

LICENSE NO. L-6256

IN THE MATTER OF

BEFORE THE

THE LICENSE OF

LISA DIANE ALLOJU-FAIRWEATHER,  
D.O.

TEXAS MEDICAL BOARD

MEDIATED AGREED ORDER

On the 27 day of August, 2010, came on to be heard before the Texas Medical Board (the "Board"), duly in session, the matter of the license of Lisa Diane Alloju-Fairweather, D.O. ("Probationer").

On October 16, 2009, Probationer appeared in person, with counsel Tim Weitz, at an Informal Show Compliance Proceeding and Settlement Conference in response to a letter of invitation from the staff of the Board regarding compliance with her an Agreed Order entered on April 15, 2003, ("2003 Order") and Agreed Order Modifying Prior Order entered on April 11, 2008 ("2008 Order") pertaining to Probationer's Texas Medical License No. L-6256, which Orders are referenced to and incorporated herein. The Board's representatives were Kathy C. Flanagan, M.D., and Ruthie Burrus, members of District Review Committees. Lee Bukstein, represented Board staff.

The matter did not settle at the ISC, and the Board filed a formal complaint at the State Office of Administrative Hearings ("SOAH"). Prior to this matter going to trial, the parties agreed to mediation. The mediation was held on June 18, 2010. Respondent appeared in person with counsel, Tim Weitz. The Board was represented by George Willeford, III, M.D., a member of the Board, and staff attorney, Lee Bukstein.

Upon the recommendation of the Board's representatives and with the consent of Respondent, the Board makes the following Findings of Fact and Conclusions of Law and enters this Agreed Order.

## FINDINGS OF FACT

The Board finds that:

A. Prior Disciplinary History:

1. On May 17, 2002, the Board entered an Agreed Order ("2002 Order") restricting Probationer's Institutional Permit License and placing Probationer on probation under several terms and conditions for the duration of her permit. The Board's action was based upon Probationer's arrests for driving while intoxicated and possession of controlled substances. On August 24, 2002, Probationer's permit expired. Accordingly, the 2002 Order terminated on August 24, 2002.
2. On April 15, 2003, the Board entered the 2003 Order granting the Probationer a medical license (contingent on passing the Jurisprudence Examination) and restricting the Probationer's license for a period of seven years. The 2003 Order also required Respondent to: continue her care and treatment with a treating psychiatrist; participate in Alcoholics Anonymous ("AA") on a regular basis of at least three meetings per week; and participate in the activities of the Texas Osteopathic Medical Association's (TOMA) Physician Health and Rehabilitation Committee ("PHRC"). The Board's action was based upon Probationer's history of alcohol and controlled substance abuse. Relevant to the complaint herein, Ordering Paragraph No. 1 of the 2003 Order requires Probationer to abstain from consuming alcohol and other prohibited substances.
3. On April 11, 2008, the Board entered the 2008 Order that suspended Probationer's license for a period of one month and among other terms and conditions, required Probationer to attend and complete an intensive outpatient program of at least 30 days duration related to substance abuse. Additionally, the 2008 Order: issued a public reprimand of Probationer; increased the frequency of AA meetings required under the 2003 Order to five meetings per week; required Respondent to attend 90 AA meetings in 90 days; required Probationer to pay an administrative penalty of \$5,000; and required Probationer to perform 120 hours of community service providing counseling/psychiatric services related to substance abuse. The Board's action was based upon the Probationer's failure to submit to a urine drug screening as requested by the Board.

B. Status of Compliance with the 2008 Order, as modified, as of June 18, 2009:

1. Probationer has served seven years of her seven-year probation.
2. Probationer is not in compliance with the terms and conditions of the 2003 Order.
  - a. Probationer is in violation of Ordering Paragraphs Nos. 1 and 2 of the modified 2003 Order. On or about May 19, 2009, Probationer tested positive for a drug, Meprobamate, for which she had not given Board staff notice that she was taking. On June 15, 2009, Probationer reported to the Board that she had taken Soma pills that had been prescribed to her husband without being prescribed for her by a physician. At that time, Probationer entered into an inpatient treatment program at COPAC for substance abuse and was discharged on September 21, 2009.
  - b. Probationer is in violation of Ordering Paragraph No. 17. Probationer violated the terms and conditions of the 2003 Order, as modified, constituting a basis for disciplinary action under the terms of Ordering Paragraph No. 17. By the provisions of that paragraph, Probationer exhibited unprofessional conduct, likely to deceive, defraud, or injure the public.
3. Mitigating Factors.
  - a. Respondent has been sober since June 15, 2009.
  - b. Respondent has received psychiatric treatment on a regular basis since September 21, 2009.
  - c. An ongoing review of a committee of the Texas Osteopathic Medical Association released Respondent from drug screening in 2009. Respondent voluntarily resumed drug screening with this organization after screening by the Board ended in April, 2010.

C. Recommendation:

Based on the above Findings of Facts and information available, the Board's representative recommended the following modifications: Probationer shall be given a public reprimand; the period of probation shall be extended by three years; there shall be a restriction from prescribing most Schedule II, III and IV drugs; a \$5,000 administrative penalty shall be paid within three years; and significant changes to the provisions of the

Board's order requiring drug testing, continuing psychiatric treatment and AA participation. These modifications are necessary due to Probationer's demonstrated tendency to relapse, ineffective support system and significant issues regarding earlier trauma that have not been addressed.

### CONCLUSIONS OF LAW

Based on the above Findings of Fact, the Board concludes that:

1. The Board has jurisdiction over the subject matter and Probationer pursuant to the Act.
2. Section 164.051(a)(1) of the Act authorizes the Board to take disciplinary action against Probationer based on Probationer's commission of an act prohibited under Section 164.052(a)(5).
3. Section 164.051(a)(3) of the Act authorizes the Board to take disciplinary action against Probationer based on Probationer's commission of an act in violation of a Board rule, specifically Board Rule 189.3 that requires that a Probationer must comply with all terms of a Board Order.
4. Section 164.051(a)(4) of the Act authorizes the Board to take disciplinary action against Probationer based on Probationer's inability to practice medicine with reasonable skill and safety to patients because of illness, drunkenness, excessive use of drugs, narcotics, chemicals, or another substance, or as a result of any mental or physical condition.
5. Section 164.052(a)(4) of the Act authorizes the Board to take disciplinary action against Probationer based on Probationer's use of alcohol or drugs in an intemperate manner that, in the opinion of the Board, could endanger the lives of patients.
6. Section 164.052(a)(5) of the Act authorizes the Board to take disciplinary action against Probationer based upon Probationer's unprofessional or dishonorable conduct that is likely to deceive or defraud the public or injure the public, as defined by Board Rule(s): 189.8(c)(1), failure to comply with a term or condition in an order; and 190.8(2)(A), violation of a Board Order.
7. Section 164.001 of the Act authorizes the Board to impose a range of disciplinary actions against a person for violation of the Act or a Board rule. Such sanctions include:

revocation, suspension, probation, public reprimand, limitation or restriction on practice, counseling or treatment, required educational or counseling programs, monitored practice, public service, and an administrative penalty.

8. Section 164.002(a) of the Act authorizes the Board to resolve and make a disposition of this matter through an Agreed Order.

### ORDER

Based on the available information, the above Findings of Fact and Conclusions of Law, and the recommendation of the Board's Representatives, the Board ORDERS that:

This Modified Agreed Order shall constitute a PUBLIC REPRIMAND of Respondent, and Respondent is hereby reprimanded.

IT IS FURTHER ORDERED, that the terms of the 2003 Order and 2008 Order shall be MODIFIED as follows:

1. The term of the 2003 Order, as modified, shall be extended from seven years to 10 years from the starting date of April 15, 2003.

2. Ordering Paragraphs Nos. 1 through 18 of the 2003 Order and Nos. 19 through 24 of the 2008 Order shall be deleted and replaced with the following Ordering Paragraphs to read as follows and superceded by this order:

"1. Respondent shall abstain from the consumption of prohibited substances as defined below, except as prescribed by another physician to Respondent for legitimate and documented therapeutic purposes. As used in this provision, "consumption" means any manner of ingestion, including oral, injection, topical, inhalation, or otherwise.

a. Prohibited substances, as used in this order, includes:

- (1) Alcohol in any form;
- (2) Dangerous drugs, as defined in Chapter 483, TEX. HEALTH & SAFETY CODE;
- (3) Controlled substances, as defined in Chapter 481, TEX. HEALTH & SAFETY CODE;
- (4) any substance, in any form, including over-the-counter (OTC) agents and food products, that may cause a positive drug or alcohol test.

b. The following is an illustrative, but not exclusive, list of prohibited substances:

- (1) Stimulants

- (2) appetite suppressants
- (3) medication for ADD/ADHD
- (4) Anti-anxiety agents
- (5) Antidepressants
- (6) Antihistamines
- (7) Anticholinergics
- (8) Antispasmodics
- (9) Recreational, mind-altering drugs
- (10) Any product containing pseudoephedrine or epinephrine
- (11) Alcohol
- (12) Any product containing alcohol, including mouthwashes, cough medicines, after shave lotions, colognes, hand sanitizing formulas, and dietary and herbal supplements
- (13) Food containing any of the above and/or poppy seeds.

c. Within five days after receipt of this Order, Respondent shall:

- (1) provide to the Compliance Division of the Board a list of all prohibited substances that Respondent is currently consuming, whether by prescription or otherwise;
- (2) give any treating physician a copy of this Order;
- (3) cause any treating physician to report all prescriptions and orders for any prohibited substance within five days after the treating physician receives this Order. The report shall include the medical condition being treated; the substance prescribed, dispensed or administered; the amount of such substance; and any refills authorized.

d. During the term of this Order, Respondent shall:

- (1) provide to the Compliance Division of the Board a list of all subsequent prescriptions and any subsequent orders for prohibited substances within 24 hours after receipt of the subsequent prescription or order; and
- (2) give any subsequent treating physician a copy of this Order within five days after the initiation of treatment, and Respondent shall cause the subsequent treating physician(s) to report all prescriptions and any orders for prohibited substances to the Compliance Division of the Board no later than five days after receipt of this Order by the treating physician. The report shall include the medical condition being treated; the substance prescribed, dispensed or administered; the amount of such substance; and any refills authorized.

- e. If Respondent consumes any prohibited substance in any form without a prescription or order authorized by a physician for a legitimate medical purpose, Respondent shall immediately report Respondent's consumption in writing within 24 hours to the Compliance Division of the Board.
- f. The Respondent shall participate in the Board's drug testing program. In addition, at the request of a representative of the Board, with or without prior notice, Respondent shall submit to appropriate examinations, including screenings for alcohol and drugs, through either a saliva, urine, blood, sweat, or hair specimen, to determine by laboratory analysis whether Respondent is free of prohibited drugs and alcohol. Respondent shall pay any costs associated with these analyses.
- g. A violation of this Order under this provision shall include: (i) a positive or a positive-dilute screen for prohibited drugs or alcohol, or a metabolite of prohibited drugs or alcohol; (ii) an adulterated specimen; (iii) a substituted specimen; or (iv) a refusal or failure to submit to random screenings. Should a specimen be reported as negative-dilute, Respondent may be required to undergo additional testing and may be subject to further Board action. A violation may be based on drug and alcohol screening under the Board's program or any other drug and/or alcohol testing.
  - (1) Evidence of a violation of this Order under this provision and any other information related to Respondent's violation of this Order may be presented to Board representatives at a Probationer's Show Compliance Proceeding, held in accordance with 22 TEX. ADMIN. CODE, §187.44.
  - (2) If the Board representatives at such Probationer's Show Compliance Proceeding determine that Respondent is in violation of this Order pursuant to this provision, the Board representatives may direct the Executive Director to immediately **REVOKE** Respondent's medical license. **THIS REVOCATION SHALL BE EFFECTIVE IMMEDIATELY WITHOUT THE NEED FOR A FORMAL HEARING BEFORE THE BOARD, A PANEL OF THE BOARD, OR THE STATE OFFICE OF ADMINISTRATIVE HEARINGS OR OTHER ADMINISTRATIVE DUE PROCESS UNDER THE MEDICAL PRACTICE ACT OR THE ADMINISTRATIVE PROCEDURE**

**ACT. RESPONDENT WAIVES ANY SUCH HEARING OR ANY SUCH DUE PROCESS AND ALL RIGHTS OF APPEAL IN REGARD TO THE REVOCATION.**

If Respondent is revoked under this provision, a Board representative shall file a formal complaint under Section 164.005 of the Medical Practice Act as soon as practicable, alleging the violations of this Order under this provision and seeking revocation of Respondent's license. The formal complaint may also include allegations of other violations of this Order and other violations of the Medical Practice Act. The parties may resolve the issues by an agreed order, either before or after the filing of a formal complaint. **RESPONDENT DOES NOT WAIVE AND SPECIFICALLY RESERVES THE RIGHT TO A HEARING BEFORE THE STATE OFFICE OF ADMINISTRATIVE HEARINGS, WITH ALL RIGHTS PROVIDED BY THE MEDICAL PRACTICE ACT OR THE ADMINISTRATIVE PROCEDURE ACT AND THE RIGHT TO SEEK JUDICIAL REVIEW OF THE FINAL ORDER.**

2. Respondent shall be solely responsible for and promptly pay all costs and charges by any facility that conducts screens on Respondent pursuant to this Order to determine whether Respondent has ingested alcohol or drugs. Respondent's failure to promptly pay these costs shall constitute a violation of this Order and shall be grounds for further disciplinary action under the Act.

3. Psychiatric Care and Treatment. Within 30 days after the date of the entry of this 2010 Order, Respondent shall submit to the Compliance Division of the Board letters from up to three physicians who are board certified in psychiatry and who agree to serve as Respondent's approved treating psychiatrist. Respondent shall not submit her present psychiatrist.

- (a) The letters from proposed treating psychiatrist(s) shall state that they:
- (1) have been provided a copy of this Order;
  - (2) agree to provide psychiatric treatment to Respondent; and
  - (3) agree to provide periodic reports regarding Respondent's compliance with treatment and rehabilitation to (a) the Board or (b) an independent monitoring psychiatrist.



- (b) A proposed treating psychiatrist may not be approved unless the proposed treating psychiatrist agrees to provide periodic reports either to the Board or to an independent monitoring psychiatrist.
- (c) The Executive Director may reject all of the proposed treating psychiatrists and require the submission of additional letters or approve one or more to be the approved treating psychiatrist.
- (d) Respondent shall begin the recommended care and treatment within 30 days after notification of approval of the treating psychiatrist.
- (e) Respondent shall receive care and treatment from the treating psychiatrist or a psychologist recommended by the psychiatrist no less than two time(s) each week for the first 90 days after the initiation of treatment by a treating psychiatrist under the provisions of this Order and no less than one time each week thereafter if the treating psychiatrist recommends reduction of the frequency of the appointments. Each appointment shall be at least 45 minutes in duration. The treating psychiatrist or psychologist shall specifically address Respondent's trauma and addiction issues. Respondent shall not unilaterally withdraw from treatment.
- (f) Respondent shall pay all fees charged by the treating psychiatrist.
- (g) Respondent shall follow all recommendations made by the treating psychiatrist regarding continued care and treatment.
- (h) Board staff may furnish to the treating psychiatrist any Board information that it determines, in its discretion, may be helpful or required for the treatment of Respondent.
- (i) The treating psychiatrist shall provide periodic written reports no less than quarterly, on March 15, June 15, September 15, and December 15 of each year, during Respondent's treatment, either directly to the Board or to an independent monitoring psychiatrist. Periodic reports shall include (a) current diagnosis; (b) treatment regimen; (c) treatment compliance; (d) follow-up recommendations; and (e) prognosis. The Board or an independent monitoring psychiatrist may request clarification of periodic reports and may request additional reports.
- (j) The treating psychiatrist may require Respondent to participate in alcohol and/or drug screens and shall immediately report any positive results either directly to the Board or to an independent monitoring psychiatrist

- (k) The treating psychiatrist shall immediately report, either directly to the Board or to an independent monitoring psychiatrist, any unilateral withdrawal from treatment by Respondent.
- (l) Respondent shall execute any and all releases for medical records and authorizations necessary to effectuate the provisions of this Order.

Respondent's failure to cooperate with the treating psychiatrist, failure to follow the treating psychiatrist's recommendations, or withdrawal from treatment without consent of the Executive Director of the Board shall constitute a violation of this Order.

4. Monitoring Continued Care and Treatment. During any continued care and treatment, the Board shall monitor Respondent's compliance with treatment and rehabilitation, either directly through the treating psychiatrist or through an independent monitoring psychiatrist designated by the Executive Director.

- (a) If the approved treating psychiatrist agrees to provide reports directly to the Board, with the consent of Respondent, the Executive Director may authorize the treating psychiatrist to serve in the dual capacity as treating psychiatrist for Respondent and monitoring psychiatrist for the Board.
- (b) If the approved treating psychiatrist does not agree to provide periodic reports to the Board, or if Respondent does not consent, or if the Executive Director requires an independent monitoring psychiatrist, the Executive Director shall designate a physician who is board certified in psychiatry to serve as the Board's independent monitoring psychiatrist. Respondent shall pay all fees charged by an independent monitoring psychiatrist.
- (c) An independent monitoring psychiatrist may require Respondent to present for a personal interview up to twice each year during treatment.
- (d) Respondent shall authorize the treating psychiatrist to provide information necessary for monitoring by the Compliance Division of the Board, either directly to the Board or through an independent monitoring psychiatrist. The information shall be limited to the minimum information necessary to ensure adequate assessment of Respondent's compliance with treatment, rehabilitation, and compliance with the terms of this Order.

- (e) An independent monitoring psychiatrist shall provide periodic written reports to the Compliance Division of the Board no less than semi-annually, on March 15 and September 15 of each year, during Respondent's treatment. The monitoring reports shall include: (a) current diagnosis; (b) treatment regimen; (c) treatment compliance; (d) follow-up recommendations; and (e) prognosis.
- (f) Board staff may furnish to the monitoring psychiatrist any Board information that it determines, in its discretion, may be helpful or required for the effective monitoring of Respondent's compliance with treatment, rehabilitation, and compliance with this Order.
- (g) Respondent's failure to cooperate with the monitoring psychiatrist shall constitute a violation of this Order.

5. Respondent shall not possess, administer, dispense, or prescribe any controlled substances from Schedules II, III, or IV pursuant to Respondent's Drug Enforcement Administration (DEA) Controlled Substances Registration Certificate and Respondent's Texas Department of Public Safety (DPS) Controlled Substances Registration Certificate other than the following medications:

- a. Adderall
- b. Vyvanse
- c. Ritalin
- d. Concerta
- e. Focalin
- f. Metadate
- g. Desoxyn
- h. Provigil
- i. Nuvigil
- j. Ambien/Ambien CR
- k. Sonata
- l. Lunesta
- m. Lyrica
- n. Halcion
- o. Restoril

- p. Ativan
- q. Klonopin
- r. Xanax
- s. Niravam
- t. Serax
- u. Tranxene
- v. Valium
- x. Librium
- y. Suboxone
- z. Subutex

6. Respondent shall maintain a logbook of all prescriptions written by Respondent for controlled substances or dangerous drugs with addictive potential or potential for abuse in chronological order by date issued. This logbook shall be made available for inspection by compliance officers, investigators, and other representatives of the Board during regular office hours, with or without notice to Respondent. For each prescription or refill, Respondent shall legibly record in the logbook (a) the specific dosage and amount of medication authorized, (b) the time and date of the prescription, (c) the patient's name, (d) the number of refills authorized, and (e) the medical basis for the prescription and number of authorized refills.

7. Respondent's practice shall be reviewed by a Reviewing Physician/Mentor, ("Reviewing Physician"). Within 30 days after the date of the entry of this 2010 Order, Respondent shall submit to the Compliance Division of the Board letters from up to three physicians who are board certified in psychiatry and who agree to serve as Respondent's approved Reviewing Physician.

- a. The letters from proposed Reviewing Physician shall state that they:
  - 1. have been provided a copy of this Order;
  - 2. agree to provide psychiatric treatment to Respondent; and
  - 3. agree to provide periodic reports regarding review of all patients in Respondent's practice to the Board
- b. A proposed Reviewing Physician shall not be approved unless the proposed Reviewing Physician agrees to provide periodic reports to the Board.

c. The Executive Director may reject all of the proposed Reviewing Physicians and require the submission of additional letters or approve one or more to be the approved Reviewing Physician.

d. The Reviewing Physician shall have expertise in a similar specialty area as Respondent. The Compliance Division shall provide other information necessary to assist the Reviewing Physician.

e. Respondent shall prepare and make accessible all patient medical records for review by the Reviewing Physician at least once weekly in person.

f. The Reviewing Physician shall perform the following duties:

1. personally review selected patient records;
2. prepare written reports documenting any perceived deficiencies and any recommendations to improve Respondent's practice of medicine or assist in the ongoing review process. Reports shall be submitted as requested by the Compliance Division; and
3. perform any other duty that the Compliance Division determines will assist the timely and effective review of Respondent's practice.

g. The Compliance Division shall provide to Respondent a copy of the Reviewing Physician's report describing any deficiencies or recommendations submitted by the Reviewing Physician. Respondent shall implement the recommendations as directed by the Compliance Division.

h. The Reviewing Physician shall not be an agent of the Board, but shall be compensated by the Respondent through her arrangements with the Reviewing Physician. Respondent shall not charge the compensation and costs paid to the Reviewing Physician to any patients.

8. Respondent shall not engage in the primary treatment of chronic pain, but may provide treatment as an adjunct to the primary treatment of chronic pain. Respondent shall appropriately refer any patient to a specialist for the treatment of chronic pain.

9. Respondent shall either diagnose and provide ongoing therapeutic treatment to her patients, including medication management, or require her patients to have an ongoing therapeutic relationship with another licensed health care provider for coordinating care along

with Respondent's medication management. Respondent shall require patients who have such providers to obtain such reports and medical records from such providers when necessary for evaluating her care and treatment of that patient. Respondent shall not continue to prescribe medications to any patient who discontinues such therapeutic relationship with another provider when discovered. Respondent shall notify timely and appropriately any patients who are not receiving ongoing care from either herself or another licensed health care provider that her care of that patient will be terminated after an appropriate length of time under Board rules.

10. Respondent shall not practice medicine beyond a total of 35 hours per week.

11. Respondent shall be subject to the following terms and conditions for twelve consecutive monitoring cycles, (defined below). Respondent's practice shall be monitored by a physician, ("monitor"), in accordance with §164.001(b)(7) of the Act. The Compliance Division of the Board shall designate the monitor and may change the monitor at any time for any reason. The monitor shall have expertise in a similar specialty area as Respondent. The Compliance Division shall provide a copy of this Order to the monitor, together with other information necessary to assist the monitor.

a. As requested by the Compliance Division, Respondent shall prepare and provide complete legible copies of selected patient medical and billing records ("selected records"). The Compliance Division shall select records for at least 30 patients seen by Respondent during each three-month period following the last day of the month of entry of this Order ("reporting period"). The Compliance Division may select records for more than 30 patients, up to 10 percent of the patients seen during a reporting period. If Respondent fails to see at least 30 patients during any three-month period, the term of this Order shall be extended until Respondent can submit a sufficient number of records for a monitor to review.

b. The monitor shall perform the following duties:

- 1) personally review the selected records;
- 2) prepare written reports documenting any perceived deficiencies and any recommendations to improve Respondent's practice of medicine or assist in the ongoing monitoring process. Reports shall be submitted as requested by the Compliance Division; and
- 3) perform any other duty that the Compliance Division determines will assist the effective monitoring of Respondent's practice.

c. The Compliance Division shall provide to Respondent a copy of the monitor's report describing any deficiencies or recommendations submitted by the monitor. Respondent shall implement the recommendations as directed by the Compliance Division.

d. A "monitoring cycle" begins when the Compliance Division selects patient records for review, and concludes when Respondent receives the monitor's report for that group of records.

e. The monitor shall be the agent of the Board, but shall be compensated by the Respondent through the Board. Such compensation and any costs incurred by the monitor shall be paid by Respondent to the Board and remitted by the Board to the monitor. Respondent shall not charge the compensation and costs paid to the monitor to any patients.

12. Respondent shall continue to participate in the activities and programs of AA, (or any other substantially similar program that has been approved in writing by the Executive Director of the Board), on a regular basis of not less than five times a week. Respondent may substitute one meeting a week of Caduceus for a meeting of AA. Respondent shall maintain documentation as to the number and location of meetings attended and make such documentation available to the Board staff upon request.

13. Respondent shall change her AA sponsor within 30 days of the date of the entry of this Order. Respondent's new AA sponsor must have over five years of sobriety. Each time that Respondent changes her sponsor, she must verify with her assigned Compliance Officer that her current sponsor meets this requirement.

14. Respondent shall pay an administrative penalty in the amount of \$5,000 within three years of the date of the entry of this Order. This administrative penalty shall be in addition to the penalty ordered by any other Board Order. The administrative penalty shall be paid in a single payment by cashier's check or money order payable to the Texas Medical Board and shall be submitted to the Board for routing so as to be remitted to the Comptroller of Texas for deposit in the general revenue fund. Respondent's failure to pay the administrative penalty as ordered shall constitute grounds for further disciplinary action by the Board, and may result in a referral by the Executive Director of the Board for collection by the Office of the Attorney General.

15. The time period of this Order shall be extended for any period of time that: (a) Respondent subsequently practices exclusively outside the State of Texas; (b) Respondent's license is subsequently cancelled for nonpayment of licensure fees; (c) this Order is stayed or

enjoined by Court Order; or (d) for any period of time longer than 60 consecutive days that Respondent does not actively practice medicine. If Respondent leaves Texas to practice elsewhere or ceases active practice for more than 60 consecutive days, Respondent shall immediately notify the Board in writing. Upon Respondent's return to active practice or return to practice in Texas, Respondent shall notify the Board in writing. When the period of extension ends, Respondent shall be required to comply with the terms of this Order for the period of time remaining on the Order. Respondent shall pay all fees for reinstatement or renewal of a license covering the period of extension or tolling.

16. Respondent shall comply with all the provisions of the Act and other statutes regulating the Respondent's practice.

17. Respondent shall fully cooperate with the Board and the Board staff, including Board attorneys, investigators, compliance officers, consultants, and other employees or agents of the Board in any way involved in investigation, review, or monitoring associated with Respondent's compliance with this Order. Failure to fully cooperate shall constitute a violation of this order and a basis for disciplinary action against Respondent pursuant to the Act.

18. Respondent shall inform the Board in writing of any change of Respondent's office or mailing address within 10 days of the address change. This information shall be submitted to the Registration Department and the Compliance Department of the Board. Failure to provide such information in a timely manner shall constitute a basis for disciplinary action by the Board against Respondent pursuant to the Act. Respondent agrees that 10 days notice of a Probationer Show Compliance Proceeding to address any allegation of non-compliance of this Agreed Order is adequate and reasonable notice prior to the initiation of formal disciplinary action. Respondent waives the 30-day notice requirement provided by §164.003(b)(2) of the Medical Practice Act and agrees to 10 days notice, as provided in 22 Texas Administrative Code §187.44(4).

19. Any violation of the terms, conditions, or requirements of this Order by Respondent shall constitute unprofessional conduct likely to deceive or defraud the public, or to injure the public, and shall constitute a basis for disciplinary action by the Board against Respondent pursuant to the Act.

20. Respondent shall not be permitted to supervise and delegate prescriptive authority to physician assistants and advanced practice nurses.



21. The above-referenced conditions shall continue in full force and effect without opportunity for amendment, except for clear error in drafting, for one year following the date of the entry of this Order. If, after the passage of the one-year period, Respondent wishes to seek amendment or termination of these conditions, Respondent may petition the Board in writing. The Board may inquire into the request and may, in its sole discretion, grant or deny the petition without further appeal or review. Petitions for modifying or terminating may be filed only once a year thereafter."

PROBATIONER WAIVES ANY FURTHER HEARINGS OR APPEALS TO THE BOARD OR TO ANY COURT IN REGARD TO ALL TERMS AND CONDITIONS OF THIS AGREED ORDER. PROBATIONER AGREES THAT THIS IS A FINAL ORDER.


THIS ORDER IS A PUBLIC RECORD.

I, LISA DIANE ALLOJU-FAIRWEATHER, D.O., HAVE READ AND UNDERSTAND THE FOREGOING AGREED ORDER. I UNDERSTAND THAT BY SIGNING, I WAIVE CERTAIN RIGHTS. I SIGN IT VOLUNTARILY. I UNDERSTAND THIS AGREED ORDER CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.

DATED: June 18, 2010.

  
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LISA DIANE ALLOJU-FAIRWEATHER, D.O.  
Probationer

SIGNED AND ENTERED by the presiding officer of the Texas Medical Board on this 27 day of August, 2010.

  
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Irvin E. Zeitler, Jr., D.O., President  
Texas Medical Board