



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.”<sup>3</sup>

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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<sup>3</sup> American College of Obstetricians and Gynecologists Sexual Misconduct Statement of Policy.

1 14. Patient A declined Respondent's recommendation and did not follow up with  
2 Respondent for further treatment.

3 15. For Patient A, Respondent provided only handwritten medical records.

4 16. These records appear incomplete and/or illegible.

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

7 18. Upon information and belief, Respondent's records for Patient A are not timely,  
8 legible, accurate, and complete.

9 **Care of Patient B<sup>4</sup>**

10 19. At the time of the events in this Complaint, Patient B was a thirty-four (34) year  
11 old female.

12 20. Patient B saw Respondent for gynecologic care in March 2020, April 2021, and  
13 August 2021.

14 21. For Patient B, Respondent provided only handwritten medical records.

15 22. These records appear incomplete and/or illegible.

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

18 24. Upon information and belief, Respondent's records for Patient B are not timely,  
19 legible, accurate, and complete.

20 **Care of Patient C<sup>5</sup>**

21 25. At the time of the events in this Complaint, Patient C was a twenty-five (25) year  
22 old through thirty-one (31) year old female.

23 26. From 2012 to 2018, Patient C saw Respondent for routine gynecologic care.

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27 <sup>4</sup> Patient B'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.

28 <sup>5</sup> Patient C'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           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.

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

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

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

6 **Communications with Patients D<sup>6</sup> and E<sup>7</sup>**

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

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

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

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

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

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

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

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

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

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

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27 <sup>6</sup> 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.

28 <sup>7</sup> 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.



**Care of Patient F<sup>8</sup>**

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.

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<sup>8</sup> 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.

6 **COUNTS I-IV**

7 **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.

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

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

15 84. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed  
16 to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when  
17 rendering medical services to Patients A, B, C, and F.

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

20 **COUNTS V-IV**

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

22 86. All of the allegations contained in the above paragraphs are hereby incorporated by  
23 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.

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

1 Patients A, B, C, E, and F by failing to legibly document his actions when he treated Patients A,  
2 B, C, E, 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 X-XII**

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.

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

3 **COUNTS XIII-XVI**

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.

20 **COUNTS XVII-XXI**

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

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

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

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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 7th day of March, 2025.

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

8                                   By: 

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