

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of

Case No.23A-56541-MDX

3 **MARK C. OKAFOR, M.D.,**

**FINDINGS OF FACT,
CONCLUSIONS OF LAW AND ORDER**

4 Holder of License No. 56541
5 For the Practice of Allopathic Medicine
6 In the State of Arizona.

7 On May 1, 2024, this matter came before the Arizona Medical Board for
8 consideration of Administrative Law Judge's ("ALJ") proposed Findings of Fact,
9 Conclusions of Law and Recommended Order with regarding to Mark C. Okafor, M.D.,
10 ("Respondent"). Assistant Attorney General Elizabeth A. Campbell represented the State.
11 Assistant Attorney General Lynette Evans was available to provide independent legal
12 advice to the Board. Respondent was present and Attorney Sara Stark appeared on
13 behalf of Respondent.

14 The Board, having considered the ALJ's Decision and the entire record in this
15 matter, hereby issues the following Findings of Fact, Conclusions of Law and Order.

16 **FINDINGS OF FACT**

- 17 1. Respondent holds license number 56541 issued by the Board in 2018.
- 18 2. On July 13, 2018, the Arizona Medical Board (Board) issued a Complainant
19 and Notice of Hearing setting the above entitled matter for hearing on November 8, 2023
20 at 9:00 a.m. The Complaint and Notice of Hearing provided that the issue for hearing was
21 a complaint regarding Respondent's license. Through the Complainant and Notice of
22 Hearing, the Board alleged that Respondent committed unprofessional conduct as
23 defined under Arizona Revised Statutes (A.R.S.) §§ 32-1401 27(a), (e), (r), (kk), and
24 27(tt).
- 25 3. A hearing was held on November 8, 2023 and January 22, 2024.

1 A. Without getting too graphic, the act of intimacy allows you to touch certain
2 places amongst two consenting adults. And the process of making contact
3 with discharge, digitally or manually is enough to provide the sample for
4 discerning the smell, the characteristic smell of BV. As is the opportunity of
5 even just getting down close to the genitourinary area amongst two
6 consenting adults and seeing, whether it be thin discharge or picking up the
7 smell or the odor, if you will.

8 8. MM testified that Respondent did not tell her he was performing any kind of
9 medical exam on December 22, 2018.⁶ Dr. Coffey explained at hearing that sexual
10 relations do not constitute a physical examination.⁷

11 9. On December 22, 2018, Respondent wrote on the prescription log for MM
12 that he had prescribed Flagyl 500 mg tabs with no refills.⁸ However, the pharmacy's
13 prescription records show that he had authorized one refill.⁹ Respondent admitted that his
14 prescription log was incorrect.¹⁰

15 10. Using a similar Internal Medicine History and Physical form, Respondent
16 documented a second patient encounter with MM on February 20, 2020.¹¹ He
17 documented MM's chief complaints as pulled muscle, calf swelling, and vaginal odor.¹²
18 He further documented that "exercises with gym trainer led to calf injury (Rt) about 2 days
19 ago."¹³ Respondent documented that he performed a physical exam, including an
20 examination of the affected "[right]" leg.¹⁴ He testified that the physical exam he
21 performed in connection with the documented complaint of vaginal odor was "the act of

22 ⁶ See TR at 97.

23 ⁷ See TR 153-154.

24 ⁸ See Exhibit 7 at 51.

25 ⁹ See Exhibit 9 at 90.

¹⁰ See TR at 35.

¹¹ See Exhibit 6, pgs. 29-39.

¹² See id at pg. 29.

¹³ See id.

¹⁴ See id at pg. 30.

1 intimacy.”¹⁵ On February 21, 2020, Respondent prescribed MM thirty Tramadol 50 mg
2 tablets with instructions to take one tablet every 6 hours as needed for pain.¹⁶ He
3 documented that he prescribed Flagyl and Tramadol.¹⁷ Tramadol is a controlled
4 substance.¹⁸ In his testimony, Respondent claimed that he “definitely” evaluated MM’s
5 calf before he issued the Tramadol prescription.

6 11. On February 21, 2020, Respondent authorized prescriptions for Tramadol
7 and Flagyl for MM.¹⁹ Respondent documented that he had checked the Arizona
8 Controlled Substances Monitoring Program (CSPMP) before prescribing Tramadol.²⁰
9 Respondent’s documentation that he checked the CSPMP before prescribing Tramadol to
10 MM is incorrect. Although he testified that he was aware that he was required to check
11 the CSPMP before prescribing Tramadol, a schedule IV controlled substance,²¹ the
12 CSPMP query history report reflects that Respondent did not check the database at the
13 time he prescribed the Tramadol to MM.²² According to the query history report, the only
14 time Respondent checked the CSPMP in reference to MM was on June 3, 2020, which is
15 after the Board sent its May 26, 2020, notice letter that an investigation had been
16 opened.²³

17 12. Respondent’s date for his purported examination of MM’s injury is also
18 incorrect. In Respondent’s written response to the Board, he claimed that he saw MM the
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20 ¹⁵ See TR at 197.

21 ¹⁶ See Exhibit 9, pg. 88.

22 ¹⁷ See id.

23 ¹⁸ See TR at pgs. 38 and 39.

24 ¹⁹ See Exhibit 9, pgs. 88 and 89.

25 ²⁰ See Exhibit 6, pg. 30 and TR at 210.

²¹ See TR, pgs. 73-74.

²² See Exhibit 10. Without persuasive reasoning, Respondent speculated that the CSPMP may have not recorded his search query. See TR at pgs. 212-214.) Dr. Coffey spoke with Doug Skvarla, the CSPMP Program Director at that Pharmacy Board. (TR at 327.) Mr. Skvarla reported that there had been no instances of the CSPMP deleting the record of a provider’s inquiry. (TR at 328-329.)

²³ See Exhibits 2 and 10.

1 night of February 20 into the morning of February 21, 2020,²⁴ "at which point I
2 PHYSICALLY EXAMINED her affected lower extremity that overnight."²⁵

3 13. Contrary to Respondent documentation that he examined MM's leg injury
4 on February 20, 2020,²⁶ MM testified that she injured her leg during an afternoon workout
5 on February 21, 2020.²⁷ The text messages between Respondent and MM reflect that
6 Respondent learned of the leg injury by text the evening of February 21, 2020.²⁸ By text
7 that same day, Respondent suggested narcotics as an option for pain, and then he texted
8 MM that he had sent in a prescription for Tramadol for pick up the next day.²⁹

9 14. MM testified that Respondent did not examine her injured leg before he
10 prescribed Tramadol.³⁰ Consistent with the timeline in the text messages, the prescription
11 records from the pharmacy show that Respondent authorized the Tramadol prescription
12 on February 21, 2020.³¹ In his documentation dated February 20, 2020, Respondent also
13 documented examining the wrong leg. Respondent documented that MM complained that
14 she had injured her right leg, that her right calf had severe swelling with ecchymosis
15 (bruising).³²

16 15. MM testified that she injured her left leg³³ and she provided a picture of her
17 injured left leg.³⁴ MM testified that she believed that she had an exclusive sexual
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20 ²⁴ Respondent testified that he authorized the Tramadol sometime the night of February 20, 2020, and that the
21 pharmacist entered the prescription the next business day when the pharmacy opened and took messages off
22 the voice mail. See TR at pg. 38.

23 ²⁵ See Exhibit 18, pg. 164, capitalization as in original; TR at pg. 40.

24 ²⁶ See Exhibit 6, pgs. 29-30.

25 ²⁷ See TR at pg. 99.

²⁸ See Exhibit 18, pgs. 164-166.

²⁹ See Exhibit 8, pg. 74.

³⁰ See TR at pg. 103.

³¹ See Exhibit 9, pg. 88.

³² See Exhibit 6, pgs. 29-30.

³³ See TR at pgs. 101-102.

³⁴ See Exhibit 19.

1 relationship with Respondent.³⁵ She testified that, had she known that Respondent was
2 sleeping with other people, she would not have trusted him with her gynecological
3 concerns and allowed him to treat her gynecological issues.³⁶ MM testified that
4 Respondent exploited her trust.³⁷

5 **Patient KM**

6 16. On December 14, 2017, Respondent prescribed KM Ciprofloxacin 500
7 mg,³⁸ on March 2, 2018, he prescribed KM Fluconazole 15 mg,³⁹ on August 19, 2018, he
8 prescribed KM Azithromycin 250 mg;⁴⁰ and on September 30, 2018, he prescribed KM
9 Clindamycin 300 mg.⁴¹ Respondent testified that he authorized all of these prescriptions
10 for KM.⁴² He maintained no medical records supporting these prescriptions.⁴³ Using an
11 Internal Medicine History and Physical form, Respondent documented a patient
12 encounter with KM on December 19, 2018.⁴⁴ He documented "rash" as the patient's chief
13 complaint.⁴⁵ Respondent documented a physical exam, including an erythematous
14 (reddened) rash diffusely on KM's abdomen, thighs and legs.⁴⁶ KM testified that she had
15 gone to see Respondent at the hospital where they went into a dark conference room for
16 a romantic interlude.⁴⁷

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20 ³⁵ See TR at pg. 104.

21 ³⁶ See id.

22 ³⁷ See TR at pg. 323.

23 ³⁸ See Exhibit 12, pg. 108-117.

24 ³⁹ See Exhibit 12, pgs. 98 and 111.

25 ⁴⁰ See Exhibit 12, pgs. 101 and 112.

⁴¹ See Exhibit 12, pg. 105 and 116.

⁴² See TR at pgs. 47-50.

⁴³ See Exhibits 6 and 7.

⁴⁴ See Exhibit 6, pgs. 31-32.

⁴⁵ See id at pg. 31.

⁴⁶ See id pg. 32; TR at pg. 42.

⁴⁷ See TR at pg. 126.

1 Medicine History and Physical form, Respondent documented a patient encounter with
2 MC on March 11, 2019.⁵⁸ He documented “cough” as the patient’s chief complaint.⁵⁹
3 Respondent documented that he performed a physical exam (including documentation of
4 the patient’s heart rate, respiratory rate, lack of fever, and respiratory examination) and
5 his “plan of care” included a prescription for Azithromycin (“Z Pak”), which he called in.⁶⁰

6 20. Regarding the purported physical examination, Respondent acknowledged
7 not using a stethoscope, but claimed that “if someone is wearing a tight shirt, you can see
8 whether you have some retractions” and that “[s]ometimes we might - let’s just say I was
9 able to also look at whether she was using accessory muscles.”⁶¹ Although Respondent
10 claims to have seen MC on March 11, 2019, text messages between Respondent and
11 MC instead demonstrate that he prescribed the Z Pak based on a text message
12 exchange:⁶²

13 March 11, 2019, 4:48 PM

14 MC: Hey love. . . I feel guilty asking but can you help me with this
15 cough/fever/lost my voice situation? I’ve tried all the [over the counter] & not
16 getting better. I can’t work [crying emoji]

17 Respondent: That stinks. How high is the fever? What’s your [date of birth]
18 and pharmacy phone #?

19 MC: I don’t even know my temp. I just know it’s there. Mom scale 99.9
20 [date of birth redacted] Cvs 480.899.2183 Thank u

21 March 11, 2019, 10:28 PM

22 Respondent: Sorry just doing this now, hope they are 24 hours

23 MC: It’s ok love I can get it in the morning. Can’t thank you enough [heart
24 emoji]

25 ⁵⁸ See Exhibit 6, pgs. 33-34; Exhibit 7, pgs. 62-63; TR at pg. 53.

⁵⁹ See Exhibit 6, pg. 33.

⁶⁰ See id at pg. 34 and Exhibit 15, pg. 136.

⁶¹ See TR at pg. 240.

⁶² See Exhibit 15, pgs. 120-121.

1 21. On April 4, 2019, Respondent prescribed MC Levofloxacin (Levaquin).⁶³
2 Respondent testified that he authorized this prescription for MC, but admitted that he had
3 no medical records supporting the prescription.⁶⁴ Using an Internal Medicine History and
4 Physical form, Respondent documented a patient encounter with MC on April 16, 2019.⁶⁵
5 He documented “cough, urinary frequency” as the patient’s chief complaints.⁶⁶
6 Respondent documented that he performed a physical exam.⁶⁷ He documented his “plan
7 of care” as “[g]iven recent use of Z pak last month, will [prescribe] Levaquin.”⁶⁸

8 22. Respondent documented a prescription for Albuterol on his prescription log
9 for Patient MC, but not on the encounter note.⁶⁹ Using an Internal Medicine History and
10 Physical form, Respondent documented a patient encounter with MC on April 23, 2019.⁷⁰
11 He documented yeast infection and light vaginal discharge as the patient’s chief
12 complaint.⁷¹ Respondent documented that he performed a physical exam, but that MC
13 had deferred a genitourinary exam.⁷² When asked about the physical exam, Respondent
14 explained: “We were intimate.”⁷³ He documented that he would prescribe Fluconazole
15 (Diflucan).⁷⁴ On an Internal Medicine History and Physical form, Respondent documented
16 a patient encounter with MC on August 28, 2019.⁷⁵ He documented yeast infection as the
17 patient’s chief complaint.⁷⁶ Respondent documented no physical exam, writing that

19 ⁶³ See Exhibit 15, pg 137.

20 ⁶⁴ See TR at pg. 54.

21 ⁶⁵ See Exhibit 6, pgs .35-36.

22 ⁶⁶ See id at pg. 35.

23 ⁶⁷ See id at pg. 36; TR at pg. 55.

24 ⁶⁸ See Exhibit 6, pg. 36.

25 ⁶⁹ See Exhibit 6, pg. 36; Exhibit 7, pg. 61; TR at pg. 55.

⁷⁰ See Exhibit 6, pgs. 37-38.

⁷¹ See id at pg. 37.

⁷² See id at pg. 38.

⁷³ See TR at pg. 56.

⁷⁴ See Exhibit 6, pg. 38.

⁷⁵ See Exhibit 6, pgs. 39-40.

⁷⁶ See id at pg. 39.

1 "patient defers exam today."⁷⁷ He documented that he would prescribe Fluconazole
2 (Diflucan).⁷⁸ He also failed to note on his prescription log for MC any prescriptions on
3 August 28, 2019, other than Fluconazole.⁷⁹ Contrary to his medical record, he prescribed
4 Flagyl to MC on August 28, 2019.⁸⁰ He acknowledged authorizing the prescription.⁸¹
5 Using an Internal Medicine History and Physical form, Respondent documented a patient
6 encounter with MC on December 3, 2019, complete with a physical exam, where he
7 included Flagyl as part of his "plan of care."⁸²

8 23. Respondent testified that he performed the physical examination of MC "[t]o
9 the extent that I was intimate with her."⁸³ On MC's Prescription Log, Respondent also
10 wrote that he prescribed Flagyl on December 3, 2019.⁸⁴ However, while Respondent's
11 medical records purport to show that he issued a Flagyl prescription for MC on December
12 3, 2019, the pharmacy records show no Flagyl prescription for MC after August 28,
13 2019.⁸⁵ Board Investigator Nicole Samaradellis testified that she had asked MC if
14 Respondent had performed any examinations, and MC reported that he had not.⁸⁶

15 24. Dr. Coffey testified that medical records should support the prescription
16 provided, have appropriate documentation of what the physician is treating and the
17 findings to support the treatment.⁸⁷ Dr. Mollen testified that a physician has an obligation
18 to maintain adequate medical records, which need to be accurate.⁸⁸

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20 ⁷⁷ See id at pg. 40; TR at pg. 55.

21 ⁷⁸ See Exhibit 6, pg. 40.

22 ⁷⁹ See Exhibit 7, pg. 61.

23 ⁸⁰ See Exhibit 15, pg. 142.

24 ⁸¹ See TR at pgs. 60, 62-63.

25 ⁸² See Exhibit 6, pgs. 41-42.

⁸³ See TR at pg. 245.

⁸⁴ See Exhibit 7, pg. 61.

⁸⁵ See Exhibit 15.

⁸⁶ See TR at pg. 184.

⁸⁷ See TR at 156.

⁸⁸ See TR at 280-281.

1 25. Respondent admitted that his medical records are “less than 100 percent.”⁸⁹
2 A physician is required to maintain adequate medical records. A.R.S. § 32-1401(27)(e).
3 Testifying on behalf of Respondent, Dr. Mollen acknowledged that the Board’s medical
4 records statute does not make an exception for friends, dates, or girlfriends.⁹⁰ Dr. Mollen
5 testified that a physician must maintain medical records even when treating friends and
6 family.⁹¹ Consistently, the AMA Ethics Opinion, which Dr. Mollen testified he had
7 reviewed, requires physicians to document care and treatment provided even to
8 themselves or members of their families.⁹² Dr. Mollen acknowledged that the Board
9 statutes and the AMA Code of Ethics require a physician to maintain medical records
10 even when that physician is treating his sexual partners.⁹³

11 26. On cross, Dr. Mollen reviewed the AMA Ethics Opinion on patient physician
12 relationships, which states that a physician-patient relationship exists when a physician
13 serves a patient’s medical needs.⁹⁴ Dr. Mollen agreed that by writing a prescription, the
14 physician is serving the patient’s medical needs.⁹⁵ Both Dr. Mollen and Dr. Coffey agreed
15 that writing prescriptions for patients is the practice of medicine.⁹⁶ It is evident that
16 Respondent was engaged in the practice medicine when he provided MM, KM and MC
17 with diagnoses and treatments. See A.R.S. § 32-1401(22). As a result, and as Dr. Coffey
18 testified, these women became Respondent’s patients.⁹⁷

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22 ⁸⁹ See TR at 60.

23 ⁹⁰ See TR at 281 and 284.

24 ⁹¹ See TR at 284.

25 ⁹² See Exhibit 21 and TR at 284-285.

⁹³ See TR at 287.

⁹⁴ See Exhibit 20; TR at 279.

⁹⁵ See TR at 279.

⁹⁶ See TR at 161, 163, and 277.

⁹⁷ See TR at 166.

1 27. Testifying on behalf of Respondent, Dr. Mollen stated that the purpose of
2 medical records is for the patient to have continuity of care, and, without medical records,
3 it is difficult for a patient to have continuity of care.⁹⁸

4 28. In August 2020 and September 2020, Respondent sent the Board medical
5 records for Patients MM, KM and MC purporting to document the care he provided to
6 these patients.⁹⁹ By submitting medical records containing false information, Respondent
7 committed unprofessional conduct. See A.R.S. § 32-1401(27)(kk). The medical record
8 Respondent provided for the patient encounter with KM on December 19, 2018, is
9 inconsistent with the treatment provided. On the Internal Medicine History and Physical
10 form for that day, Respondent makes no notation of gynecological concerns, a
11 genitourinary examination, or a Flagyl prescription in the medical record.¹⁰⁰ Nevertheless,
12 Respondent prescribed Flagyl, reportedly for bacterial vaginosis, on that date.¹⁰¹ The
13 medical record Respondent provided for the patient encounter with MC on August 28,
14 2019, is inconsistent with the treatment provided. On the Internal Medicine History and
15 Physical form for that day, Respondent documented a "yeast infection" as MC's chief
16 complaint and that he would prescribe Diflucan.¹⁰² He failed to note any prescription other
17 than Diflucan on that date.¹⁰³ Contrary to his medical record, Respondent prescribed
18 Flagyl to MC on August 28, 2019.¹⁰⁴

19 29. In Respondent's sworn hearing testimony, he claimed that he had made the
20 medical records contemporaneously with the treatment or the examination.¹⁰⁵
21 Respondent's medical records, in view of his hearing testimony and the testimony of

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23 ⁹⁸ See TR at 288.

⁹⁹ See Exhibit 6 and 7.

¹⁰⁰ See Exhibit 6, pgs. 31-32.

¹⁰¹ See Exhibit 12 at 105, 115; TR at 71.

¹⁰² See Exhibit 6, pgs. 29-40.

¹⁰³ See id.

¹⁰⁴ See Exhibit 15, pg. 142.

1 patients MM and KM, make his claim of contemporaneous documentation patently false.
2 For example, according to Respondent's medical records, he reviewed the CSPMP for
3 Patient MM on February 21, 2020.¹⁰⁶ The CSPMP query history shows that he did not.¹⁰⁷
4 Respondent's medical record for MM for February 21, 2020, documents an examination
5 of the wrong leg.¹⁰⁸ For Patient KM, he documented an examination of an
6 abdominal/thigh/leg rash, when KM testified that the rash was on her chest.¹⁰⁹ In view of
7 these instances of false documentation as well as the additional inaccuracies listed
8 above, it is evident that Respondent did not make the medical records for patients MM,
9 KM and MC contemporaneously with his treatment as he testified.

10 30. The relationship between a patient and a physician is based on trust. (AMA
11 Code of Medical Ethics, Opinion 1.1.1. Patient-Physician Relationships.¹¹⁰) Dr. Coffey
12 testified that trust is the foundation of the relationship with the physician and a patient can
13 be emotionally harmed if that trust is breached.¹¹¹ Both MM and KM testified that, had
14 they known that their sexual relationship with Respondent was not exclusive, they would
15 not have trusted Respondent to treat them.¹¹² Patient MM testified that Respondent had
16 exploited her trust.¹¹³ Respondent acknowledged that "[w]hile I don't register any harm
17 that was actually done to these patients, I think there could have been."¹¹⁴

18 31. Respondent participated in a neuropsychological evaluation on December
19 4, 2020.¹¹⁵ The evaluator recommended that Respondent complete "specific continuing
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21 ¹⁰⁵ See TR at 70.

¹⁰⁶ See Exhibit 6, pg. 30.

¹⁰⁷ See Exhibit 10.

¹⁰⁸ See Exhibit 6, pgs. 29-30; Exhibit 19; See Exhibit 101 and 102.

¹⁰⁹ See Exhibit 6, pgs. 31 and 32; TR at 126-127.

¹¹⁰ See Exhibit 20.

¹¹¹ See TR at 333-334.

¹¹² See TR at 104 and 131.

¹¹³ See TR at 323.

¹¹⁴ See TR at 228.

¹¹⁵ See Exhibit 17.

1 education activity with respect to professional boundaries.”¹¹⁶ On November 5, 2023,
2 three days before this hearing commenced, Respondent completed the 34-hour PBI
3 course on Professional Boundaries and Ethics.¹¹⁷ Although he had only recently
4 completed the boundaries and ethics course, at hearing Respondent refused to
5 acknowledge that Patients MM, KM and MC were his patients, testifying that “there’s not
6 really a yes or a no here.”¹¹⁸

7 **CONCLUSIONS OF LAW**

8 1. The Board has jurisdiction over Respondent and the subject matter in this
9 case under Arizona Revised Statutes § 32-3202.

10 2. Pursuant to A.R.S. § 41-1092.07(G)(2) and A.A.C. R2-19-119(B), the Board
11 has the burden of proof in this matter. The standard of proof is by clear and convincing
12 evidence. A.R.S. § 32-1451.04.

13 3. The Arizona Board established by clear and convincing evidence that
14 Respondent engaged in unprofessional conduct, in violation of A.R.S. § 32-1401(27)(a),
15 when he failed to review the CSPMP in connection with his Tramadol prescription to MM
16 as required by A.R.S. § 36-2606(f).

17 4. The Board established by clear and convincing evidence that Respondent
18 engaged in unprofessional conduct, in violation of A.R.S. § 32-1401(27)(e), by failing to
19 maintain adequate records, as defined in A.R.S. § 32-1401(2).

20 5. The Board established by clear and convincing evidence that Respondent
21 engaged in unprofessional conduct in violation of A.R.S. § 32-1401(r).

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¹¹⁶ See id at pg. 157.

¹¹⁷ See Exhibit A.

¹¹⁸ See TR at 302.

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2. Obey All Laws

Respondent shall obey all state, federal and local laws and all rules governing the practice of medicine in Arizona.

3. Probation Termination

Prior to the termination of Probation, Respondent must submit a written request to the Board for release from the terms of this Order. Respondent's request for release will be placed on the next pending Board agenda, provided a complete submission is received by Board staff no less than 30 days prior to the Board meeting. Respondent's request for release must provide the Board with evidence establishing that he has successfully satisfied all of the terms and conditions of this Order. The Board has the sole discretion to determine whether all of the terms and conditions of this Order have been met or whether to take any other action that is consistent with its statutory and regulatory authority.

The Board retains jurisdiction and may initiate new action against Respondent based upon any violation of this Order. A.R.S. § 32-1401(27)(s).

IT IS FURTHER ORDERED that, pursuant to A.R.S. § 32-1451(M),¹¹⁹ Mark C. Okafor, M.D. be charged \$3,460.95 for the cost of the formal hearing. Dr. Okafor shall pay the Board \$3,460.95 by certified funds within 90 days of the effective date of this Order.

RIGHT TO PETITION FOR REHEARING OR REVIEW

Respondent is hereby notified that he has the right to petition for a rehearing or review. The petition for rehearing or review must be filed with the Board's Executive Director within thirty (30) days after service of this Order. A.R.S. § 41-1092.09(B). The

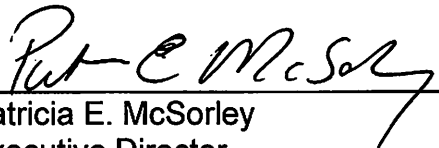
¹¹⁹ A.R.S. § 32-1451(M) provides, in pertinent part, as follows: "The board may charge the costs of formal hearings to the licensee who it finds to be in violation of this chapter"

1 petition for rehearing or review must set forth legally sufficient reasons for granting a
2 rehearing or review. A.A.C. R4-16-103. Service of this order is effective five (5) days after
3 date of mailing. A.R.S. § 41-1092.09(C). If a petition for rehearing or review is not filed,
4 the Board's Order becomes effective thirty-five (35) days after it is mailed to Respondent.

5 Respondent is further notified that the filing of a motion for rehearing or review is
6 required to preserve any rights of appeal to the Superior Court.

7 **DATED** this 7th day of May 2024.

8 THE ARIZONA MEDICAL BOARD

9
10 By 
11 Patricia E. McSorley
12 Executive Director

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1 ORIGINAL of the foregoing filed this
2 7th day of May, 2024 with:

3 Arizona Medical Board
4 1740 W. Adams, Suite 4000
5 Phoenix, Arizona 85007

6 COPY of the foregoing filed
7 this 7th day of May 2024 with:

8 Greg Hanchett, Director
9 Office of Administrative Hearings
10 1740 W. Adams
11 Phoenix, AZ 85007

12 Executed copy of the foregoing
13 mailed by U.S. Mail and emailed
14 this 7th day of May 2024 to:

15 Mark C. Okafor, M.D.
16 Address of Record

17 Sara Stark, Esq.
18 CHELLE LAW PLC
19 Sara.Stark@chellelaw.com
20 Attorney for Respondent

21 Elizabeth A. Campbell
22 Assistant Attorney General
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Arizona Medical Board

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