

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

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In the Matter of Charges and Complaint

Case No. 25-38073-1

Against:

FILED

ORLANDIS LAMAR WELLS, M.D.,

OCT 24 2025

Respondent.

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: 

COMPLAINT

The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners (Board), by and through Donald K. White, Senior Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Orlandis Lamar Wells, 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. 10558). On June 7, 2024, Respondent's medical license status was changed from "Active" to "Active-Probation." Respondent was originally licensed by the Board on July 7, 2003.

2. Patient A² was a forty (40) year-old female at the time of the events at issue.

3. Patient A first saw Respondent on January 19, 2021, complaining of fatigue and what she thought was a hormonal imbalance.

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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 Victor M. Muro, M.D., Chowdhury H. Ahsan, M.D., Ph.D., FACC, and Ms. Pamela Beal.

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. During the January 19, 2021, visit, Respondent had access to Patient A's lab results
2 from January 14, 2021, and Patient A agreed to bio-identical hormone replacement therapy (BHRT).
3 Respondent also discussed a 21-day purification program with Patient A.

4 5. Patient A's Free T4 was 0.93, her Free T3 was 2.6, and TSH was 0.896 (all
5 considered in the normal range). Despite Patient A's normal test results, Respondent still prescribed
6 a thyroid hormone as a primary treatment for Patient A's self-described "hormone imbalance"
7 depression, anxiety, and fatigue.

8 6. On January 21, 2021, Patient A had telehealth visit with Respondent's nurse
9 practitioner, who confirmed she would start BHRT protocol per Respondent.

10 7. On February 16, 2021, Patient A had a telehealth visit with Respondent. Patient A
11 stated some improvement in symptoms, but had a couple of episodes of heart palpitations, and some
12 morning fatigue. The plan that Respondent documented was to increase Patient A's progesterone
13 prescription medication to 250mg SR (sustained release).

14 8. On March 18, 2021, Patient A had a telehealth visit with Respondent who reviewed
15 Patient A's March 16, 2021, lab results. Patient A noticed some improvement in symptoms and
16 said she had been taking the medications as instructed. Patient A's lab results were optimal thyroid
17 profile, normal CBC (complete blood count), improved MCV (mean corpuscular volume) level,
18 optimal DHEA (dehydroepiandrosterone), optimal vitamin D, improved ferritin and iron levels, low
19 normal and free testosterone. The plan Respondent implemented in this visit was to decrease Patient
20 A's progesterone medication to 225 mg SR, increase her testosterone medication to 5mg, decrease
21 her DHEA SR to 5mg and increase her NP thyroid to 90mg.

22 9. On April 14, 2021, Patient A had another telehealth visit with Respondent and noted
23 she was doing well on BHRT and had been taking the prescribed medications as instructed.
24 However, Patient A complained of fatigue and nausea prior to her menstrual cycle. The plan noted
25 by Respondent was to make no changes to Patient A's medication regimen.

26 10. On May 24, 2021, Patient A had her last visit with Respondent, which was also by
27 telehealth means. Patient A told Respondent that she was still taking her medications as instructed.

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1 The plan noted by Respondent was to start combo BHRT capsule progesterone 200 mg/testosterone
2 10 mg, and start NP thyroid 120 mg qam (every morning).

3 **COUNT I**

4 **NRS 630.306(1)(g) - Continual Failure to Exercise Skill or Diligence**

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

7 12. Continual failure by the Respondent to exercise the skill or diligence or use the
8 methods ordinarily exercised under the same circumstances by physicians in good standing
9 practicing in the same specialty or field are grounds for disciplinary action against a licensee
10 pursuant to NRS 630.306(1)(g).

11 13. Respondent continually failed to exercise skill or diligence as demonstrated by his
12 repeated inability to appreciate the complications presented in Patient A, in addition to improperly
13 evaluating the laboratory results.

14 14. In January 2021, Respondent failed to exercise skill or diligence when he diagnosed
15 Patient A with hypothyroidism and prescribed her thyroid hormone replacement, despite her thyroid
16 lab results being normal and her complaint was regarding depression, anxiety, and fatigue.

17 15. In March 2021, Respondent failed to exercise skill or diligence when, despite
18 writing in his records that Patient A had an "optimal thyroid profile," he increased her NP thyroid
19 to 90 mg daily, when her lab results showed evidence of iatrogenic thyrotoxicosis. Increasing her
20 dose of NP thyroid put Patient A at a greater risk of having many serious adverse events, including
21 heart failure, atrial fibrillation, and coronary artery disease.

22 16. In May 2021, Respondent failed to exercise skill or diligence when he made an
23 improper recommendation to Patient A to increase the NT Thyroid to 120 mg, despite Patient A
24 indicating that her heart would race and she experienced shortness of breath when taking that dose.

25 17. During this time, Respondent improperly relied on Patient A's subjective symptoms
26 rather than objectively evaluating her for tremors, weight loss, DTR (deep tendon reflex), or check
27 her pulse.

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

3 **COUNT II**

4 **NRS 630.306(1)(b)(2) - Violation of Standards of Practice Established by Regulation**

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

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

9 21. NAC 630.210 requires a physician to "seek consultation with another provider of
10 health care in doubtful or difficult cases whenever it appears that consultation may enhance the
11 quality of medical services."

12 22. Respondent failed to timely seek consultation with regard to Patient A's medical
13 condition from January 2021 through May 2021, and Respondent should have consulted with an
14 appropriate care provider such as a physician specializing in endocrinology to address the
15 doubtfulness of the diagnosis of Patient A's medical condition and such a timely consultation would
16 have confirmed or denied a diagnosis and may have enhanced the quality of medical care provided
17 to Patient A with regard to her complaints of depression, anxiety, and fatigue. Further, Respondent
18 should have encouraged Patient A to seek psychiatric evaluation given two (2) of her major
19 complaints were depression and anxiety.

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

22 **COUNT III**

23 **NRS 630.306(1)(e) - Practice Beyond Scope of License**

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

26 25. NRS 630.306(1)(e) provides practicing or offering to practice beyond the scope
27 permitted by law or performing services which the licensee knows or has reason to know that he or

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1 she is not competent to perform, or which is beyond the scope of his or her training constitutes
2 grounds for initiating disciplinary action.

3 26. Respondent has not demonstrated to the Board that he has the requisite training in
4 endocrinology but has shown evidence that he did not understand how to treat Patient A's thyroid
5 issues. Respondent has also not demonstrated to the Board that he has the requisite training in
6 psychiatry.

7 27. Patient A was treated with hormone replacement therapies for a thyroid disorder and
8 other hormone disorders which are not within the scope of practice for a physician that has listed
9 obstetrics and gynecology as their specialty which is what Respondent has listed as his specialty
10 with the Board.

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

13 **WHEREFORE**, the Investigative Committee prays:

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

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

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

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

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

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OFFICE OF THE GENERAL COUNSEL

Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(775) 688-2559

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

3 DATED this 24th day of October, 2025.

4 INVESTIGATIVE COMMITTEE OF THE
5 NEVADA STATE BOARD OF MEDICAL EXAMINERS

6 By: 

7 DONALD K. WHITE
8 Senior Deputy General Counsel
9 9600 Gateway Drive
10 Reno, NV 89521
11 Tel: (775) 688-2559
12 Email: dwhite@medboard.nv.gov
13 Attorney for the Investigative Committee

VERIFICATION


STATE OF NEVADA)
) ss.
COUNTY OF CLARK)

Chowdhury H. Ahsan, 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 24th day of October, 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