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

In the Matter of the Accusation and
Petition to Revoke Probation Against:

ALLEN A. FUJIMOTO, M.D.
Physician's and Surgeon's Certificate No. G 7287
Respondent

Case No. 8002015015126

DECISION AND ORDER

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

This Decision shall become effective at 5:00 p.m. on December 31, 2016.

IT IS SO ORDERED December 19, 2016.

MEDICAL BOARD OF CALIFORNIA

By: \[Signature\]
Kimberly Kirchmeyer
Executive Director
In the Matter of the Accusation and Petition to
Revoke Probation Against:

ALLEN FUJIMOTO, M.D.
16177 Hesperian Blvd, Suite C
San Lorenzo, California 94580

Physician’s and Surgeon’s Certificate
No. G 7287,

Respondent.

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

PARTIES

1. Kimberly Kirchmeyer ("Complainant") is the Executive Director of the Medical
Board of California ("Board"). She brought this action solely in her official capacity and is
represented in this matter by Kamala D. Harris, Attorney General of the State of California, by
Claudia Ramirez, Deputy Attorney General.

2. Allen Fujimoto, M.D. ("Respondent") is represented in this proceeding by attorney
Albert J. Garcia, Esq., whose address is 2000 Powell Street, Suite 1290, Emeryville, California
94608.

3. On or about October 30, 1961, the Board issued Physician’s and Surgeon’s Certificate
No. G 7287 to Respondent. That certificate was in full force and effect at all times relevant to the charges brought in Accusation and Petition to Revoke Probation No. 800-2015-015126 and will expire on October 31, 2017, unless renewed.

**JURISDICTION**

4. Accusation and Petition to Revoke Probation No. 800-2015-015126 was filed before the Board and is currently pending against Respondent. The Accusation and Petition to Revoke Probation and all other statutorily required documents were properly served on Respondent on July 13, 2016. Respondent timely filed his Notice of Defense contesting the Accusation and Petition to Revoke Probation. A copy of Accusation and Petition to Revoke Probation No. 800-2015-015126 is attached as Exhibit A and incorporated by reference.

**ADVISEMENT AND WAIVERS**

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation and Petition to Revoke Probation No. 800-2015-015126. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Order.

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

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

8. Respondent agrees that, commencing on the date the Board adopts the Stipulated Surrender of License as its decision until the effective date of the decision, he shall not order, prescribe, dispense, administer, furnish, or possess Human Chorionic Gonadotropin ("HCG"), and shall not allow any person or entity to order, prescribe, dispense, administer, furnish, or
possess HCG under his physician's and surgeon's certificate or Drug Enforcement Administration permit.

CULPABILITY

9. Respondent understands that the charges and allegations in Accusation and Petition to Revoke Probation No. 800-2015-015126, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. For the purpose of resolving the Accusation and Petition to Revoke Probation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation and Petition to Revoke Probation and that those charges constitute cause for discipline. Respondent hereby gives up his right to contest that cause for discipline exists based on those charges.

11. Respondent understands that by signing this stipulation he enables the Board to issue an order accepting the surrender of his Physician's and Surgeon's Certificate without further process.

CONTINGENCY

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

13. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Surrender of License and Order, including Portable Document Format (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

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

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 7287, issued to Respondent Allen Fujimoto, M.D., is surrendered and accepted by the Medical Board of California.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Medical Board of California.

2. Respondent shall lose all rights and privileges as a Physician and Surgeon in California as of the effective date of the Board's Decision and Order. The effective date of the decision shall be December 31, 2016.

3. Commencing on the date the Board adopts the Stipulated Surrender of License as its decision until the effective date of the decision, Respondent shall not order, prescribe, dispense, administer, furnish, or possess HCG, and shall not allow any person or entity to order, prescribe, dispense, administer, furnish, or possess HCG under his physician's and surgeon's certificate or Drug Enforcement Administration permit.

4. Respondent shall cause to be delivered to the Board his pocket license, if one was issued, and his wall certificate on or before the effective date of the Decision and Order.

5. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation and Petition to Revoke Probation No. 800-2015-015126 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

6. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation and Petition to Revoke Probation No. 800-2015-015126 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.
California, all of the charges and allegations contained in Accusation and Petition to Revoke Probation, No. 800-2015-015126 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

**ACCEPTANCE**

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorney, Albert J. Garcia, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 21 November 2016

[Signature]

ALLEN FUJIMOTO, M.D.
Respondent

I have read and fully discussed with Respondent Allen Fujimoto, M.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: 11-21-16

[Signature]

ALBERT J. GARCIA, ESQ.
Attorney for Respondent
ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

Dated: 11/22/10

Respectfully submitted,

KAMALA D. HARRIS
Attorney General of California
E. A. JONES III
Supervising Deputy Attorney General

CLAUDIA RAMIREZ
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation and Petition to Revoke Probation No. 800-2015-015126
In the Matter of the Accusation and Petition to Revoke Probation Against:

ALLEN A. FUJIMOTO, M.D.
16177 Hesperian Blvd., Suite C
San Lorenzo, California 94580

Physician’s and Surgeon’s Certificate No. G 7287,

Respondent.

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer ("Complainant") brings this Accusation and Petition to Revoke Probation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs ("Board").

2. On or about October 30, 1961, the Board issued Physician’s and Surgeon’s Certificate Number G 7287 to Allen A. Fujimoto, M.D. ("Respondent"). That Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on October 31, 2017, unless renewed.

3. In a disciplinary action entitled In the Matter of the Accusation Against Allen A. Fujimoto, M.D., Case Number 12-2010-208469, the Medical Board of California issued a
decision, effective September 21, 2012, in which Respondent's physician's and surgeon's certificate was revoked, the revocation was stayed, and his license was placed on probation for five years with terms and conditions. A copy of that decision is attached as Exhibit "A" and incorporated by reference.

NON-LICENSURE

4. At all relevant times herein, neither a "T.R." nor a "M.K." were licensed by the Board as a physician and surgeon nor were they licensed by the Osteopathic Medical Board of California as an osteopathic physician. They are not nurses, nurse practitioners, or physician assistants.

JURISDICTION

5. This Accusation and Petition to Revoke Probation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code ("Code") unless otherwise indicated.

6. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

7. Section 23.7 of the Code states:

"Unless otherwise expressly provided, 'license' means license, certificate, registration, or other means to engage in a business or profession regulated by this code or referred to in Section 1000 or 3600."

8. Section 119 of the Code states:

"Any person who does any of the following is guilty of a misdemeanor:

(a) Displays or causes or permits to be displayed or has in his or her possession either of the following:

(1) A canceled, revoked, suspended, or fraudulently altered license.

(2) A fictitious license or any document simulating a license or purporting to be or have been issued as a license.

(b) Lends his or her license to any other person or knowingly permits the use thereof by
another.

"(c) Displays or represents any license not issued to him or her as being his or her license.

"(d) Fails or refuses to surrender to the issuing authority upon its lawful written demand any license, registration, permit, or certificate which has been suspended, revoked, or canceled.

"(e) Knowingly permits any unlawful use of a license issued to him or her.

"(f) Photographs, photostats, duplicates, manufactures, or in any way reproduces any license or facsimile thereof in a manner that it could be mistaken for a valid license, or displays or has in his or her possession any such photograph, photostat, duplicate, reproduction, or facsimile unless authorized by this code.

"(g) Buys or receives a fraudulent, forged, or counterfeited license knowing that it is fraudulent, forged, or counterfeited. For purposes of this subdivision, 'fraudulent' means containing any misrepresentation of fact.

"As used in this section, 'license' includes 'certificate,' 'permit,' 'authority,' and 'registration' or any other indicia giving authorization to engage in a business or profession regulated by this code or referred to in Section 1000 or 3600."

9. Section 125 of the Code states:

"Any person, licensed under Division 1 (commencing with Section 100), Division 2 (commencing with Section 500), or Division 3 (commencing with Section 5000) is guilty of a misdemeanor and subject to the disciplinary provisions of this code applicable to him or her, who conspires with a person not so licensed to violate any provision of this code, or who, with intent to aid or assist that person in violating those provisions does either of the following:

"(a) Allows his or her license to be used by that person.

"(b) Acts as his or her agent or partner."

10. Section 651 of the Code states:

"(a) It is unlawful for any person licensed under this division or under any initiative act referred to in this division to disseminate or cause to be disseminated any form of public communication containing a false, fraudulent, misleading, or deceptive statement, claim, or image for the purpose of or likely to induce, directly or indirectly, the rendering of professional services

(ALLEN FUJIMOTO, M.D.) ACCUSATION AND PETITION TO REVOKE PROBATION NO. 800-2015-015126
or furnishing of products in connection with the professional practice or business for which he or she is licensed. A 'public communication' as used in this section includes, but is not limited to, communication by means of mail, television, radio, motion picture, newspaper, book, list or directory of healing arts practitioners, Internet, or other electronic communication.

“(b) A false, fraudulent, misleading, or deceptive statement, claim, or image includes a statement or claim that does any of the following:

“(1) Contains a misrepresentation of fact.

“(2) Is likely to mislead or deceive because of a failure to disclose material facts.

“(3)(A) Is intended or is likely to create false or unjustified expectations of favorable results, including the use of any photograph or other image that does not accurately depict the results of the procedure being advertised or that has been altered in any manner from the image of the actual subject depicted in the photograph or image.

“(B) Use of any photograph or other image of a model without clearly stating in a prominent location in easily readable type the fact that the photograph or image is of a model is a violation of subdivision (a). For purposes of this paragraph, a model is anyone other than an actual patient, who has undergone the procedure being advertised, of the licensee who is advertising for his or her services.

“(C) Use of any photograph or other image of an actual patient that depicts or purports to depict the results of any procedure, or presents ‘before’ and ‘after’ views of a patient, without specifying in a prominent location in easily readable type size what procedures were performed on that patient is a violation of subdivision (a). Any ‘before’ and ‘after’ views (i) shall be comparable in presentation so that the results are not distorted by favorable poses, lighting, or other features of presentation, and (ii) shall contain a statement that the same ‘before’ and ‘after’ results may not occur for all patients.

“(4) Relates to fees, other than a standard consultation fee or a range of fees for specific types of services, without fully and specifically disclosing all variables and other material factors.

“(5) Contains other representations or implications that in reasonable probability will cause an ordinarily prudent person to misunderstand or be deceived.
“(6) Makes a claim either of professional superiority or of performing services in a superior manner, unless that claim is relevant to the service being performed and can be substantiated with objective scientific evidence.

“(7) Makes a scientific claim that cannot be substantiated by reliable, peer reviewed, published scientific studies.

“(8) Includes any statement, endorsement, or testimonial that is likely to mislead or deceive because of a failure to disclose material facts.

“. . .

“(g) Any violation of this section by a person so licensed shall constitute good cause for revocation or suspension of his or her license or other disciplinary action.

“. . .

11. Section 2051 of the Code states:

“The physician’s and surgeon’s certificate authorizes the holder to use drugs or devices in or upon human beings and to sever or penetrate the tissue of human beings and to use any and all other methods in the treatment of diseases, injuries, deformities, and other physical and mental conditions.”

12. Section 2052 of the Code states:

“(a) Notwithstanding Section 146, any person who practices or attempts to practice, or who advertises or holds himself or herself out as practicing, any system or mode of treating the sick or afflicted in this state, or who diagnoses, treats, operates for, or prescribes for any ailment, blemish, deformity, disease, disfigurement, disorder, injury, or other physical or mental condition of any person, without having at the time of so doing a valid, unrevoked, or unsuspended certificate as provided in this chapter [Chapter 5, the Medical Practice Act], or without being authorized to perform the act pursuant to a certificate obtained in accordance with some other provision of law, is guilty of a public offense, punishable by a fine not exceeding ten thousand dollars ($10,000), by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code, by imprisonment in a county jail not exceeding one year, or by both the fine and either imprisonment.
“(b) Any person who conspires with or aids or abets another to commit any act described in subdivision (a) is guilty of a public offense, subject to the punishment described in that subdivision.

“(c) The remedy provided in this section shall not preclude any other remedy provided by law.”

13. Section 2234 of the Code states:

“The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

“(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

“(b) Gross negligence.

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

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

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

“...”

14. Section 2264 of the Code states:

“The employing, directly or indirectly, the aiding, or the abetting of any unlicensed person or any suspended, revoked, or unlicensed practitioner to engage in the practice of medicine or any other mode of treating the sick or afflicted which requires a license to practice constitutes unprofessional conduct.”
15. Section 2266 of the Code states:
   "The failure of a physician and surgeon to maintain adequate and accurate records relating
to the provision of services to their patients constitutes unprofessional conduct."

16. Section 2271 of the Code states:
   "Any advertising in violation of Section 17500, relating to false or misleading advertising,
constitutes unprofessional conduct."

17. Section 2272 of the Code states:
   "Any advertising of the practice of medicine in which the licensee fails to use his or her
own name or approved fictitious name constitutes unprofessional conduct."

18. Section 4076 of the Code states:
   "(a) A pharmacist shall not dispense any prescription except in a container that meets the
requirements of state and federal law and is correctly labeled with all of the following:
   "(1) Except when the prescriber or the certified nurse-midwife who functions pursuant to a
standardized procedure or protocol described in Section 2746.51, the nurse practitioner who
functions pursuant to a standardized procedure described in Section 2836.1 or protocol, the
physician assistant who functions pursuant to Section 3502.1, the naturopathic doctor who
functions pursuant to a standardized procedure or protocol described in Section 3640.5, or the
pharmacist who functions pursuant to a policy, procedure, or protocol pursuant to Section 4052.1,
4052.2, or 4052.6 orders otherwise, either the manufacturer's trade name of the drug or the
generic name and the name of the manufacturer. Commonly used abbreviations may be used.
Preparations containing two or more active ingredients may be identified by the manufacturer's
trade name or the commonly used name or the principal active ingredients.
   "(2) The directions for the use of the drug.
   "(3) The name of the patient or patients.
   "(4) The name of the prescriber or, if applicable, the name of the certified nurse-midwife
who functions pursuant to a standardized procedure or protocol described in Section 2746.51, the
nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1
or protocol, the physician assistant who functions pursuant to Section 3502.1, the naturopathic
doctor who functions pursuant to a standardized procedure or protocol described in Section
3640.5, or the pharmacist who functions pursuant to a policy, procedure, or protocol pursuant to
Section 4052.1, 4052.2, or 4052.6.

“(5) The date of issue.
“(6) The name and address of the pharmacy, and prescription number or other means of
identifying the prescription.
“(7) The strength of the drug or drugs dispensed.
“(8) The quantity of the drug or drugs dispensed.
“(9) The expiration date of the effectiveness of the drug dispensed.
“(10) The condition or purpose for which the drug was prescribed if the condition or
purpose is indicated on the prescription.
“(11)(A) Commencing January 1, 2006, the physical description of the dispensed
medication, including its color, shape, and any identification code that appears on the tablets or
capsules, except as follows:
“(i) Prescriptions dispensed by a veterinarian.
“(ii) An exemption from the requirements of this paragraph shall be granted to a new drug
for the first 120 days that the drug is on the market and for the 90 days during which the national
reference file has no description on file.
“(iii) Dispensed medications for which no physical description exists in any commercially
available database.
“(B) This paragraph applies to outpatient pharmacies only.
“(C) The information required by this paragraph may be printed on an auxiliary label that is
affixed to the prescription container.
“(D) This paragraph shall not become operative if the board, prior to January 1, 2006,
adopts regulations that mandate the same labeling requirements set forth in this paragraph.
“...”

19. Section 4170 of the Code states:
“(a) No prescriber shall dispense drugs or dangerous devices to patients in his or her office
or place of practice unless all of the following conditions are met:

“(1) The dangerous drugs or dangerous devices are dispensed to the prescriber’s own patient, and the drugs or dangerous devices are not furnished by a nurse or physician attendant.

“(2) The dangerous drugs or dangerous devices are necessary in the treatment of the condition for which the prescriber is attending the patient.

“(3) The prescriber does not keep a pharmacy, open shop, or drugstore, advertised or otherwise, for the retailing of dangerous drugs, dangerous devices, or poisons.

“(4) The prescriber fulfills all of the labeling requirements imposed upon pharmacists by Section 4076, all of the recordkeeping requirements of this chapter, and all of the packaging requirements of good pharmaceutical practice, including the use of childproof containers.

“(5) The prescriber does not use a dispensing device unless he or she personally owns the device and the contents of the device, and personally dispenses the dangerous drugs or dangerous devices to the patient packaged, labeled, and recorded in accordance with paragraph (4).

“(6) The prescriber, prior to dispensing, offers to give a written prescription to the patient that the patient may elect to have filled by the prescriber or by any pharmacy.

“(7) The prescriber provides the patient with written disclosure that the patient has a choice between obtaining the prescription from the dispensing prescriber or obtaining the prescription at a pharmacy of the patient’s choice.

“(8) A certified nurse-midwife who functions pursuant to a standardized procedure or protocol described in Section 2746.51, a nurse practitioner who functions pursuant to a standardized procedure described in Section 2836.1, or protocol, a physician assistant who functions pursuant to Section 3502.1, or a naturopathic doctor who functions pursuant to Section 3640.5, may hand to a patient of the supervising physician and surgeon a properly labeled prescription drug prepackaged by a physician and surgeon, a manufacturer as defined in this chapter, or a pharmacist.

“(b) The Medical Board of California, the State Board of Optometry, the Bureau of Naturopathic Medicine, the Dental Board of California, the Osteopathic Medical Board of California, the Board of Registered Nursing, the Veterinary Medical Board, and the Physician...
Assistant Committee shall have authority with the California State Board of Pharmacy to ensure compliance with this section, and those boards are specifically charged with the enforcement of this chapter with respect to their respective licensees.

“(c) ‘Prescriber,’ as used in this section, means a person, who holds a physician’s and surgeon’s certificate, a license to practice optometry, a license to practice naturopathic medicine, a license to practice dentistry, a license to practice veterinary medicine, or a certificate to practice podiatry, and who is duly registered by the Medical Board of California, the State Board of Optometry, the Bureau of Naturopathic Medicine, the Dental Board of California, the Veterinary Medical Board, or the Board of Osteopathic Examiners of this state.”

20. Section 17500 of the Code states:

“It is unlawful for any person, firm, corporation or association, or any employee thereof with intent directly or indirectly to dispose of real or personal property or to perform services, professional or otherwise, or anything of any nature whatsoever or to induce the public to enter into any obligation relating thereto, to make or disseminate or cause to be made or disseminated before the public in this state, or to make or disseminate or cause to be made or disseminated from this state before the public in any state, in any newspaper or other publication, or any advertising device, or by public outcry or proclamation, or in any other manner or means whatever, including over the Internet, any statement, concerning that real or personal property or those services, professional or otherwise, or concerning any circumstance or matter of fact connected with the proposed performance or disposition thereof, which is untrue or misleading, and which is known, or which by the exercise of reasonable care should be known, to be untrue or misleading, or for any person, firm, or corporation to so make or disseminate or cause to be so made or disseminated any such statement as part of a plan or scheme with the intent not to sell that personal property or those services, professional or otherwise, so advertised at the price stated therein, or as so advertised. Any violation of the provisions of this section is a misdemeanor punishable by imprisonment in the county jail not exceeding six months, or by a fine not exceeding two thousand five hundred dollars ($2,500), or by both that imprisonment and fine.”

21. California Code of Regulations, title 16, section 1360 states:
"For the purposes of denial, suspension or revocation of a license, certificate or permit
Pursuant to Division 1.5 (commencing with Section 475) of the Code, a crime or act shall be
considered to be substantially related to the qualifications, functions or duties of a person holding
a license, certificate or permit under the Medical Practice Act if to a substantial degree it
evidences present or potential unfitness of a person holding a license, certificate or permit to
perform the functions authorized by the license, certificate or permit in a manner consistent with
the public health, safety or welfare. Such crimes or acts shall include but not be limited to the
following: Violating or attempting to violate, directly or indirectly, or assisting in or abetting the
violation of, or conspiring to violate any provision of the Medical Practice Act."

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

22. Respondent is subject to disciplinary action under section 2234, subdivision (b) of the
Code in that Respondent was grossly negligent in the care and treatment of Patient K.S. and
Patient C.A. The circumstances are as follows:

23. *A Slim Me*, LLC, is a lay-owned weight loss program located in Laguna Beach,
California. The program promotes the use of prescription Human Chorionic Gonadotropin
(“HCG”) for rapid weight loss. The program uses HCG in combination with a very low-calorie
diet of 500 calories a day.

24. HCG is a hormone that is produced by the human placenta during pregnancy. It is
approved by the U.S. Food and Drug Administration (“FDA”) as a prescription drug for the
treatment of female infertility, and other medical conditions. It is not approved by the FDA for
weight loss. It is also not indicated as either an effective or safe treatment for weight loss. HCG
is a Schedule 3 drug under the California Uniform Controlled Substances Act pursuant to
California Health and Safety Code section 11056, subdivision (f)(32). It is a dangerous drug as
defined in Business and Professions Code section 4022.

25. *A Slim Me* claims to be a medically supervised program. The program claims “[a]fter

1 Initials are used to protect the patients’ right to privacy.
your medical consultation, either in one of our clinics or by phone, one of our staff physicians will
prescribe HCG in either injection or oral form.” In actuality, A Slim Me is run by two unlicensed
diet consultants, Ms. R and Ms. K. They take patients’ histories and conduct the consultations.
They also supply and prescribe HCG to the patients under Respondent’s name. They teach
patients how to inject HCG. The confidential patients’ medical records are under the custody and
control of the diet consultants.

26. From approximately 2009 to the present, the diet consultants have employed
Respondent to serve as the Medical Director of A Slim Me. Respondent generally does not see
patients personally. In the seven years that he has been employed by A Slim Me, Respondent has
seen approximately two of its patients. Respondent receives a salary for his services, which
consist of reviewing medical records every two months and signing charts. He is available by
telephone if the diet consultants have any questions. He provided a one-day training for both
consultants when they purchased the business in approximately 2009.

27. The diet consultants order the HCG from KRS Global Biotechnology, Inc. under
Respondent’s physician’s and surgeon’s license. They use their own credit card to pay for it.
From January 9, 2013 until October 16, 2014, the orders were shipped directly to A Slim Me.
Beginning October 27, 2014, the orders are shipped primarily to Respondent, “Attn: M.K.,” to his
office in San Lorenzo, California.

28. Two undercover operations confirmed that A Slim Me is run by unlicensed diet
consultants.

Patient C.A.

29. On or about May 12, 2015, Investigator C.K. posed as Patient C.A. Ms. R conducted
the consultation. She gave Patient C.A. eight tablets in a bottle labeled as Compounded HCG.
The label had the following information: “KRS Global Biotechnology Inc. (888) 242-7996, 791
Park of Commerce Blvd., Boca Raton, FL 33487. Compounded Human Chorionic Gonadotropin,
500 IU ODT-Oral Disintegrating Tablets. This medication was compounded in our pharmacy for
use by a licensed professional only. Compounded medication cannot be resold. Rx-only-Not for
Resale. Lot: 04092015@17, Exp: 10/06/2015.” Respondent and Patient C.A.’s names were not
on the bottle. Ms. R also gave Patient C.A. three plastic ziplock bags containing a powder labeled as "A Slim Me HCG Compatible Shake."

30. Ms. R gave Patient C.A. a folder of information, which included written instructions on how to take prescription HCG. Ms. R offered an injectable HCG as an option. She would not provide it until she observed Patient C.A. give the injection to herself.

31. Patient C.A. signed a form in which she acknowledged that she was shown how to inject herself with HCG and how to appropriately store and care for the HCG medication. Ms. R countersigned the form. Respondent signed the form over one month later on or about June 20, 2015.

32. Patient C.A. also signed a document labeled "Human Chorionic Gonadotropin Informed Consent." The document states as follows: "I understand that Human Chorionic Gonadotropin (HCG) is a prescription drug used in the A Slim Me diet program" and that "A Slim Me has a written prescription held on file signed by a licensed medical doctor." Ms. R countersigned the form.

33. A prescription under Respondent’s name for twenty-three days of oral HCG is in Patient C.A.’s medical records and is dated May 12, 2015. The prescription was filled out and dated by Ms. R on May 12, 2015. On or about June 20, 2015, Respondent signed the prescription.

34. On May 13, 2015, Patient C.A. telephoned Ms. R requesting to speak with a physician because she did not feel comfortable taking the pills without speaking to a doctor first. On May 13, 2015 and May 14, 2015, Respondent telephoned Patient C.A. and left a message each day. His message on May 14, 2015 was that HCG is very safe and effective for weight loss.

35. On May 19, 2015, Patient C.A. telephoned and spoke with Respondent. She told him she was concerned about the safety of the HCG. He responded, among other things, that the only contraindication would be if she had cancer.

36. Respondent did not make a record of the telephonic consultation with Patient C.A.

37. Respondent was grossly negligent in the care and treatment of Patient C.A. as follows:

a. Respondent used HCG for weight loss, and failed to conduct a medical evaluation.
prior to Ms. R providing and prescribing HCG to Patient C.A.

b. Respondent allowed Ms. R to prescribe and provide HCG to Patient C.A. under his license without any involvement on his part.

Patient K.S.

38. On or about August 4, 2015, Investigator S.T. posed as Patient K.S. Ms. R conducted Patient K.S.'s consultation. She gave Patient K.S. twenty-one white tablets in a bottle labeled as Compounded HCG. The label had the following information: "KRS Global Biotechnology Inc. (888) 242-7996, 791 Park of Commerce Blvd., Boca Raton, FL 33487. Compounded Human Chorionic Gonadotropin, 500 IU ODT-Oral Disintegrating Tablets. This medication was compounded in our pharmacy for use by a licensed professional only. Compounded medication cannot be resold. Rx-only-Not for Resale. Lot: 07022015@23, Exp: 12/29/2015 (blacked out with marker)." Respondent and Patient K.S.'s names were not on the bottle. Ms. R also gave Patient K.S. three plastic ziplock bags containing powder labeled as "A Slim Me HCG Compatible Shake."

39. Ms. R provided Patient K.S. with a folder of information, which included written instructions on how to take prescription HCG. Ms. R showed Patient K.S. how to inject herself with HCG. She also gave her instructions on how to appropriately store and care for the HCG medication. That same day, Patient K.S. initialed a form in which she acknowledged the foregoing. Ms. R countersigned the form. Respondent signed the form over a month later on or about September 12, 2015.

40. During the undercover operation, Patient K.S. also signed a document labeled "Human Chorionic Gonadotropin Informed Consent." The document states as follows: "I understand that Human Chorionic Gonadotropin (HCG) is a prescription drug used in the A Slim Me diet program" and that "A Slim Me has a written prescription held on file signed by a licensed medical doctor." Ms. R countersigned the form.

41. A prescription under Respondent’s name for twenty-three days of oral HCG is in Patient K.S.'s medical records and is dated August 4, 2015. Ms. R filled out and dated the prescription on August 4, 2015. On or about September 12, 2015, Respondent signed the
42. Respondent was grossly negligent in the care and treatment of Patient K.S. as follows:
   a. Respondent used HCG for weight loss, and failed to conduct a medical evaluation
      prior to Ms. R providing and prescribing HCG to Patient K.S.
   b. Respondent allowed Ms. R to prescribe and provide HCG to Patient K.S. under his
      license without any involvement on his part.

43. Respondent’s acts and/or omissions as set forth in paragraphs 22 through 42, inclusive above, whether proven individually, jointly, or in any combination thereof, constitute gross negligence pursuant to section 2234, subdivision (b) of the Code. Therefore, cause for discipline exists.

SECOND CAUSE FOR DISCIPLINE
(Repeated Negligent Acts)

44. Respondent is subject to disciplinary action under section 2234, subdivision (c) of the Code in that Respondent engaged in repeated negligent acts in the care and treatment of Patient C.A. and Patient K.S. The circumstances are as follows:
   45. Paragraphs 23 through 42 are incorporated by reference as if fully set forth herein.
   46. Respondent’s acts and/or omissions as set forth in paragraphs 44 through 45, inclusive above, whether proven individually, jointly, or in any combination thereof, constitute repeated negligent acts pursuant to section 2234, subdivision (c) of the Code. Therefore, cause for discipline exists.

THIRD CAUSE FOR DISCIPLINE
(Aiding and Abetting the Unlicensed Practice of Medicine)

47. Respondent is subject to disciplinary action under sections 119, subdivision (b), 125, subdivision (a), 2052, 2234, subdivision (a), and 2264 of the Code and California Code of Regulations, title 16, section 1360 in that he aided and abetted the unlicensed practice of medicine by Ms. R, a layperson. The circumstances are as follows:
   48. Paragraphs 23 through 42 are incorporated by reference as if fully set forth herein.
   49. A physician who acts as medical director of a lay-owned business is aiding and
abetting the unlicensed practice of medicine.

50. Respondent allowed Ms. R to prescribe and provide HCG obtained under his license to Patient C.A. and Patient K.S. without any involvement on his part.

51. Ms. R and Respondent advertised a medically supervised weight loss program when in fact, no medical supervision occurred. Respondent was unaware that blood pressures are not checked and prescription bottles are not properly labeled in spite of his signature placed on all charts.

52. The standards of informed consent, delegation to allied health care professionals, physician-patient confidentiality and boundaries, maintaining medical records, and responsibility and liability apply to all physicians, including those physicians titled “Medical Director.”

53. Respondent’s acts and/or omissions as set forth in paragraphs 47 through 52, inclusive above, whether proven individually, jointly, or in any combination thereof, constitute aiding and abetting the unlicensed practice of medicine pursuant to sections 119, subdivision (b), 125, subdivision (a), 2052, 2234, subdivision (a), and 2264 of the Code and California Code of Regulations, title 16, section 1360. Therefore, cause for discipline exists.

FOURTH CAUSE FOR DISCIPLINE
(Violation of Pharmacy Act Labeling Requirements)

54. Respondent is subject to disciplinary action under sections 2234, 4076, subdivision (a) and 4170, subdivision (a)(4) of the Code in that Patient C.A. and Patient K.S. were dispensed prescription HCG in containers that did not meet the requirements of state law and which were not correctly labeled with all the information required by section 4076, subdivision (a) of the Code. The circumstances are as follows:

55. Paragraphs 23 through 42 are incorporated by reference as if fully set forth herein.

56. The label on the prescription HCG bottles that were given to Patient C.A. and Patient K.S. did not include directions for use, the patients’ names, Respondent’s name, the date of issue, and the quantity dispensed.

57. Respondent’s acts and/or omissions as set forth in paragraphs 54 through 56, inclusive above, whether proven individually, jointly, or in any combination thereof, constitute
violate the Pharmacy Act labeling requirements pursuant to sections 2234, 4076, subdivision (a) and 4170, subdivision (a)(4) of the Code. Therefore, cause for discipline exists.

**FIFTH CAUSE FOR DISCIPLINE**

*False and Misleading Advertising*

58. Respondent is subject to disciplinary action for false and misleading advertising in violation of sections 651, 2271, and 2272 of the Code. The circumstances are as follows:

59. Paragraphs 23 through 42 are incorporated by reference as if fully set forth herein.

60. Ms. R and Respondent advertised a medically supervised weight loss program where in fact, no medical supervision occurred.

61. Respondent’s acts and/or omissions as set forth in paragraphs 58 through 60, inclusive above, whether proven individually, jointly, or in any combination thereof, constitute false and misleading advertising in violation of sections 651, 2271, and 2272 of the Code. Therefore, cause for discipline exists.

**SIXTH CAUSE FOR DISCIPLINE**

*Inadequate and Inaccurate Record Keeping*

62. Respondent is subject to disciplinary action under section 2266 of the Code in that he maintained inadequate and inaccurate records. The circumstances are as follows:

63. Paragraphs 23 through 42 are incorporated by reference as if fully set forth herein.

64. Respondent’s acts and/or omissions as set forth in paragraphs 62 through 63, inclusive above, whether proven individually, jointly, or in any combination thereof, constitute inadequate and inaccurate record keeping pursuant to section 2266 of the Code. Therefore, cause for discipline exists.

**FIRST CAUSE TO REVOKE PROBATION**

*Failure to Obey All Laws*

65. At all times after the effective date of Respondent’s probation, Condition 8 of the standard conditions stated:

“OBEY ALL LAWS Respondent shall obey all federal, state and local laws, all rules governing the practice of medicine in California and remain in full compliance with any court
ordered criminal probation, payments, and other orders."

66. Respondent’s probation is subject to revocation because he failed to comply with Probation Standard Condition 8, referenced above. The circumstances are as follows:

67. Paragraphs 22 through 64 are incorporated by reference as if fully set forth herein.

**PRAYER**

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking the probation granted by the Medical Board of California in Case No. 12-2010-208469, and imposing the disciplinary order that was stayed, thereby revoking Physician’s and Surgeon’s Certificate Number G 7287 issued to Respondent Allen A. Fujimoto, M.D.;

2. Revoking, suspending or denying approval of Respondent Allen A. Fujimoto, M.D.’s authority to supervise physician assistants, pursuant to section 3527 of the Code;

3. Ordering Respondent Allen Fujimoto, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: July 13, 2016

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant
In the Matter of the Accusation
Against:

Allen A. Fujimoto, M.D.
Physician's and Surgeon's Certificate No. G7287
Respondent

Case No. 12-2010-208469

DECISION

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

This Decision shall become effective at 5:00 p.m. on September 21, 2012.

IT IS SO ORDERED: August 22, 2012.

MEDICAL BOARD OF CALIFORNIA

[Signature]
Janet Salomonson, M.D., Vice Chair
Panel A
BEFORE THE MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: ALLEN A. FUJIMOTO, M.D.
16177 Hesperian Blvd., Suite C
San Lorenzo, CA 94580
Physician and Surgeon No. G 7287
Respondent.

In the interest of a prompt and speedy settlement of this matter, consistent with the public interest and the responsibility of the Medical Board of California of the Department of Consumer Affairs ("the Board"), the parties hereby agree to the following Stipulated Settlement and Disciplinary Order which will be submitted to the Board for approval and adoption as the final disposition of the Accusation.

PARTIES

1. At the time of the filing of the Accusation, Linda K. Whitney (Complainant) was the Executive Director of the Medical Board of California. She brought this action solely in her official capacity and is represented in this matter by Kamala D. Harris, Attorney General of the State of California, by Russell W. Lee, Deputy Attorney General.
2. Respondent ALLEN A. FUJIMOTO, M.D. ("Respondent" or "Dr. Fujimoto") is represented in this proceeding by attorney Tyler G. Draa, Esq., Trepel, Greenfield, Sullivan & Draa LLP, 55 South Market Street, Suite 1500, San Jose, CA 95113.

3. On or about October 30, 1961, the Medical Board of California issued Physician and Surgeon's Certificate Number G 7287 to Respondent. The Physician and Surgeon Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on October 31, 2013, unless renewed.

JURISDICTION

4. Accusation No. 12-2010-208469 was filed before the Board on March 23, 2012, and is currently pending against Respondent. The Accusation together with all other statutorily required documents were properly served on Respondent in accordance with the California Administrative Procedure Act, and Respondent timely filed his Notice of Defense contesting the Accusation.

A copy of the Accusation is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read and understands the nature of the charges and allegations in the Accusation and the effects of this Stipulated Settlement and Disciplinary Order.

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

7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

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STIPULATED SETTLEMENT
CULPABILITY

8. Respondent agrees that, at an administrative hearing, complainant could establish a prima facie case with respect to the charges and allegations contained in Accusation No. 12-2010-208469, a true and correct copy of which is attached hereto as Attachment "A," and that he has thereby subjected his Physician's and Surgeon's Certificate No. G 7287 to disciplinary action. Respondent further agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

RESERVATION

9. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Medical Board of California or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

CONTINGENCY

10. This Stipulated Settlement and Disciplinary Order shall be subject to approval by the Board. Respondent understands and agrees that the Board's staff and counsel for Complainant may communicate directly with the Board regarding this Stipulated Settlement and Disciplinary Order, without notice to or participation by Respondent or his counsel. If the Board fails to adopt this Stipulated Settlement and Disciplinary Order as its Order, the Stipulated Settlement and Disciplinary Order, except for this paragraph, shall be of no force or effect. The Stipulated Settlement and Disciplinary Order shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

11. The parties agree that facsimile copies of this Stipulated Settlement and Disciplinary Order, including facsimile signatures on it, shall have the same force and effect as the original.

12. In consideration of the foregoing admissions and stipulations, the parties agree that the Board shall, without further notice or formal proceeding, issue and enter the following Disciplinary Order:
DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician and Surgeon Certificate No. G 7287 issued to Respondent ALLEN A. FUJIMOTO, M.D. (Respondent) is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions.

1. **ACTUAL SUSPENSION** As part of probation, respondent is suspended from the practice of medicine for 30 (thirty) days beginning the sixteenth (16th) day after the effective date of this decision.

2. **PRESCRIBING PRACTICES COURSE** Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a course in prescribing practices equivalent to the Prescribing Practices Course at the Physician Assessment and Clinical Education Program, University of California, San Diego School of Medicine (Program), approved in advance by the Board or its designee. Respondent shall provide the program with any information and documents that the Program may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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3. **MEDICAL RECORD KEEPING COURSE** Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a course in medical record keeping equivalent to the Medical Record Keeping Course offered by the Physician Assessment and Clinical Education Program, University of California, San Diego School of Medicine (Program), approved in advance by the Board or its designee. Respondent shall provide the program with any information and documents that the Program may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after respondent’s initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at respondent’s expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

4. **PROFESSIONALISM PROGRAM (ETHICS COURSE)** Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358. Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six (6) months after respondent’s initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom component. The professionalism program shall be at respondent’s expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.
addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

5. **MONITORING - PRACTICE** Within 30 calendar days of the effective date of this
Decision, respondent shall submit to the Board or its designee for prior approval as a practice
monitor, the name and qualifications of one or more licensed physicians and surgeons whose
licenses are valid and in good standing, and who are preferably American Board of Medical
Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
relationship with respondent, or other relationship that could reasonably be expected to
compromise the ability of the monitor to render fair and unbiased reports to the Board, including
but not limited to any form of bartering, shall be in respondent’s field of practice, and must agree
to serve as respondent’s monitor. Respondent shall pay all monitoring costs.

The Board or its designee shall provide the approved monitor with copies of the Decision(s)
and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
signed statement for approval by the Board or its designee.

Within 60 calendar days of the effective date of this Decision, and continuing throughout
probation, respondent’s practice shall be monitored by the approved monitor. Respondent shall
make all records available for immediate inspection and copying on the premises by the monitor
at all times during business hours and shall retain the records for the entire term of probation.

If respondent fails to obtain approval of a monitor within 60 calendar days of the effective date of this Decision, respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

The monitor(s) shall submit a quarterly written report to the Board or its designee which includes an evaluation of respondent's performance, indicating whether respondent's practices are within the standards of practice of medicine, and whether respondent is practicing medicine safely, billing appropriately or both. It shall be the sole responsibility of respondent to ensure that the monitor submits the quarterly written reports to the Board or its designee within 10 calendar days after the end of the preceding quarter.

If the monitor resigns or is no longer available, respondent shall, within 5 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within 15 calendar days. If respondent fails to obtain approval of a replacement monitor within 60 calendar days of the resignation or unavailability of the monitor, respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a replacement monitor is approved and assumes monitoring responsibility.

In lieu of a monitor, respondent may participate in a professional enhancement program equivalent to the one offered by the Physician Assessment and Clinical Education Program at the University of California, San Diego School of Medicine, that includes, at minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at respondent's expense during the term of probation.

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6. **NOTIFICATION** Within seven (7) days of the effective date of this Decision, the respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to respondent, at any other facility where respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to respondent. Respondent shall submit proof of compliance to the Board or its designee within 15 calendar days.

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

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

8. **OBEY ALL LAWS** Respondent shall obey all federal, state and local laws, all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

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

10. **GENERAL PROBATION REQUIREMENTS** Compliance with Probation Unit

Respondent shall comply with the Board's probation unit and all terms and conditions of this Decision.

**Address Changes** Respondent shall, at all times, keep the Board informed of respondent's business and residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021(b).
Place of Practice: Respondent shall not engage in the practice of medicine in respondent’s or patient’s place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

License Renewal: Respondent shall maintain a current and renewed California physician’s and surgeon’s license.

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

In the event respondent should leave the State of California to reside or to practice, respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return.

11. INTERVIEW WITH THE BOARD OR ITS DESIGNEE: Respondent shall be available in person upon request for interviews either at respondent’s place of business or at the probation unit office, with or without prior notice throughout the term of probation.

12. NON-PRACTICE WHILE ON PROBATION: Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of respondent’s return to practice. Non-practice is defined as any period of time respondent is not practicing medicine in California as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

In the event respondent’s period of non-practice while on probation exceeds 18 calendar months, respondent shall successfully complete a clinical training program that meets the criteria of Condition 18 of the current version of the Board’s “Manual of Model Disciplinary Orders and STIPULATED SETTLEMENT
Disciplinary Guidelines prior to resuming the practice of medicine. Respondent’s period of non-practice while on probation shall not exceed two (2) years. Periods of non-practice will not apply to the reduction of the probationary term.

Periods of non-practice will relieve respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; and General Probation Requirements.

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

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

15. LICENSE SURRENDER Following the effective date of this Decision, if respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, respondent may request to surrender his or her license. The Board reserves the right to evaluate respondent’s request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, respondent shall within 15 calendar days deliver respondent’s wallet and wall certificate to the Board or its designee and respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.
16. PROBATION MONITORING COSTS. Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed the terms and conditions and other matters contained therein with my attorney, Tyler G. Drea, Esq. I understand the Stipulated Settlement and Disciplinary Order and the effect it will have on my Physician and Surgeon Certificate No. G 7287. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 16 July 2012

ALLEN A. FUJIMOTO, M.D.
Respondent

I have read the above Stipulated Settlement and Disciplinary Order and approve of it as to form and content. I have fully discussed the terms and conditions and other matters therein with Respondent ALLEN A. FUJIMOTO, M.D.

DATED: 16 July 2012

Tyler G. Drea, Esq.
Attorney for Respondent
ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

Dated: 7-17-12

Respectfully submitted,

KAMALA D. HARRIS
Attorney General of California
JOSE R. GUERRERO
Supervising Deputy Attorney General

RUSSELL W. LEE
Deputy Attorney General
Attorneys for Complainant
Exhibit A

Accusation No. 12-2010-208469
In the Matter of the Accusation Against:

ALLEN A. FUJIMOTO, M.D.

16177 Hesperian Blvd., Suite C
San Lorenzo, CA 94580

Physician and Surgeon No. G 7287

Respondent.

Complainant alleges:

PARTIES

1. Linda K. Whitney (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs.

2. On or about October 30, 1981, the Medical Board of California issued Physician and Surgeon’s Certificate Number G 7287 to ALLEN A. FUJIMOTO, M.D. (“Respondent” or “Dr. Fujimoto”). The Physician and Surgeon Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on October 31, 2013, unless renewed.
3. At all times herein, neither a "Colleen Weston" nor a "Mindy S. Smith" were licensed by the Medical Board of California as a physician and surgeon nor were they licensed by the Osteopathic Medical Board of California as an osteopathic physician.

JURISDICTION

4. This Accusation is brought before the Medical Board of California (Board), Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

5. Section 2004 of the Code states:

"(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

"(b) The administration and hearing of disciplinary actions.

"(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

"(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

"(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board..."

6. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

7. Section 2234 of the Code states:

"The Division of Medical Quality shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:
“(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
violation of, or conspiring to violate any provision of this chapter [Chapter 5, the Medical
Practice Act].

(b) Gross negligence.

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

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

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

(d) Incompetence.

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

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

8. Section 23.7 of the Code provides that “License” means license, certificate,
registration or other means to engage in a business or profession regulated by this Code or
referred to in Section 1000 or 3600.

9. Section 119 of the Code states in relevant part as follows:

“Any person who does any of the following is guilty of a misdemeanor:

(2)(b) Lends his or her license to any other person or knowingly permits the use
thereof by another.

(2)(e) Knowingly permits any unlawful use of a license issued to him or her.”

10. Section 125 of the Code states:
"Any person, licensed under the provisions of Division 1 (commencing with Section 100), Division 2 (commencing with Section 500), or Division 3 (commencing with Section 5000) is guilty of a misdemeanor and subject to the disciplinary provisions of this code applicable to him or her, who conspires with a person not so licensed to violate any provision of this code, or who, with intent to aid or assist that person in violating those provisions does either of the following:

(a) Allows his or her license to be used by that person.

(b) Acts as his or her agent or partner."

11. Section 145 of the Code states, in part, as follows:

"The Legislature finds and declare that:

(a) Unlicensed activity in the professions and vocations regulated by the Department of Consumer Affairs is a threat to the health, welfare, and safety of the people of the State of California."

12. Section 2051 of the Code states:

"The physician’s and surgeon’s certificate authorizes the holder to use drugs or devices in or upon human beings and to sever or penetrate the tissue of human beings and to use any and all other methods in the treatment of diseases, injuries, deformities, and other physical and mental conditions."

13. Section 2052 of the Code states:

"(a) Notwithstanding Section 146, any person who practices or attempts to practice, or who advertises or holds himself or herself out as practicing, any system or mode of treating the sick or afflicted in this state, or who diagnoses, treats, operates for, or prescribes for any ailment, blemish, deformity, disease, disfigurement, disorder, injury, or other physical or mental condition of any person, without having at the time of so doing a valid, unrevoked, or unsuspended certificate as provided in this chapter [Chapter 5, the Medical Practice Act], or without being authorized to perform the act pursuant to a certificate obtained in accordance with some other provision of law, is guilty of a public offense, punishable by a fine not exceeding ten thousand dollars ($10,000), by imprisonment in the state prison, by imprisonment in a county jail not exceeding one year, or by both the fine and either imprisonment."
(b) Any person who conspires with or aids or abets another to commit any act described in subdivision (a) is guilty of a public offense, subject to the punishment described in that subdivision.

(c) The remedy provided in this section shall not preclude any other remedy provided by law.

14. Section 2054 of the Code states:

(a) Any person who uses in any sign, business card, or letterhead, or, in an advertisement, the words 'doctor' or 'physician,' the letters or prefix 'Dr.,' the initials 'M.D.,' or any other terms or letters indicating or implying that he or she is a physician and surgeon, physician, surgeon, or practitioner under the terms of this or any other law, or that he or she is entitled to practice hereunder, or who represents or holds himself or herself out as a physician and surgeon, physician, surgeon, or practitioner under the terms of this or any other law, without having at the time of so doing a valid, unrevoked, and unsuspended certificate as a physician and surgeon under this chapter, is guilty of a misdemeanor.

(b) A holder of a valid, unrevoked, and unsuspended certificate to practice podiatric medicine may use the phrases 'doctor of podiatric medicine,' 'doctor of podiatry,' and 'podiatric doctor,' or the initials 'D.P.M.,' and shall not be in violation of subdivision (a).

15. Section 2261 of the Code states:

Knowingly making or signing any certificate or other document directly or indirectly related to the practice of medicine or podiatry which falsely represents the existence or nonexistence of a state of facts, constitutes unprofessional conduct.

16. Section 2262 of the Code states:

Altering or modifying the medical record of any person, with fraudulent intent, or creating any false medical record, with fraudulent intent, constitutes unprofessional conduct. In addition to any other disciplinary action, the Division of Medical Quality or the California Board of Podiatric Medicine may impose a civil penalty of five hundred dollars ($500) for a violation of this section.
17. Section 2264 of the Code states:

"The employing, directly or indirectly, the aiding, or the abetting of any unlicensed person or any suspended, revoked, or unlicensed practitioner to engage in the practice of medicine or any other mode of treating the sick or afflicted which requires a license to practice constitutes unprofessional conduct."

18. Section 2266 of the Code states:

"The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

19. Section 725 of the Code states:

"(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of the community of licensees is unprofessional conduct for a physician and surgeon, dentist, podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech-language pathologist, or audiologist.

"(b) Any person who engages in repeated acts of clearly excessive prescribing or administering of drugs or treatment is guilty of a misdemeanor and shall be punished by a fine of not less than one hundred dollars ($100) nor more than six hundred dollars ($600), or by imprisonment for a term of not less than 60 days nor more than 180 days, or by both that fine and imprisonment.

"(c) A practitioner who has a medical basis for prescribing, furnishing, dispensing, or administering dangerous drugs or prescription controlled substances shall not be subject to disciplinary action or prosecution under this section.

"(d) No physician and surgeon shall be subject to disciplinary action pursuant to this section for treating intractable pain in compliance with Section 2241.5."
20. Section 2242 of the Code states:

"(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior examination and a medical indication, constitutes unprofessional conduct.

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

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

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

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

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

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

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

AMA CODE OF MEDICAL ETHICS

21. In 1980, the American Medical Association ("AMA") adopted a 1980 revision of the AMA Principles of Medical Ethics, which embodies basic principles of conduct by the profession. In June 2001, the AMA House of Delegates adopted the latest revised Principles of Medical Ethics. Section II of the AMA's Principles of Medical Ethics states as follows:
"A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities."

22. Section III of the AMA’s Principles of Medical Ethics states as follows:

“A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.”

23. Conduct which breaches the rules or ethical code of a profession or conduct which is unbecoming a member in good standing of a profession also constitutes unprofessional conduct.


DRUGS

24. The following drugs are classified as follows:

A. Phentermine hydrochloride (generic for Adipex P, Fastin and Ionamin): Phentermine is commonly known by its trade names Adipex P, Fastin and Ionamin. It is a sympathomimetic amine with pharmacologic activity similar to amphetamines. It is a dangerous drug as defined in section 4022 of the Code, and a schedule IV controlled substance as defined by section 11057, subdivision (f) of the Health and Safety Code, and a Schedule IV controlled substance as defined by Section 1308.14(e) of Title 21 of the Code of Federal Regulations. Phentermine is related chemically and pharmacologically to the amphetamines and the possibility of abuse should be kept in mind when evaluating the desirability of including this drug as part of a weight reduction program. Abuse of amphetamines and related drugs may be associated with intense psychological dependence and severe social dysfunction. It is contraindicated for patients with a history of drug abuse.

B. Venlafaxine (brand name: Effexor) is an antidepressant of the serotonin-norepinephrine reuptake inhibitor (SNRI) class. It is licensed for the treatment of major depressive disorder (MDD), as a treatment for generalized anxiety disorder, and comorbidity indications in certain anxiety disorders with depression. It is a dangerous drug as defined in section 4022 of the Code. Effexor is not recommended to be used with phentermine due to the potential increased sympathomimetic effect it can cause when these drugs are administered
together and also because of the additive risk of serotonin syndrome, which is a rare but serious
and potentially fatal condition cause by overstimulation of certain brain receptors linked to
coadministration of these drugs.

C. Hydrocodone w/APAP or hydrocodone with acetaminophen tablets are produced by
several drug manufacturers. Hydrocodone bitartrate is semisynthetic narcotic analgesic, a
dangerous drug as defined in section 4022 of the Code, and a Schedule III controlled substance
and narcotic as defined by section 11056, subdivision (c) of the Health and Safety Code.

FIRST CAUSES FOR DISCIPLINARY ACTION
(Aiding and Abetting Unlicensed Practice)

Events Re Medical Board Investigation Re Unlicensed Practice

25. The Medical Board of California initiated an investigation of Dr. Allen Fujimoto after
information was received that during the execution of a search warrant on a Colleen Weston, an
unlicensed person, it appeared Dr. Fujimoto was allowing her to use his medical license to obtain
prescription medication used in her unlicensed practice of medicine.

26. On or about February 7, 2011, Medical Board Investigators went to the office of Dr.
Fujimoto in San Lorenzo. Dr. Fujimoto consented to speak with the investigators. Dr. Fujimoto
stated as follows:

A. When asked if he knew Colleen Weston he stated that she rented space in the
building/office and did permanent make-up. She did not rent directly from him, but from the
landlord, Dr. Aboud, the dentist located in the same building, but next door. She became aware
of the space through Mindy Smith, an esthetician located in the office.

B. He has been at this location for 34 years, but Ms. Weston has not been there for
over two (2) years. The rent while she was there was split three (3) ways, between Dr. Fujimoto,
Ms. Smith and Ms. Weston. Each practice was separate, none worked for the other. His only
relation with Ms. Weston was if she had a patient who had herpes and needed somebody to
prescribe medication for it, he would do that. This occurred while she worked at the office, and if
she asked, he would not see the patient, but just write out the prescription.
C. When initially asked if he wrote Ms. Weston prescriptions for any other drugs, he stated he had not, but then said she used topical numbing ointment in her practice and that the only way she could get it was for him to write a prescription for her. He also confirmed that he did the same thing for Ms. Smith. He said he did not knowingly prescribe, order or authorize the ordering of syringes for either Ms. Weston or Ms. Smith. He initially stated he had to write the prescriptions for the topical numbing ointment. He gave them permission to order the topical numbing ointment through the pharmacy, but the pharmacy would then call him to get permission for the order. He denied multiple times ever writing a letter permitting them to order the topical numbing ointment using his license number.

D. Dr. Fujimoto wrote on a sheet of paper, his signature five times. He was then shown a copy of a letter with his letterhead, dated May 2, 2007, addressed to Bacon East Pharmacy, which had been obtained during the execution of the search warrant at Ms. Weston’s residence. Dr. Fujimoto confirmed that it was his signature on the letter, which stated that Ms. Weston had his permission to order their topical anesthetic to accommodate her procedures. Dr. Fujimoto was advised that his doing what he did was illegal, as it was aiding and abetting the unlicensed practice of medicine. He was also advised if he was doing the same thing with Ms. Smith, he needed to cease and desist immediately, to which he responded he would. He said that he didn’t know what he was doing was illegal.

E. Dr. Fujimoto indicated that he had not spoken to Ms. Weston for several months, at which time he recalled her wanting a herpes medication, and that there was nothing else discussed. He had likely talked with her at least two or three times in 2010, and that the conversation was just about the ointment. He was asked if she had ever mentioned that there was a search warrant served at her house; he confirmed that she had mentioned she had run into problems, but did not tell him what the problems were. Neither Ms. Weston, nor Ms. Smith, were ever under his direct supervision and there were no office protocols of any kind addressing others to dispense or administer any drugs.

F. Dr. Fujimoto indicated that he had spoken with the pharmacy, Bacon East, but could not recall the specifics of that conversation, other than there was some concern by the
pharmacy about the prescriptions for Ms. Weston and/or Ms. Smith. If anything other than the ointment was ordered by Ms. Weston, it was without his knowledge or consent. He said some of his weight loss patients come from as far away as Lake Tahoe and Southern California, adding that not too many people (doctors) were interested in weight loss and this was why some patients travelled so far.

27. On or about February 9, 2011, a Medical Board investigator went to Bacon East Pharmacy, where Terry Kamrin, pharmacist and owner, was interviewed. Mr. Kamrin advised as follows:

A. The last prescription filled for Dr. Fujimoto was on November 5, 2010, which was confirmed by a printout from pharmacy records of a patient profile for Dr. Fujimoto. The order was phoned in and a follow-up phone call was made to Dr. Fujimoto to confirm the order and charge the order to his Visa credit card.

B. Ms. Smith called Mr. Kamrin yesterday, February 8, 2011, and asked him if the Medical Board had been by to talk to him, because they had spoken with Dr. Fujimoto. She inquired about over the counter (OTC) topical numbing creams that would be available for her to use. He also provided the investigator with a copy of the letter written by Dr. Fujimoto to Bacon East Pharmacy, dated October 13, 2010, confirming Ms. Smith could order any and all chemicals for peels, Lidocain for numbing patients, and accepting her purchase orders for all medications.

C. Mr. Kamrin stated because of the problems related to the prescriptions given to Ms. Weston and Smith, he has decided to not deal with any further prescriptions from Dr. Fujimoto.

Acts or Omissions By Dr. Fujimoto Re Unlicensed Practice

28. Dr. Fujimoto committed the following Acts or Omissions in his capacity as a licensed physician and surgeon in California:

A. Dr. Fujimoto falsely stated on multiple occasions, during his interview with the Medical Board Investigators, on or about February 7, 2011, that he had not written letters on behalf of Ms. Smith or Ms. Weston permitting them to order prescription topical numbing ointment under his authority as a physician using his license number; and/or
B. Dr. Fujimoto aided and abetted Colleen Weston and/or Mindy Smith in maintaining a false public perception that Ms. Smith and/or Ms. Weston were operating a lawfully and properly licensed medical clinic or practice owned and operated by California licensed physician(s) or other qualified health professionals, when, in fact, the clinic or practice was are owned and operated by unlicensed persons; and/or

C. Dr. Fujimoto aided and abetted the unlicensed practice of medicine by agreeing to and/or otherwise allowing unlicensed persons or entities to have custody and control of patient medical records, and/or to order and maintain drugs, biologicals, and pharmaceuticals, via using Dr. Fujimoto’s Medical License or DEA License; and/or

D. Dr. Fujimoto allowed the prescribing and administration of prescription medications to patients without an established doctor-patient relationship, without taking a history and performing an examination prior to prescribing any medication, without documenting allergies and other current medications; and/or

E. Dr. Fujimoto prescribed medications on various occasions to clients of Ms. Weston and Ms. Smith for herpes, without evaluating the clients/patients, and doing so on the basis of the word of unlicensed persons without medical training, and without any documentation; and/or

F. Dr. Fujimoto knowingly allowed Ms. Weston and Ms. Smith to use prescription-only topical anesthetics, which he ordered, in their aesthetic businesses for their clients/patients; and/or he did not develop any protocols for these medications or provide any oversight for their safe use; and/or he did not have a clear idea of how these were being used, i.e. applied to clients/patients by Ms. Weston and Ms. Smith and/or dispensed for use by clients prior to subsequent cosmetic appointments; and/or he did not have an established relationship with these clients/patients; and/or

G. Dr. Fujimoto misrepresented his relationship with Ms. Weston and Ms. Smith knowing that they could not order topical numbing agents on their own authority as they were not licensed physicians or other authorized prescribers. They did not work for Dr. Fujimoto and their clients were not his patients. He did not provide any oversight for their businesses. Dr. Fujimoto
ordered prescription-strength topical numbing agents for which he paid and took delivery. He
also wrote letters for Ms. Weston and Ms. Smith to Bacon East Pharmacy in Concord, CA giving
permission for them to order these substances personally under his license. His letter for Ms.
Weston states she shares the office with him and his letter for Ms. Smith is even more misleading
and states that she "works in [his] office."

Causes For Disciplinary Action Re Unlicensed Practice

29. Dr. Fujimoto’s conduct as set forth on the Events and Acts or Omissions as set forth
hereinabove constitutes grounds for disciplinary action as follows:

A. Dr. Fujimoto’s conduct constitutes unprofessional conduct in that he aided or
abetted unlicensed persons or entities to engage in the practice of medicine and is cause for
disciplinary action pursuant to Section 2264 of the Code.

B. Dr. Fujimoto’s conduct constitutes unprofessional conduct in that he directly or
indirectly assisted in or abetted the violation of, or conspired to violate, the following provisions
of the Code: section 119 (permitting the use of his license by another); section 125 (allowing his
license to be used by an unlicensed person or acting as the agent or partner of an unlicensed
person); sections 2051, 2052, and/or 2054 (unlicensed medical practice); and is cause for
disciplinary action pursuant to 2234(a), (b), (c), and/or (e) of the Code.

C. Dr. Fujimoto’s conduct constitutes unprofessional conduct in assisting in
maintaining a false public perception that Ms. Weston and Ms. Smith were operating lawfully and
properly licensed medical clinics owned and operated by physicians or other qualified health
professionals and is cause for disciplinary action pursuant to 2234(a), (b), (c), and/or (e) of the
Code.

D. Dr. Fujimoto’s conduct constitutes unprofessional conduct in that he violated
the AMA Code of Medical Ethics and he is therefore subject to disciplinary action under Section
2234 of the Code.

E. Dr. Fujimoto’s conduct constitutes unprofessional conduct in the practice of his
profession through the commission of act(s) involving dishonesty or corruption and is cause for
disciplinary action pursuant to Section 2234(e) of the Code.
F. Dr. Fujimoto's conduct constitutes unprofessional conduct in the practice of his profession through the commission of act(s) involving gross negligence and is cause for disciplinary action pursuant to Section 2234(b) of the Code.

G. Dr. Fujimoto's conduct constitutes unprofessional conduct in the practice of his profession through the commission of act(s) involving repeated acts of negligence and is cause for disciplinary action pursuant to 2234(c) of the Code.

H. Dr. Fujimoto's conduct constitutes general unprofessional conduct and is cause for disciplinary action pursuant to Section 2234 of the Code.

1. Dr. Fujimoto's conduct constitutes unprofessional conduct in the practice of his profession by knowingly making or signing any certificate or other document directly or indirectly related to the practice of medicine. which falsely represents the existence or nonexistence of a state of facts and is cause for disciplinary action pursuant to Sections 2261, 2262, and/or 2234 of the Code.

SECOND CAUSES FOR DISCIPLINARY ACTION
(Substandard Care of Patient A.)

Events Re Medical Board Investigation Re Substandard Care of Patient A.

30. The Medical Board of California received a complaint from a physician, Jerry L. Callaway, M.D., regarding the prescribing of phentermine by Dr. Allen Fujimoto to a patient ("Patient A."") who was struggling with medication dependency. The Medical Board thereafter conducted an investigation.

31. On or about August 25, 2011, Dr. Fujimoto was interviewed at a physician conference. Dr. Fujimoto indicated as follows regarding his treatment of Patient A.:

A. He treated Patient A. (female born 1957) for weight loss, and confirmed that on her last visit that he prescribed her hydrocodone for pain in her foot without having examined her to support such a prescription. He ceased treating her as a patient after she reported to him that she was a drug addict and that he should not schedule her anymore appointments or prescribe

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1 The full name of Patient A will be provided upon a proper Request for Discovery.
her anymore medications. He said as result of this incident with Patient A., he now has posted in
his office a notice concerning prescriptions and that he does not write prescriptions for narcotics.

B. Dr. Fujimoto was trained as an OB/GYN but now practices solely as a "weight
loss doctor." His last live CME on the subject was in 2008. His patients are largely referred from
other patients and can drive long distances to see him. Dr. Fujimoto indicated that it is his usual
practice to record BMI at each visit and he stated that he uses a BMI cut-off of 30 to prescribe
medication. He indicated that he does not take a drug abuse history nor does he use CURES
[Controlled Substance Utilization Review and Evaluation System] or other tools to discover if
there is "doctor shopping" or engaging in non-therapeutic use of medications with his patients.
He does not do nor order an in-depth psychiatric evaluation including suicide risk evaluation. He
orders minimal laboratory tests to rule out reversible or contributing factors in his patients'
obesity. He does not record the primary care physician's name nor communicate much with other
providers while treating patients. He does a cash business only.

C. During his review of Patient A.'s records, Dr. Fujimoto expressed surprise that
he allowed Patient A. to go so long between visits. He explained that his usual practice was to
see patients monthly for at least two visits and then see them every two months.

D. Dr. Fujimoto stated that the only time he prescribed narcotics to Patient A. was
on 9/13/10. However records show he also prescribed them on 12/10/07 and 8/4/08.

32. A review of Dr. Fujimoto's medical records for Patient A. indicate, in part, as
follows:

A. The initial visit of Patient A. with Dr. Fujimoto was on 9/22/03. A H&P is
documented. Phentermine 30 mg is prescribed on that first visit. Her weight in 209 pounds.
Patient A. is also taking Effexor. Six subsequent entries are telephone calls for refills. No repeat
vitals are documented and no follow up weight is recorded until 9/19/05 (158 pounds). Between
December 2003 and September 2005 prescriptions were sent to at least two pharmacies, Savon
(Pharmacy 1) and Costco (Pharmacy 2) for Bontril, Adipex and phentermine without adequate
documentation explaining the frequent switching among these various drugs.
B. A chart entry on 9/19/05 contains a blood pressure and weight. Her weight of 158 pounds with a height of 5' 9 1/2". [This equates to a BMI of 23]. She is told to continue her phentermine BID at a dose of 37.5 mg and given one refill. No medication history is documented at this visit nor at any other subsequent visit. Three brief entries which appear to be telephone refills of phentermine follow to the above two pharmacies.

C. The next visit is 3/13/06. Patient A.'s weight is 159 1/2 pounds. [This equates to a BMI of 23.2]. Her goal weight is recorded as 145. Dr. Fujimoto prescribes 37.5 mg phentermine and gives her 120 tablets. Less than one month later (4/4/06), 60 more tablets are called in to Pharmacy 1. There is a note that the prior prescription was "stolen from her home at a party".

D. Less than one month later (4/21/06) 60 tablets with one refill ("#60 x 2") are called in to Pharmacy 2. Despite having enough refills, on 5/19/06, sixty more tablets are phoned into Pharmacy 1.

E. On 6/5/06, Patient A. has a visit with Dr. Fujimoto. Her blood pressure is documented as normal. Her weight is 159. It is documented she has not been exercising. The writing is not completely clear but it appears to indicate that she is told to take some dose of phentermine three times a day ("1 tab in am, [illegible] dose in early [illegible] afternoon") and 120 tablets are prescribed.

F. On 6/22/06, 60 more tablets are phoned in to Longs Pharmacy (Pharmacy 3).

G. On 8/7/06, her blood pressure is normal and Patient A.'s weight is now 162. [This equates to a BMI of 23.6]. Adipex is prescribed at another illegible TID instruction. On 8/21/06, 60 more tablets are phoned into Pharmacy 3. It is documented that "prescription stolen 2nd time".

H. On 9/21/06, 60 Adipex 37.5 mg are phoned in to Pharmacy 2.

I. The next visit is 10/9/06 and Patient A. weighs 160. Phentermine is prescribed with an unclear instruction and 120 tablets are written for. Underneath the phentermine is written Adipex P and what appears to be "#12 samples." Fifty tablets are called in to a pharmacy after Patient A. "left Rx in So Cal" where she was visiting.
J. On a 12/4/06 visit, 150 phentermine are prescribed and then on 12/10/06 the same prescription is phoned in to a second Longs pharmacy (Pharmacy 4) as Patient A has "lost written Rx".

K. On 2/5/07 Patient A weighs 169 pounds and 120 phentermine are prescribed. Twelve Adipex P samples are also dispensed. Five days later it is documented that "Rx lost" and the phentermine in the same amount is phoned in to Pharmacy 2. On 3/26/07 it is documented that twenty more are prescribed but no pharmacy information is noted.

L. At a 4/12/06 visit, Patient A now weighs 189 pounds. She receives 120 phentermine. On 6/6/07, 30 more are called to Pharmacy 4.

M. On a 7/10/07 visit, Patient A is recorded as weighing 196 pounds. Phentermine #120 are prescribed. The next entry is dated both "week of 30th July" and 8/5/07. Patient A has a "lost written Rx" and 120 phentermine are prescribed.

N. On 10/16/07 Patient A weighs 189 pounds. She receives 120 phentermine and eight Adipex P samples.

O. On 12/10/07 Patient A weighs 182 pounds. She is given 120 phentermine and for the first time the sig (instruction) is discernible and appears to be in three divided doses, 1 pill in am, then 1/2 pill and later 1/2 pill. Eight samples of Adipex P are given too. Without a documented complaint of pain, a normal exam and no diagnosis to justify it, hydrocodone/APAP 10/350 #50 is prescribed.

P. On 3/30/08 (weight 187 pounds), Patient A receives 120 phentermine and eight sample pills of Adipex P.

Q. On 6/9/08, after not keeping her intervening appointment, Patient A again receives 120 phentermine and eight sample pills of Adipex P.

R. On 8/4/08, Patient A is now 172 pounds. 120 phentermine are refilled. She also receives a prescription for Phenergan with codeine though the reason is not documented and the exam is recorded as normal.
S. On 8/25/08, it is documented that Patient A.'s "father passed away, left meds in? [clarified as Seattle in Dr. Fujimoto's physician conference]." A prescription for #100 phentermine is given (no pharmacy information).

T. The 10/1/08 entry is indecipherable except the word "mailed." Thirty phentermine are called to Pharmacy 2 on 10/29/08.

U. On 11/6/08 the entry states: "Her PMD says she has a heart murmur and needs to d/c phentermine."

V. On 12/19/08, 50 phentermine are called to Pharmacy 2.

W. After an intervening appointment is cancelled, Patient A. is seen on 3/25/09. She weighs 183 1/2 pounds. Phentermine #60 and Adipex P #60 are prescribed and 12 sample tablets are given of Adipex P.

X. The next visit is 8/10/09 and Patient A. weighs 185.2 pounds. 120 phentermine are given as well as 12 sample tablets of Adipex P. Two months later (11/9/09) she is at 189.7 pounds and another 120 tablets are prescribed.

Y. 60 tablets of phentermine are phoned in to Pharmacy 2 on 3/3/10 and 5/3/10.

Z. On 7/7/10, Patient A. weighs 176 pounds. 120 phentermine are prescribed. It is recorded she is taking two tablets a day in three divided doses. On 9/13/10 she weighs 168.4 pounds. Dr. Fujimoto prescribes 120 phentermine again. 50 hydrocodone/APAP 10/325 are also prescribed without noting anything in the HPI and documenting a normal exam.

AA. On 9/16/10, in handwriting other than Dr. Fujimoto's, it is documented that Patient A. called and told the clinic not to give her any further appointments. She admits to being a "drug addict" and threatens to report them if there is any further prescribing.

33. A review of Dr. Fujimoto's billing sheets shows that he has only two sets of default CPT codes (99202/99205, 99212/99215) and one pre-printed diagnosis code, 277.9 (nutritional/metabolic disorder) for his office visits. Dr. Fujimoto billed Patient A. a 99205 visit for her initial evaluation on 9/22/03. Subsequent visits were billed at 99212.

34. A review of the CURES report for Patient A. indicates that while Patient A. was receiving medication from Dr. Fujimoto between 6/2008 and 12/2010, Patient A. was also
receiving routine prescriptions for alprazolam, an anxiolytic/hypnotic, and hydrocodone/APAP, a
narcotic, from another provider. In December 2010, a third provider began prescribing narcotic
to Patient A.

35. A review of Dr. Fujimoto’s listed prescriptions on the CURES report, on 6/16/08, just
three days after 120 phentermine were prescribed at Costco, shows that Dr. Fujimoto prescribed
15 more at Rite Aid. A total of 85 more tablets were filled at Rite Aid on 5 separate occasions
between 6/20/08 and 7/14/08 in increments of 10-23 tablets. There is no record of these
prescriptions in Dr. Fujimoto’s medical records for Patient A.

Acts or Omissions Re Substandard Care Of Patient A.

36. Dr. Fujimoto committed the following Acts or Omissions in his capacity as a licensed
physician and surgeon in California in the treatment of Patient A.:

A. Dr. Fujimoto failed to keep timely, accurate and legible medical records.

Numerous chart entries are difficult to interpret. Specific examples are outlined above.
Some of these illegible entries specifically deal with amounts of medications prescribed and, as
such, are important notations in Patient A’s chart. Other entries involve refills of medications
without a visit (i.e. for lost and misplaced meds) and would be important information to include
in the chart in a legible fashion; and/or

B. Dr. Fujimoto failed to adequately justify and document in the medical records
the reasons for prescribing medications.

The standard for medical care in California is to justify in the record why any/all
medications are prescribed. Chart entries should include information in the CC and HPI. Exams
should be documented when appropriate. The assessment should include an appropriate
diagnosis to justify the medication and the plan should reflect the medical reasoning justifying the
prescription. Narcotic documentation and care in prescribing narcotics are particularly important
due to the fact that these medications can be habit-forming, have diversion potential and are
associated with greater scrutiny. Dr. Fujimoto prescribed narcotics to Patient A on three separate
occasions. On each occasion, the record failed to justify the need for this medication in terms of
history, exam, assessment and medical justification. Also, the billing sheets for the above
encounter dates lacked an ICD-9 code that would have justified these prescriptions; and/or
C. Dr. Fujimoto continued to prescribe phentermine for Patient A. at a BMI below
the 30 cut-off and when Patient A. was noncompliant with treatment guidelines.

Anorexants such as phentermine are indicated as short-term agents to assist in weight loss
efforts in those patients who are also dieting and exercising. They are recommended for those
with a BMI greater than 30 or those with a BMI of 27 with other comorbidities. Once patients
slip below the established cut-offs for safe use, the use of these agents should be discontinued and
patients must rely on diet and exercise for further weight loss. These medications are
amphetamine-like and thus have a stimulant-like effect. When Patient A. presented to Dr.
Fujimoto, her BMI was 30.4 (obese) and thus she qualified for use of phentermine. However, she
was able to shed some of this weight during her first two years with Dr. Fujimoto and never
approached this weight again. The highest weight achieved after this was 189.7 pounds. This
would have given her a BMI of 27.6. The use of phentermine initially for a patient with the BMI
over 30 appears is within the prescribing guidelines. Patient A. was already dieting and
exercising upon initial presentation. However, once she weighed less than 206, her BMI fell
below the recommended cut-offs for safe use of phentermine. Also on many occasions it was
documented that Patient A. had either stopped exercising or was not eating properly (i.e. not
following the program) (e.g. 6/5/06, 12/4/06, 2/5/07, 3/10/08, 8/10/09), and/or
D. Dr. Fujimoto prescribed excessive doses of Phentermine to Patient A.
The maximum daily dose for phentermine is 37.5 mg daily. Dr. Fujimoto often prescribed
doses above 37.5 mg daily. In addition, he refilled at a frequency and amount that often
approximated 75 mg or more per day; and/or
E. Dr. Fujimoto failed to maintain an updated medication history and/or
prescribed phentermine to Patient A. while she was on Effexor.

It is the standard of care in medical practice to obtain a medication history on initial
presentation and update this on subsequent visits. When a patient is being seen by various
providers, a list of medications prescribed by other providers should also be obtained. It is the
standard of care to verify that there are no drug-drug interactions prior to prescribing any
medications. Dr. Fujimoto documented that Patient A. was taking Effexor at her initial visit. He
never documented a medication history again in the record. Effexor is a serotonin-
norepinephrine reuptake inhibitor and is not recommended to be used with phentermine due to
the potential increased sympathomimetic effect it can cause (in December 2003, Patient A. did
complain of nervousness) when these drugs are administered together and also because of the
additive risk of serotonin syndrome, which is a rare but serious and potentially fatal condition
cause by overstimulation of certain brain receptors linked to coadministration of these drugs.
Patient A. was also receiving benzodiazepines and narcotic prescriptions from other providers
while she was Dr. Fujimoto's patient. The initial use of phentermine would have been
appropriate for Patient A. given her obesity and failed efforts at diet and exercise alone.
However, because of her listed medication, Effexor, she was not a candidate for phentermine.
The phentermine/Effexor interaction is considered a major interaction and prescribing in this
setting would have required documentation, informed consent by Patient A. and close monitoring.
None of this occurred or was documented; and/or
F. Dr. Fujimoto failed to properly document and/or justify his billing for weight
loss services.

It is the standard of care in medical practice to bill appropriately for services provided.
Most providers are expected to have a standard distribution of evaluation and management (E/M)
codes and norms are published for various specialties to refer to. Dr. Fujimoto’s billing encounter
sheets show only two levels of pre-printed E/M codes, 99202/99212 and 99205/99215. He billed
a 99205 ($100) for Patient A.'s first visit which he claims was a 1-hour evaluation. E/M code
99205 is reserved for the initial evaluation of a patient and is the highest level E/M
office/outpatient code. The documentation requirements for such a visit include a comprehensive
history, comprehensive exam and medical decision making of high complexity. Documentation
of that visit shows a diet, weight and GYN history along with past, family and social history and a
review of systems. The examination is brief and nonspecific. The one listed diagnosis is
"nutrition/metabolic disorder." Some diet information is given and phentermine is prescribed.
Given the low complexity/medical decision-making of services provided, this visit does not meet the established criteria for 99205. The available documentation fails to justify how this appointment could have taken an hour with Patient A; and/or

G. Dr. Fujimoto continued to prescribe phentermine to Patient A, despite signs that Patient A was using this medication nontherapeutically, and/or that it was otherwise contraindicated.

While refills of medications can be given without an appointment, it is the standard of care for patients to be seen at regular intervals to monitor continued need for the medication and to assess for side effects. The frequency of visits is determined by many factors including the potential for abuse/nontherapeutic use of the medication being prescribed. Specific information from the PDR regarding brand name phentermine is shown below:

"ADIPEX-P® is related chemically and pharmacologically to the amphetamines. Amphetamines and related stimulant drugs have been extensively abused, and the possibility of abuse of ADIPEX-P® should be kept in mind when evaluating the desirability of including a drug as part of a weight reduction program."

It is the standard of care to be vigilant for the signs of nontherapeutic use of a medication.

By his own account, Dr. Fujimoto indicated that patients on phentermine should be seen every month when first started on the medication and then at regular intervals thereafter. Patient A continued to obtain phentermine from Dr. Fujimoto by telephone requests for almost two years without a follow up appointment. At other times during her association with Dr. Fujimoto, she failed to follow up regularly and was still prescribed more phentermine. Refills prescribed were for varying amounts and occurred often at intervals of less than one month and at doses higher than recommended. Patient A was switched from phentermine to Bontril to Adipex without justification in the medical record and on other visits she was given a prescription and samples at the same time.

On more than one occasion, refills were given early due to alleged misplaced or stolen prescriptions and medication. When Patient A returned for each visit, BMI was not calculated and phentermine was continued. Pulse was never assessed to see if the phentermine was causing...
tachycardia. Review of the CURES report shows that Dr. Fujimoto did not record every prescription he gave to Patient A. in his record.

Dr. Fujimoto failed to control her monthly dose and failed to make her keep regular follow up. As described above, he prescribed after her weight fell below the accepted recommendations and the guideline that he himself stated he used to determine medication need. He continued to prescribe after Patient A. failed to continue diet and exercise. He continued to prescribe for seven years despite the fact that this medication is only recommended for short-term use.

In November 2008, Dr. Fujimoto recorded in his own writing that Patient A.'s primary care doctor said Patient A. had a heart murmur and that her phentermine needs to be discontinued. There was no documentation that he tried to obtain the actual records/reports or speak with this doctor regarding this. One month later he phoned in another prescription of phentermine without any further documentation and continued to prescribe it for almost two more years.

Causes for Disciplinary Action Re Substandard Treatment of Patient A.

37. Dr. Fujimoto's conduct as set forth on the Events and Acts or Omissions as set forth hereinabove constitutes grounds for disciplinary action as follows:

A. Dr. Fujimoto's conduct constitutes general unprofessional conduct and is cause for disciplinary action pursuant to section 2234 of the Code.

B. Dr. Fujimoto’s conduct constitutes gross negligence and is cause for disciplinary action pursuant to section 2234(b) of the Code.

C. Dr. Fujimoto’s conduct constitutes repeated negligent acts and is cause for disciplinary action pursuant to section 2234(c) of the Code.

D. Dr. Fujimoto’s conduct constitutes incompetence and is cause for disciplinary action pursuant to section 2234(d) of the Code.

E. Dr. Fujimoto’s conduct constitutes unprofessional conduct in that he failed to maintain adequate and accurate records relating to the provision of services to Patient A. and is cause for discipline pursuant to section 2266 of the Code.
F. Dr. Fujimoto's conduct constitutes repeated acts of clearly excessive
prescribing or administering of drugs or treatment as determined by the standard of the
community of licensees and is cause for disciplinary action pursuant to section 725 of the Code.

G. Dr. Fujimoto's conduct constitutes prescribing, dispensing, or furnishing
dangerous drugs as defined in Section 4022 without an appropriate prior examination and a
medical indication and therefore is cause for disciplinary action pursuant to section 2234(a) in
conjunction with section 2242 of the Code.

THIRD CAUSE FOR DISCIPLINE
(Repeated Negligent Acts)

38. Dr. Fujimoto is further subject to disciplinary action for unprofessional conduct
pursuant to Business and Professions Code section: 2234(c) (repeated negligent acts). The facts
and circumstances are as follows: The Events, Acts or Omissions set forth in the First and Second
Causes For Disciplinary Action set forth hereinabove, are referred to and incorporated herein by
reference as though fully set forth. Said Acts or Omissions, in whole or in part, constitute
repeated negligent acts and is cause for disciplinary action pursuant to section 2234(c) of the
Code.
PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician and Surgeon Certificate Number G 7287, issued to ALLEN A. FUJIMOTO, M.D..

2. Revoking, suspending or denying approval of ALLEN A. FUJIMOTO, M.D.'s authority to supervise physician's assistants, pursuant to section 3527 of the Code;

3. Ordering ALLEN A. FUJIMOTO, M.D. to pay the Medical Board of California, if placed on probation, the costs of probation monitoring;

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

DATED: March 23, 2012

LINDA K. WHITNEY
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant