# October 2017 Public Board Actions List

Georgia Composite Medical Board

Attn: Ms. Latisha Bias, Public Records Unit

2 Peachtree Street, N.W., 36th Floor

Atlanta, Georgia 30303-3465

PH: (404) 657-3194 FX: (770) 357-1896

Email: latisha.bias@dch.ga.gov

The Board issued **five** public orders in October 2017. To view each Board order, click on the licensee's name below.

# 1. Joseph L. Burton, MD

14892

Physician

Voluntary Surrender

# 2. Manuel Chaknis, MD

38197

Physician

Order of Completion

# 3. Fatemah Rhana Mousavi, MD

76267

Physician

Public Consent Order

# 4. Gregory Patrick, PA

1388

Physician Assistant

Public Consent Order for Reinstatement

# 5. William Darrell Tumlin, M.D.

12014

Physician

Voluntary Surrender

#### STATE OF GEORGIA

IN THE MATTER OF:	*	MEDICAL BOARD
	* MEDICAL BOARD	
Joseph L. Burton M.D.	*	OCT 12 2017
License No. 14892,	*	
Respondent.	*	DOCKET NUMBER:

# **VOLUNTARY SURRENDER**

I, JOSEPH L. BURTON, holder of License No. 14892 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 under the rules of the Board.

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 1 day of , 2

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NOTARY PUBLIC
Mycommission expires:

GEORGIA JOSEPH L. BURTON
Oct. 23, 2017 Respondent

ACCEPTANCE OF SURRENDER

The voluntary surrender of License No. 014892

Composite Medical Board, this 12th day of Ottober 2017.



GEORGIA COMPOSITE MEDICAL BOARD

BY:

E. DANIEL DELOACH, M.D.

Chairperson

ATTEST:

LASHARN HUGHES
Interim Executive Director

#### STATE OF GEORGIA

IN THE MATTER OF:

MANUEL CHAKNIS, M.D., License Number 038197. .

**DOCKET NO. 20100020** 

GEORGIA COMPOSITE

\*

OCT U5 2017

Respondent.

DOCKET NUMBER:

#### ORDER OF COMPLETION

1.

The Georgia Composite Medical Board ("Board") entered a Public Consent Order in the above-styled matter on or about September 3, 2009, Docket No. 20100020, which publicly reprimanded Respondent and placed terms and conditions on Respondent's license to practice medicine in the State of Georgia. The Public Consent Order required Respondent to successfully complete 20 hours of continuing medical education in the area of ophthalmology surgery complications, and to pay a fine and administrative fee.

2.

On or about September 21, 2017, the Board received a petition from Respondent to terminate the Public Consent Order, indicating he has complied with the Public Consent Order by paying the fine and administrative fee and completing the continuing medical education.

3.

On or about October 5, 2017, the Board reviewed the petition and Respondent's compliance with the terms thereof and determined Respondent has complied with the terms and conditions of the Public Consent Order

Based on the foregoing, the Board hereby issues this Order of Completion as Respondent has completed the requirements of the Public Consent Order.

# SO ORDERED, this 5<sup>th</sup> day of October, 2017.

# GEORGIA COMPOSITE MEDICAL BOARD



BY:

E. DANIEL DELOACH, MD Chairperson

ATTEST:

LaSHARN HUGHES, MBA
INTERIM Executive Director

IN THE MATTER OF:

\*

FATEMAH RHANA MOUSAVI, M.D.,
License Number 726267,

Respondent.

\*

STATE OF GEORGIA COMPOSITE MEDICAL BOARD

\*

UCT U5 2017

DOCKET NUMBER:
20/8 00/8

# PUBLIC CONSENT ORDER

By agreement of the Georgia Composite Medical Board ("Board") and FATEMAH RHANA MOUSAVI, M.D. ("Respondent"), the following disposition of this matter is entered pursuant to 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.

On or about March 6, 2017, the Florida Board of Medicine entered a Final Order, disciplining Respondent for failing to meet the prevailing standard of care when performing Botox injections, which resulted in a patient developing abscesses at the injection sites.

3.

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 his license to practice as a physician in the State of Georgia under O.C.G.A. Title 43, Chapters 1

and 34, <u>as amended</u>. Respondent hereby waives any further conclusions of law with respect to the above-styled matter.

#### ORDER

The 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.

Beginning on the effective date of this Consent Order, Respondent's license shall be subject to the following restrictions, terms and conditions:

(a) COSMETIC AND DERMATOLOGIC PROCEDURES RESTRICTION: Respondent is prohibited from performing cosmetic or dermatologic procedures until such time as Respondent undergoes an evaluation by Florida CARES or an evaluator approved by the Florida Board of Medicine and had been approved to perform such procedures, as outlined in the Florida Order. After Respondent has been approved by an evaluator to preform cosmetic and dermatologic procedures, Respondent must petition the Board to have this restriction lifted. The Board reserves jurisdiction to determine the conditions for the practice of cosmetic and dermatologic procedures, and may impose additional terms and conditions on Respondent's practice. Should the Board determine that reasonable cause exists for maintaining this restriction on Respondent's license, the Board shall notify Respondent of its intent to extend the restriction, 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 restriction shall remain in effect pending a final determination by the Board and notification that the restriction has lifted.

- (b) <u>CONTINUING MEDICAL EDUCATION REQUIREMENT COSMETIC</u>

  <u>PROCEDURES.</u> Respondent shall obtain ten (10) hours of continuing medical education (CME) in the area of cosmetic procedures, including facial injectable cosmetic treatments, as outlined in the Florida Final Order. This requirement shall be in addition to the continuing education requirements set forth in O.C.G.A. § 43-34-11. Respondent shall complete said additional ten (10) hours within twelve (12) months from the docketing of this order. Respondent shall submit proof of completion of said additional CME hours to the Board upon completion.
- CONTINUING MEDICAL EDUCATION REQUIREMENT RISK MANAGEMENT.

  Respondent shall obtain ten (10) hours of CME in the area of risk management as outlined in the Florida Final Order. This requirement shall be in addition to the continuing education requirements set forth in O.C.G.A. § 43-34-11. Respondent shall complete said additional ten (10) hours within twelve (12) months from the docketing of this order. Respondent shall submit proof of completion of said additional CME hours to the Board upon completion.
- obtain CME in the area of recordkeeping as outlined in the Florida Final Order. This requirement shall be in addition to the continuing education requirements set forth in O.C.G.A. § 43-34-11. Respondent shall complete said additional CME hours within twelve (12) months from the docketing of this order. Respondent shall submit proof of completion of said additional CME hours to the Board upon completion.
- (e) <u>REPORTING RESPONSIBILITY</u>. It shall be the responsibility of the Respondent to ensure that all reports, other documentation, and information required by this Consent Order are submitted to the Executive Director, Composite State Board of Medical Examiners, 2 Peachtree Street, N.W., 36<sup>th</sup> Floor, Atlanta, Georgia, 30303. Respondent's failure to submit or cause to be

submitted any required reports, other documentation, or information in a timely manner shall be deemed a violation of this Consent Order, and shall result in further sanctioning of Respondent's license, including revocation, upon substantiation thereof.

2.

Respondent shall submit to the Board a fine in the amount of one thousand dollar (\$1,000.00) to be paid in full by cashier's check or money order payable to the Board within ninety (90) days of the effective date of this Consent Order. Said fine shall be submitted to the attention of the Executive Director, Composite State Board of Medical Examiners, 2 Peachtree Street, N.W., 36<sup>th</sup> Floor, Atlanta, Georgia, 30303. Failure to pay the entire amount of the fine by the 90<sup>th</sup> day shall be considered a violation of this Order and shall result in further sanctioning of Respondent's license, including revocation, upon substantiation thereof.

3.

Respondent shall abide by all state and federal laws regulating the practice of medicine, the Rules and Regulations of the Board, and the terms and conditions of this Consent Order. If Respondent shall fail to abide by such laws, rules, terms or conditions, or if it should appearing from reports, inspections or other information 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. Respondent further agrees that any violation of this Consent 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 understands that Respondent shall be entitled to an expedited hearing to substantiate such violation, if the Board exercises such right.

4.

This Consent Order and dissemination thereof shall be considered a PUBLIC REPRIMAND of Respondent by the Board.

5.

Respondent also understands that pursuant to O.C.G.A. Title 43, Chapter 34A, the contents of this 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.

6.

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 Board's consideration of this Consent Order and that the Board shall have the authority to review the investigative file and all relevant evidence in considering this Consent Order. Respondent further understands that this Consent Order will not become effective until approved and docketed by the Board. Respondent understands that this Consent Order, once approved and docketed, shall constitute a public record, evidencing disciplinary action by the Board that may be disseminated as such. However, if this Consent Order is not approved, it shall not constitute an admission against interest in this proceeding, or prejudice the right of the Board

to adjudicate this matter. Respondent hereby consents to the terms and sanctions contained herein.

Approved this 5th day of October 2017.

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GEORGIA COMPOSITE MEDICAL BOARD

BY:

E. DANIEL DELOACH, MD

Chairperson

ATTEST:

LaSHARN HUGHES, MBA INTERIM Executive Director

CONSENTED TO:

FATEMAH RHANA MOUSAVI, MD

Respondent

AS TO THE SIGNATURE OF FATEMAH RHANA MOUSAVI, MD, Sworn to and subscribed before me this, 24 day of Aug 054, 2017.

**MOTARY PUBLIC** 

My Commission Expires: Hay 20,2021



#963167

license to be reinstated without a clinical skills examination; but with the condition that he limit his practice of medicine to clinical practice within his area of expertise and that he not engage in invasive medical procedures unless and until he has successfully completed a Board approved clinical skills examination/assessment and received written acknowledgement from the Board that he can perform invasive medical procedures.

SO ORDERED this 5th day of October, 2017.

GEORGIA COMPOSITE MEDICAL BOARD

E. DANIEL DELOACH, M.D.

Chairperson

ATTEST:

LASHARN HUGHES

Interim Executive Director

#### STATE OF GEORGIA

IN THE MATTER OF:

\* GEORGIA COMPOSITE MEDICAL BOARD

GREGORY PATRICK, P.A., \* UCT 2 6 2017

License No. 1388, \*

Applicant. \* DOCKET NUMBER:

# PUBLIC CONSENT ORDER FOR REINSTATEMENT

By agreement of the Georgia Composite Medical Board ("Board") and GREGORY PATRICK, P.A. ("Applicant"), the following disposition of this matter is entered into pursuant to the provisions of O.C.G.A. §§43-1-19, 43-34-8, and 43-34-9.

# **FINDINGS OF FACT**

1.

Applicant was initially licensed to practice medicine as a physician assistant in the State of Georgia on or about February 2, 1986 and was issued license number 1388. Applicant was actively licensed from on or about February 2, 1986 until on or about November 30, 2017, when his license expired.

2.

Applicant failed to renew his license during the renewal and late-renewal periods.

Applicant continued to practice medicine as a physician assistant after his license expired until on or about August 14, 2017 when he submitted an application for reinstatement.

3.

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

#### **CONCLUSIONS OF LAW**

O.C.G.A. §43-34-5(c) (9) provides for the reinstatement of licenses to duly qualified applicants. The Applicant's conduct and the above findings of fact constitute sufficient grounds for disciplinary action pursuant to O.C.G.A. §§43-1-19 and 43-34-8.

#### **ORDER**

The Georgia Composite Medical Board, having considered all the particular facts and circumstances of this case, hereby orders, and the Applicant hereby agrees, that Applicant's license to practice medicine as a physician assistant in the State of Georgia shall be reinstated subject to the following terms and conditions:

1.

Applicant shall submit a fine of five hundred dollars (\$500.00) to the Board, payable by money order or cashier's check to the Georgia Composite Medical Board, 2 Peachtree Street, N.W., 36<sup>th</sup> Floor, Atlanta, Georgia 30303, within thirty (30) days of the effective date of this Order. Failure to pay the fine by the thirtieth day shall be considered a violation of this Order and grounds for disciplinary action by the Board.

2.

This Consent Order shall constitute a **public reprimand** of Applicant by the Board. This Consent Order does not involve the quality of care provided to patients and is entered pursuant to the provisions of O.C.G.A. §43-34-9 which expressly provides that this is not a contested case. Based on the foregoing, should the Applicant violate or attempt to violate this Consent Order, any state or federal laws which relate to or regulate the practice of medicine or the rules and regulations of the Board, this Consent Order shall be admissible in any proceeding to substantiate such violations, and may become part of the public record in such proceedings.

Applicant shall abide by all State laws regulating the practice of medicine in the State of Georgia, the Rules and Regulations of the Georgia Composite Medical Board and the terms of this Consent Order. Should any violation of the laws of the State of Georgia, the Rules and Regulations of the Georgia Composite Medical Board or the terms of this Consent Order occur, Applicant's license may be subject to further sanctions upon substantiation thereof.

4.

Approval of this Consent Order by the Georgia Composite Medical Board shall not be construed as a waiver of any of the lawful rights possessed by the Board.

5.

Applicant acknowledges that he has read this Consent Order and understands its contents. Applicant understands that he has a right to an appearance before the Board, and freely, knowingly, and voluntarily waives that right. Applicant understands that the Consent Order will not become effective until approved and docketed by the Georgia Composite Medical Board. Applicant further understands and agrees that the Board shall have the authority to review the application file and all relevant evidence in considering the Consent Order. Applicant further understands that the Consent Order, once approved, shall constitute a private record of the Board and will only be disseminated by the Board as provided herein. 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. Applicant consents to the terms and conditions contained herein.

# Approved, this day of October, 2017.



# GEORGIA COMPOSITE MEDICAL BOARD

BY:

E.D Dorach, MD

E. DANIEL DeLOACH, M.D.

Chairperson

ATTEST:

LaSHARN HUGHES, MBA

Interim Executive Director

CONSENTED TO:

GREGORY PATRICK, P.A.

Applicant

[As to Applicant's signature:] Sworn to and subscribed before me This 19 day of October, 2017.

NOTARY PUBLIC

My commission expires:

Christina F. Kendrick Notary Public, Effingham County, Georgia My Commission Expires August 17th, 2020

STATE OF GEORGIA GEORGIA COMPOSITE MEDICAL BOARD

IN THE MATTER OF:

OUT 3 U 2017

WILLIAM DARRELL TUMLIN, M.D.

License No. 012014,

DOCKET NUMBER:

Respondent.

# **VOLUNTARY SURRENDER**

I, WILLIAM DARRELL TUMLIN, holder of License No. 012014 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 under the rules of the Board.

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:]	112/10 0 00/1
Sworn to and subscribed before me	William Jand June.
This <b>26</b> day of <b>Oct</b> , 2017.	WILLIAM DARRELL TUMLIN
NOTARY PUBLIC My commission expires: January 18, 2021	Respondent  OCE MEE  CROMISSION & CROMISSION
ACCEPTANCE	OF SURRENDER

The voluntary surrender of License No. 012014 is hereby accepted by the Georgia Composite Medical Board, this 30th day of October , 2017.

# GEORGIA COMPOSITE MEDICAL BOARD

(BOAN TEHME)

BY:

E. DANIEL DELOACH, M.D.

Chairperson

ATTEST:

LASHARN HUGHES
Interim Executive Director