



MEDICAL BOARD OF CALIFORNIA
Citation and Fine Program



CITATION ORDER

9 December 2008

Lanlan Wang, M.D.
10316 Valley Boulevard, Apartment 117
El Monte, CA 91731-2354

Citation Order: 24-2008-195955

CITATION AGAINST: Lanlan Wang, M.D.
LICENSE NUMBER: A-101509
VIOLATION: 2021(b) Business and Professions Code - Failure to Report
Change of Address

An investigation or inquiry has been conducted by the Medical Board of California. As a result, A. Renee Threadgill issues this Citation Order in her official capacity as Chief of Enforcement of the Medical Board of California (hereinafter referred to as the "Board").

Citation

An administrative citation is hereby issued to you in accordance with Business and Professions Code section 125.9 for violation of section 2021(b) of the Business and Professions Code.

License

License A-101509 was issued to you on 9/7/2007 and expires 12/31/2008.

Cause for Citation

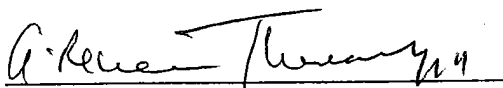
Failure to notify the Board, in writing, of a change of address within thirty (30) days. On or about September 16, 2008, documents mailed to your address of record, 5546 Sultana Avenue, Apartment C, Temple City, CA 91780, were returned by the U.S. Post Office because you had moved and the forwarding order expired.

Order of Abatement

The Board is ordering you to report your current address to the Board within thirty (30) days of receipt of this Citation Order.

If you fail to notify the Board within the allotted time that you intend to appeal the Citation Order, it shall be deemed a final order and shall not be subject to further administrative review. Any questions or concerns should be directed to,, at.

FAILURE TO COMPLY WITH THIS CITATION ORDER WILL RESULT IN DISCIPLINARY ACTION AGAINST YOUR LICENSE.



A. RENEE THREADGILL
Chief of Enforcement
Medical Board of California

12/9/08
/DATE

Attachments: Sections 125.9 and 2021(b), Business and Professions Code
Sections 1364.10 - 1364.15, Title 16, California Code of Regulations
Appeal Process and Information Sheet
Request for Informal Conference
Change of Address Form