

BEFORE THE DELAWARE BOARD OF MEDICAL LICENSURE AND DISCIPLINE

IN RE: CRISELDA C. ABAD-SANTOS )

) Case No.: 10-120-11

LICENSE NO.: C1-0006727 )

ORDER

WHEREAS, the Board of Medical Licensure and Discipline has reviewed this matter;  
and

WHEREAS, the Board of Medical Licensure and Discipline approves the Consent  
Agreement of the parties and intends to enter it as an Order of the Board;

IT IS HEREBY ORDERED this 4<sup>th</sup> day of June, 2013

Ray D. Keller

George E. Brown

Joseph M. Parris DO  
Vanda Stachura

Raymond L. Moore  
B. B. B. B.  
K. R. R. R.

[Signature]  
[Signature]  
[Signature]  
[Signature]

IN RE: CRISELDA C. ABAD-SANTOS )  
 ) Case No.: 10-120-11  
LICENSE NO.: C1-0006727 )

## 1

time period of the DPA. Respondent agreed that she was jointly and severally liable for the restitution and costs of investigation in the amount of \$5,000.

6. By the aforesaid conduct, Respondent violated 24 *Del. C.* §§ 1731(b)(1); (2); and (3).

7. By the aforesaid conduct, Respondent violated 24 *Del. C.* §§ 1731(b)(17) and 2010 Board Regulations 15.1.3; 15.1.4; and 15.1.10.

8. Respondent is licensed as a physician in California effective August 13, 2008, Certificate Number A 105195.

9. In 2010, the Medical Board of California ("California Board") was investigating Respondent in connection with her prescribing practices, the care and treatment of several of her patients, and her record keeping.

10. On or about July 28, 2010, Respondent was interviewed by the California Board in connection with its investigation.

11. On or about March 2, 2012, Respondent and the California Board entered into a Stipulated Settlement and Disciplinary Order wherein Respondent admitted to violating California law by prescribing controlled substances and dangerous drugs without an appropriate medical examination and medical indication in her care and treatment of patients and failing to maintain adequate and accurate records in her care and treatment of several patients, identified as K.T., P.A.S., B.A.S., M.C., and R.C. in the California Order. Order attached as Exhibit A.

12. Respondent's license was revoked by the California Board with the revocation stayed for three years probation with numerous terms and conditions. See Exhibit A.

13. Respondent never reported the investigation of the California Board to the Delaware Board of Medical Licensure and Discipline in violation of 24 *Del. C.* § 1730(b)(2).

14. Respondent admits that the allegations set forth in paragraphs one through

thirteen above are true and correct.

15. Respondent and the State propose that the Board impose the following as a disciplinary sanction for this conduct:

- a. Respondent shall receive a Letter of Reprimand;
- b. Within 60 days of the date that the Board accepts this Agreement and enters it as an Order, Respondent shall pay a fine in the amount of \$5,000 payable to the State of Delaware and mailed to the Division of Professional Regulation, Delaware Board of Medical Licensure and Discipline, Cannon Building, Suite 203, 861 Silver Lake Boulevard, Dover, Delaware 19904;
- c. Respondent voluntarily agrees not to practice medicine in the State of Delaware, and agrees not to apply for licensure to practice medicine in the State of Delaware or apply to renew her expired license; and
- d. Respondent voluntarily agrees not to prescribe controlled substances in the State of Delaware and agrees not to apply for a controlled substances registration in the State of Delaware or apply to renew her controlled substances registration in Delaware.

16. The parties to this Consent Agreement are the State of Delaware and Respondent. The parties agree and acknowledge that nothing contained in this Consent Agreement shall affect any rights or interests of any person not a party to this Agreement.

17. Respondent acknowledges that she is waiving her rights under 24 *Del. C.* Ch. 17 and 29 *Del. C.* Ch. 101 to a hearing before the Board prior to the imposition of disciplinary sanctions.

18. Respondent hereby acknowledges and agrees that she has carefully read and understands this Consent Agreement, and is entering into this Consent Agreement freely, knowingly, voluntarily, and after having received or having been afforded the opportunity to receive the advice of counsel.

19. Respondent acknowledges that this Consent Agreement is a public record within the meaning of 29 *Del. C.* § 10002 and will be available for public inspection and copying as provided for by 29 *Del. C.* § 10003.

20. The parties acknowledge and agree that this Consent Agreement is subject to approval by the Board.

21. The parties acknowledge and agree that if the Board does not accept this Consent Agreement, it shall have no force or effect, except as follows:

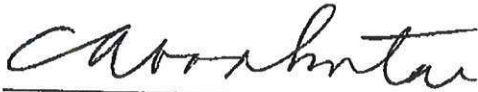
- a. Neither Respondent, nor anyone on her behalf, will in any way or in any forum challenge the ability of the Board or any of its members to conduct an evidentiary hearing relating to the allegations in the subject Complaint;
- b. The Consent Agreement, or conduct or statements made in negotiating the Consent Agreement, will be inadmissible at any administrative, civil or criminal legal proceeding; and
- c. No provision contained in the Agreement shall constitute or have the effect of an admission by the Respondent as to any fact alleged in the Complaint in this matter or in this Agreement.

22. Respondent acknowledges and agrees that the Board will report this Consent Agreement to the licensing authority of any other state in which she is licensed to practice.

23. The parties acknowledge and agree that this Consent Agreement, along with any exhibits, addendums, or amendments hereto, encompasses the entire agreement of the parties and

supersedes all previous understandings and agreements between the parties, whether oral or written. There are no other terms, obligations, covenants, representations, statements or conditions, or otherwise, of any kind whatsoever concerning this agreement.

24. This Consent Agreement, and any disciplinary sanctions contained herein, shall be effective upon acceptance by the Board and entry of the Board's Order.



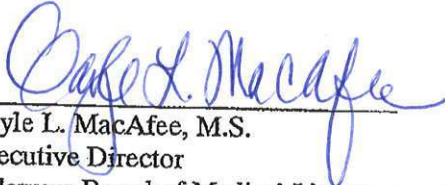
Criselda C. Abad-Santos, M.D.  
Respondent

Dated: 5/15/13



Stacey X. Stewart (I.D. No. 4667)  
Deputy Attorney General

Dated: 5/28/13



Gayle L. MacAfee, M.S.  
Executive Director  
Delaware Board of Medical Licensure and Discipline

Dated: 5/29/13

# **EXHIBIT A**

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

In the Matter of the Accusation Against:	)	
	)	
	)	
CRISELDA CALAYAN ABADSANTOS, M.D.	)	Case No. 05-2010-205633
	)	
Physician's and Surgeon's	)	
Certificate No. A 105195	)	
	)	
Respondent.	)	
_____	)	

DECISION AND ORDER

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

This Decision shall become effective at 5:00 p.m. on March 30, 2012.

IT IS SO ORDERED March 2, 2012.

MEDICAL BOARD OF CALIFORNIA

By: \_\_\_\_\_



Shelton Duruisseau, Ph.D., Chair  
Panel A



1 KAMALA D. HARRIS  
Attorney General of California  
2 ROBERT MCKIM BELL  
Supervising Deputy Attorney General  
3 COLLEEN M. MCGURRIN  
Deputy Attorney General  
4 State Bar Number 147250  
300 South Spring Street, Suite 1702  
5 Los Angeles, California 90013  
Telephone: (213) 620-2511  
6 Facsimile: (213) 897-9395  
*Attorneys for Complainant*  
7

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

10 In the Matter of the Accusation Against:

11 Criselda Calayan Abadsantos, M.D.  
12 Canyon Country, California 91387  
13 Physician's and Surgeon's Certificate No.  
14 A 105195

15 Respondent.

Case No. 05-2010-205633

OAH No. 2011090868

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

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

18 PARTIES

19 1. Linda K. Whitney (Complainant) is the Executive Director of the Medical Board of  
20 California (Board), Department of Consumer Affairs. She brought this action solely in her  
21 official capacity and is represented in this matter by Kamala D. Harris, Attorney General of the  
22 State of California, by Colleen M. McGurrin, Deputy Attorney General.

23 2. Respondent Criselda Calayan AbadSantos, M.D. is represented in this proceeding by  
24 attorney Sherwin C. Edelberg, Esq., whose address is: Sherwin C. Edelberg, Esq., Edelsberg &  
25 Espina, 18757 Burbank Blvd., Suite 215, Tarzana, California 91356.

26 3. On or about August 13, 2008, the Board issued Physician's and Surgeon's Certificate  
27 No. A 105195 to Criselda Calayan AbadSantos, M.D. The Physician's and Surgeon's Certificate  
28 was in full force and effect at all times relevant to the charges brought in Accusation No. 05-

1 2010-205633 and will expire on December 31, 2013, unless renewed.

2 JURISDICTION

3 4. Accusation No. 05-2010-205633 was filed before the Board, and is currently pending  
4 against Respondent. The Accusation and all other statutorily required documents were properly  
5 served on Respondent on August 5, 2011. Respondent timely filed her Notice of Defense  
6 contesting the Accusation. A copy of Accusation No. 05-2010-205633 is attached as Exhibit "A"  
7 and is incorporated herein by reference.

8 ADVISEMENT AND WAIVERS

9 5. Respondent has carefully read, fully discussed with counsel, and understands the  
10 charges and allegations in Accusation No. 05-2010-205633. Respondent has also carefully read,  
11 fully discussed with counsel, and understands the effects of this Stipulated Settlement and  
12 Disciplinary Order will have on Physician's and Surgeon's certificate and her ability to practice  
13 medicine in California.

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

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

23 CULPABILITY

24 8. Respondent admits the truth of each and every charge and allegation contained in the  
25 Third Cause for Discipline and Fourth Cause for Discipline as alleged in Accusation No. 05-  
26 2010-205633.

27 9. Respondent agrees that her Physician's and Surgeon's Certificate No. A 105195 is  
28 subject to discipline and she agrees to be bound by the Board's probationary terms as set forth in

1 the Disciplinary Order below.

2 CONTINGENCY

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

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

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

18 DISCIPLINARY ORDER

19 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 105195 issued  
20 to Respondent Criselda Calayan AbadSantos, M.D. is revoked. However, the revocation is stayed  
21 and Respondent is placed on probation for three (3) years on the following terms and conditions:

22 1. CLINICAL TRAINING PROGRAM Within 60 calendar days of the effective date  
23 of this Decision, respondent shall enroll in a clinical training or educational program equivalent to  
24 the Physician Assessment and Clinical Education Program (PACE) offered at the University of  
25 California - San Diego School of Medicine ("Program").

26 The Program shall consist of a Comprehensive Assessment program comprised of a two-  
27 day assessment of respondent's physical and mental health; basic clinical and communication  
28 skills common to all clinicians; and medical knowledge, skill and judgment pertaining to

1 respondent's specialty or sub-specialty, and at minimum, a 40 hour program of clinical education  
2 in the area of practice in which respondent was alleged to be deficient and which takes into  
3 account data obtained from the assessment, Decision(s), Accusation(s), and any other information  
4 that the Division or its designee deems relevant. Respondent shall pay all expenses associated  
5 with the clinical training program.

6 Based on respondent's performance and test results in the assessment and clinical  
7 education, the Program will advise the Division or its designee of its recommendation(s) for the  
8 scope and length of any additional educational or clinical training, treatment for any medical  
9 condition, treatment for any psychological condition, or anything else affecting respondent's  
10 practice of medicine. Respondent shall comply with Program recommendations.

11 At the completion of any additional educational or clinical training, respondent shall submit  
12 to and pass an examination. The Program's determination whether or not respondent passed the  
13 examination or successfully completed the Program shall be binding.

14 Respondent shall complete the Program not later than 6 months after respondent's initial  
15 enrollment unless the Division or its designee agrees in writing to a later time for completion.

16 Failure to participate in and complete successfully all phases of the clinical training  
17 program outlined above is a violation of probation.

18 2. PROHIBITED PRACTICE During probation, respondent is prohibited from  
19 prescribing, furnishing, and/or providing samples of narcotics, dangerous drugs, and/or controlled  
20 substances to any family member. Respondent is further prohibited from treating, diagnosing, or  
21 counseling any family member during probation. After the effective date of this Decision, the  
22 first time that a family member seeking the prohibited services contacts respondent, respondent  
23 shall orally notify the family member that respondent is prohibited from prescribing, furnishing,  
24 and/or providing samples of narcotics, dangerous drugs, and/or controlled substances to any  
25 family member and is further prohibited from treating, diagnosing, or counseling any family  
26 member during the probationary period. Respondent shall maintain a log of all family members  
27 to whom the required oral notification was made. The log shall contain the: 1) family member's  
28 name, address and phone number; 2) family member's medical record number, if available; 3) the

1 full name of the person making the notification; 4) the date the notification was made; and 5) a  
2 description of the notification given. Respondent shall keep this log in a separate file or ledger, in  
3 chronological order, shall make the log available for immediate inspection and copying on the  
4 premises at all times during business hours by the Division or its designee, and shall retain the log  
5 for the entire term of probation. Failure to maintain a log as defined in the section, or to make the  
6 log available for immediate inspection and copying on the premises during business hours is a  
7 violation of probation.

8 In addition to the required oral notification, after the effective date of this Decision, the first  
9 time that a family member who seeks the prohibited services presents to respondent, respondent  
10 shall provide a written notification to the family member stating that respondent is prohibited  
11 from prescribing, furnishing, and/or providing samples of narcotics, dangerous drugs, and/or  
12 controlled substances to any family member and is further prohibited from treating, diagnosing,  
13 or counseling any family member during the probationary period. Respondent shall maintain a  
14 copy of the written notification in the family member's file, shall make the notification available  
15 for immediate inspection and copying on the premises at all times during business hours by the  
16 Division or its designee, and shall retain the notification for the entire term of probation. Failure  
17 to maintain the written notification as defined in the section, or to make the notification available  
18 for immediate inspection and copying on the premises during business hours is a violation of  
19 probation.

20 3. CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO

21 RECORDS AND INVENTORIES Respondent shall maintain a record of all controlled  
22 substances ordered, prescribed, dispensed, administered or possessed by respondent, and any  
23 recommendation or approval which enables a patient or patient's primary caregiver to possess or  
24 cultivate marijuana for the personal medical purposes of the patient within the meaning of Health  
25 and Safety Code section 11362.5, during probation, showing all the following: 1) the name and  
26 address of the patient; 2) the date; 3) the character and quantity of controlled substances involved;  
27 and 4) the indications and diagnoses for which the controlled substance was furnished.

28 Respondent shall keep these records in a separate file or ledger, in chronological order. All

1 records and any inventories of controlled substances shall be available for immediate inspection  
2 and copying on the premises by the Division or its designee at all times during business hours and  
3 shall be retained for the entire term of probation.

4 Failure to maintain all records, to provide immediate access to the inventory, or to make all  
5 records available for immediate inspection and copying on the premises, shall constitute a  
6 violation of probation.

7 4. PRESCRIBING PRACTICES COURSE Within 60 calendar days of the effective  
8 date of this Decision, respondent shall enroll in a course in prescribing practices, at respondent's  
9 expense, approved in advance by the Division or its designee. Failure to successfully complete  
10 the course during the first 12 months of probation is a violation of probation.

11 A prescribing practices course taken after the acts that gave rise to the charges in the  
12 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the  
13 Division or its designee, be accepted towards the fulfillment of this condition if the course would  
14 have been approved by the Division or its designee had the course been taken after the effective  
15 date of this Decision.

16 Respondent shall submit a certification of successful completion to the Division or its  
17 designee not later than 15 calendar days after successfully completing the course, or not later than  
18 15 calendar days after the effective date of the Decision, whichever is later.

19 5. MEDICAL RECORD KEEPING COURSE Within 60 calendar days of the effective  
20 date of this decision, respondent shall enroll in a course in medical record keeping, at  
21 respondent's expense, approved in advance by the Division or its designee. Failure to  
22 successfully complete the course during the first 12 months of probation is a violation of  
23 probation.

24 A medical record keeping course taken after the acts that gave rise to the charges in the  
25 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the  
26 Division or its designee, be accepted towards the fulfillment of this condition if the course would  
27 have been approved by the Division or its designee had the course been taken after the effective  
28 date of this Decision.

1 Respondent shall submit a certification of successful completion to the Division or its  
2 designee not later than 15 calendar days after successfully completing the course, or not later than  
3 15 calendar days after the effective date of the Decision, whichever is later.

4 6. ETHICS COURSE Within 60 calendar days of the effective date of this Decision,  
5 respondent shall enroll in a course in ethics, at respondent's expense, approved in advance by the  
6 Division or its designee. Failure to successfully complete the course during the first 12 months of  
7 probation is a violation of probation.

8 An ethics course taken after the acts that gave rise to the charges alleged in the Third and  
9 Fourth Cause for Discipline in the Accusation, but prior to the effective date of the Decision may,  
10 in the sole discretion of the Division or its designee, be accepted towards the fulfillment of this  
11 condition if the course would have been approved by the Division or its designee had the course  
12 been taken after the effective date of this Decision.

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

16 7. NOTIFICATION Prior to engaging in the practice of medicine, the respondent shall  
17 provide a true copy of the Decision(s) and Accusation(s) to the Chief of Staff or the Chief  
18 Executive Officer at every hospital where privileges or membership are extended to respondent,  
19 at any other facility where respondent engages in the practice of medicine, including all physician  
20 and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every  
21 insurance carrier which extends malpractice insurance coverage to respondent. Respondent shall  
22 submit proof of compliance to the Division or its designee within 15 calendar days.

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

24 8. SUPERVISION OF PHYSICIAN ASSISTANTS During probation, respondent is  
25 prohibited from supervising physician assistants.

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

1        10. QUARTERLY DECLARATIONS Respondent shall submit quarterly declarations  
2 under penalty of perjury on forms provided by the Division, stating whether there has been  
3 compliance with all the conditions of probation. Respondent shall submit quarterly declarations  
4 not later than 10 calendar days after the end of the preceding quarter.

5        11. PROBATION UNIT COMPLIANCE Respondent shall comply with the Division's  
6 probation unit. Respondent shall, at all times, keep the Division informed of respondent's  
7 business and residence addresses. Changes of such addresses shall be immediately  
8 communicated in writing to the Division or its designee. Under no circumstances shall a post  
9 office box serve as an address of record, except as allowed by Business and Professions Code  
10 section 2021(b).

11        Respondent shall not engage in the practice of medicine in respondent's place of residence.  
12 Respondent shall maintain a current and renewed California physician's and surgeon's license.

13        Respondent shall immediately inform the Division, or its designee, in writing, of travel to  
14 any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than  
15 30 calendar days.

16        12. INTERVIEW WITH THE DIVISION, OR ITS DESIGNEE Respondent shall be  
17 available in person for interviews either at respondent's place of business or at the probation unit  
18 office, with the Division or its designee, upon request at various intervals, and either with or  
19 without prior notice throughout the term of probation.

20        13. RESIDING OR PRACTICING OUT-OF-STATE In the event respondent should  
21 leave the State of California to reside or to practice, respondent shall notify the Division or its  
22 designee in writing 30 calendar days prior to the dates of departure and return. Non-practice is  
23 defined as any period of time exceeding 30 calendar days in which respondent is not engaging in  
24 any activities defined in Sections 2051 and 2052 of the Business and Professions Code.

25        All time spent in an intensive training program outside the State of California which has  
26 been approved by the Division or its designee shall be considered as time spent in the practice of  
27 medicine within the State. A Board-ordered suspension of practice shall not be considered as a  
28 period of non-practice. Periods of temporary or permanent residence or practice outside



1 California will not apply to the reduction of the probationary term. Periods of temporary or  
2 permanent residence or practice outside California will relieve respondent of the responsibility to  
3 comply with the probationary terms and conditions with the exception of this condition and the  
4 following terms and conditions of probation: Obey All Laws; Probation Unit Compliance; and  
5 Cost Recovery.

6 Respondent's license shall be automatically cancelled if respondent's periods of temporary  
7 or permanent residence or practice outside California total two years. However, respondent's  
8 license shall not be cancelled as long as respondent is residing and practicing medicine in another  
9 state of the United States and is on active probation with the medical licensing authority of that  
10 state, in which case the two year period shall begin on the date probation is completed or  
11 terminated in that state.

12 14. FAILURE TO PRACTICE MEDICINE - CALIFORNIA RESIDENT

13 In the event respondent resides in the State of California and for any reason respondent  
14 stops practicing medicine in California, respondent shall notify the Division or its designee in  
15 writing within 30 calendar days prior to the dates of non-practice and return to practice. Any  
16 period of non-practice within California, as defined in this condition, will not apply to the  
17 reduction of the probationary term and does not relieve respondent of the responsibility to comply  
18 with the terms and conditions of probation. Non-practice is defined as any period of time  
19 exceeding 30 calendar days in which respondent is not engaging in any activities defined in  
20 sections 2051 and 2052 of the Business and Professions Code.

21 All time spent in an intensive training program which has been approved by the Division or  
22 its designee shall be considered time spent in the practice of medicine. For purposes of this  
23 condition, non-practice due to a Board-ordered suspension or in compliance with any other  
24 condition of probation, shall not be considered a period of non-practice.

25 Respondent's license shall be automatically cancelled if respondent resides in California  
26 and for a total of two years, fails to engage in California in any of the activities described in  
27 Business and Professions Code sections 2051 and 2052.

28 ///

1       15. COMPLETION OF PROBATION Respondent shall comply with all financial  
2 obligations (e.g., probation costs) not later than 120 calendar days prior to the completion of  
3 probation. Upon successful completion of probation, respondent's certificate shall be fully  
4 restored.

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

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

23       18. PROBATION MONITORING COSTS Respondent shall pay the costs associated  
24 with probation monitoring each and every year of probation, as designated by the Division, which  
25 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of  
26 California and delivered to the Division or its designee no later than January 31 of each calendar  
27 year. Failure to pay costs within 30 calendar days of the due date is a violation of probation.

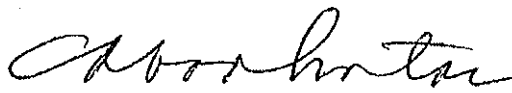
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1 ACCEPTANCE

2 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
3 discussed it with my attorney, Sherwin C. Edelberg, Esq. I understand the stipulation and the  
4 effect it will have on my Physician's and Surgeon's Certificate and my ability to practice medicine  
5 in California during the probationary term. I enter into this Stipulated Settlement and  
6 Disciplinary Order freely, voluntarily, knowingly, and intelligently, and agree to be bound by the  
7 Decision and Order of the Medical Board of California.

8  
9 DATED:

12/28/11



CRISELDA CALAYAN ABADSANTOS, M.D.  
Respondent

13 I have read and fully discussed with Respondent Criselda Calayan AbadSantos, M.D. the  
14 terms and conditions and other matters contained in the above Stipulated Settlement and  
15 Disciplinary Order. I approve its form and content.

16  
17 DATED:

12/29/11



SHERWIN C. EDELBERG, 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 of the Department of Consumer Affairs.

Dated: 1/4/2012

Respectfully submitted,

KAMALA D. HARRIS  
Attorney General of California  
ROBERT MCKIM BELL  
Supervising Deputy Attorney General

  
COLLEEN M. MCGURRIN  
Deputy Attorney General  
*Attorneys for Complainant*

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**Exhibit A**

**Accusation No. 05-2010-205633**

1 KAMALA D. HARRIS  
Attorney General of California  
2 ROBERT MCKIM BELL  
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MEDICAL BOARD OF CALIFORNIA  
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BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

Criselda Calayan AbadSantos, M.D.

Antelope Valley Wellness Center  
251-H East Avenue K-6  
Lancaster, California 93535

Physician's and Surgeon's Certificate Number  
A 105195,

Respondent.

Case No. 05-2010-205633

OAH No.

**ACCUSATION**

Complainant alleges:

**PARTIES**

1. Linda K. Whitney (Complainant) brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California (Board).

2. On or about August 13, 2008, the Board issued Physician's and Surgeon's Certificate number A 105195 to Criselda Calayan AbadSantos, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought herein and will expire on December 31, 2011, unless renewed.

**JURISDICTION**

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

1 **BUSINESS AND PROFESSIONS CODE SECTIONS**

2 4. Section 2227 of the Code states:

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

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

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

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

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

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

15 "(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical  
16 review or advisory conferences, professional competency examinations, continuing education  
17 activities, and cost reimbursement associated therewith that are agreed to with the division and  
18 successfully completed by the licensee, 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 pursuant to  
20 Section 803.1."

21 5. Section 2234 of the Code states, in pertinent part: "The Division of Medical Quality"  
22 shall take action against any licensee who is charged with unprofessional conduct. In addition to  
23 other provisions of this article, unprofessional conduct includes, but is not limited to, the  
24 following:

25  
26 <sup>1</sup> California Business and Professions Code section 2002, as amended and effective January 1, 2008,  
27 provides that, unless otherwise expressly provided, the term "board" as used in the State Medical Practices Act (Bus.  
28 & Prof. Code § 2000, et seq.) means the "Medical Board of California," and references to the "Division of Medical  
Quality" and "Division of Licensing" in the Act or any other provision of law shall be deemed to refer to the Board.

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

4       "(b) Gross negligence.

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

8       "(1) ... (2)."

9       "(d) ... (e)."

10       "(f) Any action or conduct which would have warranted the denial of a certificate."

11       6. Section 2242 of the Code states, in pertinent part:

12       "(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022  
13 without an appropriate prior examination and a medical indication, constitutes unprofessional  
14 conduct.

15       "(b) No licensee shall be found to have committed unprofessional conduct within the  
16 meaning of this section if, at the time the drugs were prescribed, dispensed, or furnished, any of  
17 the following applies:

18       "(1) The licensee was a designated physician ... serving in the absence of the patient's  
19 physician ..., and if the drugs were prescribed, dispensed, or furnished only as necessary to  
20 maintain the patient until the return of his or her practitioner, but in any case no longer than 72  
21 hours.

22       "(2)(A) ... (B)."

23       "(3) The licensee was a designated practitioner serving in the absence of the patient's  
24 physician ..., and was in possession of or had utilized the patient's records and ordered the  
25 renewal of a medically indicated prescription for an amount not exceeding the original  
26 prescription in strength or amount or for more than one refill.

27       "(4) ...."

28       ///



1           7.     Section 4022 of the Code states, in pertinent part:

2           "‘Dangerous drug’ . . . includes the following:"

3           "(a) Any drug that bears the legend: ‘Caution: federal law prohibits dispensing without  
4     prescription,’ ‘Rx only.’ Or words of similar import."

5           "(b) . . . ."

6           "(c) Any other drug . . . that by federal or state law can be lawfully dispensed only on  
7     prescription or furnished pursuant to Section 4006."

8           8.     Section 4024 of the Code states, in pertinent part: "(a) Except as provided in  
9     subdivision (b), ‘dispense’ means the furnishing of drugs . . . upon a prescription from a physician  
10    . . . acting within the scope of . . . her practice."

11          "(b) ‘Dispense’ also means and refers to the furnishing of drugs . . . directly to a patient by  
12    a physician . . . acting within the scope of . . . her practice."

13          9.     Section 4026 of the Code states: "‘Furnish’ means to supply by any means, by sale or  
14    otherwise."

15          10.    Section 4171, subdivision (a), of the Code states, in pertinent part: "Section 4170  
16    shall not prohibit the furnishing of a limited quantity of samples by a prescriber, if the prescriber  
17    dispenses the samples to the patient in the package provided by the manufacturer, no charge is  
18    made to the patient therefor, and an appropriate record is entered in the patient’s chart."

19          11.    Section 4021 of the Code states: "‘Controlled substance’ means substances listed in  
20    Chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code."

21          12.    Section 2266 of the Code states: "The failure of a physician and surgeon to maintain  
22    adequate and accurate records relating to the provision of services to their patients constitutes  
23    unprofessional conduct."

24    **HEALTH AND SAFETY CODE SECTIONS**

25          13.    Section 11007 of the Health and Safety Code states, in pertinent part: "‘Controlled  
26    substances,’ unless otherwise specified, means a drug, substance, or immediate precursor which is  
27    listed in any schedule in Section . . . , 11055, . . . , 11057, . . ."

28          14.    Section 11055 of the Health and Safety Code states, in pertinent part:

1       “(a) The controlled substances listed in this section are included in Schedule II.”  
2       “(b) Any of the following substances, . . . :”  
3       “(1) Opium, opiate, and any salt, compound, derivative, . . . including the following:  
4       “(A) . . . (L).”  
5       “(M) Oxycodone.”  
6       “(N) . . . (O).”  
7       “(2) . . . (7).”  
8       “(c) . . . .”  
9       “(d) Stimulants. Unless specifically excepted or unless listed in another schedule, any  
10 material, compound, mixture, or preparation which contains any quantity of the following  
11 substances having a stimulant effect on the central nervous system: “  
12       “(1) Amphetamine, its salts, optical isomers, and salts of its isomers.”  
13       “(2) . . . (8).”  
14       “(e) . . . (f).”  
15       15. Section 11057 of the Health and Safety Code states, in pertinent part:  
16       “(a) The controlled substances listed in this section are included in Schedule IV.”  
17       “(b) . . . (c).”  
18       “(d) Depressants. Unless specifically excepted or unless listed in another schedule, any  
19 material, compound, mixture, or preparation which contains any quantity of the following  
20 substances, including its salts, isomers, and salts of isomers whenever the existence of those salts,  
21 isomers, and salts of isomers is possible within the specific chemical designation: “  
22       “(1) . . . (15).”  
23       “(16) Lorazepam.”  
24       “(17) . . . (32).”  
25       “(e) . . . .”  
26       “(f) Stimulants. Unless specifically excepted or unless listed in another schedule, any  
27 material, compound, mixture, or preparation which contains any quantity of the following  
28 substances having a stimulant effect on the central nervous system, including its salts, isomers . .

1 .., and salts of isomers is possible within the specific chemical designation:"

2 "(1) ... (3)."

3 "(4) Phentermine."

4 "(5) ... (8)."

5 "(g) ...."

6 16. Section 11210 of the Health and Safety Code states, in pertinent part:

7 "A physician . . . , may prescribe for, furnish to, or administer controlled substances to . . .  
8 her patient when the patient is suffering from a disease, ailment, injury, or infirmities attendant  
9 upon old age, other than addiction to a controlled substance."

10 "The physician, . . . shall prescribe, furnish, or administer controlled substances only when  
11 in good faith . . . she believes the disease, ailment, injury, or infirmity requires the treatment."

12 "The physician, . . . , shall prescribe, furnish, or administer controlled substances only in the  
13 quantity and for the length of time as are reasonably necessary."

14 17. Section 11190 of the Health and Safety Code states, in pertinent part:

15 "(a) Every practitioner, other than a pharmacist, who prescribes or administers a  
16 controlled substance classified in Schedule II shall make a record that, as to the transaction,  
17 shows all of the following:

18 "(1) The name and address of the patient."

19 "(2) The date."

20 "(3) The character, including the name and strength, and quantity of controlled substances  
21 involved."

22 "(b) The prescriber's record shall show the pathology and purpose for which the controlled  
23 substance was administered or prescribed."

24 "(c)(1) ... (f)(2)."

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1 **FIRST CAUSE FOR DISCIPLINE**

2 (Gross Negligence)

3 18. Respondent is subject to disciplinary action under Business and Professions Code  
4 section 2234, subdivision (b), in that she committed gross negligence in the care and treatment of  
5 K.T., P.A.S., B.A.S., M.C., and R.C. The circumstances are as follows:

6 **PATIENT K.T.**

7 19. In or about March 2010, Respondent prescribed to K.T., a then eighteen-year-old  
8 female family friend, thirty tablets of 30 milligrams (mg) of Adderall<sup>2</sup>, a controlled substance,  
9 because K.T. was getting depressed because her boyfriend was in another state. The prescriptions  
10 were filled on or about March 6 and March 9, 2010. In or about April, May and June 2010,  
11 Respondent prescribed sixty 30 mg tablets of Adderall to K.T., which were filled on or about  
12 April 13, May 19 and June 26, 2010. Prior to writing the prescriptions, Respondent did not  
13 conduct an appropriate examination of K.T., nor did Respondent perform any type of evaluation  
14 to establish that the controlled substance was medically indicated. Respondent initiated treatment  
15 at 30 mg a day, quickly increasing the dosage to 60 mg a day, without first starting K.T. on the  
16 lowest dosage (5 mg) and titrating upward after careful monitoring. Respondent did not order  
17 any laboratory tests to evaluate K.T.'s liver or cardiac functions to determine the suitability for  
18 this type of stimulant medication treatment. Respondent did not inform K.T. about the potential  
19 side effects or adverse reactions to the Adderall. Respondent did not monitor the clinical effects  
20 or side effects of the controlled substance. At all times mentioned herein, Respondent did not  
21 create or maintain a medical chart for K.T.

22 20. On or about July 28, 2010, Respondent testified, during an interview with the Board  
23 that she also furnished samples of Pristiq<sup>3</sup>, a dangerous drug, to K.T. Respondent, however, did  
24 not conduct an appropriate examination of K.T., nor did she perform any type of evaluation to

25 <sup>2</sup> Adderall is a brand name for a pharmaceutical psychostimulant comprising mixed amphetamine and  
26 dextroamphetamine. This drug is used primarily to treat attention-deficit/hyperactivity disorder (ADHD) and  
narcolepsy. This is a Schedule II Controlled Substance that has a high potential for abuse and addiction.

27 <sup>3</sup> Pristiq is a brand name for an antidepressant that affects the chemicals in the brain that may become  
28 unbalanced and cause depression. This drug is used primarily to treat major depressive disorders, and is a dangerous  
drug requiring a prescription.

1 establish that this dangerous drug was medically indicated. Respondent did not order any  
2 laboratory tests to evaluate the K.T.'s blood pressure or renal function to determine the suitability  
3 of this type of treatment prior to furnishing the dangerous drug. Respondent did not monitor the  
4 clinical effects or side effects of the dangerous drug. Respondent did not inform K.T. about the  
5 potential side effects and/or adverse reactions to this dangerous drug. Respondent further  
6 testified that she told K.T. "to go . . . see a psychiatrist, but she refused." Nonetheless,  
7 Respondent continued to furnish samples of Pristiq to K.T.

8 21. In or about June and July 2010, Respondent prescribed 37.5 mg of Phentermine<sup>4</sup>, a  
9 controlled substance, to K.T. because she was a "little chubby." At the same time, Respondent  
10 prescribed thirty 50 mg tablets of hydrochlorothiazide<sup>5</sup>, a dangerous drug, to K.T. Prior to  
11 writing the prescriptions, Respondent did not conduct an appropriate examination of K.T., nor  
12 was Respondent aware of K.T.'s body mass index (BMI)<sup>6</sup> to determine if phentermine was  
13 medically indicated. Respondent did not order any blood or laboratory tests to check K.T.'s  
14 cardiac or renal functions, nor potassium levels before writing the prescription. Respondent did  
15 not monitor the clinical effects or side effects of the medications after they were prescribed.  
16 Respondent did not inform K.T. of the potential side effects and/or adverse reactions to the  
17 medications prescribed. The prescriptions were filled on or about June 13, 2010 and July 12,  
18 2010. Respondent told the Board that the July 12, 2010 prescriptions for phentermine, a  
19 controlled substance, and hydrochlorothiazide, a dangerous drug, were filled in California,  
20 picked up by B.A.S., a male member of respondent's family, and mailed to K.T. who was residing  
21 in another state.

22 22. In or about July 2010, Respondent prescribed sixty 100 mg tablets of Trazodone<sup>7</sup>, a

23 <sup>4</sup> Phentermine is a stimulant that is similar to an amphetamine. It is an appetite suppressant that affects the  
24 central nervous system and is a Schedule IV Controlled Substance.

25 <sup>5</sup> Hydrochlorothiazide is a thiazide diuretic (water pill) that helps prevent the body from absorbing too  
26 much salt, which can cause fluid retention. This medication is generally used to treat high blood pressure  
(hypertension), and fluid retention in people with congestive heart failure, cirrhosis of the liver, or kidney disorders,  
or edema caused by taking steroids or estrogen. This medication requires a prescription and is a dangerous drug.

27 <sup>6</sup> Body Mass Index (BMI) is a measurement of the relative percentages of fat and muscle mass in the human  
body, in which mass in kilograms is divided by height in meters squared. The result is used as an index of obesity.

28 <sup>7</sup> Trazodone is an antidepressant medication that is thought to increase the activity of one of the brain  
chemicals (serotonin) which may become unbalanced and cause depression. It is used to treat depression, but may

(continued...)

1 dangerous drug, to K.T. for insomnia. Prior to writing the prescription, Respondent did not speak  
2 to K.T. nor did she physically see K.T. who was residing in another state at that time.  
3 Respondent told the Board that she received a telephone call from her son (i.e., Respondent's son)  
4 stating that K.T. was not sleeping well. When Respondent asked to speak with K.T. Respondent  
5 was told that "she didn't want to talk to me." Nevertheless, Respondent wrote the prescription,  
6 which was filled in California, on or about July 12, 2010, and picked up by B.A.S., who mailed  
7 the dangerous drug to K.T. in another state. Prior to writing the prescription, Respondent did not  
8 conduct an appropriate examination of K.T., nor did she perform any type of evaluation to  
9 establish that the dangerous drug was medically indicated. Respondent did not inform K.T. of the  
10 potential side effects and/or adverse reactions to the medication, nor did Respondent warn K.T.  
11 that there was the possibility that she might start having suicidal thoughts when first starting this  
12 dangerous drug. Respondent did not monitor the clinical effects or side effects of the dangerous  
13 drug after it was prescribed.

14 23. In or about July 2010, Respondent prescribed sixty 500 mg tablets of Metformin<sup>8</sup>, a  
15 dangerous drug, to K.T. Respondent told the Board that she prescribed Metformin to K.T.  
16 because it is "also to help . . . weight loss." Prior to writing the prescription, Respondent did not  
17 conduct an appropriate examination of K.T., nor perform any type of evaluation to establish that  
18 the prescription was medically indicated. Respondent did not conduct or order any laboratory  
19 tests to ascertain K.T.'s blood sugar levels, nor her liver, renal or pancreatic functions prior to  
20 prescribing this dangerous drug. Respondent did not monitor the clinical effects or side effects of  
21 the medication. In fact, Respondent did not see K.T. who was residing in another state when the  
22 prescription was written. Respondent did not inform K.T. of the potential side effects and/or  
23 adverse reactions to the dangerous drug, which could be life threatening. Nevertheless,  
24 Respondent wrote the prescription, which was filled in California, picked up by B.A.S., on or

25  
26 also be used for relief of anxiety disorders (e.g., sleeplessness, tension) and chronic pain. This medication requires a  
prescription and is a dangerous drug.

27 <sup>8</sup> Metformin is an oral diabetes medicine that helps control blood sugar levels and is for people with Type 2  
28 (non-insulin dependent) diabetes. This medication can cause lactic acidosis (a build-up of lactic acid in the body)  
which can be fatal. This medication requires a prescription and is a dangerous drug.

1 about July 12, 2010, and mailed to K.T. in another state.

2 24. Respondent committed gross negligence in the care and treatment of K.T. by:

3 (a) Failing to perform an appropriate examination prior to prescribing the controlled  
4 substances Adderall and phentermine, and/or furnishing the dangerous drugs Trazodone,  
5 Metformin, hydrochlorothiazide, and Pristiq;

6 (b) Failing to perform an evaluation to establish that the controlled substances and  
7 dangerous drugs prescribed and furnished were medically indicated;

8 (c) Failing to order laboratory tests to evaluate K.T.'s liver and cardiac functions prior  
9 to prescribing the controlled substances Adderall and phentermine;

10 (d) Failing to order laboratory tests to evaluate K.T.'s kidney, liver and pancreatic functions  
11 and failing to test K.T.'s blood sugar and blood pressure levels before prescribing and/or  
12 furnishing the dangerous drugs Trazodone, hydrochlorothiazide, Metformin and Pristiq;

13 (e) Failing to discuss the potential side effects, adverse reactions and/or allergic reactions  
14 to the controlled substances and dangerous drugs prescribed and/or furnished;

15 (f) Failing to monitor the clinical effects or side effects of the controlled substances and  
16 dangerous drugs prescribed and/or furnished; and

17 (g) Failing to maintain a medical chart.

18 PATIENT P.A.S.

19 25. In or about November 2009, and January and March 2010, Respondent prescribed to  
20 P.A.S., a then twenty-three-year-old female relative, sixty 30 mg tablets of Adderall, a controlled  
21 substance. Prior to writing the prescription, Respondent did not conduct an appropriate  
22 examination of P.A.S., nor did she perform any type of evaluation to establish that the controlled  
23 substance was medically indicated. Respondent did not order any laboratory tests to evaluate the  
24 liver or cardiac functions of P.A.S. to determine the suitability for this type of stimulant  
25 medication treatment. Additionally, Respondent initiated treatment at 60 mg a day without first  
26 starting P.A.S. on the lowest dose (5 mg) and titrating upward after careful monitoring.  
27 Respondent did not monitor the clinical effects or side effects of the controlled substance.  
28 Respondent did not inform P.A.S. of the potential side effects and/or adverse reactions to the

1 Adderall. At all times mentioned herein, Respondent did not create or maintain a medical chart  
2 for P.AS.

3 26. In or about April 2010, Respondent prescribed thirty 50 mg tablets of Pristiq, a  
4 dangerous drug, to P.AS. Prior to writing the prescription, Respondent did not conduct an  
5 appropriate examination of P.AS., nor did she perform any type of evaluation to establish that the  
6 dangerous drug was medically indicated. Respondent did not order any laboratory tests to  
7 evaluate P.AS.'s blood pressure or renal function to determine the suitability of this type of  
8 treatment prior to prescribing the dangerous drug. Respondent did not monitor the clinical effects  
9 or side effects of the dangerous drug, and did not monitor P.AS.'s blood pressure or renal  
10 function after prescribing this dangerous drug. There is no evidence that Respondent informed  
11 P.AS. about the potential side effects and/or allergic reactions to this dangerous drug.

12 27. Respondent committed gross negligence in the care and treatment of P.AS. by:

13 (a) Failing to perform an appropriate examination prior to prescribing the controlled  
14 substance Adderall, and the dangerous drug Pristiq;

15 (b) Failing to perform an evaluation to establish that the controlled substance and the  
16 dangerous drug prescribed were medically indicated;

17 (c) Failing to order laboratory tests to evaluate P.AS.'s liver and cardiac functions prior to  
18 prescribing the controlled substance Adderall;

19 (d) Failing to order laboratory tests to evaluate and monitor P.AS.'s blood pressure and  
20 renal function prior to prescribing the dangerous drug Pristiq;

21 (e) Failing to discuss the potential side effects and/or adverse reactions to the Adderall and  
22 Pristiq;

23 (f) Failing to monitor the clinical effects or side effects of the Adderall and Pristiq; and

24 (g) Failing to maintain a medical chart.

25 PATIENT B.AS.

26 28. In or about June 2009, Respondent prescribed to B.AS., a then forty-six year old male

27 ///

28 ///



1 relative, ninety 2 mg tablets of Lorazepam<sup>9</sup>, a controlled substance, which was filed on or about  
2 June 23, 2009. On or about July 1, 2009, B.A.S. filled another prescription for seven 2 mg tablets  
3 of Lorazepam. Further, on or about August 27, 2009, B.A.S. filled another prescription from  
4 Respondent for sixty 2 mg tablets of Lorazepam. Prior to writing the prescriptions, Respondent  
5 did not conduct an appropriate examination of B.A.S., nor did Respondent perform any type of  
6 evaluation to establish that the controlled substance was medically indicated. Respondent  
7 initiated treatment at a high dose (4 - 6 mg a day) without first starting B.A.S. on the lowest  
8 recommended dose (1 - 2 mg a day) and titrating upward after careful monitoring. There is no  
9 evidence that Respondent informed B.A.S. about the potential side effects and/or adverse  
10 reactions to the Lorazepam.

11 29. In or about August 2009, Respondent prescribed ninety tablets of OxyContin<sup>10</sup>, a  
12 central nervous system depressant, to B.A.S. This medication was prescribed at the same time  
13 Respondent was prescribing a high dosage of Lorazepam, another central nervous system  
14 depressant. Respondent did not monitor the clinical effects or side effects of the OxyContin  
15 which was filled on or about August 27, 2009.

16 30. In or about September and November 2009, and January and February 2010,  
17 Respondent prescribed sixty 30 mg tablets of Adderall, a controlled substance, to B.A.S. Prior to  
18 writing the prescription, Respondent did not conduct an appropriate examination of B.A.S., nor  
19 did Respondent perform any type of evaluation to establish that this control substance was  
20 medically indicated. Respondent did not order any laboratory tests to evaluate B.A.S.'s liver or  
21 cardiac functions to determine the suitability for this type of stimulant medication treatment.  
22 Additionally, Respondent initiated treatment at 60 mg a day without first starting with the lowest  
23 dose (5 mg) and titrating upward after careful monitoring. Respondent did not monitor the  
24 clinical effects or side effects of the controlled substance. There is no evidence that respondent

25 <sup>9</sup> Lorazepam (also known as Ativan, a trademark) is an anti-anxiety agent which is thought to depress the  
26 central nervous system at the limbic system and disrupt neurotransmission in reticular (net like) activating system.  
This is a Schedule IV controlled substance.

27 <sup>10</sup> OxyContin, also known by the generic name of oxycodone, is a narcotic pain reliever similar to morphine  
28 used to treat moderate to severe pain that is expected to last for an extended period of time and is a Scheduled II  
narcotic.

1 informed B.A.S. of the potential side effects and/or adverse reactions to the controlled substance.

2 31. Respondent committed gross negligence in the care and treatment of B.A.S. by:

3 (a) Failing to perform an appropriate examination prior to prescribing the controlled  
4 substances Adderall and Lorazepam;

5 (b) Failing to perform any type of evaluation to establish that the Adderall and Lorazepam  
6 were medically indicated;

7 (c) Failing to order laboratory tests to evaluate B.A.S.'s liver and cardiac function  
8 prior to prescribing the controlled substances Adderall and Lorazepam;

9 (d) Failing to inform B.A.S. about the potential side effects and adverse reactions to the  
10 Adderall and Lorazepam; and

11 (e) Failing to monitor the clinical effects or side effects of the controlled substances.

12 PATIENT M.C.

13 32. In or about April 2010, Respondent prescribed to M.C., a then forty-four year-old  
14 male relative, sixty 30 mg tablets of Adderall, a controlled substance, which was filled on or  
15 about April 5, 2010. Respondent told the Board that M.C., who lives in the Philippines, was  
16 running for a political position and needed "something to help him . . . have a little more energy  
17 and stay up . . . so I gave him Adderall." Prior to writing the prescription, Respondent did not  
18 conduct an appropriate examination of M.C., nor did she perform any type of evaluation to  
19 establish that the Adderall was medically indicated. Respondent did order any laboratory tests to  
20 evaluate M.C.'s liver or cardiac functions to determine the suitability for this type of stimulant  
21 medication treatment. Additionally, Respondent initiated treatment at 60 mg a day without first  
22 starting M.C. on the lowest recommended dose (5 mg) and titrating upward after careful  
23 monitoring. Respondent did not monitor the clinical effects or side effects of the medication.  
24 There is no evidence that Respondent informed M.C. of the potential side effects and/or adverse  
25 reactions to the controlled substance. Respondent did not create or maintain a medical chart for  
26 M.C.

27 33. Respondent committed gross negligence in the care and treatment of M.C. by:

28 (a) Failing to perform an appropriate examination prior to prescribing the controlled

1 substance Adderall;

2 (b) Failing to perform an evaluation to establish that the Adderall was medically indicated;

3 (c) Failing to order laboratory tests to evaluate M.C.'s liver and cardiac function prior to  
4 prescribing Adderall;

5 (d) Failing to inform M.C. about the potential side effects and adverse reactions of the  
6 Adderall;

7 (e) Failing to monitor the clinical effects or side effects of the Adderall; and

8 (f) Failing to maintain a medical chart.

9 **PATIENT R.C.**

10 34. On or about July 2010, Respondent prescribed to R.C., a male relative, 100 mg of  
11 Pristiq, a dangerous drug. Respondent told the Board that she received a telephone call from  
12 R.C., who lives in the Philippines and had been previously diagnosed with a bipolar disorder<sup>11</sup>,  
13 stating that he was experiencing some depression. Based upon that conversation, Respondent  
14 wrote the prescription, which was filled on or about July 12, 2010 in California, and mailed to  
15 R.C. in the Philippines. Prior to writing the prescription, Respondent did not see or conduct an  
16 appropriate examination of R.C., nor did she perform any type of evaluation to establish that this  
17 dangerous drug was medically indicated. Respondent did not order any laboratory tests to  
18 evaluated R.C.'s blood pressure levels or renal function prior to prescribing the dangerous drug,  
19 nor did Respondent monitor the clinical effects or side effects of the dangerous drug. There is no  
20 evidence that respondent informed R.C. of the potential side effects and/or allergic reactions to  
21 the medication prescribed. At all times mentioned herein, Respondent did not create or maintain  
22 a medical chart for R.C.

23 35. In or about December 2010, Respondent prescribed 37.5 mg of Phentermine, a  
24 controlled substance, to R.C. Prior to writing the prescription, Respondent did not see or conduct  
25 an appropriate examination of R.C., nor was she aware of his body mass index to determine if  
26 phentermine was medically indicated. Respondent did not check his blood pressure levels or

27 <sup>11</sup> Bipolar disorder is a mood disorder that causes radical emotional changes and mood swings, from manic  
28 highs to depressive lows.

1 order any laboratory tests to check his cardiac function. Respondent did not monitor R.C.'s blood  
2 pressure nor the clinical effects or side effects of the Pristiq after the dangerous drug was mailed  
3 to him in the Philippines. Respondent did not inform R.C. of the potential side effects and/or  
4 adverse reactions to the phentermine. The prescription was filled on or about December 20,  
5 2010, in California and mailed to R.C. in the Philippines.

6 36. Respondent committed gross negligence in the care and treatment of R.C. by:

7 (a) Failing to perform an appropriate examination prior to prescribing the controlled  
8 substances phentermine, and dangerous drug Pristiq;

9 (b) Failing to perform an evaluation to establish that the phentermine and Pristiq were  
10 medically indicated;

11 (c) Failing to order laboratory tests to evaluate R.C.'s cardiac function prior to prescribing  
12 the controlled substances phentermine;

13 (d) Failing to order laboratory tests to evaluate R.C.'s renal function or blood  
14 pressure prior to prescribing the dangerous drug Pristiq,;

15 (e) Failing to discuss the potential side effects and/or adverse reactions to the phentermine  
16 and Pristiq prescribed;

17 (f) Failing to monitor the clinical effects or side effects of the phentermine and Pristiq after  
18 they were prescribed; and

19 (g) Failing to maintain a medical chart.

20 **SECOND CAUSE FOR DISCIPLINE**

21 (Repeated Negligent Acts)

22 37. Respondent is subject to disciplinary action under Business and Professions Code  
23 section 2234, subdivision (c), in that she committed repeated negligent acts in her care and  
24 treatment of K.T., P.A.S., B.A.S., M.C., and R.C. The circumstances are as follows:

25 38. Paragraphs 19 through 23, 25 thorough 26, 28 through 30, 32, and 34 through 35,  
26 inclusive, above are incorporated herein by reference as if fully set forth.

27 39. Respondent committed repeated negligent acts in the care and treatment of K.T.,  
28 P.A.S., B.A.S., M.C., and R.C. by:

1 PATIENT K.T.

2 (a) Failing to perform an appropriate examination prior to prescribing the controlled  
3 substances Adderall and phentermine, and/or furnishing the dangerous drugs Trazodone,  
4 Metformin, hydrochlorothiazide, and Pristiq;

5 (b) Failing to perform an evaluation to establish that the controlled substances and  
6 dangerous drugs prescribed and furnished were medically indicated;

7 (c) Failing to order laboratory tests to evaluate K.T.'s liver and cardiac functions prior  
8 to prescribing the controlled substances Adderall and phentermine;

9 (d) Failing to order laboratory tests to evaluate K.T.'s kidney, liver and pancreatic functions  
10 and failing to test K.T.'s blood sugar and blood pressure levels before prescribing and/or  
11 furnishing the dangerous drugs Trazodone, hydrochlorothiazide, Metformin and Pristiq;

12 (e) Failing to discuss the potential side effects, adverse reactions and/or allergic reactions  
13 to the controlled substances and dangerous drugs prescribed and/or furnished;

14 (f) Failing to monitor the clinical effects or side effects of the controlled substances and  
15 dangerous drugs prescribed and/or furnished; and

16 (g) Failing to maintain a medical chart.

17 PATIENT P.A.S.

18 (h) Failing to perform an appropriate examination prior to prescribing the controlled  
19 substance Adderall, and the dangerous drug Pristiq;

20 (i) Failing to perform an evaluation to establish that the controlled substance and the  
21 dangerous drug prescribed were medically indicated;

22 (j) Failing to order laboratory tests to evaluate P.A.S.'s liver and cardiac functions prior to  
23 prescribing the controlled substance Adderall;

24 (k) Failing to order laboratory tests to evaluate and monitor P.A.S.'s blood pressure and  
25 renal function prior to prescribing the dangerous drug Pristiq;

26 (l) Failing to discuss the potential side effects and/or adverse reactions to the Adderall and  
27 Pristiq;

28 (m) Failing to monitor the clinical effects or side effects of the Adderall and Pristiq; and

1 (n) Failing to maintain a medical chart.

2 PATIENT B.A.S.

3 (o) Failing to perform an appropriate examination prior to prescribing the controlled  
4 substances Adderall and Lorazepam;

5 (p) Failing to perform any type of evaluation to establish that the Adderall and Lorazepam  
6 were medically indicated;

7 (q) Failing to order laboratory tests to evaluate B.A.S.'s liver and cardiac function  
8 prior to prescribing the controlled substances Adderall and Lorazepam;

9 (r) Failing to inform B.A.S. about the potential side effects and adverse reactions to the  
10 Adderall and Lorazepam; and

11 (s) Failing to monitor the clinical effects or side effects of the controlled substances.

12 PATIENT M.C.

13 (t) Failing to perform an appropriate examination prior to prescribing the controlled  
14 substance Adderall;

15 (u) Failing to perform an evaluation to establish that the Adderall was medically indicated;

16 (v) Failing to order laboratory tests to evaluate M.C.'s liver and cardiac function prior to  
17 prescribing Adderall;

18 (w) Failing to inform M.C. about the potential side effects and adverse reactions of the  
19 Adderall;

20 (x) Failing to monitor the clinical effects or side effects of the Adderall; and

21 (y) Failing to maintain a medical chart.

22 PATIENT R.C.

23 (z) Failing to perform an appropriate examination prior to prescribing the controlled  
24 substances phentermine, and dangerous drug Pristiq;

25 (aa) Failing to perform an evaluation to establish that the phentermine and Pristiq were  
26 medically indicated;

27 (bb) Failing to order laboratory tests to evaluate R.C.'s cardiac function prior to  
28 prescribing the controlled substances phentermine;

- 1 (cc) Failing to order laboratory tests to evaluate R.C.'s renal function or blood  
2 pressure prior to prescribing the dangerous drug Pristiq;  
3 (dd) Failing to discuss the potential side effects and/or adverse reactions to the  
4 phentermine and Pristiq prescribed;  
5 (ee) Failing to monitor the clinical effects or side effects of the phentermine and Pristiq  
6 after they were prescribed; and  
7 (ff) Failing to maintain a medical chart.

### 8 THIRD CAUSE FOR DISCIPLINE

9 (Prescribing without an Appropriate Prior Examination)

10 40. Respondent is subject to disciplinary action under Business and Professions Code  
11 section 2242, subdivision (a), in that she prescribed controlled substances and dangerous drugs  
12 without an appropriate examination and medical indication in her care and treatment of patients  
13 K.T., P.A.S., B.A.S., M.C., and R.C. The circumstances are as follows:

14 41. Paragraphs 19 through 23, 25 through 26, 28 through 30, 32, and 34 through 35,  
15 inclusive, above are incorporated herein by reference as if fully set forth.

16 42. Respondent prescribed controlled substances and dangerous drugs without conducting  
17 an appropriate examination prior to prescribing and/or furnishing the controlled substances and/or  
18 dangerous drugs to K.T., P.A.S., B.A.S., M.C., and R.C. by:

#### 19 PATIENT K.T.

20 (a) Failing to perform an appropriate examination prior to prescribing the controlled  
21 substances Adderall and phentermine, and/or furnishing the dangerous drugs Trazodone,  
22 Metformin, hydrochlorothiazide, and Pristiq; and

23 (b) Failing to perform an evaluation to establish that the controlled substances and  
24 dangerous drugs prescribed and furnished were medically indicated.

#### 25 PATIENT P.A.S.

26 (c) Failing to perform an appropriate examination prior to prescribing the controlled  
27 substance Adderall, and the dangerous drug Pristiq; and

28 (d) Failing to perform an evaluation to establish that the controlled substance and the

1 dangerous drug prescribed were medically indicated.

2 PATIENT B.A.S.

3 (e) Failing to perform an appropriate examination prior to prescribing the controlled  
4 substances Adderall and Lorazepam; and

5 (f) Failing to perform any type of evaluation to establish that the Adderall and Lorazepam  
6 were medically indicated.

7 PATIENT M.C.

8 (g) Failing to perform an appropriate examination prior to prescribing the controlled  
9 substance Adderall; and

10 (h) Failing to perform an evaluation to establish that the Adderall was medically indicated.

11 PATIENT R.C.

12 (i) Failing to perform an appropriate examination prior to prescribing the controlled  
13 substances phentermine, and dangerous drug Pristiq; and

14 (j) Failing to perform an evaluation to establish that the phentermine and Pristiq were  
15 medically indicated.

16 FOURTH CAUSE FOR DISCIPLINE

17 (Failure to Maintain Adequate and Accurate Records – K.T., P.A.S., M.C. and R.C.)

18 43. Respondent is subject to disciplinary action under Business and Professions Code  
19 section 2266 in that she failed to maintain adequate and accurate records in her care and treatment  
20 of K.T., P.A.S., M.C., and R.C. The circumstances are as follows:

21 44. Paragraphs 19 through 23, 25 thorough 26, 32, and 34 through 35, inclusive, above  
22 are incorporated herein by reference as if fully set forth.

23 45. Respondent failed to maintain adequate and accurate records in the care and treatment  
24 of K.T., P.A.S., M.C., and R.C. as alleged in Paragraphs 24, 27, 33, 36 and 39.

25 PRAAYER

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

28 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 105195,



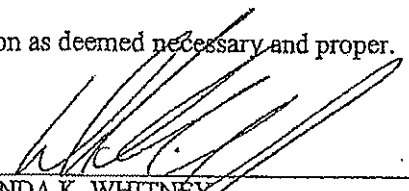
1 issued to Criselda Calayan AbadSantos, M.D.

2 2. Revoking, suspending or denying approval of her authority to supervise physician's  
3 assistants, pursuant to section 3527 of the Code;

4 3. If placed on probation, ordering her to pay the Medical Board of California the costs  
5 of probation monitoring; and

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

7  
8 DATED: August 5, 2011.

  
LINDA K. WHITNEY  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California

*Complainant*

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