OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

BEFORE THE BOARD OF MEDICAL EXAMINERS OF THE STATE OF NEVADA

* * * * *

In the Matter of Charges and Complaint Against: **EDWARD SOLLESA VICTORIA, M.D., Respondent.**	**Case No. 22-33039-1**

FILED
AUG 26 2022
NEVADA STATE BOARD OF MEDICAL EXAMINERS
By: _____

COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board), by and through Ian J. Cumings, J.D., Senior Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Edward Sollesa Victoria, M.D. (Respondent) violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

1. Respondent was at all times relative to this Complaint a medical doctor holding an active license to practice medicine in the State of Nevada (License No. 12452). Respondent was originally licensed by the Board on September 4, 2007.

PATIENT A

2. Patient A[2] was a 55-year-old male at the time of the events at issue.

3. On October 23, 2018, Respondent wrote a prescription for 4 mg of morphine (a controlled substance considered a dangerous drug) in an intravenous solution to Patient A. Respondent failed to document in Patient A's medical record the reasoning nor the method for

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[1] The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board members Bret W. Frey, M.D., Chowdhury Ahsan, M.D., and Col. Eric D. Wade, USAF (Ret.).

[2] Patient A's identity is not disclosed herein to protect his privacy but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

administering this dangerous drug. Respondent further failed to document Patient A's vital signs and failed to counsel Patient A on the risks of the controlled substance.

4. On January 7, 2019, Patient A presented to Respondent with complaints of lumbar pain radiating to the buttocks. Respondent prescribed Patient A Tramadol (a controlled substance and considered a dangerous drug) 50 mg 90 count for thirty (30) days. There was no medical justification or rationale documented in Patient A's medical record for the prescription. Respondent further failed to document Patient A's complaints within the medical record and failed to document any vital signs. Respondent, again, failed to counsel Patient A on the risks of the controlled substance and included an invalid copy of a blank pain management contract in Patient A's medical chart without a Patient A's signature, a date, and or witness attestation.

5. On February 20, 2019, Patient A presented to Respondent with complaints of lumbar pain radiating to the buttocks. Respondent again failed to document Patient A's complaints within the medical record and failed to document any vital signs. Respondent discharged and prescribed additional opiates and sedatives, Tramadol, 50 mg 90 count for thirty (30) days, and Clonazepam 0.5 mg 90 count for thirty (30) days, without any medical justification or rationale noted in the medical record. Respondent further failed to counsel Patient A, for a third time, on the risks of the controlled substances.

6. On May 22, 2019, Patient A presented to Respondent for back pain; however, Respondent did not document any complaints of pain within the review of symptoms section of the medical record. Patient A's vital signs were also not documented. Respondent discharged and prescribed opiates and sedatives, Tramadol and Alprazolam, without any medical justification or rationale for these prescriptions in the record. Patient A's history of present illness (HPI) notes were duplicative and highly templated from the January 7, 2019, and February 20, 2019, visits. Respondent again failed to counsel Patient A on the risks of the controlled substances.

7. On July 2, 2019, Respondent noted in Patient A's medical record with the following complaints: schizophrenia, anxiety disorder, abdominal pain, dizziness for which patient takes meclizine, and patient has continuous falls and can only ambulate with crutches. Patient A's vital signs were again, not documented. In the patient history section of the medical record,

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Respondent documented Patient A has recurrent abdominal pain and requested a referral to a gastroenterologist. Additionally, Respondent documented that Patient A reported anxiety, but also documented Patient A had no depression, no insomnia, no stress, and no loss of interest. Respondent diagnosed Patient A with abdominal pain, epigastric pain, an ingrown toenail, dizziness and giddiness, screening from malignant neoplasm, and unspecified falls. Respondent prescribed opiates and sedative without medical justification or rationale. Again, Respondent did not counsel Patient A on the risk of the controlled substances.

8. From January 2019 through July 2019, Patient A was clinically evaluated by the Respondent, during which time he continuously prescribed Tramadol for lumbago with sciatica and Clonazepam for Patient A's anxiety. Respondent repeatedly failed to document in Patient A's medical record an adequate HPI, vitals, or a focused physical examination regarding Patient A's diagnoses. Further, Respondent repeatedly failed to document in Patient A's medical record the history of his conditions, response to those treatments or justifications for prescribing the controlled substances, nor was Patient A counseled on the risks of those controlled substances.

9. From June 26, 2018, through April 28, 2020, the Nevada Prescription Monitoring Program (PMP) report indicates that Respondent continuously prescribed controlled substances, including Tramadol and Clonazepam. Respondent did not execute with Patient A the required Medication Use Agreement. Patient A did not undergo a risk assessment or urine drug testing.

COUNT I

NRS 630.301(4) - Malpractice

10. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

11. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

12. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

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13. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when rendering medical services to Patient A, when Respondent inappropriately prescribed controlled substances by failing to accurately assess, examine, or use other means to appropriately establish a medical diagnosis, and because Respondent did not engage in any appropriate monitoring and assessing of the risks of the controlled substances prescribed to Patient A.

14. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT II

NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records

15. All of the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

16. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

17. Respondent failed to maintain proper medical records relating to the diagnosis, treatment, and care of Patient A, by failing to correctly document his actions when he treated Patient A, whose medical records were neither accurate nor complete.

18. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT III

NRS 630.306(1)(b)(2) - Violation of Standards of Practice by Engaging in the Practice of Writing Prescriptions for Controlled Substances in a Manner That Deviates from the Model Policy

19. All the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

20. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

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21. The Board adopted by reference the Model Policy in NAC 630.187.

22. Pursuant to NAC 630.230(1)(k), a licensee shall not engage in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the standards set forth in the Model Policy.

23. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient A for an opioid analgesic Tramadol to treat chronic pain and Clonazepam for anxiety in a manner that deviated from the Model Policy.

24. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

PATIENT B

25. Patient B[3] was a 59-year-old female at the time of the events at issue.

26. On January 13, 2020, Patient B presented to Respondent who assessed her with cervical radiculopathy. Respondent documented a lump on Patient B's neck as the reason for the visit. Respondent did not document any other indications in Patient B's HPI. Respondent failed to either perform or document a physical examination or document vital signs for Patient B. Respondent failed to document a history and medical conditions for Patient B and did not provide a justification for prescribing controlled substances. Respondent prescribed Patient B with MS Contin, 15 mg 60 quantity for thirty (30) days, and Hydrocodone/APAP, 10/325 mg 120 quantity for thirty (30) days, both are controlled substances and considered dangerous drugs. Respondent did not counsel Patient B on the risks of these controlled substances.

27. On May 4, 2020, Patient B presented again to Respondent with cervical spine radiculopathy. The HPI indicated "patient presents with lump on neck." Respondent failed to note any abnormality of her neck in her physical exam and failed to document any vital signs. Patient B was prescribed MS Contin, 15 mg 60 quantity for thirty (30) days, for her cervical condition. Respondent failed to document Patient B's history of her conditions and did not indicate Patient B's response to the treatments or provide a justification for prescribing this

[3] Patient B's identity is not disclosed herein to protect her privacy but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

controlled substance. Respondent again failed to counsel Patient B on the risk of the controlled substance.

28. On September 24, 2020, Respondent documented Patient B "presents for follow-up diabetes." There is no HPI documentation indicating a diagnosis of diabetes or a control treatment plan. Respondent diagnosed Patient B with edema; however, the physical examination documentation indicated "no cyanosis, edema, varicosities or palpable cord." Further, there is no documentation of Patient B's edema.

29. The PMP for Patient B shows the following prescriptions were written for Patient B by Respondent from February 1, 2019, through January 13, 2020. The PMP indicated Patient B was prescribed Morphine Sulfate, Hydrocodone, and Fentanyl. There was no Medication Use Agreement (contract), or addiction risk assessment documented within Patient B's medical records. Due to Patient B's co-morbidities, she was at a high-risk for cardiac disease and based upon the medical records, Respondent did not assess that risk. Though the notes indicate the patient was seen for a follow up on her diabetes, Respondent failed properly manage her diabetic condition.

COUNT IV

NRS 630.301(4) - Malpractice

30. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

31. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

32. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

33. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when rendering medical services to Patient B, because Respondent inappropriately prescribed controlled substances and by failing to accurately assess, examine, or use other means to appropriately

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establish a medical diagnosis. Additionally, Respondent did not engage in any appropriate monitoring and assessing of the risks of the controlled substances prescribed to Patient B. Further, Respondent did not demonstrate the reasonableness required for the assessment, diagnosis, and treatment of Patient B's suspected neoplasm, and, because he did not exercise reasonable care with Patient B's cardiac risk factors when considering her edema medical condition.

34. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT V

NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records

35. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

36. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

37. Respondent failed to maintain proper medical records relating to the diagnosis, treatment, and care of Patient B by failing to correctly document his actions when he treated Patient B, whose medical records were neither accurate nor and complete as aforementioned in the above paragraphs.

38. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT VI

NRS 630.306(1)(b)(2) - Violation of Standards of Practice by Engaging in the Practice of Writing Prescriptions for Controlled Substances in a Manner That Deviates from the Model Policy

39. All the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

40. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

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41. The Board adopted by reference the Model Policy in NAC 630.187.

42. Pursuant to NAC 630.230(1)(k), a licensee shall not engage in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the standards set forth in the Model Policy.

43. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient B for opioid analgesics Morphine Sulfate, Hydrocodone, and Fentanyl to treat chronic pain in a manner that deviated from the Model Policy.

44. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

PATIENT C

45. Patient C[4] was a 45-year-old male at the time of the events at issue.

46. On May 18, 2020, Respondent saw Patient C and assessed him with Generalized Anxiety Disorder and Spinal Stenosis of the lumber spine. Respondent did not document Patient C's vital signs, yet the HPI section indicated the "Patient is following up on chronic pain and anxiety." Respondent documented that "both conditions were controlled with his present medications" and the physical examination indicated a normal musculoskeletal and "thoracolumbar appears normal curvature." Respondent prescribed Alprazolam 0.25 mg 120 quantity for thirty (30) days, and Hydrocodone, 10/325 mg 120 quantity for thirty (30) days. There was no documentation of Patient C's history of conditions, his response to the treatment or justification for prescribing these controlled substances. Respondent did not counsel Patient C on the risks of the prescribed controlled substances.

47. On July 20, 2020, Respondent saw Patient C, but did not document his vital signs, but did note in the HPI the same anxiety disorder and stenosis conditions. Respondent prescribed Alprazolam 0.25 mg 120 quantity for thirty (30) days, and Hydrocodone, 10/325 mg 120 quantity for thirty (30) days. There was no documentation of Patient C's history of conditions, response to the treatment, or justification for prescribing these controlled substances. Patient C was not counseled by Respondent on the risks of the prescribed controlled substances.

[4] Patient A's identity is not disclosed herein to protect his privacy but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

48. On August 20, 2020, Respondent saw Patient C and documented the "patient is following up on chronic pain and anxiety and reports that both conditions are controlled with present medications." Respondent's HPI was the same as the July 7, 2020, encounter and no vital signs were documented. Respondent, again, prescribed Alprazolam 0.25 mg 120 quantity for thirty (30) days, and Hydrocodone, 10/325 mg 120 quantity for thirty (30) days. There was no documentation of Patient C's history of conditions, his response to the treatment or justification for prescribing these controlled substances. Patient C was not counseled by Respondent on the risks of the prescribed controlled substances.

49. On September 22, 2020, Respondent saw Patient C and similarly failed to document and or obtain vital signs. The physical examination was the same as the previous encounters. Respondent was again prescribed Alprazolam 0.25 mg 120 quantity for thirty (30) days, and Hydrocodone, 10/325 mg 120 quantity for thirty (30) days. There was no documentation of Patient C's history of conditions, his response to the treatment or justification for prescribing these controlled substances. Patient C was not counseled by Respondent on the risks of the prescribed controlled substances.

50. On November 23, 2020, Respondent saw Patient C. Respondent did not document Patient C's HPI, vitals or physical examination. Respondent prescribed Alprazolam 0.25 mg 120 quantity for thirty (30) days, and Hydrocodone, 10/325 mg 120 quantity for thirty (30) days. There was no documentation of Patient C's history of conditions, his response to the treatment or justification for prescribing these controlled substances. Patient C was not counseled by Respondent on the risks of the prescribed controlled substances.

51. On December 28, 2020, Respondent saw Patient C. Respondent did not document Patient C's HPI, vitals or physical examination. Respondent prescribed Alprazolam 0.25 mg 120 quantity for thirty (30) days, and Hydrocodone, 10/325 mg 120 quantity for thirty (30) days. There was no documentation of Patient C's history of conditions, his response to the treatment or justification for prescribing these controlled substances. Patient C was not counseled by Respondent on the risks of the prescribed controlled substances.

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52. From May 2020 through December 2020, Respondent repeatedly failed to document a focused HPI, physical examination, and vital signs. Respondent prescribed controlled substances on multiple occasions without documenting an adequate diagnosis, rationale for medication or response to the prescribed controlled substances, but for the repeated "conditions are controlled with his present medications."

53. From May 18, 2020, through December 28, 2020, Respondent continuously prescribed controlled substances for Patient C, including Hydrocodone and Alprazolam and there was no Medication Use Agreement, no risk assessment or a urine drug test screening documented within Patient C's medical records.

COUNT VII

NRS 630.301(4) - Malpractice

54. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

55. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

56. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

57. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when rendering medical services to Patient C when Respondent inappropriately prescribed controlled substances by failing to accurately assess, examine, or use other means to appropriately establish a medical diagnosis; because, Respondent did not engage in any appropriate monitoring and assessing of the risks of the controlled substances prescribed to Patient C.

58. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

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COUNT VIII

NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records

59. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

60. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

61. Respondent failed to maintain proper medical records relating to the diagnosis, treatment, and care of Patient C by failing to correctly document his actions when he treated Patient C, whose medical records were neither accurate nor and complete as aforementioned in the above paragraphs.

62. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT IX

NRS 630.306(1)(b)(2) - Violation of Standards of Practice by Engaging in the Practice of Writing Prescriptions for Controlled Substances in a Manner That Deviates from the Model Policy

63. All the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein

64. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

65. The Board adopted by reference the Model Policy in NAC 630.187.

66. Pursuant to NAC 630.230(1)(k), a licensee shall not engage in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the standards set forth in the Model Policy.

67. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient C for the opioid analgesics Hydrocodone and Alprazolam in a manner that deviated from the Model Policy.

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68. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

PATIENT D

69. Patient D[5] was a 45-year-old female at the time of the events at issue.

70. On June 8, 2020, Patient D was treated by Respondent who assessed her with thoracic back sprain and spinal stenosis of the thoracic region. Respondent documented in Patient D's HPI "patient presents today for thoracic pain not getting better, patient unable to tolerate bydureon." Respondent noted that Patient D's musculoskeletal examination was normal and "thoracolumbar appearance was normal curvature." Respondent prescribed Valium, 10 mg 120 quantity, and Norco 10/325 mg 150 quantity. There was no documentation of Patient D's history of conditions, response to treatment, justification for prescribing these controlled substances, or vital signs.

71. On November 25, 2020, Patient D presented to Respondent for her annual check-up. Respondent documented Patient D's HPI "no complaints, no chest pain, and normal bowel movements." No other vitals were documented. Musculoskeletal examination was normal and "thoracolumbar appearance with normal curvature." Respondent's assessment included anxiety and continued use of Valium as needed and opioid dependence/spinal stenosis of the thoracic region. Her medication list only showed Diazepam. Respondent did not document Patient D's history of conditions, her response to the treatment or justification for prescribing the controlled substances.

72. From February 2020 to November 2020, Respondent treated Patient D twice and each time failed to provide an adequate HPI, vital signs or a focused physical examination regarding Patient D's diagnosis. Respondent failed to assess Patient D's May 2020 MRI, as there is no documentation any review of the images. Respondent prescribed controlled substances for the treatment of anxiety without documenting an adequate diagnosis, a rational for medication prescribed or her response to the treatment to the controlled substances.

[5] Patient A's identity is not disclosed herein to protect her privacy but is disclosed in the Patient Designation served upon Respondent along with a copy of this Complaint.

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73. From January 11, 2019, through December 28, 2020, the PMP for Patient D indicated that Respondent prescribed Clonidine and Amlodipine for her hypertension and included the controlled substances of Hydrocodone, Diazepam, and Pregabalin. There was no Medication Use Agreement, risk assessment, or a drug urine screening documented.

COUNT X

NRS 630.301(4) - Malpractice

74. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

75. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating disciplinary action against a licensee.

76. NAC 630.040 defines malpractice as "the failure of a physician, in treating a patient, to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances."

77. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when rendering medical services to Patient D, because Respondent inappropriately prescribed controlled substances by failing to accurately assess, examine, or use other means to appropriately establish a medical diagnosis; because, Respondent did not engage in any appropriate monitoring and assessing of the risks of the controlled substances prescribed to Patient D.

78. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XI

NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records

79. All the allegations contained in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

80. NRS 630.3062(1)(a) provides that the "failure to maintain timely, legible, accurate and complete medical records relating to the diagnosis, treatment and care of a patient" constitute grounds for initiating discipline against a licensee.

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81. Respondent failed to maintain proper medical records relating to the diagnosis, treatment, and care of Patient D by failing to correctly document his actions when he treated Patient D, whose medical records were neither accurate nor and complete as aforementioned in the above paragraphs.

82. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

COUNT XII

NRS 630.306(1)(b)(2) - Violation of Standards of Practice by Engaging in the Practice of Writing Prescriptions for Controlled Substances in a Manner That Deviates from the Model Policy

83. All the allegations in the above paragraphs are hereby incorporated by reference as though fully set forth herein.

84. Violation of a standard of practice adopted by the Board is grounds for disciplinary action pursuant to NRS 630.306(1)(b)(2).

85. The Board adopted by reference the Model Policy in NAC 630.187.

86. Pursuant to NAC 630.230(1)(k), a licensee shall not engage in the practice of writing prescriptions for controlled substances to treat acute pain or chronic pain in a manner that deviates from the standards set forth in the Model Policy.

87. As demonstrated by, but not limited to, the above-outlined facts, Respondent wrote prescriptions to Patient D for opioid analgesics Hydrocodone, Diazepam, and Pregabalin to treat chronic pain in a manner that deviated from the Model Policy.

88. By reason of the foregoing, Respondent is subject to discipline by the Board as provided in NRS 630.352.

WHEREFORE, the Investigative Committee prays:

1. That the Board give Respondent notice of the charges herein against him and give him notice that he may file an answer to the Complaint herein as set forth in NRS 630.339(2) within twenty (20) days of service of the Complaint;

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2. That the Board set a time and place for a formal hearing after holding an Early Case Conference pursuant to NRS 630.339(3);

3. That the Board determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

4. That the Board award fees and costs for the investigation and prosecution of this case as outlined in NRS 622.400;

5. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

6. That the Board take such other and further action as may be just and proper in these premises.

DATED this 26 day of August, 2022.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____

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Attorney for the Investigative Committee

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VERIFICATION

STATE OF NEVADA)
: ss.
COUNTY OF WASHOE)

Bret W. Frey, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 24th day of August, 2022.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: _____
BRET W. FREY, M.D.
Chairman of the Investigative Committee

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