



1 of allergies and asthma since childhood. Respondent prescribed an anti-fungal,  
2 Itraconazole, and ordered an array of both standard and nonstandard laboratory studies.

3 5. On April 8, 2022, GH presented to Respondent's office for follow-up.  
4 Respondent noted that GH's symptoms had returned and worsened upon cessation of  
5 antifungals. Based on the lab results, Respondent diagnosed GH with "mycotoxicosis" and  
6 "cumulative organic chemical hypertoxicity." Respondent adjusted the treatment regimen  
7 and prescribed Amphotericin B and a combination of activated charcoal/bentonite clay,  
8 coenzyme Q-IO, vitamin C, vitamin D3, fish oil, alpha lipoic acid, plain guaifenesin, and a  
9 multivitamin. GH reportedly was unable to obtain the Amphotericin B due to lack of prior  
10 authorization.

11 6. In his written narrative provided to the Board on November 14, 2022,  
12 Respondent stated that his staff exchanged several emails with GH and attempted to call  
13 GH on multiple occasions without response. Respondent stated that additional  
14 appointments were unable to be scheduled due to GH's non-responsiveness.

15 7. A Medical Consultant ("MC") who reviewed Respondent's care and treatment  
16 of GH did not identify a deviation from the standard of care, but questioned the necessity  
17 and appropriateness of the genitourinary and rectal examinations performed at the first  
18 visit. Additionally, the MC noted that Respondent failed to document the presence or  
19 absence of a chaperone. Additionally, the MC noted that the degree of laboratory workup  
20 was likely unnecessary. The MC also noted that there were no records of the emails or  
21 staff attempts to contact GH in the medical records provided by Respondent to the Board.

22 8. Upon receipt of GH's complaint, Board staff made multiple attempts to  
23 contact Respondent to obtain a complete medical record via phone and/or email on July  
24 13, 2022, October 24, 2022, November 14, 2022, and January 10, 2023. Board staff's  
25 November 14, 2022 email acknowledged receipt of Respondent's narrative, and informed

1 him that the complete medical record had not been received including progress and  
2 patient communication notes and orders. On January 10, 2023, Board staff emailed  
3 Respondent to confirm a verbal conversation advising Respondent that the complete  
4 medical record had not been received.

5 9. On April 20, 2023, Board staff sent a subpoena to Respondent for GH's  
6 complete medical record, and emailed him regarding his lack of response to previous  
7 attempts at contact from Board staff. Additionally, Board staff called Respondent's phone  
8 number of record; however, a message on Respondent's voicemail indicated his mailbox  
9 was full and no new messages would be accepted. Board staff also tried calling  
10 Respondent's office multiple times without answer by any individual staff member or option  
11 provided in the automated system to leave a message.

12 10. On May 3, 2023, Board staff received additional records for GH by email  
13 from an unknown individual. Board staff responded, asking if the individual was a member  
14 of Respondent's staff but no response was received.

15 11. On August 17, 2023, and September 5, 2023, Board staff sent a request for  
16 supplemental response to Respondent with a request that he provide communication  
17 phone/email records for patient GH.

18 12. On September 15, 2023, Respondent emailed Board staff and stated that his  
19 opinions remained unchanged from his November 14, 2022 statement. Board staff  
20 responded by email and again requested patient communication records.

21 13. On October 10, 2023, Respondent responded by email that he was unaware  
22 of any additional records beyond those that had already been sent. Board staff called  
23 Respondent for a follow-up on the information requested and noted that Respondent had  
24 mentioned in his response that his staff had answered all of GH's emails. Respondent  
25

1 stated that he would check to make sure there were no emails, but he may have been  
2 incorrect about the emails in his response.

3 14. On October 23, 2023, Board staff sent a follow-up email to Respondent  
4 regarding any additional records. Board staff did not receive a response.

5 15. During a Formal Interview on this matter, Respondent testified regarding his  
6 perspective and practices for prescribing antifungal medications. With regard to GH's  
7 complaints regarding communication, Respondent stated he was informed by his staff that  
8 GH was non-responsive. Respondent additionally noted that some issues with  
9 communication occurred due to loss of staff members and the ultimate closure and  
10 reopening of the practice that had been described by his counsel during his opening  
11 statement. Respondent stated most of his patients had his cell phone and would call or  
12 text him during the transition period.

13 16. When asked about his failure to respond to Board staff during the  
14 investigation, Respondent stated that he had difficulty receiving communications, and  
15 noted that his staff may not have recognized the importance of ensuring he was aware so  
16 he could promptly respond. Respondent stated that he had recently moved and could not  
17 find the message books that would have documented the patient communications.  
18 Respondent stated that he receives a large volume of emails, and asks his patients to text  
19 him when they send an email. Respondent testified that he is attempting to develop better  
20 habits regarding checking emails daily.

21 17. When asked about the labs he ordered for GH acknowledged that he  
22 identified diagnostic codes in the record in order to obtain authorization for labs, but stated  
23 that he was not actually diagnosing the patient with the listed condition. Respondent  
24 acknowledged that it could appear from the medical record that he had, in fact diagnosed  
25 GH with the conditions identified in the chart.





1 addition to the hours required for the renewal of medical licensure. Respondent shall  
2 obtain an unconditional or conditionally passing grade.

3 In the event that Respondent does not receive an unconditional or conditionally  
4 passing grade, Respondent shall follow any and all recommendations made for further  
5 education and/or remediation, subject to approval by the Board or its staff.

6 Respondent shall sign any and all consents or releases necessary to allow CPEP to  
7 communicate to the Board directly. Respondent shall not revoke any releases prior to  
8 successful completion of ProBE. Respondent shall be responsible for the expenses of  
9 participation in ProBE.

10 **c. Obey All Laws**

11 Respondent shall obey all state, federal and local laws, all rules governing the  
12 practice of medicine in Arizona, and remain in full compliance with any court ordered  
13 criminal probation, payments and other orders.

14 **d. Probation Termination**

15 Prior to the termination of Probation, Respondent must submit a written request to  
16 the Board for release from the terms of this Order. Respondent's request for release will  
17 be placed on the next pending Board agenda, provided a complete submission is received  
18 by Board staff no less than 30 days prior to the Board meeting. Respondent's request for  
19 release must provide the Board with evidence establishing that he has successfully  
20 satisfied all of the terms and conditions of this Order, including obtaining a passing or  
21 conditionally passing score from CPEP, or in the alternative, that Respondent has  
22 completed any and all recommendations made for further education and/or remediation  
23 made by CPEP and approved by Board staff. The Board has the sole discretion to  
24 determine whether all of the terms and conditions of this Order have been met or whether  
25 to take any other action that is consistent with its statutory and regulatory authority.

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

3 **RIGHT TO PETITION FOR REHEARING OR REVIEW**

4 Respondent is hereby notified that he has the right to petition for a rehearing or  
5 review. The petition for rehearing or review must be filed with the Board's Executive  
6 Director within thirty (30) days after service of this Order. A.R.S. § 41-1092.09(B). The  
7 petition for rehearing or review must set forth legally sufficient reasons for granting a  
8 rehearing or review. A.A.C. R4-16-103. Service of this order is effective five (5) days after  
9 date of mailing. A.R.S. § 41-1092.09(C). If a petition for rehearing or review is not filed,  
10 the Board's Order becomes effective thirty-five (35) days after it is mailed to Respondent.

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

13 DATED AND EFFECTIVE this 9th day of August, 2024.

14 ARIZONA MEDICAL BOARD

15  
16 By Patricia McSorley  
17 Patricia E. McSorley  
18 Executive Director  
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1 EXECUTED COPY of the foregoing  
2 mailed this 9th day of August, 2024 to:

3 Sheldon Lazarow, Esq.  
4 Lazarow Law Firm, PLC  
5 25 East University Boulevard  
6 Tucson, Arizona 85705  
7 Attorney for Respondent

8 ORIGINAL of the foregoing filed  
9 this 9th day of August, 2024 with:

10 Arizona Medical Board  
11 1740 West Adams, Suite 4000  
12 Phoenix, Arizona 85007

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15 Board staff

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