

1 **BEFORE THE BOARD OF MEDICAL EXAMINERS**
2 **OF THE STATE OF NEVADA**

3 * * * * *

4 **FILED**

5 **MAR 18 2013**

6 **NEVADA STATE BOARD OF**
7 **MEDICAL EXAMINERS**
8 By: _____

6 **In the Matter of an Investigation of**)
7 **DAVID LYNN PACKER, M.D.,**)
8)
9 **License No. 13014**)
10 _____)

11 **ORDER OF SUMMARY SUSPENSION**

12 Prior to the preparation of this Order of Summary Suspension, Nevada State Board of
13 Medical Examiners' (Board) staff presented evidence and information to an Investigative
14 Committee (IC) of the Board, composed of Theodore B. Berndt, M.D., Chairman,
15 Valerie J. Clark, BSN, RHU, LUTCF, Member, and Michael J. Fischer, M.D., Member, regarding
16 David Lynn Packer, M.D. (Dr. Packer). Upon review of the evidence and information presented
17 by Board staff, the IC hereby **IMMEDIATELY SUSPENDS** Dr. Packer's license to practice
18 medicine in the state of Nevada pursuant to Nevada Revised Statutes (NRS) 630.326(1), based
19 upon the following preliminary findings:

20 1. Dr. Packer is a physician licensed to practice medicine in the state of Nevada and
21 was originally licensed on January 28, 2009. Dr. Packer practices medicine in the Las Vegas area
22 and his specialties listed with the Board are Plastic Surgery, Family Practice and Urgent Care.

23 2. The IC is in receipt of multiple complaints concerning Dr. Packer's medical care
24 and treatment of multiple Nevada patients. Preliminary investigation has confirmed Dr. Packer's
25 improper communication(s) and relationship(s) with a Nevada patient or patients, serious
26 derelictions in the discharging of Nevada patients and serious concerns about the medical care and
27 treatment, or lack thereof, provided to Nevada patients.

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CERTIFICATE OF MAILING

I hereby certify that I am employed by Nevada State Board of Medical Examiners and that on 19th day of March 2013; I served a filed copy of the ORDER OF SUMMARY SUSPENSION via USPS e-certified return receipt mail to the following:

David Lynn Packer, M.D.
2255-C Renaissance Dr.
Las Vegas, NV 89119

Dated this 19th day of March, 2013.



Angelia L. Donohoe
Legal Assistant

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CERTIFICATE OF MAILING

I hereby certify that I am employed by Nevada State Board of Medical Examiners and that on 22nd day of March 2013; I served a filed copy of the ORDER OF SUMMARY SUSPENSION, via USPS e-certified return receipt mail to the following:

David Lynn Packer, M.D.
1402 NW 30th St.
Gainesville, FL 32605

Dated this 22nd day of March, 2013.



Angelia L. Donohoe
Legal Assistant