

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

In the Matter of the Accusation Against: )

LUIS ENRIQUE FUNDORA, M.D. )

File No. 06-2002-129978

Physician's and Surgeon's )  
Certificate No. G 48695 )

Respondent. )

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 August 23, 2004.

IT IS SO ORDERED July 22, 2004.

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 CINDY M. LOPEZ, State Bar No. 119988  
Deputy Attorney General  
3 California Department of Justice  
300 So. Spring Street, Suite 1702  
4 Los Angeles, CA 90013  
Telephone: (213) 897-7373  
5 Facsimile: (213) 897-9395

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:

Case No. 06-2002-129978

13 LUIS ENRIQUE FUNDORA, M.D.  
14 1646 N. Fair Oaks Avenue, Apt. 8  
Pasadena, California 91104

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

Physician and Surgeon Certificate No. G 48695

Respondent.

17 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the  
18 above-entitled proceedings that the following matters are true:

19 PARTIES

20 1. Ron Joseph (Complainant) is the Executive Director of the Medical Board  
21 of California. He brought this action solely in his official capacity and is represented in this  
22 matter by Bill Lockyer, Attorney General of the State of California, by Cindy M. Lopez, Deputy  
23 Attorney General.

24 2. Luis Enrique Fundora, M.D. (Respondent) is representing himself in this  
25 proceeding and has chosen not to exercise his right to be represented by counsel.

26 3. On or about September 23, 1982, the Medical Board of California issued  
27 Physician and Surgeon Certificate No. G 48695 to Luis Enrique Fundora, M.D. (Respondent).  
28

1 The Certificate was in full force and effect at all times relevant to the charges brought in  
2 Accusation No. 06-2002-129978 and will expire on January 31, 2004, unless renewed.

3 JURISDICTION

4 4. Accusation No. 06-2002-129978 was filed before the Division of Medical  
5 Quality (Division) for the Medical Board of California, Department of Consumer Affairs, and is  
6 currently pending against Respondent. The Accusation and all other statutorily required  
7 documents were properly served on Respondent on May 5, 2003. Respondent timely filed his  
8 Notice of Defense contesting the Accusation. A copy of Accusation No. 06-2002-129978 is  
9 attached as exhibit A and incorporated herein by reference.

10 ADVISEMENT AND WAIVERS

11 5. Respondent has carefully read, and understands the charges and allegations  
12 in Accusation No. 06-2002-129978. Respondent has also carefully read, and understands the  
13 effects of this Stipulated Settlement and Disciplinary Order.

14 6. Respondent is fully aware of his legal rights in this matter, including the  
15 right to a hearing on the charges and allegations in the Accusation; the right to be represented by  
16 counsel at his own expense; the right to confront and cross-examine the witnesses against him;  
17 the right to present evidence and to testify on his own behalf; the right to the issuance of  
18 subpoenas to compel the attendance of witnesses and the production of documents; the right to  
19 reconsideration and court review of an adverse decision; and all other rights accorded by the  
20 California Administrative Procedure Act and other applicable laws.

21 7. Respondent voluntarily, knowingly, and intelligently waives and gives up  
22 each and every right set forth above.

23 CULPABILITY

24 8. Respondent admits the truth of each and every charge and allegation in  
25 Accusation No. 06-2002-129978.

26 9. Respondent agrees that his Physician and Surgeon Certificate is subject to  
27 discipline and he agrees to be bound by the Division's imposition of discipline as set forth in the  
28 Disciplinary Order below.

1 CONTINGENCY

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

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

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

18 DISCIPLINARY ORDER

19 **A. COST RECOVERY** Within ninety (90) days from the effective date of  
20 this agreement, the respondent shall reimburse the Division the amount of \$1,000 for its  
21 investigative and prosecution costs. The filing of bankruptcy by the respondent shall not relieve  
22 the respondent of his responsibility to reimburse the Division for its investigative and  
23 prosecution costs.

24 **B. MEDICAL RECORDS KEEPING COURSE** Within thirty (30) days  
25 from the effective date of this agreement, respondent shall enroll in a course in Medical Records  
26 Keeping, at respondent's expense, approved in advance by the Division or its designee. Failure  
27 to successfully complete the course within one year from the effective date of this agreement is a  
28 violation of the Agreement.

1 A Medical Records Keeping course taken after the acts that gave rise to the  
2 charges in the Accusation, but prior to the effective date of the Decision may, in the sole  
3 discretion of the Division or its designee, be accepted towards the fulfillment of this condition if  
4 the course would have been approved by the Division or its designee had the course been taken  
5 after the effective date of this Decision.

6 Respondent shall submit a certification of successful completion to the Division  
7 or its designee not later than 15 calendar days after successfully completing the course, or not  
8 later than 15 calendar days after the effective date of the Decision, whichever is later.

9 **D. COMPLIANCE** If respondent timely and successfully completes the  
10 terms and conditions set forth above, a public reprimand shall be issued to respondent pursuant  
11 to Business and Professions Code section 2227 in the form of the public reprimand that is  
12 attached hereto as Exhibit B and, by this reference, is incorporated herein as though fully set  
13 forth.

14 **E. FAILURE TO COMPLY** If respondent fails to timely and successfully  
15 complete each term and condition set forth above, then the Accusation may be amended to allege  
16 these matters as additional grounds for discipline, and the case will be returned to the Office of  
17 Administrative Hearings for trial.

18 **ACCEPTANCE**

19 I have carefully read the Stipulated Settlement and Disciplinary Order. I  
20 understand the stipulation and the effect it will have on my Physician and Surgeon Certificate. I  
21 enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and  
22 intelligently, and agree to be bound by the Decision and Order of the Division of Medical  
23 Quality, Medical Board of California.

24 DATED: 2-23-04

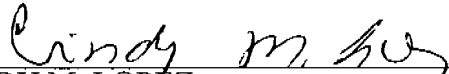
25  
26   
27 LUIS ENRIQUE FUNDORA, M.D.  
28 Respondent

ENDORSEMENT

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

DATED: 6.25.07

BILL LOCKYER, Attorney General  
of the State of California

  
CINDY M. LOPEZ  
Deputy Attorney General

Attorneys for Complainant

**EXHIBIT A**  
**Accusation No. 06-2002-129978**

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO May 5, 2003  
BY L. Alicia Nicole ANALYST

1 BILL LOCKYER, Attorney General  
of the State of California  
2 NANCY ANN STONER, State Bar No. 72839  
Deputy Attorney General, for  
3 CINDY M. LOPEZ  
Deputy Attorney General  
4 California Department of Justice  
300 So. Spring Street, Suite 1702  
5 Los Angeles, CA 90013  
Telephone: (213) 897-7373  
6 Facsimile: (213) 897-9395

7 Attorneys for Complainant

8

9

10

11

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

12

In the Matter of the Accusation Against:

Case No. 06-2002-129978

13

LUIS ENRIQUE FUNDORA, M.D.  
1771 Atchison Street  
Pasadena, California 91104

ACCUSATION

14

15

Physician and Surgeon Certificate No. G 48695

16

Respondent.

17

18

Complainant alleges:

19

PARTIES

20

1. Ron Joseph (Complainant) brings this Accusation solely in his official  
21 capacity as the Executive Director of the Medical Board of California, Department of Consumer  
22 Affairs.

23

2. On or about August 23, 1982, the Medical Board of California issued  
24 Physician and Surgeon Certificate No. G 48695 to Luis Enrique Fundora, M.D. (Respondent).  
25 The Physician and Surgeon Certificate was in full force and effect at all times relevant to the  
26 charges brought herein and will expire on January 31, 2004, unless renewed.

27

JURISDICTION

28

3. This Accusation is brought before the Division of Medical Quality



1 (Division) for the Medical Board of California, Department of Consumer Affairs, under the  
2 authority of the following laws. All section references are to the Business and Professions Code  
3 unless otherwise indicated.

4 4. Section 2227 of the Code states:

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

9 "(1) Have his or her license revoked upon order of the division.

10 "(2) Have his or her right to practice suspended for a period not to exceed one  
11 year upon order of the division.

12 "(3) Be placed on probation and be required to pay the costs of probation  
13 monitoring upon order of the division.

14 "(4) Be publicly reprimanded by the division.

15 "(5) Have any other action taken in relation to discipline as the division or an  
16 administrative law judge may deem proper.

17 "(b) Any matter heard pursuant to subdivision (a), except for warning letters,  
18 medical review or advisory conferences, or other matters made confidential or privileged by  
19 existing law, is deemed public, and shall be made available to the public by the board."

20 5. Section 2234 of the Code states, in pertinent part:

21 "The Division of Medical Quality shall take action against any licensee who is  
22 charged with unprofessional conduct. In addition to other provisions of this article,  
23 unprofessional conduct includes, but is not limited to, the following:

24 "(a) Violating or attempting to violate, directly or indirectly, or assisting in or  
25 abetting the violation of, or conspiring to violate, any provision of this chapter [Chapter 5, the  
26 Medical Practice Act].

27 "(b) Gross negligence.

28

1                   "(c) Repeated negligent acts.<sup>1</sup>

2                   "(d) Incompetence."

3                   6.       Section 2266 of the Code states: "The failure of a physician and surgeon to  
4 maintain adequate and accurate records relating to the provision of services to their patients  
5 constitutes unprofessional conduct."

6                   7.       Section 732 of the Code states:

7                   "(a) A physician and surgeon and a dentist shall refund any amount that a patient  
8 has paid for services rendered that has subsequently been paid to the physician and surgeon or  
9 dentist by a third-party payor and that constitutes a duplicate payment. The refund shall be made  
10 as follows:-----

11                   "(1) If the patient requests a refund, within 30 days following the request from  
12 that patient for a refund if the duplicate payment has been received, or within 30 days of receipt of  
13 the duplicate payment if the duplicate payment has not been received.

14                   "(2) If the patient does not request a refund, within 90 days of the date the  
15 physician and surgeon or dentist knows, or should have known, of the receipt of the duplicate  
16 payment, the physician and surgeon or dentist shall notify the patient of the duplicate payment,  
17 and the duplicate payment shall be refunded within 30 days unless the patient requests that a  
18 credit balance be retained.

19                   "(b) Violation of this section shall constitute unprofessional conduct. Disciplinary

20

21                   1.       Respondent's acts and omissions occurred prior to the January 1, 2003, effective  
22 date of the amended definition of repeated negligent acts in Business and Professions Code  
23 2234, subdivision (c), which now states:

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

27                   "(1) An initial negligent diagnosis followed by an act or omission medically appropriate  
28 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."

1 proceedings shall be conducted in accordance with the Medical Practice Act (Chapter 5  
2 (commencing with Section 2000)) or the Dental Practice Act (Chapter 4) (commencing with  
3 Section 1600)), as applicable."

#### 4 COST RECOVERY

5 8. Section 125.3 of the Code states, in pertinent part:

6 "(a) Except as otherwise provided by law, in any order issued in resolution of a  
7 disciplinary proceeding before any board within the department or before the Osteopathic Medical  
8 Board, the board may request the administrative law judge to direct a licensee found to have  
9 committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable  
10 costs of the investigation and enforcement of the case."

#### 11 MEDI-CAL REIMBURSEMENT

12 9. Section 14124.12 of the Welfare and Institutions Code states, in part:

13 "(a) Upon receipt of written notice from the Medical Board of California, the  
14 Osteopathic Medical Board of California, or the Board of Dental Examiners of California, that a  
15 licensee's license has been placed on probation as a result of a disciplinary action, the department  
16 may not reimburse any Medi-Cal claim for the type of surgical service or invasive procedure that  
17 gave rise to the probation, including any dental surgery or invasive procedure, that was performed  
18 by the licensee on or after the effective date of probation and until the termination of all  
19 probationary terms and conditions or until the probationary period has ended, whichever occurs  
20 first. This section shall apply except in any case in which the relevant licensing board determines  
21 that compelling circumstances warrant the continued reimbursement during the probationary  
22 period of any Medi-Cal claim, including any claim for dental services, as so described. In such a  
23 case, the department shall continue to reimburse the licensee for all procedures, except for those  
24 invasive or surgical procedures for which the licensee was placed on probation."

#### 25 FIRST CAUSE FOR DISCIPLINE

26 (Repeated Negligent Acts)

27 10. Respondent is subject to disciplinary action under section 2234,  
28 subdivisions (a) and (c), in that he was repeatedly negligent in his care and treatment of patients

1 R.C. and C.V.<sup>2</sup> The circumstances are as follows:

2 Patient R.C.:

3 11. On or about March 7, 2001, R.C., a 44 year old female, went to Clinica  
4 Popular for the first time. She filled out an information sheet about her insurance coverage, but  
5 did not provide any other medical history. R.C. and her husband, C.V., were seen by Respondent  
6 at the same time. She complained that she was sick with the flu, accompanied by a high fever for  
7 the past two days. She also pointed out the painful blood blisters, about one inch in diameter, that  
8 develop on her abdomen and leave brown scars.

9 12. Respondent did not take any vital signs. He told R.C. she probably had  
10 diabetes, then drew a random blood sample, and said the results would be available by March 11,  
11 2001. Respondent's written diagnoses included bronchitis, diabetes, and goiter, rule out  
12 hypothyroid. Respondent gave R.C. an intramuscular injection of antibiotics (ampicillin and  
13 gentamicin), combined with Vitamin B12 and dexamethasone (a cortisone steroid). He wrote  
14 prescriptions for oral antibiotics (metronidazole, 250 milligrams two times a day, and tetracycline,  
15 500 milligrams three times a day) and an antihistamine (Claritin, 10 milligrams, no instructions  
16 noted).

17 13. Patient R.C. followed up on her blood test several times but never received  
18 the results. Laboratory reports, dated March 9, 2001, showed abnormally high test results for  
19 lymph system, glucose, SGOT,<sup>3</sup> LDH,<sup>4</sup> TSH.<sup>5</sup> And "Free T4." There is a note in the patient's  
20 file, dated "March 2001," stating "We have tried in several occasions to contact this patient for a  
21 follow-up visit regarding her results but there has been NO ANSWER. [¶]Therefore, a reminder  
22 was mailed to patient's address." There is no copy of a "reminder" in the patient's file.

23

24 \_\_\_\_\_  
25 2. Initials are used in this pleading to protect patient privacy. Respondent  
will be provided with identifying information if discovery is requested.

26 3. Serum glutamic-oxaloacetic transminase.

27 4. Lactate dehydrogenase.

28 5. Thyroid-stimulating hormone

1           14.     Patient R.C. and her husband, C.V., charged the full amount for their visits  
2 on his credit card (\$340.00). The clinic also billed their insurance company the full amount for  
3 their visits without indicating the amount the patients had already paid. Patients R.C. and C.V.  
4 never received a refund from the clinic for the duplicate payment.

5           15.     Respondent claimed he conducted "the most complete physical  
6 examination he ever performed" on Patient R.C., but he did not record the extent of the exam.

7           16.     The following acts and omissions in Respondent's care and treatment of  
8 Patient R.C. constituted negligence:

9           a.     He failed to take or document the patient's medical history, history of  
10 present complain(s), vital signs, temperature, and allergies, and he failed to document a  
11 chief complaint for this visit;

12          b.     He failed to inquire about, or document, any drug allergies or history of  
13 anaphylactic reactions before prescribing several antibiotics and other medications;

14          c.     Respondent claimed that he performed a complete history and physical  
15 examination, though he did not document it in the record, and it was more comprehensive  
16 than the patient described as having been performed;

17          d.     He failed to document that he reviewed the test results or developed any  
18 treatment plan, and he failed to inform, or to write to the patient about the abnormal  
19 laboratory results or to schedule follow-up treatment;

20          e.     Respondent failed to define the type of infection that was to be treated or  
21 to determine which antibiotic would most likely be effective in killing the organism and in  
22 getting to the site of the infection before he prescribed and administered an array of  
23 antibiotics that were not indicated by the patient's presenting symptoms;

24          f.     There was no medical indication for injecting the patient with antibiotics,  
25 including ampicillin and gentamicin;

26          g.     There was no medical reason for prescribing the oral antibiotic  
27 metronidazole for this patient's complaints as this antibiotic is used to treat anaerobic and  
28 parasitic infections;

1 h. There was no medical indication for injecting the patient with Vitamin B-  
2 12; there was no indication that the patient had a vitamin deficiency;

3 i. There was no medical indication for the cortisone steroid injection  
4 (dexamethasone);

5 j. There was no medical indication for prescribing the oral antihistamine  
6 (Claritin), and Respondent failed to indicate in the record the number of times per day the  
7 medication should be taken by this patient;

8 k. Respondent failed to train or supervise the personnel who billed patients'  
9 and their insurance carrier for his services, he did not inform the person what should be  
10 billed, he did not review the bills that were submitted, and he took no personal  
11 responsibility for the billings submitted for his services. Based on the documentation for  
12 the March 7, 2001, visit, the billing code of 99203 for a comprehensive examination was  
13 not justified;

14 l. Respondent, his staff or agents, failed to insure that Patients R.C. and her  
15 husband C.V. received a refund for the duplicate payment made by the patient and her  
16 insurance carrier for his services, and he failed to notify the patient of the duplicate  
17 payment after it was received from the insurance carrier.

18 Patient C.V.:

19 17. On or about March 7, 2001, C.V., a 31 year old male, went to Clinica  
20 Popular for the first time. He filled out an information sheet about his insurance coverage, but did  
21 not provide any other medical history. C.V. and his wife, R.C., were seen by Respondent at the  
22 same time. He complained that he was sick with the flu, had a "cough and runny nose,"  
23 accompanied by a high fever for the past two days.

24 18. Respondent did not take any vital signs. Physical examination revealed  
25 inflammation of the nasal mucosa, occasional "harsh" respiratory sounds and a red throat with  
26 exudates. Respondent's written diagnosis was "bronchitis" and "URI" (upper respiratory  
27 infection). He gave C.V. an intramuscular injection of antibiotics (ampicillin and gentamicin),  
28 combined with Vitamin B12 and dexamethasone (a cortisone steroid). He wrote prescriptions for

1 oral antibiotics (metronidazole, 250 milligrams three times a day, and tetracycline, 500 milligrams  
2 three times a day) and an antihistamine (Claritin, 10 milligrams three times a day).

3 19. The following acts and omissions in Respondent's care and treatment of  
4 Patient C.V. constituted negligence:

5 a. He failed to take or document the patient's medical history, history of  
6 present complain(s), vital signs, temperature, current medications, and allergies;

7 b. He failed to inquire about, or document, any drug allergies or history of  
8 anaphylactic reactions before prescribing several antibiotics and other medications;

9 c. Respondent claimed that he performed a complete history and physical  
10 examination, though he did not document it in the record, and it was more comprehensive  
11 than the patient described as having been performed;

12 d. He failed to document that he reviewed the test results or developed any  
13 treatment plan, and he failed to inform, or to write to the patient about the abnormal  
14 laboratory results or to schedule follow-up treatment;

15 e. Respondent failed to define the type of infection that was to be treated or  
16 to determine which antibiotic would most likely be effective in killing the organism and in  
17 getting to the site of the infection before he prescribed and administered an array of  
18 antibiotics that were not indicated by the patient's presenting symptoms;

19 f. There was no medical indication for injecting the patient with antibiotics,  
20 including ampicillin and gentamicin;

21 g. There was no medical reason for prescribing the oral antibiotic  
22 metronidazole for the diagnosis of "bronchitis" as this antibiotic is used to treat anaerobic  
23 and parasitic infections;

24 h. There was no medical indication for injecting the patient with Vitamin B-  
25 12; there was no indication that the patient had a vitamin deficiency;

26 i. There was no medical indication for the cortisone steroid injection  
27 (dexamethasone);

28 j. There was no medical indication in the record for prescribing the oral

1 antihistamine (Claritin), and the amount (10 milligrams three times a day) is an overdose;

2 k. Respondent failed to train or supervise the personnel who billed patients'  
3 and their insurance carrier for his services, he did not inform the person what should be  
4 billed, he did not review the bills that were submitted, and he took no personal  
5 responsibility for the billings submitted for his services. Based on the documentation for  
6 the March 7, 2001, visit, the billing code of 99203 for a comprehensive examination was  
7 not justified;

8 l. Respondent, his staff or agents, failed to insure that Patients C.V. and his  
9 wife R.C. received a refund for the duplicate payment made by the patient and her  
10 insurance carrier for his services, and he failed to notify the patient of the duplicate  
11 payment after it was received from the insurance carrier.

12 SECOND CAUSE FOR DISCIPLINE

13 (Incompetence)

14 20. Respondent is subject to disciplinary action under section 2234, subdivision  
15 (d), of the Code for incompetence in his care and treatment of Patients R.C. and C.V. The facts  
16 and circumstances set forth in paragraphs 10 through 19 are incorporated here.

17 THIRD CAUSE FOR DISCIPLINE

18 (Failure to Maintain Adequate Records)

19 21. Respondent is subject to disciplinary action under section 2266 of the Code  
20 in that he failed to maintain adequate and accurate records of his care and treatment of Patients  
21 R.C. and C.V. The facts and circumstances set forth in paragraphs 10 through 19 are  
22 incorporated here.

23 FOURTH CAUSE FOR DISCIPLINE

24 (Failure to Refund Duplicate Payment)

25 22. Respondent is subject to disciplinary action under section 732 of the Code  
26 in that he directly, or indirectly through his agents, employees or co-workers, failed to refund the  
27 duplicate payment made by Patients R.C. and C.V. and their insurance carrier for the services  
28 rendered to them on March 7, 2001. The facts and circumstances set forth in paragraphs 10



1 through 19 are incorporated here.

2 FIFTH CAUSE FOR DISCIPLINE

3 (Unprofessional Conduct)

4 23. Respondent is subject to disciplinary action under section 2234 of the Code  
5 in that he committed unprofessional conduct in his care and treatment of Patients R.C and C.V.  
6 The facts and circumstances set forth in paragraphs 10 through 19 are incorporated here.

7 PRAYER

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


10 1. Revoking or suspending Physician and Surgeon Certificate No. G 48695,  
11 issued to Luis Enrique Fundora, M.D.;

12 2. Revoking, suspending or denying approval of Luis Enrique Fundora,  
13 M.D.'s authority to supervise physician's assistants, pursuant to section 3527 of the Code;

14 3. Ordering Luis Enrique Fundora, M.D. to pay the Division of Medical  
15 Quality the reasonable costs of the investigation and enforcement of this case, and, if placed on  
16 probation, the costs of probation monitoring;

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

18 DATED: May 5, 2003

19  
20   
21 \_\_\_\_\_  
22 RON JOSEPH  
23 Executive Director  
24 Medical Board of California  
25 Department of Consumer Affairs  
26 State of California  
27 Complainant  
28

03573160-LA2002AD2820

**EXHIBIT B**  
**Draft of Public Reprimand**

Luis Fundora, M.D.  
1680 N. Fair Oaks  
Pasadena, CA 91103

Re: Physician's and Surgeon's Certificate No. G48695  
Case No. 06-2002-129978

**PUBLIC REPRIMAND**

An accusation was filed against you on May 5, 2003. It alleged that you committed repeated negligent acts, a violation of Business and Professions Code section 2234 (a) and (c) and failure to maintain adequate records, a violation of Business and Professions Code section 2266. These allegations involved two patients. More specifically, it alleged that you failed to document the patients' medical history; failed to document that you reviewed test results; and, failed to document the type of infection that was to be treated.

Before the issuance of this letter, you successfully completed the Medical Records Keeping Course offered by the Physician Assessment and Clinical Education (PACE) Program at the University of California, San Diego.

Pursuant to the authority of the California Business and Professions Code sections 495 and 2227, you are hereby issued this Public Reprimand by the Medical Board of California with the expectation that you have addressed the causes for this violation and that the conduct underlying the violation will not be repeated.

---

Ronald Wender, M.D.  
President, Division of Medical Quality