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

In the Matter of the Accusation Against:)
)
)
BROOKE M. BARTON, M.D.)
)
Physician's and Surgeon's)
Certificate No. G43306)
)
Respondent.)
_____)

File No. 06-1999-102944

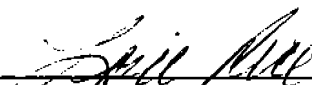
DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Division of Medical Quality 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 14, 2003.

IT IS SO ORDERED March 14, 2003.

MEDICAL BOARD OF CALIFORNIA

By: 
Lorie G. Rice, Chair
Panel A
Division of Medical Quality

1 BILL LOCKYER, Attorney General
of the State of California
2 E. A. JONES III, State Bar No. 71375
Deputy Attorney General
3 California Department of Justice
300 So. Spring Street, Suite 1702
4 Los Angeles, CA 90013
Telephone: (213) 897-2543
5 Facsimile: (213) 897-1071

6 Attorneys for Complainant

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

12 In the Matter of the Accusation Against:

13 BROOKE M. BARTON, M.D.
14 530 Wilshire Boulevard, Suite 209
Santa Monica, California 90401

15 Physician and Surgeon's Certificate No. G43306

16 Respondent.

Case No. 06-99-102944

OAH No. L-2000120142

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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

22 PARTIES

23 1. Ron Joseph (Complainant) is the Executive Director of the Medical Board
24 of California. He brought this action solely in his official capacity and is represented in this
25 matter by Bill Lockyer, Attorney General of the State of California, by E. A. Jones III, Deputy
26 Attorney General.

27 2. Respondent Brooke M. Barton, M.D. (Respondent) is represented in this
28 proceeding by attorney Alan I. Kaplan, whose address is 1925 Century Park East, Suite 500, Los

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CULPABILITY

8. Bases upon evidence she believes supports her position, respondent denies the allegations in the First Amended Accusation No. 06-99-102944. Respondent agrees that complainant could establish a prima facie case at a hearing. Respondent chooses not to defend the case and agrees to be bound by the disciplinary order herein.

RESERVATION

9. The agreements made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Division of Medical Quality, Medical Board of California, or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

CONTINGENCY

10. This stipulation shall be subject to approval by the Division of Medical Quality. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Division regarding this stipulation and settlement, without notice to or participation by Respondent or her counsel. By signing the stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek to rescind the stipulation prior to the time the Division considers and acts upon it. If the Division fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Division shall not be disqualified from further action by having considered this matter.

11. The parties understand and agree that facsimile copies of this Stipulated Settlement and Disciplinary Order, including facsimile signatures thereto, shall have the same force and effect as the originals.

12. In consideration of the foregoing agreements and stipulations, the parties agree that the Division may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

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1 **DISCIPLINARY ORDER**

2 IT IS HEREBY ORDERED that Physician and Surgeon's Certificate No. G43306
3 issued to Respondent Brooke M. Barton, M.D. is revoked. However, the revocation is stayed
4 and Respondent is placed on probation for two (2) years on the following terms and conditions.

5 Within 15 days after the effective date of this decision the respondent shall
6 provide the Division, or its designee, proof of service that respondent has served a true copy of
7 this decision on the Chief of Staff or the Chief Executive Officer at every hospital where
8 privileges or membership are extended to respondent or at any other facility where respondent
9 engages in the practice of medicine and on the Chief Executive Officer at every insurance carrier
10 where malpractice insurance coverage is extended to respondent.

11 1. **EDUCATION COURSE** Within ninety (90) days of the effective date of
12 this decision, and on an annual basis thereafter, respondent shall submit to the Division or its
13 designee for its prior approval an educational program or course to be designated by the Division
14 or its designee which shall be aimed at correcting any areas of deficient practice or knowledge
15 which shall not be less than 25 hours per year, for each year of probation. This program shall be
16 in addition to the Continuing Medical Education (CME) requirements for re-licensure.
17 Following the completion of each course, the Division or its designee may administer an
18 examination to test respondent's knowledge of the course. Respondent shall provide proof of
19 attendance for 50 hours of continuing medical education of which 25 hours were in satisfaction
20 of this condition and were approved in advance by the Division or its designee.

21 2. **PHYSICIAN PRESCRIBING** Within sixty (60) days of the effective date
22 of this decision, respondent is hereby ordered to enroll in the University of California San Diego
23 Physician Assessment and Clinical Education (PACE) Program Physician Prescribing Course,
24 and shall successfully complete the course within 180 days of the effective date of this order.
25 Failure to successfully and timely complete the course shall constitute a material breach of this
26 order.

27 3. **PSYCHOTHERAPY** Respondent shall continue psychotherapy treatment
28 for the period of probation with treating psychotherapist Dr. Martha Kirkpatrick, M.D., or until

1 the Division or its designee deems that no further psychotherapy is necessary. Respondent shall
2 have the treating psychotherapist submit quarterly status reports to the Division or its designee.
3 The Division or its designee may require respondent to undergo psychiatric evaluations by a
4 psychiatrist mutually acceptable to the Division and respondent. If, prior to the termination of
5 probation, respondent, after notice and an opportunity to be heard, is found not to be mentally fit
6 to resume the practice of medicine without restrictions, the Division shall retain continuing
7 jurisdiction over the respondent's license and the period of probation shall be extended until the
8 Division determines that the respondent is mentally fit to resume the practice of medicine
9 without restrictions. The respondent shall pay the cost of the therapy and evaluations.

10 If the treating psychotherapist resigns or is no longer available, respondent shall,
11 within fifteen (15) days, move to have a new treating psychotherapist appointed, through
12 nomination by respondent and approval by the Division or its designee.

13 4. MONITORING Within thirty (30) days of the effective date of this
14 decision, respondent shall submit to the Division or its designee for its prior approval a plan of
15 practice in which respondent's practice shall be monitored for the first year of probation by Dr.
16 Raymond J. Friedman, M.D., Ph.D., who shall provide periodic reports to the Division or its
17 designee.

18 If the monitor resigns or is no longer available, respondent shall, within fifteen
19 (15) days, move to have a new monitor appointed, through nomination by respondent and
20 approval by the Division or its designee.

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

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

27 7. PROBATION SURVEILLANCE PROGRAM COMPLIANCE
28 Respondent shall comply with the Division's probation surveillance program. Respondent shall,

1 at all times, keep the Division informed of her business and residence addresses which shall both
2 serve as addresses of record. Changes of such addresses shall be immediately communicated in
3 writing to the Division. Under no circumstances shall a post office box serve as an address of
4 record, except as allowed by Business and Professions Code section 2021(b).

5 Respondent shall, at all times, maintain a current and renewed physician's and
6 surgeon's license.

7 Respondent shall also immediately inform the Division, in writing, of any travel
8 to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more
9 than thirty (30) days.

10 8. INTERVIEW WITH THE DIVISION, ITS DESIGNEE OR ITS
11 DESIGNATED PHYSICIAN(S) Respondent shall appear in person for interviews with the
12 Division, its designee or its designated physician(s) upon request at various intervals and with
13 reasonable notice.

14 9. TOLLING FOR OUT-OF-STATE PRACTICE, RESIDENCE OR IN-
15 STATE NON-PRACTICE In the event respondent should leave California to reside or to
16 practice outside the State or for any reason should respondent stop practicing medicine in
17 California, respondent shall notify the Division or its designee in writing within ten (10) days of
18 the dates of departure and return or the dates of non-practice within California. Non-practice is
19 defined as any period of time exceeding thirty (30) days in which respondent is not engaging in
20 any activities defined in Sections 2051 and 2052 of the Business and Professions Code. All time
21 spent in an intensive training program approved by the Division or its designee shall be
22 considered as time spent in the practice of medicine. A Board-ordered suspension of practice
23 shall not be considered as a period of non-practice. Periods of temporary or permanent residence
24 or practice outside California or of non-practice within California, as defined in this condition,
25 will not apply to the reduction of the probationary order.

26 10. COMPLETION OF PROBATION Upon successful completion of
27 probation, respondent's certificate shall be fully restored.

28 11. VIOLATION OF PROBATION If respondent violates probation in any

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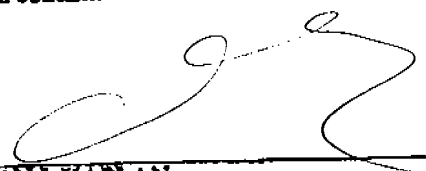
1 effect it will have on my Physician and Surgeon's Certificate. I enter into this Stipulated
2 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be
3 bound by the Decision and Order of the Division of Medical Quality, Medical Board of
4 California.

5 DATED: 1/31/03

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7 
8 **BROOKE M. BARTON, M.D.**
9 Respondent

10 I have read and fully discussed with Respondent Brooke M. Barton, M.D. the
11 terms and conditions and other matters contained in the above Stipulated Settlement and
12 Disciplinary Order. I approve its form and content.

13 DATED: 1/31/03


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15 
16 **ALAN I. KAPLAN**
17 Attorney for Respondent

18 **ENDORSEMENT**

19 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
20 submitted for consideration by the Division of Medical Quality, Medical Board of California of
21 the Department of Consumer Affairs.

22 DATED: 1/31/2003

23 **BILL LOCKYER, Attorney General**
24 of the State of California

25 
26 **E. A. JONES II**
27 Deputy Attorney General
28 Attorneys for Complainant

DQM Document Number: 03573160-LA00 0077

Exhibit A

First Amended Accusation No. 06-99-102944

1 BILL LOCKYER, Attorney General
of the State of California
2 MARK T. ROOHK, State Bar No. 132698
Deputy Attorney General
3 California Department of Justice
300 South Spring Street, Suite 1702
4 Los Angeles, California 90013
Telephone: (213) 897-2568
5 Facsimile: (213) 897-1071

6 Attorneys for Complainant

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9 **BEFORE THE**
10 **DIVISION OF MEDICAL QUALITY**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
13 **STATE OF CALIFORNIA**

14 In the Matter of the Accusation Against:

Case No. 06-99-102944

15 BROOKE M. BARTON, M.D.
16 1502 Wilshire Boulevard
17 Suite 305
18 Santa Monica, California 90403-5559

FIRST AMENDED ACCUSATION

19 Physician and Surgeon's certificate No. G 43306

20 Respondent

21 Complainant alleges:

22 PARTIES

23 1. Ron Joseph ("Complainant") brings this first amended accusation solely in
24 his official capacity as the Executive Director of the Medical Board of California, Department of
25 Consumer Affairs.

26 2. On or about September 15, 1980, the Medical Board of California issued
27 physician and surgeon's certificate Number G 43306 to Brooke M. Barton, M.D. ("Respondent").
28 The physician 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, 2004, unless renewed.

1 7. The following medications are dangerous drugs within the meaning of
2 Business and Professions Code section 4022 and, where indicated, controlled substances within
3 the meaning of Health and Safety Code sections 11055, 11056, and 11057:

- 4 A. APAP with codeine, a Schedule III controlled substance as defined in
5 Health and Safety Code section 11056.
- 6 B. *Dexedrine*, a trade name for dextroamphetamine sulfate, a Schedule II
7 controlled substance as defined in Health and Safety Code section 11055.
- 8 C. *Fioricet*, a trade name for butalbital, acetaminophen, and caffeine, a
9 Schedule III controlled substance as defined in Health and Safety Code
10 section 11056.
- 11 D. *Fiorinal*, a trade name for butalbital, aspirin, and caffeine, a Schedule III
12 controlled substance as defined in Health and Safety Code section 11056.
- 13 E. Hydrocodone, a Schedule III controlled substance as defined in Health and
14 Safety Code section 11056.
- 15 F. *Klonopin*, a trade name for clonazepam, a Schedule IV controlled
16 substance as defined in Health and Safety Code section 11057.
- 17 G. *Soma*, a trade name for carisoprodol.
- 18 H. *Tylenol #4*, a trade name for acetaminophen and codeine, a Schedule III
19 controlled substance as defined in Health and Safety Code section 11056.
- 20 I. *Vicodin*, a trade name for acetaminophen with hydrocodone bitartrate, a
21 Schedule III controlled substance as defined in Health and Safety Code
22 section 11056.
- 23 J. *Xanax*, a trade name for alprazolam, a Schedule IV controlled substance as
24 defined in Health and Safety Code section 11057.

25 8. Section 822 of the Code states, in pertinent part, that the Board may
26 revoke or suspend a license or place the licensee on probation if it determines that her ability to
27 practice her profession safely is impaired because the licensee is mentally ill, or physically ill
28 affecting competency.

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9. Section 14124.12 of the Welfare and Institutions Code provides, in pertinent part, that:

(a) Upon receipt of written notice from the Medical Board of California . . . that a licensee's license has been placed on probation as a result of a disciplinary action, the department may not reimburse any Medi-Cal claim for the type of surgical service or invasive procedure that gave rise to the probation. . . that was performed by the licensee on or after the effective date of probation and until the termination of all probationary terms and conditions or until the probationary period has ended, whichever occurs first. This section shall apply except in any case in which [the Board] determines that compelling circumstances warrant the continued reimbursement during the probationary period of any Medi-Cal claim. . . In such a case, the department shall continue to reimburse the licensee for all procedures, except for those invasive or surgical procedures for which the licensee was placed on probation.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

10. Respondent is subject to disciplinary action under section 2234, subdivision (b) of the Code in that she has committed acts of gross negligence in her care and treatment of a patient. The circumstances are as follows:

A. Patient L.H. was first seen and evaluated by respondent for psychiatric treatment on or about April 24, 1990. The patient presented with a past history of depression, bulimia, anorexia, and substance abuse, and had recently attempted suicide by overdose. Respondent's diagnosis included major depression, anorexia nervosa, and headaches. Respondent also apparently noted indications consistent with a borderline personality disorder. Therapy was initiated on a weekly basis.

B. Patient L.H. continued in therapy with respondent for over nine (9) years. During this time, respondent prescribed or continued prescriptions for multiple medications, including but not limited to Vicodin (or hydrocodone), Tylenol #3 (or

1 APAP), Fiorinal, Fioricet, Klonopin, Xanax, Dexedrine, and Soma. Many of the drugs
2 prescribed are in the same pharmaceutical families, and many of those were prescribed
3 simultaneously, with respondent providing patient L.H. with enough different
4 medications to allow the patient to make her own decisions about which one to take, and
5 how much to take, at any given time. On one occasion in 1998, respondent prescribed
6 Methylprednisolone, an adrenocortical steroid, allegedly for the patient's dog. During
7 1999, respondent also prescribed Synthroid, a thyroid medication, on several occasions,
8 and allowed the patient to increase the dosage, without ordering or performing any blood
9 tests. Respondent's office records for the patient are unclear and inconsistent regarding
10 the number and frequency of prescriptions, and the manner and extent to which the
11 patient was using medication. Respondent and the patient rarely discussed the
12 medication regimen during the weekly therapy sessions. Instead, respondent often
13 discussed her own personal issues, and as patient L.H. was an attorney, respondent also
14 asked her for legal advice, as well as referrals to other attorneys.

15 C. In 1998 and again in 1999, respondent placed the patient on
16 disability, the first time because of tension headaches, the second time because the patient
17 was otherwise unable to meet her financial obligations. During this second disability, in
18 or around September 1999, respondent and the patient discussed admission to a hospital
19 to get off some, most, or all of her medications. Patient L.H. agreed to do this.
20 Respondent instructed the patient to admit herself through the emergency room, which
21 she understood to be faster and easier than going through the standard admission process.
22 A dispute arose between respondent and the patient over the actual purpose of the
23 admission: respondent noted that the patient had made a specific suicide threat (she had
24 threatened to "eat her boyfriend's gun"), and that she should be admitted on that basis, as
25 well as for a slow tapering of medications; the patient noted that she had made no such
26 threat, that rather she had only expressed concern about how many and which drugs
27 would be involved in the detoxification and was worried about how she would react to
28 such a drastic change, and that it was respondent who had suggested the patient claim to

1 be a suicide risk in order to expedite admission. This dispute caused a delay in the
2 hospitalization.

3 D. Patient L.H. was finally hospitalized, with the assistance of both
4 her brother and respondent, at UCLA's NeuroPsychiatric Institute ("NPI") on or about
5 October 5, 1999. Respondent's admitting diagnosis included documentation of the
6 suicidal threat, the history of depression, and the substance abuse. Upon admission, the
7 patient was noted as taking the following medications: Fiorinal, Tylenol with codeine,
8 Imitrex, Xanax, olanzapine, amitriptyline, phenobarbital, Prozac, Dexedreine, Effexor,
9 Synthroid, Cytomel, Soma, and Klonopin. Respondent placed patient L.H. on a 72 hour
10 hold and instructed the NPI staff to begin tapering of several of these, including Prozac.
11 The patient was noted by nursing staff to be agitated and angry, denied the need to be
12 hospitalized, and was especially resentful towards respondent, who she accused of going
13 through and stealing her personal items and of tricking her into going into the hospital.

14 E. During the next three days, patient L.H. continued expressing
15 resentment and anger towards respondent. At the same time, the patient's brother was
16 encountering difficulty in dealing with respondent, and discussed the situation with NPI
17 administration. Because similar concerns and complaints previously had been expressed
18 to the administration regarding respondent, the medical director instructed the adult
19 psychiatric director to look into the situation regarding patient L.H. The director decided
20 to request a consultation from Dr. K., a psychiatrist on staff with special training in
21 psycho-pharmacology.

22 F. On or about October 8, 1999, Dr. K. reviewed patient L.H.'s chart,
23 noted all the medications being prescribed, and went to speak to the patient directly. The
24 patient informed Dr. K. that she wanted to get off many of her medications, especially the
25 narcotics, but wanted to continue taking Prozac. Patient L.H. admitted making the
26 previous suicide attempt almost 10 years earlier, but denied making any suicide threat to
27 respondent, and reiterated that the reason she thought she was in the hospital was to get
28 off the excessive medications.

1 G. While Dr. K. was with patient L.H. discussing her care, respondent
2 came down the hallway, entered the room, and in a very dramatic manner introduced
3 herself, presented her education and credentials, and demanded from Dr. K. her
4 credentials and what made her qualified to provide a medication consultation. During the
5 subsequent discussion, all of which occurred in front of patient L.H., respondent
6 attempted to intimidate Dr. K. and accused her of "stealing" her patient.

7 H. Subsequently, due to several circumstances, including the wishes
8 of patient L.H. and the concerns by NPI administration and staff over respondent's
9 behavior, the care of patient L.H. was transferred to Dr. K.

10 I. Respondent has subjected her license to discipline in that:

11 i) She was clearly oblivious to how her encounter with Dr. K in
12 front of patient L.H., including dramatics, intimidation, and accusations, might
13 affect the patient, especially given the circumstances of her hospitalization and her
14 then current condition; and

15 ii) Her overall care of patient L.H., including but not limited to
16 the excessive and unsafe prescribing of multiple and redundant medications, her
17 discussion of personal issues and requests for legal advice during therapy, and the
18 circumstances and events leading up to and during the patient's October 5, 1999
19 hospitalization at NPI, constitutes an extreme departure from the standard of care.

20
21 SECOND CAUSE FOR DISCIPLINE

22 (Repeated Negligent Acts)

23 11. Respondent is subject to disciplinary action under section 2234,
24 subdivision (c) of the Code in that she has committed repeated acts of negligence in her care and
25 treatment of a patient. The circumstances are as follows:

26 A. Paragraph 10, subparagraphs (A)-(H), are incorporated by
27 reference as if set forth in full.
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B. Respondent has subjected her license to discipline in that:

- i) She prescribed multiple medications to a patient with a history of both addiction and overdose in an excessive and unsafe manner, effectively allowing the patient to choose both the frequency and amount of the dosage;
- ii) She committed boundary violations by discussing her personal life with the patient, and soliciting both her advice and referrals for legal matters;
- iii) She was clearly oblivious to how her encounter with Dr. K in front of patient L.H., including dramatics, intimidation, and accusations, might affect the patient, especially given the circumstances of her hospitalization and her then current condition; and
- iv) Her office records for this patient are incomplete, inconsistent, and inaccurate regarding medications.

THIRD CAUSE FOR DISCIPLINE

(Excessive Prescribing)

12. Respondent is subject to disciplinary action under section 725 of the Code in that she has engaged in repeated acts of clearly excessive prescribing. The circumstances are as follows:

- A. Paragraph 10, subparagraphs (A)-(H), are incorporated by reference as if set forth in full.

FOURTH CAUSE FOR DISCIPLINE

(Mental Illness)

13. Respondent is subject to disciplinary action under section 822 in that she suffers from a debilitating mental illness which affects and impairs her ability to practice medicine competently. The circumstances are as follows:

- A. During the latter half of 1999, respondent's colleagues, co-workers, and patients began noticing bizarre changes in her behavior. These included

1 symptoms of extreme paranoia, unusual increase in energy including her rate of speech,
2 flights of thought, increased lack of inhibition, and disregard of several aspects of her
3 practice and business. This behavior occurred during approximately the same time as the
4 hospitalization of patient L.H. at NPI.

5 B. On or about March 13, 2000, the Division issued an Order
6 compelling respondent to undergo a mental examination. Respondent complied with the
7 Order. The examination occurred on May 3, 2000, and was conducted by Brian P. Jacks,
8 M.D., a board-certified psychiatrist.

9 C. As a result of that examination, Dr. Jacks made the following
10 diagnosis: Axis I Bipolar Disorder. He noted several Axis III physical disorders, as well
11 as several Axis IV psychosocial stressors. He further noted that "at the present time,
12 [respondent] is hypomanic, by which is meant that she has an expansive elevated mood,
13 some grandiosity, pressured speech, flight of ideas, and emotional lability. [] She has
14 gone through periods of recurrent mania, the last apparently [in 1999] at which time [she]
15 bordered on the psychotic. . . [She] is in massive denial of the psychiatric problems that
16 she has and is in a paranoid state. [] As far as her ability to practice medicine now, . . . she
17 is functioning only marginally. [T]he nature of a manic depressive illness is cyclical and
18 recurrent, and it is to be expected that manic episodes will occur which, from the recent
19 past history, may border on the psychotic. *During those times of her manic excitement,*
20 *she would not be fit or competent to practice [emphasis added]."* Dr. Jacks recommended
21 both psychiatric treatment and supervision or monitoring, "to ensure proper clinical
22 judgment and that her psychiatric illness is not clouding or coloring [that] judgment."
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PRAYER

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

1. Revoking or suspending physician and surgeon's certificate Number G43306, issued to Brooke M. Barton, M.D.;
2. Revoking, suspending or denying approval of respondent's authority to supervise physician's assistants, pursuant to section 3527 of the Code;
3. Ordering Brooke M. Barton, M.D. to pay the Medical Board of California, if placed on probation, the costs of probation monitoring;
4. Taking such other and further action as deemed necessary and proper.

DATED: December 7, 2001



RON JOSEPH
Executive Director
Medical Board of California
Department of Consumer Affairs

State of California
Complainant

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