

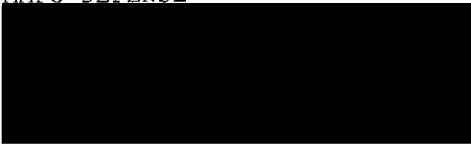
A party who seeks review by the referring agency in this case must file an application for agency review within 30 days after service of the Initial Decision. O.C.G.A. §§ 50-13-17(a), 50-13-41(d). **In nearly all cases, agency review is a prerequisite for judicial review.** O.C.G.A. § 50-13-19(a).

The application for agency review must be filed with the Department of Community Health, Legal Services Unit, Attn: General Counsel, 2 Peachtree Street, 40th Floor, Atlanta, Georgia 30303. Copies of the application for agency review must be served upon all parties of record and filed simultaneously with the OSAH Chief Clerk at 225 Peachtree Street NE, Suite 400, South Tower, Atlanta, Georgia 30303. If a timely application for agency review is not filed and the referring agency does not review the Initial Decision on its own motion, the Initial Decision will become the Final Decision of the referring agency by operation of law. O.C.G.A. §§ 50-13-17(a), -41(d).

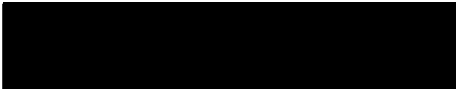
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GEORGIA COMPOSITE MEDICAL BOARD
2 PEACHTREE STREET NW 6TH FLR
ATLANTA, GA 30303

BRIAN TRULOCK
MMPO DEFENSE

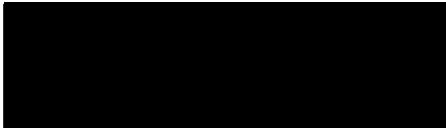


MELVIN PERRY MD



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MARIE WILCOX
MMPO DEFENSE



DANIEL DORSEY
GEORGIA COMPOSITE MEDICAL BOARD
2 PEACHTREE STREET NW 6TH FLOOR
ATLANTA, GA 30303

BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD
STATE OF GEORGIA

GEORGIA COMPOSITE
MEDICAL BOARD

IN THE MATTER OF:)

SHERRI LYNETTE STUDSTILL, M.D.,)
License No. 066085,)
Respondent.)

DOCKET NO. _____

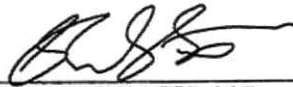
JUN 20 2023

DOCKET NUMBER:
20230077

REQUEST FOR EXPEDITED HEARING

I, SHERRI LYNETTE STUDSTILL, M.D., having been served with the Order of Summary Suspension by the Georgia Composite Medical Board ("Board"), do hereby request an expedited hearing. I reserve the right to file a response to a Notice of Hearing and Matters Asserted in this matter.

This 6 day of APRIL, 2023.



SHERRI LYNETTE STUDSTILL, M.D.
Respondent

() I am/will be represented by counsel
Name of counsel if known at this time:

OR, in lieu of an expedited hearing:

**MY RIGHT TO REQUEST REINSTATEMENT/LIFTING OF SUSPENSION OR A
HEARING AFTER RECEIVING TREATMENT**

I, Sherri Lynette Studstill, M.D., having been served with the Order of Summary Suspension by the Georgia Composite Medical Board, do understand that, if I undergo recommended treatment acceptable to the Board and receive a recommendation from a physician who is board certified in addiction medicine that I am safe to practice medicine with reasonable skill and safety within thirty (30) days of the request to lift the suspension, I can present the treatment records and physician's statement to the Board and request lifting of the suspension without the need for a hearing. I understand that it is my responsibility to contact the physician(s) who performed the mental/physical examination to determine the type of treatment and/or evaluation that is being recommended.

I also understand that I may request lifting of suspension if and when my Alabama medical license is returned to active status. I understand that I will be required to provide the Board with evidence that I have met all of the terms of the March 20, 2020 Order of the Alabama Medical Licensure Committee, and have been deemed safe to practice medicine in the State of Alabama by the Alabama Medical Licensure Committee. The Board may also request evidence of completion of recommended treatment.

I understand that, after considering my petition to lift suspension, the Board may lift the suspension and require that I practice under certain terms and conditions. I understand that, if the Board does not grant my petition for lifting of suspension, I may request a hearing at that time.

This 6 day of APRIL, 2023.



SHERRI LYNETTE STUDSTILL, M.D.
Respondent

() I am/will be represented by counsel
Name of counsel if known at this time:

**THIS REQUEST MUST BE FILED WITH:
THE GEORGIA COMPOSITE MEDICAL BOARD
2 PEACHTREE STREET, N.W., 5TH FLOOR
ATLANTA, GEORGIA 30303**

**A COPY OF THIS REQUEST MUST ALSO BE SERVED ON:
THE OFFICE OF THE ATTORNEY GENERAL
ATTN: BETSY D. COHEN
ASSISTANT ATTORNEY GENERAL
40 CAPITOL SQUARE, S.W.
ATLANTA, GEORGIA 30334**

BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD

STATE OF GEORGIA

IN THE MATTER OF:

SAMUEL OLUWADARE TENIOLA, M.D.,) DOCKET NO.

License Number 49349,)

Respondent.)

GEORGIA COMPOSITE
MEDICAL BOARD

JUN 23 2023

DOCKET NUMBER:
20230078

PUBLIC CONSENT ORDER

By agreement of the Georgia Composite Medical Board ("Georgia Board") and SAMUEL OLUWADARE TENIOLA, M.D. ("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 in the State of Georgia and was licensed at all times relevant to the matters stated herein.

2.

Respondent, while employed with at least one telemedicine company, prescribed numerous medications to multiple individuals outside of an established physician-patient relationship. At least eight of such individuals resided in the State of Georgia. Specifically:

3.

Patient LR

On or about March 10, 2020, Respondent prescribed Patient LR three (3) medications without performing an in-person examination nor performing an examination using technology that is equal to or superior to an examination done personally by a provider, as follows:

2

- Respondent prescribed Omeprazole and Sodium Bicarb (40mg/1100mg) Capsules to LR;
- Respondent prescribed Clobetasol Ointment .05% or Desonide Cream .05% or Desonide Ointment .05% or Calcipotriene .005% to LR; and
- Respondent prescribed Acyclovir 5% Ointment to LR.

4.

Patient RR

On or about February 5, 2020, Respondent prescribed Patient RR two (2) medications without performing an in-person examination nor performing an examination using technology that is equal to or superior to an examination done personally by a provider, as follows:

- Respondent prescribed Lidocaine 5% Topical Ointment or Lidocaine 2.5% / Prilocaine 2.5% Cream to RR;
- Respondent prescribed Naproxen CR 375 mg Tablet to RR; and
- Respondent prescribed Clobetasol Ointment .05% or Desonide Cream .05% or Calcipotriene .005% to RR.

5.

Patient BW

On or about February 10, 2020, Respondent prescribed Patient BW two (2) medications without performing an in-person examination nor performing an examination using technology that is equal to or superior to an examination done personally by a provider, as follows:

- Respondent prescribed Lidocaine 5% Topical Ointment or Lidocaine 2.5% / Prilocaine 2.5% Cream to BW;
- Respondent prescribed Naproxen CR 375 mg Tablet to BW; and

- Respondent prescribed Clobetasol Ointment .05% or Desonide Cream .05% or Calcipotriene .005% to BW.

6.

Patient LD

On or about March 18, 2020, Respondent prescribed Patient LD two (2) medications without performing an in-person examination nor performing an examination using technology that is equal to or superior to an examination done personally by a provider, as follows:

- Respondent prescribed Omeprazole and Sodium Bicarb (40mg/1100mg) Capsules to LD; and
- Respondent prescribed Clobetasol Ointment .05% or Desonide Cream .05% or Calcipotriene .005% to LD.

7.

Respondent's aforementioned conduct departed from and failed to conform to the minimum standards of acceptable and prevailing medical practice and was a violation of Georgia's laws and the Board's rules. *See* Ga. Comp. R. & Regs. R. 360-3-.07 (Practice Through Electronic or Other Such Means), O.C.G.A. § 43-34-8(a), and O.C.G.A. § 43-1-19(a).

8.

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

CONCLUSIONS OF LAW

Respondent's conduct constitutes sufficient grounds for the imposition of discipline upon Respondent's license to practice as a 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

The Georgia Board, having considered all the facts and circumstances of this case, hereby orders, and Respondent hereby agrees, that the following sanctions shall be imposed upon Respondent's license to practice as a physician in the State of Georgia:

1.

Within sixty (60) days of the effective date of this Consent Order, Respondent shall submit to the Georgia Board a fine of five thousand dollars (\$5,000.00) to be paid in full by cashier's check or money order made payable to the Georgia Composite Medical Board. Said fine shall be sent to the Georgia Composite Medical Board, located at 2 MLK Jr. Drive SE, East Tower, 11th Floor, Atlanta, GA 30334 to the attention of the Executive Director. Failure to pay the entire amount within (60) days of the effective date of this Consent Order shall be considered a violation of this Consent Order and shall result in further sanctioning of Respondent's license, upon substantiation thereof.

2.

Within six (6) months of the effective date of this Consent Order, Respondent shall successfully complete ten (10) hours of continuing medical education ("CME") course(s) focusing on ethics and ten (10) hours of CME course(s) focusing on prescribing. Said CME may be completed online and shall be in addition to the CME required of all Georgia physicians. Respondent shall provide written evidence of successful completion of the CME to the Georgia Board within six (6) months of the effective date of this Order. Failure to provide written evidence of successful completion of the CME within six (6) months of the effective date of this

Consent Order shall be considered a violation of this Consent Order and shall result in further sanctioning of Respondent's license, upon substantiation thereof.

3.

In addition to and in conjunction with any other sanction contained herein, this Consent Order and dissemination thereof shall serve as a **public reprimand** of Respondent by the Georgia Board.

4.

Respondent also 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.

5.

Respondent acknowledges that Respondent has read this Consent Order and understands its contents. Respondent understands that Respondent has the right to a hearing in this matter and freely, knowingly and voluntarily waives that right by entering into this Consent Order. Respondent understands and agrees that a representative of the Department of Law may be present during the Georgia Board's consideration of this Consent Order and that the Georgia 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 Georgia Board. Respondent understands that this Consent Order, once approved and docketed, shall constitute a public record, evidencing disciplinary action by the Georgia 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 Georgia Board to adjudicate this matter. Respondent hereby consents to the terms and sanctions contained herein.

Approved this 23rd day of June, 2023.



GEORGIA COMPOSITE MEDICAL BOARD

BY:

MATTHEW W. NORMAN, M.D.
Chairperson

ATTEST:

DANIEL R. DORSEY
Executive Director

CONSENTED TO:

SAMUEL OLUWADARE TENIOLA, M.D.
Respondent

AS TO THE SIGNATURE OF RESPONDENT:

Sworn to and subscribed before me

This, 21 day of June, 2023.

NOTARY PUBLIC

My Commission Expires:

Jan 28, 2025



BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD
STATE OF GEORGIA

IN THE MATTER OF:

CRYSTAL ANN TERRILL, D.O.,
License No. 71169,

Respondent.

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DOCKET NO.:

GEORGIA COMPOSITE
MEDICAL BOARD

JUN 27 2023

DOCKET NUMBER:
20230080

PUBLIC CONSENT ORDER

By agreement of the Georgia Composite Medical Board ("Board") and CRYSTAL ANN TERRILL, D.O. ("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 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.

In 2021-2022, Respondent was a member of a private, physician only COVID-19 social media group. While participating in a COVID-19 conversation regarding international travel in this private group, Respondent posted "make a copy of your card & write in a booster dose there is no way to know if you actually got it or not."

3.

On or about February 3, 2022, the Board received a complaint regarding the aforementioned post.

4.

Respondent's post did not involve patient care and did not provide advice towards a current or former patient.

5.

The Board shall have the authority to discipline under O.C.G.A. §43-34-8 (a)(7).

6.

Respondent admits the above findings of fact and waives further findings and agrees to the entry of this Order in order to resolve the pending allegations.

CONCLUSIONS OF LAW

Respondent's conduct constitutes sufficient grounds for the Board to exercise disciplinary authority under O.C.G.A. Chs. 1 and 34, T. 43, as amended, and the Rules of the Georgia Composite Medical Board. Respondent waives any further conclusions of law with respect to the above-styled matter.

ORDER

The Board, having considered the particular facts and circumstances of this case, hereby ordered, and Respondent hereby agrees to the following:

1.

Within **sixty (60) days** of the effective date of this Consent Order, Respondent shall submit to the Georgia Board a fine of two thousand dollars (\$2,000.00) to be paid in full by cashier's check or money order made payable to the Georgia Composite Medical Board. Said fine shall be sent to the Georgia Composite Medical Board, located at 2 MLK, Jr. Drive, SE, East Tower, 11th Floor, Atlanta, GA 30334 to the attention of the Executive Director. Failure to pay the entire amount within sixty (60) days of the effective date of this Consent Order shall be

considered a violation of this Consent Order and shall result in further sanctioning of Respondent's license, upon substantiation thereof.

2.

Within **six (6) months** of the effective date of this Consent Order, Respondent shall successfully complete ten (10) hours of continuing medical education ("CME") course(s) focusing on ethics. Said CME may be completed online and shall be in addition to the CME required of all Georgia physicians. Respondent shall provide written evidence of successful completion of the CME to the Georgia Board within six (6) months of the effective date of this Order. Failure to provide written evidence of successful completion of the CME within six (6) months of the effective date of this Consent Order shall be considered a violation of this Consent Order and shall result in further sanctioning of Respondent's license, upon substantiation thereof.

3.

This Consent Order and the dissemination thereof shall constitute a public reprimand to the Respondent for her conduct.

4.

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 Board to update the Physician's Profile reflecting this Consent Order.

5.

The effective date of this Consent Order is the date the Consent Order is docketed. Respondent should receive a docketed copy of the Consent Order form the Board at the Respondent's address of record within ten (10) business days of the docket date. If Respondent

has not received a docketed copy of the Consent Order, it is Respondent's responsibility to obtain a docketed copy of the Consent Order from the Board. Respondent must comply with the terms and conditions of the Consent Order beginning on the effective date.

6.

Approval of this Order by the Board shall in no way be construed as condoning Respondent's conduct and, except as provided herein, shall not be construed as a waiver of any of the lawful rights of the Board.

7.

Respondent acknowledges that he has read and understands the contents of this Consent Order. Respondent understands that he has the right to a hearing in this matter, and Respondent freely, knowingly and voluntarily waives such right by entering into this Consent Order. 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 further understands that this Consent Order, once approved and docketed, shall constitute a public record and may be disseminated as such. However, if the Consent Order is not approved, it shall not constitute an admission against interest in the proceeding, or prejudice the right of the Board to adjudicate the matter. Respondent understands that this Consent Order will not become effective until approved and docketed by the Georgia Composite Medical Board. Respondent consents to the terms contained herein.

[Signatures on following page]

Approved, this 27th day of June, 2023.



GEORGIA COMPOSITE MEDICAL BOARD

BY:

MATTHEW W. NORMAN, M.D.
Chairperson

ATTEST:

DANIEL R. DORSEY
Executive Director

CONSENTED TO:

CRYSTAL ANN TERRILL, D.O.
Respondent

AS TO THE SIGNATURE OF RESPONDENT:

Sworn to and subscribed before me
this, 23 day of June, 2023.

NOTARY PUBLIC

My Commission Expires: 6-7-2024

