

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

3 * * * * *

4
5 **In the Matter of Charges and Complaint**

Case No. 26-56835-1

6 **Against:**

FILED

7 **CHIRAG MAHESHBHAI PANDYA, M.D.,**

FEB - 2 2026

8 **Respondent.**

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: _____

9
10 **COMPLAINT**

11 The Investigative Committee¹ (IC) of the Nevada State Board of Medical Examiners (Board),
12 by and through Ian J. Cumings, Senior Deputy General Counsel and attorney for the IC, having a
13 reasonable basis to believe that Chirag Maheshbhai Pandya, M.D. (Respondent) violated the
14 provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC)
15 Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's
16 charges and allegations as follows:

17 1. Respondent was at all times relative to this Complaint a medical doctor holding an
18 active license to practice medicine in the State of Nevada (License No. 26871). Respondent was
19 originally licensed by the Board on December 17, 2024.

20 2. On March 21, 2025, the Medical Board of California (California Board) entered a
21 Disciplinary Order (Order) against Respondent for Gross Negligence, Repeated Gross Negligence,
22 and False Representation as alleged in the California Board's Accusation (Complaint), following
23 the improper placement of an endobronchial valve in two (2) separate patients and Respondent's
24 subsequent effort to falsify the California Board's Complaint when reporting disciplinary action to
25 his employer. *See Exhibit 1.*

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28 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., Joseph Olivarez, P.A.-C,
and Apeksha Desai, M.D., MBA.

1 **WHEREFORE**, the IC prays:

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

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

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

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

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

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

15 DATED this 2nd day of February, 2026.

16 INVESTIGATIVE COMMITTEE OF THE
17 NEVADA STATE BOARD OF MEDICAL EXAMINERS

18 By: _____

19 IAN J. CUMINGS
20 Senior Deputy General Counsel
21 9600 Gateway Drive
22 Reno, NV 89521
23 Tel: (775) 688-2559
24 Email: icumings@medboard.nv.gov
25 *Attorney for the Investigative Committee*

EXHIBIT 1

EXHIBIT 1

RECEIVED

JUN 05 2025

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

MEDICAL BOARD OF CALIFORNIA

I do hereby certify that this document is a true
and correct copy of the original on file in this
office.

1 **ROB BONTA**
Attorney General of California
2 **GREG W. CHAMBERS**
Supervising Deputy Attorney General
3 State Bar No. 237509
4 455 Golden Gate Avenue, Suite 11000
San Francisco, CA 94102-7004
5 Telephone: (415) 510-3382
Facsimile: (415) 703-5480
6 *Attorneys for Complainant*

[Signature]
Signature
for Custodian of Records
Title
Date 05/29/2025

7 **BEFORE THE**
8 **MEDICAL BOARD OF CALIFORNIA**
9 **DEPARTMENT OF CONSUMER AFFAIRS**
10 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. 800-2021-079996

12 **CHIRAG MAHESHBHAI PANDYA, M.D.**
13 1465 Foreza Court
Pleasanton, CA 94566-6496

A C C U S A T I O N

14 **Physician's and Surgeon's Certificate**
15 **No. A 99084,**

16 Respondent.

17
18 **PARTIES**

19 1. Reji Varghese (Complainant) brings this Accusation solely in his official capacity as
20 the Executive Director of the Medical Board of California, Department of Consumer Affairs
21 (Board).

22 2. On or about February 28, 2007, the Medical Board issued Physician's and Surgeon's
23 Certificate Number A 99084 to Chirag Maheshbhai Pandya, M.D. (Respondent). The Physician's
24 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
25 herein and will expire on January 31, 2025, unless renewed.

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1 **JURISDICTION**

2 3. This Accusation is brought before the Board, under the authority of the following
3 laws. All section references are to the Business and Professions Code (Code) unless otherwise
4 indicated.

5 4. Section 2227 of the Code states:

6 (a) A licensee whose matter has been heard by an administrative law judge of
7 the Medical Quality Hearing Panel as designated in Section 11371 of the Government
8 Code, or whose default has been entered, and who is found guilty, or who has entered
9 into a stipulation for disciplinary action with the board, may, in accordance with the
10 provisions of this chapter:

11 (1) Have his or her license revoked upon order of the board.

12 (2) Have his or her right to practice suspended for a period not to exceed one
13 year upon order of the board.

14 (3) Be placed on probation and be required to pay the costs of probation
15 monitoring upon order of the board.

16 (4) Be publicly reprimanded by the board. The public reprimand may include a
17 requirement that the licensee complete relevant educational courses approved by the
18 board.

19 (5) Have any other action taken in relation to discipline as part of an order of
20 probation, as the board or an administrative law judge may deem proper.

21 (b) Any matter heard pursuant to subdivision (a), except for warning letters,
22 medical review or advisory conferences, professional competency examinations,
23 continuing education activities, and cost reimbursement associated therewith that are
24 agreed to with the board and successfully completed by the licensee, or other matters
25 made confidential or privileged by existing law, is deemed public, and shall be made
26 available to the public by the board pursuant to Section 803.1.

27 5. Section 2234 of the Code, states:

28 The board shall take action against any licensee who is charged with
unprofessional conduct. In addition to other provisions of this article, unprofessional
conduct includes, but is not limited to, the following:

(a) Violating or attempting to violate, directly or indirectly, assisting in or
abetting the violation of, or conspiring to violate any provision of this chapter.

(b) Gross negligence.

(c) Repeated negligent acts. To be repeated, there must be two or more
negligent acts or omissions. An initial negligent act or omission followed by a
separate and distinct departure from the applicable standard of care shall constitute
repeated negligent acts.

(1) An initial negligent diagnosis followed by an act or omission medically

1 appropriate for that negligent diagnosis of the patient shall constitute a single
negligent act.

2 (2) When the standard of care requires a change in the diagnosis, act, or
3 omission that constitutes the negligent act described in paragraph (1), including, but
4 not limited to, a reevaluation of the diagnosis or a change in treatment, and the
licensee's conduct departs from the applicable standard of care, each departure
constitutes a separate and distinct breach of the standard of care.

5 (d) Incompetence.

6 (e) The commission of any act involving dishonesty or corruption that is
7 substantially related to the qualifications, functions, or duties of a physician and
surgeon.

8 (f) Any action or conduct that would have warranted the denial of a certificate.

9 (g) The failure by a certificate holder, in the absence of good cause, to attend
10 and participate in an interview by the board. This subdivision shall only apply to a
certificate holder who is the subject of an investigation by the board.

11 6. All the events alleged in this Accusation took place in California.

12 COST RECOVERY

13 7. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
14 administrative law judge to direct a licensee found to have committed a violation or violations of
15 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
16 enforcement of the case, with failure of the licensee to comply subjecting the license to not being
17 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
18 included in a stipulated settlement.

19 FACTUAL ALLEGATIONS

20 8. Respondent is board-certified in pulmonology, critical care medicine, and sleep
21 medicine.

22 9. Patient 1, who was born in 1943, had a chronic lung condition (severe chronic
23 obstructive pulmonary disease).¹ On January 24, 2020, Respondent performed a bronchoscopic
24 lung volume reduction with Zephyr endobronchial valve placement on Patient 1.² Respondent

25 ¹ Chronic obstructive pulmonary disease (COPD) is characterized by destruction of lung
26 tissue, which results in impaired gas exchange and abnormal increase in the amount of air volume
27 trapped in the chest. Excessive degree of air build up places respiratory muscles at a mechanical
disadvantage, resulting in progressive shortness of breath. "Patient 1" and "Patient 2" are used to
protect privacy.

28 ² A bronchoscopic lung volume reduction procedure aims to stop breathlessness by

1 did not take sufficient measures to ensure that a report provided to him prior to doing the
2 bronchoscopic lung volume reduction procedure on Patient 1 was in fact the proper report with
3 Patient 1's medical information. Respondent failed to do a sufficiently thorough clinical and
4 radiographic assessment before performing the endobronchial valve placement procedure on
5 Patient 1. Respondent placed the valves in the right upper lobe and right middle lobe even though
6 those lobes were healthier than other lobes in Patient 1's lungs. Patient 1 suffered post-procedure
7 complications from the bronchoscopic lung volume reduction with Zephyr endobronchial valve
8 placement, including but not limited to worsening hypoxia (deficiency in oxygen reaching
9 tissues) and hypercapnia (high levels of carbon dioxide in blood). Respondent removed the
10 valves from Patient 1's lung on February 6, 2020.

11 10. Patient 2, a man born in 1951, also suffered from chronic obstructive pulmonary
12 disease. Also on January 24, 2020, Respondent performed lung volume reduction with Zephyr
13 endobronchial valve placement on Patient 2. Respondent did not take sufficient measures to
14 ensure that a report provided to him prior to doing the procedure on Patient 2 was in fact the
15 proper report with Patient 2's medical information. Respondent placed endobronchial valves in
16 Patient 2's lung even though endobronchial valve therapy was not medically indicated for Patient
17 2.

18 **FIRST CAUSE FOR DISCIPLINE**

19 (Unprofessional Conduct/ Gross Negligence – Patient 1)

20 11. Paragraphs 8 and 9 are hereby incorporated by reference as if fully stated herein.
21 Respondent has subjected his physician's and surgeon's certificate to discipline under Business
22 and Professions Code sections 2234 and 2234(b) for his care and treatment of Patient 1.

23 **SECOND CAUSE FOR DISCIPLINE**

24 (Unprofessional Conduct/ Repeated Negligent Acts – Patient 2)

25 12. Paragraphs 8 and 10 are hereby incorporated by reference as if fully stated herein.
26 Respondent has subjected his physician's and surgeon's certificate to discipline under Business
27 and Professions Code sections 2234 and 2234(c) for his care and treatment of Patient 2.

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inserting valves (via a bronchoscope, which is a flexible, fiberoptic camera) into the most disease
affected lobe of the lung, thus allowing air to exit but not re-enter.

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PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 99084, issued to Respondent Chirag Maheshbhai Pandya, M.D.;
2. Revoking, suspending or denying approval of Respondent Chirag Maheshbhai Pandya, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Respondent Chirag Maheshbhai Pandya, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: MAY 02 2024



REJI VARGHESE
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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ROB BONTA
Attorney General of California
GREG W. CHAMBERS
Supervising Deputy Attorney General
State Bar No. 237509
455 Golden Gate Avenue, Suite 11000
San Francisco, CA 94102-7004
Telephone: (415) 510-3382
Facsimile: (415) 703-5480
Attorneys for Complainant

MEDICAL BOARD OF CALIFORNIA
I do hereby certify that this document is a true
and correct copy of the original on file in this
office.

[Signature]
Signature
for Custodian of Records
Title
05/29/2025
Date

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the First Amended Accusation
Against:
CHIRAG MAHESHBHAI PANDYA, M.D.
1465 Forenza Court
Pleasanton, CA 94566-6496
**Physician's and Surgeon's Certificate
No. A 99084,**

Respondent.

Case No. 800-2021-079996
FIRST AMENDED ACCUSATION

PARTIES

1. Reji Varghese (Complainant) brings this First Amended Accusation solely in his official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).
 2. On or about February 28, 2007, the Medical Board issued Physician's and Surgeon's Certificate Number A 99084 to Chirag Maheshbhai Pandya, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on January 31, 2027, unless renewed.
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JURISDICTION

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3. This First Amended Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

5. Section 2234 of the Code states:

The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

(b) Gross negligence.

(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

(d) Incompetence.

1 (e) The commission of any act involving dishonesty or corruption that is
2 substantially related to the qualifications, functions, or duties of a physician and
3 surgeon.

4 (f) Any action or conduct that would have warranted the denial of a certificate.

5 (g) The failure by a certificate holder, in the absence of good cause, to attend
6 and participate in an interview by the board. This subdivision shall only apply to a
7 certificate holder who is the subject of an investigation by the board.

8 6. Section 2261 of the Code states:

9 Knowingly making or signing any certificate or other document directly or indirectly
10 related to the practice of medicine or podiatry which falsely represents the existence or
11 nonexistence of a state of facts, constitutes unprofessional conduct.

12 7. All the events alleged in this Accusation took place in California.

13 **COST RECOVERY**

14 8. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
15 administrative law judge to direct a licensee found to have committed a violation or violations of
16 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
17 enforcement of the case, with failure of the licensee to comply subjecting the license to not being
18 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
19 included in a stipulated settlement.

20 **FACTUAL ALLEGATIONS**

21 9. Respondent is board-certified in pulmonology, critical care medicine, and sleep
22 medicine.

23 10. Patient 1, who was born in 1943, had a chronic lung condition (severe chronic
24 obstructive pulmonary disease).¹ On January 24, 2020, Respondent performed a bronchoscopic
25

26 ¹ Chronic obstructive pulmonary disease (COPD) is characterized by destruction of lung
27 tissue, which results in impaired gas exchange and abnormal increase in the amount of air volume
28 trapped in the chest. Excessive degree of air build up places respiratory muscles at a mechanical
disadvantage, resulting in progressive shortness of breath. "Patient 1" and "Patient 2" are used to
protect privacy.

1 lung volume reduction with Zephyr endobronchial valve placement on Patient 1.² Respondent
2 did not take sufficient measures to ensure that a report provided to him prior to doing the
3 bronchoscopic lung volume reduction procedure on Patient 1 was in fact the proper report with
4 Patient 1's medical information. Respondent failed to do a sufficiently thorough clinical and
5 radiographic assessment before performing the endobronchial valve placement procedure on
6 Patient 1. Respondent placed the valves in the right upper lobe and right middle lobe even though
7 those lobes were healthier than other lobes in Patient 1's lungs. Patient 1 suffered post-procedure
8 complications from the bronchoscopic lung volume reduction with Zephyr endobronchial valve
9 placement, including, but not limited to, worsening hypoxia (deficiency in oxygen reaching
10 tissues) and hypercapnia (high levels of carbon dioxide in blood). Respondent removed the
11 valves from Patient 1's lung on February 6, 2020.

12 11. Patient 2, a man born in 1951, also suffered from chronic obstructive pulmonary
13 disease. Also on January 24, 2020, Respondent performed lung volume reduction with Zephyr
14 endobronchial valve placement on Patient 2. Respondent did not take sufficient measures to
15 ensure that a report provided to him prior to doing the procedure on Patient 2 was in fact the
16 proper report with Patient 2's medical information. Respondent placed endobronchial valves in
17 Patient 2's lung even though endobronchial valve therapy was not medically indicated for Patient
18 2.

19 12. On May 2, 2024, the Board filed an Accusation against Respondent's physician's and
20 surgeon's certificate.

21 13. Respondent subsequently altered the Accusation and provided his employer with the
22 altered version of the Accusation, which falsely represented the allegations made by the Board
23 against Respondent.

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27 ² A bronchoscopic lung volume reduction procedure aims to stop breathlessness by
28 inserting valves (via a bronchoscope, which is a flexible, fiberoptic camera) into the most disease
affected lobe of the lung, thus allowing air to exit but not re-enter.

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FIRST CAUSE FOR DISCIPLINE
(Unprofessional Conduct/ Gross Negligence – Patient 1)

14. Paragraphs 9 and 10 are hereby incorporated by reference as if fully stated herein. Respondent has subjected his physician's and surgeon's certificate to discipline under Business and Professions Code sections 2234 and 2234(b) for his care and treatment of Patient 1.

SECOND CAUSE FOR DISCIPLINE
(Unprofessional Conduct/ Repeated Negligent Acts – Patient 2)

15. Paragraphs 9 and 11 are hereby incorporated by reference as if fully stated herein. Respondent has subjected his physician's and surgeon's certificate to discipline under Business and Professions Code sections 2234 and 2234(c) for his care and treatment of Patient 2.

THIRD CAUSE FOR DISCIPLINE
(Unprofessional Conduct/ False Representations)

16. Paragraphs 12 and 13 are hereby incorporated by reference as if fully stated herein. Respondent has subjected his physician's and surgeon's certificate to discipline under Business and Professions Code section 2261 for altering the Accusation and providing it to his employer.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

- 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 99084, issued to Respondent Chirag Maheshbhai Pandya, M.D.;
- 2. Revoking, suspending or denying approval of Respondent Chirag Maheshbhai Pandya, M.D.'s authority to supervise physician assistants and advanced practice nurses;
- 3. Ordering Respondent Chirag Maheshbhai Pandya, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and

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4. Taking such other and further action as deemed necessary and proper.

DATED: JAN 06 2025

JENNA JONES FOR
REJI VARGHESE
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the First Amended
Accusation Against:

Chirag Maheshbhai Pandya, M.D.

Physician's and Surgeon's
Certificate No. A 99084

Case No.: 800-2021-079996

Respondent.

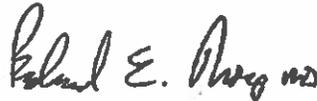
DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on April 21, 2025.

IT IS SO ORDERED: March 21, 2025.

MEDICAL BOARD OF CALIFORNIA



Richard E. Thorp, M.D. , Chair
Panel B

MEDICAL BOARD OF CALIFORNIA

I do hereby certify that this document is a true
and correct copy of the original on file in this
office.

Signature

Title

Date

[Handwritten Signature]
for Custodian of Records
05/20/2025

1 ROB BONTA
Attorney General of California
2 GREG W. CHAMBERS
Supervising Deputy Attorney General
3 State Bar No. 237509
4 455 Golden Gate Avenue, Suite 11000
San Francisco, CA 94102-7004
5 Telephone: (415) 510-3382
Facsimile: (415) 703-5480
6 E-mail: Greg.Chambers@doj.ca.gov
Attorneys for Complainant

7 **BEFORE THE**
8 **MEDICAL BOARD OF CALIFORNIA**
9 **DEPARTMENT OF CONSUMER AFFAIRS**
10 **STATE OF CALIFORNIA**

11 In the Matter of the First Amended Accusation
12 Against:

13 **CHIRAG MAHESHBHAI PANDYA, M.D.**
14 **87 Fenton St., Suite 210**
Livermore, CA 94550-4100

15 **Physician's and Surgeon's Certificate No. A**
99084

16 Respondent.

Case No. 800-2021-079996

OAH No. 2024090360

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

17
18 In the interest of a prompt and speedy settlement of this matter, consistent with the public
19 interest and the responsibility of the Medical Board of California of the Department of Consumer
20 Affairs, the parties hereby agree to the following Stipulated Settlement and Disciplinary Order
21 which will be submitted to the Board for approval and adoption as the final disposition of the
22 First Amended Accusation.

23 **PARTIES**

24 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of
25 California (Board). He brought this action solely in his official capacity and is represented in this
26 matter by Rob Bonta, Attorney General of the State of California, by Greg W. Chambers,
27 Supervising Deputy Attorney General.

28

1 completion of each course, the Board or its designee may administer an examination to test
2 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65
3 hours of CME of which 40 hours were in satisfaction of this condition.

4 3. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
5 the effective date of this Decision, Respondent shall enroll in a professionalism program, that
6 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.
7 Respondent shall participate in and successfully complete that program. Respondent shall
8 provide any information and documents that the program may deem pertinent. Respondent shall
9 successfully complete the classroom component of the program not later than six (6) months after
10 Respondent's initial enrollment, and the longitudinal component of the program not later than the
11 time specified by the program, but no later than one (1) year after attending the classroom
12 component. The professionalism program shall be at Respondent's expense and shall be in
13 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

14 A professionalism program taken after the acts that gave rise to the charges in the First
15 Amended Accusation, but prior to the effective date of the Decision may, in the sole discretion of
16 the Board or its designee, be accepted towards the fulfillment of this condition if the program
17 would have been approved by the Board or its designee had the program been taken after the
18 effective date of this Decision.

19 Respondent shall submit a certification of successful completion to the Board or its
20 designee not later than 15 calendar days after successfully completing the program or not later
21 than 15 calendar days after the effective date of the Decision, whichever is later.

22 4. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days
23 of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment
24 program approved in advance by the Board or its designee. Respondent shall successfully
25 complete the program not later than six (6) months after Respondent's initial enrollment unless
26 the Board or its designee agrees in writing to an extension of that time.

27 The program shall consist of a comprehensive assessment of Respondent's physical and
28 mental health and the six general domains of clinical competence as defined by the Accreditation

1 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to
2 Respondent's current or intended area of practice. The program shall take into account data
3 obtained from the pre-assessment, self-report forms and interview, and the Decision(s), First
4 Amended Accusation(s), and any other information that the Board or its designee deems relevant.
5 The program shall require Respondent's on-site participation as determined by the program for
6 the assessment and clinical education and evaluation. Respondent shall pay all expenses
7 associated with the clinical competence assessment program.

8 At the end of the evaluation, the program will submit a report to the Board or its designee
9 which unequivocally states whether the Respondent has demonstrated the ability to practice
10 safely and independently. Based on Respondent's performance on the clinical competence
11 assessment, the program will advise the Board or its designee of its recommendation(s) for the
12 scope and length of any additional educational or clinical training, evaluation or treatment for any
13 medical condition or psychological condition, or anything else affecting Respondent's practice of
14 medicine. Respondent shall comply with the program's recommendations.

15 Determination as to whether Respondent successfully completed the clinical competence
16 assessment program is solely within the program's jurisdiction.

17 If Respondent fails to enroll, participate in, or successfully complete the clinical
18 competence assessment program within the designated time period, Respondent shall receive a
19 notification from the Board or its designee to cease the practice of medicine within three (3)
20 calendar days after being so notified. The Respondent shall not resume the practice of medicine
21 until enrollment or participation in the outstanding portions of the clinical competence assessment
22 program have been completed. If the Respondent did not successfully complete the clinical
23 competence assessment program, the Respondent shall not resume the practice of medicine until a
24 final decision has been rendered on the accusation and/or a petition to revoke probation. The
25 cessation of practice shall not apply to the reduction of the probationary time period.

26 5. PSYCHIATRIC EVALUATION. Within 30 calendar days of the effective date of
27 this Decision, and on whatever periodic basis thereafter may be required by the Board or its
28 designee, Respondent shall undergo and complete a psychiatric evaluation (and psychological

1 testing, if deemed necessary) by a Board-appointed board certified psychiatrist, who shall
2 consider any information provided by the Board or designee and any other information the
3 psychiatrist deems relevant, and shall furnish a written evaluation report to the Board or its
4 designee. Psychiatric evaluations conducted prior to the effective date of the Decision shall not
5 be accepted towards the fulfillment of this requirement. Respondent shall pay the cost of all
6 psychiatric evaluations and psychological testing.

7 Respondent shall comply with all restrictions or conditions recommended by the evaluating
8 psychiatrist within 15 calendar days after being notified by the Board or its designee.

9 6. MEDICAL EVALUATION AND TREATMENT. Within 30 calendar days of the
10 effective date of this Decision, and on a periodic basis thereafter as may be required by the Board
11 or its designee, Respondent shall undergo a medical evaluation by a Board-appointed physician
12 who shall consider any information provided by the Board or designee and any other information
13 the evaluating physician deems relevant and shall furnish a medical report to the Board or its
14 designee. Respondent shall provide the evaluating physician with any information and
15 documentation that the evaluating physician may deem pertinent.

16 Following the evaluation, Respondent shall comply with all restrictions or conditions
17 recommended by the evaluating physician within 15 calendar days after being notified by the
18 Board or its designee. If Respondent is required by the Board or its designee to undergo medical
19 treatment, Respondent shall within 30 calendar days of the requirement notice, submit to the
20 Board or its designee for prior approval the name and qualifications of a California licensed
21 treating physician of Respondent's choice. Upon approval of the treating physician, Respondent
22 shall within 15 calendar days undertake medical treatment and shall continue such treatment until
23 further notice from the Board or its designee.

24 The treating physician shall consider any information provided by the Board or its designee
25 or any other information the treating physician may deem pertinent prior to commencement of
26 treatment. Respondent shall have the treating physician submit quarterly reports to the Board or
27 its designee indicating whether or not the Respondent is capable of practicing medicine safely.
28 Respondent shall provide the Board or its designee with any and all medical records pertaining to

1 treatment that the Board or its designee deems necessary.

2 If, prior to the completion of probation, Respondent is found to be physically incapable of
3 resuming the practice of medicine without restrictions, the Board shall retain continuing
4 jurisdiction over Respondent's license and the period of probation shall be extended until the
5 Board determines that Respondent is physically capable of resuming the practice of medicine
6 without restrictions. Respondent shall pay the cost of the medical evaluation(s) and treatment.

7 **7. SOLO PRACTICE PROHIBITION.** Respondent is prohibited from engaging in the
8 solo practice of medicine during probation, unless Respondent is participating in a professional
9 enhancement program approved in advance by the Board or its designee, which shall include
10 quarterly chart review, semi-annual practice assessment, and semi-annual review of professional
11 growth and education at Respondent's expense during the term of probation. Prohibited solo
12 practice includes, but is not limited to, a practice where: 1) Respondent merely shares office space
13 with another physician but is not affiliated for purposes of providing patient care, or 2)
14 Respondent is the sole physician practitioner at that location.

15 If Respondent fails to establish a practice with another physician or secure employment in
16 an appropriate practice setting within 60 calendar days of the effective date of this Decision,
17 Respondent shall receive a notification from the Board or its designee to cease the practice of
18 medicine within three (3) calendar days after being so notified. The Respondent shall not resume
19 practice until an appropriate practice setting is established.

20 If, during the course of the probation, the Respondent's practice setting changes and the
21 Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent
22 shall notify the Board or its designee within five (5) calendar days of the practice setting change.
23 If Respondent fails to establish a practice with another physician or secure employment in an
24 appropriate practice setting within 60 calendar days of the practice setting change, Respondent
25 shall receive a notification from the Board or its designee to cease the practice of medicine within
26 three (3) calendar days after being so notified. The Respondent shall not resume practice until an
27 appropriate practice setting is established.

28 **8. NOTIFICATION.** Within seven (7) days of the effective date of this Decision, the

1 Respondent shall provide a true copy of this Decision and First Amended Accusation to the Chief
2 of Staff or the Chief Executive Officer at every hospital where privileges or membership are
3 extended to Respondent, at any other facility where Respondent engages in the practice of
4 medicine, including all physician and locum tenens registries or other similar agencies, and to the
5 Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage
6 to Respondent. Respondent shall submit proof of compliance to the Board or its designee within
7 15 calendar days.

8 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

9 9. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
10 governing the practice of medicine in California and remain in full compliance with any court
11 ordered criminal probation, payments, and other orders.

12 10. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
13 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
14 limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena
15 enforcement, as applicable, in the amount of \$23,824.75 (twenty-three thousand eight hundred
16 twenty-four dollars and seventy-five cents). Costs shall be payable to the Medical Board of
17 California. Failure to pay such costs shall be considered a violation of probation.

18 Payment must be made in full within 30 calendar days of the effective date of the Order, or
19 by a payment plan approved by the Medical Board of California. Any and all requests for a
20 payment plan shall be submitted in writing by respondent to the Board. Failure to comply with
21 the payment plan shall be considered a violation of probation.

22 The filing of bankruptcy by Respondent shall not relieve respondent of the responsibility to
23 repay investigation and enforcement costs, including expert review costs.

24 11. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
25 under penalty of perjury on forms provided by the Board, stating whether there has been
26 compliance with all the conditions of probation.

27 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
28 of the preceding quarter.

1 12. GENERAL PROBATION REQUIREMENTS.

2 Compliance with Probation Unit

3 Respondent shall comply with the Board's probation unit.

4 Address Changes

5 Respondent shall, at all times, keep the Board informed of Respondent's business and
6 residence addresses, email address (if available), and telephone number. Changes of such
7 addresses shall be immediately communicated in writing to the Board or its designee. Under no
8 circumstances shall a post office box serve as an address of record, except as allowed by Business
9 and Professions Code section 2021, subdivision (b).

10 Place of Practice

11 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
12 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
13 facility.

14 License Renewal

15 Respondent shall maintain a current and renewed California physician's and surgeon's
16 license.

17 Travel or Residence Outside California

18 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
19 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
20 (30) calendar days.

21 In the event Respondent should leave the State of California to reside or to practice
22 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
23 departure and return.

24 13. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
25 available in person upon request for interviews either at Respondent's place of business or at the
26 probation unit office, with or without prior notice throughout the term of probation.

27 14. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
28 its designee in writing within 15 calendar days of any periods of non-practice lasting more than

1 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
2 defined as any period of time Respondent is not practicing medicine as defined in Business and
3 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
4 patient care, clinical activity or teaching, or other activity as approved by the Board. If
5 Respondent resides in California and is considered to be in non-practice, Respondent shall
6 comply with all terms and conditions of probation. All time spent in an intensive training
7 program which has been approved by the Board or its designee shall not be considered non-
8 practice and does not relieve Respondent from complying with all the terms and conditions of
9 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
10 on probation with the medical licensing authority of that state or jurisdiction shall not be
11 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
12 period of non-practice.

13 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
14 months, Respondent shall successfully complete the Federation of State Medical Boards's Special
15 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
16 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
17 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

18 Respondent's period of non-practice while on probation shall not exceed two (2) years.

19 Periods of non-practice will not apply to the reduction of the probationary term.

20 Periods of non-practice for a Respondent residing outside of California will relieve
21 Respondent of the responsibility to comply with the probationary terms and conditions with the
22 exception of this condition and the following terms and conditions of probation: Obey All Laws;
23 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
24 Controlled Substances; and Biological Fluid Testing.

25 15. COMPLETION OF PROBATION. Respondent shall comply with all financial
26 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
27 completion of probation. This term does not include cost recovery, which is due within 30
28 calendar days of the effective date of the Order, or by a payment plan approved by the Medical

1 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate
2 shall be fully restored.

3 16. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
4 of probation is a violation of probation. If Respondent violates probation in any respect, the
5 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
6 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
7 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have
8 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
9 the matter is final.

10 17. LICENSE SURRENDER. Following the effective date of this Decision, if
11 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
12 the terms and conditions of probation, Respondent may request to surrender his or her license.
13 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
14 determining whether or not to grant the request, or to take any other action deemed appropriate
15 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
16 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
17 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
18 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
19 application shall be treated as a petition for reinstatement of a revoked certificate.

20 18. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
21 with probation monitoring each and every year of probation, as designated by the Board, which
22 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
23 California and delivered to the Board or its designee no later than January 31 of each calendar
24 year.

25 19. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
26 a new license or certification, or petition for reinstatement of a license, by any other health care
27 licensing action agency in the State of California, all of the charges and allegations contained in
28 First Amended Accusation No. 800-2021-079996 shall be deemed to be true, correct, and

1 admitted by Respondent for the purpose of any Statement of Issues or any other proceeding
2 seeking to deny or restrict license.

3 ACCEPTANCE

4 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
5 discussed it with my attorney, Matthew A. Brinegar, Esq. I understand the stipulation and the
6 effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated
7 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be
8 bound by the Decision and Order of the Medical Board of California.

9
10 DATED: 2/10/25 
11 CHIRAG MAHESHBHAI PANDYA, M.D.
Respondent

12 I have read and fully discussed with Respondent Chirag Maheshbhai Pandya, M.D. the
13 terms and conditions and other matters contained in the above Stipulated Settlement and
14 Disciplinary Order. I approve its form and content.

15
16 DATED: 2/10/25 *Matthew Brinegar*
17 MATTHEW A. BRINEGAR, ESQ.
Attorney for Respondent

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ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

DATED: Feb. 11, 2025

Respectfully submitted,

ROB BONTA
Attorney General of California

Greg W. Chambers

GREG W. CHAMBERS
Supervising Deputy Attorney General
Attorneys for Complainant

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6 *Attorneys for Complainant*

7
8 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
9 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

10
11 In the Matter of the First Amended Accusation
Against:

Case No. 800-2021-079996

12 **CHIRAG MAHESHBHAI PANDYA, M.D.**
13 **1465 Foreza Court**
Pleasanton, CA 94566-6496

FIRST AMENDED ACCUSATION

14 **Physician's and Surgeon's Certificate**
15 **No. A 99084,**

16 **Respondent.**

17
18 **PARTIES**

19 1. Reji Varghese (Complainant) brings this First Amended Accusation solely in his
20 official capacity as the Executive Director of the Medical Board of California, Department of
21 Consumer Affairs (Board).

22 2. On or about February 28, 2007, the Medical Board issued Physician's and Surgeon's
23 Certificate Number A 99084 to Chirag Maheshbhai Pandya, M.D. (Respondent). The Physician's
24 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
25 herein and will expire on January 31, 2027, unless renewed.

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1 JURISDICTION

2 3. This First Amended Accusation is brought before the Board, under the authority of
3 the following laws. All section references are to the Business and Professions Code (Code)
4 unless otherwise indicated.

5 4. Section 2227 of the Code provides that a licensee who is found guilty under the
6 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed
7 one year, placed on probation and required to pay the costs of probation monitoring, or such other
8 action taken in relation to discipline as the Board deems proper.

9 5. Section 2234 of the Code states:

10 The board shall take action against any licensee who is charged with
11 unprofessional conduct. In addition to other provisions of this article, unprofessional
12 conduct includes, but is not limited to, the following:

13 (a) Violating or attempting to violate, directly or indirectly, assisting in or
14 abetting the violation of, or conspiring to violate any provision of this chapter.

15 (b) Gross negligence.

16 (c) Repeated negligent acts. To be repeated, there must be two or more
17 negligent acts or omissions. An initial negligent act or omission followed by a
18 separate and distinct departure from the applicable standard of care shall constitute
19 repeated negligent acts.

20 (1) An initial negligent diagnosis followed by an act or omission medically
21 appropriate for that negligent diagnosis of the patient shall constitute a single
22 negligent act.

23 (2) When the standard of care requires a change in the diagnosis, act, or
24 omission that constitutes the negligent act described in paragraph (1), including, but
25 not limited to, a reevaluation of the diagnosis or a change in treatment, and the
26 licensee's conduct departs from the applicable standard of care, each departure
27 constitutes a separate and distinct breach of the standard of care.

28 (d) Incompetence.

1 (e) The commission of any act involving dishonesty or corruption that is
2 substantially related to the qualifications, functions, or duties of a physician and
3 surgeon.

4 (f) Any action or conduct that would have warranted the denial of a certificate.

5 (g) The failure by a certificate holder, in the absence of good cause, to attend
6 and participate in an interview by the board. This subdivision shall only apply to a
7 certificate holder who is the subject of an investigation by the board.

8 6. Section 2261 of the Code states:

9 Knowingly making or signing any certificate or other document directly or indirectly
10 related to the practice of medicine or podiatry which falsely represents the existence or
11 nonexistence of a state of facts, constitutes unprofessional conduct.

12 7. All the events alleged in this Accusation took place in California.

13 **COST RECOVERY**

14 8. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
15 administrative law judge to direct a licensee found to have committed a violation or violations of
16 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
17 enforcement of the case, with failure of the licensee to comply subjecting the license to not being
18 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
19 included in a stipulated settlement.

20 **FACTUAL ALLEGATIONS**

21 9. Respondent is board-certified in pulmonology, critical care medicine, and sleep
22 medicine.

23 10. Patient 1, who was born in 1943, had a chronic lung condition (severe chronic
24 obstructive pulmonary disease).¹ On January 24, 2020, Respondent performed a bronchoscopic
25

26 ¹ Chronic obstructive pulmonary disease (COPD) is characterized by destruction of lung
27 tissue, which results in impaired gas exchange and abnormal increase in the amount of air volume
28 trapped in the chest. Excessive degree of air build up places respiratory muscles at a mechanical
disadvantage, resulting in progressive shortness of breath. "Patient 1" and "Patient 2" are used to
protect privacy.

1 lung volume reduction with Zephyr endobronchial valve placement on Patient 1.² Respondent
2 did not take sufficient measures to ensure that a report provided to him prior to doing the
3 bronchoscopic lung volume reduction procedure on Patient 1 was in fact the proper report with
4 Patient 1's medical information. Respondent failed to do a sufficiently thorough clinical and
5 radiographic assessment before performing the endobronchial valve placement procedure on
6 Patient 1. Respondent placed the valves in the right upper lobe and right middle lobe even though
7 those lobes were healthier than other lobes in Patient 1's lungs. Patient 1 suffered post-procedure
8 complications from the bronchoscopic lung volume reduction with Zephyr endobronchial valve
9 placement, including, but not limited to, worsening hypoxia (deficiency in oxygen reaching
10 tissues) and hypercapnia (high levels of carbon dioxide in blood). Respondent removed the
11 valves from Patient 1's lung on February 6, 2020.

12 11. Patient 2, a man born in 1951, also suffered from chronic obstructive pulmonary
13 disease. Also on January 24, 2020, Respondent performed lung volume reduction with Zephyr
14 endobronchial valve placement on Patient 2. Respondent did not take sufficient measures to
15 ensure that a report provided to him prior to doing the procedure on Patient 2 was in fact the
16 proper report with Patient 2's medical information. Respondent placed endobronchial valves in
17 Patient 2's lung even though endobronchial valve therapy was not medically indicated for Patient
18 2.

19 12. On May 2, 2024, the Board filed an Accusation against Respondent's physician's and
20 surgeon's certificate.

21 13. Respondent subsequently altered the Accusation and provided his employer with the
22 altered version of the Accusation, which falsely represented the allegations made by the Board
23 against Respondent.

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27 ² A bronchoscopic lung volume reduction procedure aims to stop breathlessness by
28 inserting valves (via a bronchoscope, which is a flexible, fiberoptic camera) into the most disease
affected lobe of the lung, thus allowing air to exit but not re-enter.

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FIRST CAUSE FOR DISCIPLINE
(Unprofessional Conduct/ Gross Negligence – Patient 1)

14. Paragraphs 9 and 10 are hereby incorporated by reference as if fully stated herein. Respondent has subjected his physician's and surgeon's certificate to discipline under Business and Professions Code sections 2234 and 2234(b) for his care and treatment of Patient 1.

SECOND CAUSE FOR DISCIPLINE
(Unprofessional Conduct/ Repeated Negligent Acts – Patient 2)

15. Paragraphs 9 and 11 are hereby incorporated by reference as if fully stated herein. Respondent has subjected his physician's and surgeon's certificate to discipline under Business and Professions Code sections 2234 and 2234(e) for his care and treatment of Patient 2.

THIRD CAUSE FOR DISCIPLINE
(Unprofessional Conduct/ False Representations)

16. Paragraphs 12 and 13 are hereby incorporated by reference as if fully stated herein. Respondent has subjected his physician's and surgeon's certificate to discipline under Business and Professions Code section 2261 for altering the Accusation and providing it to his employer.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 99084, issued to Respondent Chirag Maheshbhai Pandya, M.D.;
2. Revoking, suspending or denying approval of Respondent Chirag Maheshbhai Pandya, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Respondent Chirag Maheshbhai Pandya, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and

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4. Taking such other and further action as deemed necessary and proper.

DATED: JAN 06 2025

JENNY JONES FOR
REJI VARGHESE
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant