

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

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In the Matter of the Charges and Complaint

Case No.: 25-27891-1

Against:

GEORGE PETER CHAMBERS, JR., M.D.,

Respondent.

FILED

FEB - 3 2025

**NEVADA STATE BOARD OF
MEDICAL EXAMINERS**

By: 

COMPLAINT

The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners (Board) hereby issues this formal Complaint against George Peter Chambers, Jr., M.D. (Respondent), a licensed physician in Nevada. After investigating this matter, the IC has a reasonable basis to believe that Respondent has violated provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act).

1. Respondent is a medical doctor currently licensed in the State of Nevada by the Board in active-probation status (License No. 10476) since October 2, 2023, pursuant to the provisions of NRS Chapter 630. Respondent was originally licensed by the Board on April 30, 2003.

Care of Patient A²

2. At the time of the events in this Complaint, Patient A was a 27-year old female.

3. On July 11, 2022, Patient A saw Respondent as a new patient for an annual gynecologic examination, pap smear, STD screening, and to discuss birth control.

¹ For Patients A through D, the Investigative Committee of the Nevada State Board of Medical Examiners, at the time the filing of this Complaint was approved, was composed of Victor M. Muro, M.D., Chowdhury H. Ahsan, M.D., Ph.D, FACC, and Ms. Pamela J. Beal. For Patients E and F, the IC was composed of Chowdhury H. Ahsan, M.D., Ph.D, FACC, Ms. Pamela J. Beal, and Irwin B. Simon, M.D., FACS.

² Patient A's true 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.

1 4. In her visit with Respondent while discussing birth control options, Patient A
2 describes that Respondent repeatedly used the word “jizzing” and made other comments regarding
3 his own sexual history and childhood that made Patient A uncomfortable.

4 5. Upon information and belief, a chaperone was not present during these
5 conversations.

6 6. Following this conversation, Respondent performed a breast examination, pelvic
7 examination, and pap smear of Patient A.

8 7. According to Patient A’s records, a chaperone was present during Respondent’s
9 examination of Patient A.

10 8. However, Patient A reported feeling uncomfortable with the way that Respondent
11 performed these examinations.

12 9. The American College of Obstetricians and Gynecologists states that physical
13 examinations should be “explained appropriately, undertaken only with the patient’s consent, and
14 performed with the minimum amount of physical contact required to obtain data for diagnosis and
15 treatment.”³

16 10. Upon information and belief, Respondent should have provided more explanation
17 to Patient A regarding these examinations.

18 11. Upon information and belief, Patient A perceived that the examinations included
19 touches by Respondent that were of a longer length or different depth of pressure than what
20 Patient A was used to or comfortable with.

21 12. Patient A further indicated that Respondent gave her a prescription for birth control
22 and told her she could use a secret back-office phone number to call him when she returned for
23 her birth control injection and that she could enter the office through a secret VIP back entrance.

24 13. Patient A received a call from Respondent regarding her abnormal pap smear
25 results, and Respondent recommended that she return for a follow up visit to receive further
26 treatment.

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³ American College of Obstetricians and Gynecologists Sexual Misconduct Statement of Policy.

1 27. Patient C stated that throughout that time, during her clinical visits with
2 Respondent, he would increasingly ask her questions about her sex life, and he would tell her
3 about his own sex life.

4 28. Patient C stated that during her pelvic examinations, Respondent would ask her to
5 squeeze his fingers with her vagina to make sure her Kegel muscles were strong enough to have a
6 good sex life.

7 29. Patient C stated that during her last appointment with Respondent, he started to
8 leave the room, but then circled back into the room after the chaperone had left the room and
9 asked her if she would ever consider posing nude for photographs.

10 30. He indicated that he was looking for models to pose nude for photographs in the
11 Adult Video News awards.

12 31. Patient C declined and did not return to see Respondent for any further medical
13 care.

14 32. Patient C saw Respondent for routine annual gynecologic screening and family
15 planning assistance and did not ever seek consultation from him regarding sexual health concerns
16 or dysfunction.

17 33. Accordingly, upon information and belief, Respondent's questions regarding
18 Patient C's sexual history or sexual likes or dislikes was not clinically indicated.

19 34. Respondent asserts in his response to the Board that he routinely checks his
20 patients' pelvic floor strength and ability to perform Kegel exercises properly due to his training in
21 sexual health medicine.

22 35. However, upon information and belief, Respondent failed to explain the purpose of
23 the Kegel examination he conducted with Patient C, and he failed to obtain Patient C's consent for
24 such an examination.

25 36. Accordingly, Respondent's care of Patient C fell below the standard of care.

26 37. Further, it was improper for Respondent to ask Patient C to pose for nude
27 photographs.

28 38. For Patient C, Respondent provided only handwritten medical records.

39. These records appear incomplete and/or illegible.

40. Upon information and belief, handwritten medical records do not meet the standard of care for medical records.

41. Upon information and belief, Respondent's records for Patient C are not timely, legible, accurate, and complete.

Communications with Patients D⁶ and E⁷

42. Prior to January 2023, Patients D and E were patients of Respondent.

43. On January 6, 2023, Patient D sent an email to the Board regarding a text message that she received from Respondent.

44. On January 6, 2023, Patient E sent an email to the Board regarding a text message that she received from Respondent.

45. Upon information and belief, this same text message was sent to multiple current and/or former patients of Respondent.

46. In this text message, Respondent asked Patients D and E to lend him money in increments of five hundred dollars (\$500) to one thousand dollars (\$1000).

47. Respondent indicated that he needed this money to defend against a disciplinary action brought by the Board against him.

48. Respondent indicated that his finances were depleted after a "nasty divorce" involving child custody.

49. Respondent further indicated that he would lose his medical license without money to pay for a defense against the Board action.

50. Respondent stated that he would repay the money within a year at 5% interest and requested that the money be sent directly to him via Zelle.

51. In his response to the Board regarding this allegation, Respondent indicated that four (4) patients responded to his text and sent money.

⁶ Patient D's true 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.

⁷ Patient E's true 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.

52. However, Respondent further indicated that, after speaking with his attorney, he was advised that he should not have asked his current and/or former patients for money.

53. Respondent indicated that he refunded the money he received and did not accept any other loans that were subsequently sent to him by current and/or former patients.

54. Beneficence is one of the most important ethical principles in the doctor-patient relationship.

55. The solicitation of money from a current patient or former patient ignores the fiduciary responsibility of the physician and places the physician's financial gain above the best interests of the patient.

56. This can diminish the trust in the physician and the medical community as a whole, and can create a relationship in which the physician may no longer be able to remain objective in his interactions with the patient.

57. Sending this text message to his current and/or former patients is evidence that Respondent's boundaries with his patients are lacking.

58. Respondent, as a medical doctor in the State of Nevada, knew or should have known that seeking monetary loans from his patients was improper.

Care of Patient E

59. At the time of the events in this Complaint, Patient E was a forty-four (44) year old female.

60. For Patient E, Respondent provided only handwritten medical records.

61. These records appear incomplete and/or illegible.

62. Upon information and belief, handwritten medical records do not meet the standard of care for medical records.

63. Upon information and belief, Respondent's records for Patient E are not timely, legible, accurate, and complete.

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Care of Patient F⁸

64. From 2016 to 2020, Patient F was a patient of Respondent.

65. At the time of the events in this Complaint, Patient E was a thirty (30) year old to thirty-four (34) year old female.

66. In 2016, Patient F went to see Respondent about a sexual issue she was having with her husband.

67. Patient F stated that during her pelvic examination at that visit, Respondent inserted one finger inside of her vagina and asked her to squeeze.

68. Patient F did that and said "yes" to Respondent in response to his question did she feel that.

69. Patient F stated that Respondent then inserted two fingers inside of her vagina and asked her to squeeze again.

70. Respondent then asked again if she felt that, and she said "yes."

71. Patient F reported that Respondent then used crude terms to say that the sexual issue was the fault of her husband.

72. Respondent then asked Patient F if he could take pictures of her vagina for his other business because her vagina would look good in his advertisements.

73. Patient F declined and did not return to see Respondent for any further medical care.

74. Upon information and belief, Respondent failed to explain the purpose of the Kegel examination that he conducted with Patient F and he failed to obtain Patient F's consent for such an examination.

75. Accordingly, Respondent's care of Patient F fell below the standard of care.

76. Further, it was improper for Respondent to ask Patient F to pose for nude photographs.

77. For Patient F, Respondent provided only handwritten medical records.

⁸ Patient F's true 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.

1 78. These records appear incomplete and/or illegible.

2 79. Upon information and belief, handwritten medical records do not meet the standard

3 of care for medical records.

4 80. Upon information and belief, Respondent's records for Patient F are not timely,

5 legible, accurate, and complete.

COUNTS I-IV

NRS 630.301(4) - Malpractice

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

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

83. 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.”

84. 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 Patients A, B, C, and F.

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

COUNTS V-VIII

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

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

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

88. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to maintain legible medical records relating to the diagnosis, treatment, examination, and care of

1 Patients A, B, C, and F by failing to legibly document his actions when he treated Patients A, B,
2 C, and F, whose medical records were not timely, legible, accurate, and complete.

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

5 **COUNTS IX-XI**

6 **NRS 630.301(6) – Disruptive Behavior**

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

9 91. NRS 630.301(6) provides that disruptive behavior with patients that interferes with
10 patient care or has an adverse impact on the quality of care rendered to a patient is grounds for
11 initiating disciplinary action against a physician.

12 92. Respondent's behavior as described above when providing medical care to Patients
13 A, C, and F constitutes disruptive behavior.

14 93. Specifically, engaging in inappropriate and invasive conversation with Patient A
15 during clinical encounters with Patient A constitutes disreputable conduct.

16 94. Specifically, engaging in inappropriate and invasive conversation with Patient C
17 regarding her sex life and sharing information about his sex life with Patient C during clinical
18 encounters with Patient C, asking Patient C whether she would pose for nude photographs during
19 a clinical encounter, and/or performing a Kegel examination of Patient C without fully explaining
20 and/or obtaining Patient C's consent for this examination, constitutes disreputable conduct.

21 95. Specifically, engaging in inappropriate and invasive conversation with Patient F
22 regarding her sex life and sharing information about his sex life with Patient F during clinical
23 encounters with Patient F, asking Patient F whether she would pose for nude photographs during a
24 clinical encounter, and/or performing a Kegel examination of Patient F without fully explaining
25 and/or obtaining Patient F's consent for this examination, constitutes disreputable conduct.

26 96. Respondent's conduct, as described above, was disruptive, affected the medical
27 care of Patients A, C, and F, and resulted in Patients A, C, and F finding a new medical provider
28 rather than continuing care with Respondent.

4 **NRS 630.301(7) – Engaging in Conduct That Violates the Trust of a Patient and Exploits the**
5 **Relationship With the Patient for Financial or Other Personal Gain**

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

8 99. NRS 630.307(7) provides that “engaging in conduct that violates the trust of the
9 patient and exploits the relationship between the physician and the patient for financial or other
10 personal gain” constitutes grounds for initiating discipline against a physician.

11 100. In asking Patients C and F in the midst of a clinical encounter whether they would
12 pose for nude photographs for Respondent to use for purposes other than for medical examination
13 or treatment, Respondent violated Patient C's and F's trust and exploited his relationship with
14 them in order to realize financial or other personal gain for himself.

15 101. In asking Patients D and E to loan him money in January 2023, Respondent
16 violated Patient D's and E's trust and exploited his relationship with them in order to realize
17 financial or other personal gain for himself.

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

21 **NRS 630.306(1)(g) – Continual Failure to Practice Medicine Properly**

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

104. NRS 630.306(1)(g) provides that “continual failure to exercise the skill or diligence or use the methods ordinarily exercised under the same circumstances by physicians in good standing practicing in the same specialty or field” constitutes grounds for initiating discipline against a physician.

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105. By repeatedly engaging in improper conduct and/or boundary violations with Patients A, C, D, E, and F, as set forth above, Respondent has continually failed to exercise the skill and diligence and use the methods ordinarily exercised under the same circumstances by physicians in good standing practicing in his field of obstetrics and gynecology.

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

COUNTS XXI-XXV

NRS 630.301(9) – Disreputable Conduct

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

108. NRS 630.301(9) provides that engaging in conduct that brings the medical profession into disrepute constitutes grounds for initiating discipline against a physician.

109. As demonstrated by the above-outlined facts, by repeatedly engaging in improper conduct and/or boundary violations with Patients A, C, D, E, and F, as set forth above, and by repeatedly violating his patients' trust and exploiting his relationship with them, Respondent engaged in conduct that brings the medical profession into disrepute.

110. 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;

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;

- 1 5. That the Board make, issue and serve on Respondent its findings of fact,
2 conclusions of law and order, in writing, that includes the sanctions imposed; and
3 6. That the Board take such other and further action as may be just and proper in these
4 premises.

5 DATED this 3rd day of February, 2025.

6 INVESTIGATIVE COMMITTEE OF THE
7 NEVADA STATE BOARD OF MEDICAL EXAMINERS

8 By:

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10 SARAH A. BRADLEY, J.D., MBA

11 Deputy Executive Director

12 9600 Gateway Drive

13 Reno, NV 89521

14 Tel: (775) 688-2559

15 Email: bradleys@medboard.nv.gov

16 Attorney for the Investigative Committee
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VERIFICATION

STATE OF NEVADA)
 : ss.
COUNTY OF CLARK)

Chowdhury H. Assan, M.D., Ph.D., FACC, 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 3rd day of February, 2025.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By:



CHOWDHURY H. AHSAN, M.D., Ph.D, FACC
Chairman of the Investigative Committee