

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO May 2, 2008
BY Chloe King ANALYST

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9 **BEFORE THE**
10 **MEDICAL BOARD OF CALIFORNIA**
11 **DEPARTMENT OF CONSUMER AFFAIRS**
12 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:
13 MICHAEL EDWARD PLATT, M.D.
73-345 Highway 111, Suite 203
14 Palm Desert, CA 92260
Physician's and Surgeon's Certificate No.
15 G23729
16 Respondent.

Case No. 09-2006-175931

ACCUSATION

18 Complainant alleges:

19 **PARTIES**

- 20 1. Barbara Johnston (Complainant) brings this Accusation solely in her
21 official capacity as the Executive Director of the Medical Board of California.
22 2. On or about November 24, 1972, the Medical Board of California issued
23 Physician's and Surgeon's Certificate Number G23729 to Michael Edward Platt, M.D.
24 (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times
25 relevant to the charges brought herein and will expire on November 30, 2009, unless renewed.

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JURISDICTION

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2 3. This Accusation is brought before the Medical Board of California, under
3 the authority of the following sections of the Business and Professions Code (“Code”):

4 4. Section 2220 of the Code states:

5 “Except as otherwise provided by law, the Division of Medical Quality¹
6 may take action against all persons guilty of violating this chapter [Chapter 5, the
7 Medical Practice Act]. The division shall enforce and administer this article as to
8 physician and surgeon certificate holders, and the division shall have all the
9 powers granted in this chapter”

10 5. Section 2227 of the Code provides that a licensee who is found guilty
11 under the Medical Practice Act may have his or her license revoked, suspended for a period not
12 to exceed one year, placed on probation and required to pay the costs of probation monitoring, or
13 have such other action taken in relation to discipline as the Division deems proper.

14 6. Section 2234 of the Code states:

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

18 “(a) Violating or attempting to violate, directly or indirectly, assisting in
19 or abetting the violation of, or conspiring to violate any provision of this chapter
20 [Chapter 5, the Medical Practice Act].

21 “(b) Gross negligence.

22 “(c) Repeated negligent acts. To be repeated, there must be two or more
23 negligent acts or omissions. An initial negligent act or omission followed by a

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27 1. California Business and Professions Code section 2002, as amended effective January 1,
28 2008, provides in part that the term “board” as used in the State Medical Practice Act (Business
and Professions Code, section 2000, et seq.) means the “Medical Board of California,” and that
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 separate and distinct departure from the applicable standard of care shall
2 constitute repeated negligent acts.

3 “(1) An initial negligent diagnosis followed by an act or
4 omission medically appropriate for that negligent diagnosis of the
5 patient shall constitute a single negligent act.

6 “(2) When the standard of care requires a change in the
7 diagnosis, act, or omission that constitutes the negligent act
8 described in paragraph (1), including, but not limited to, a
9 reevaluation of the diagnosis or a change in treatment, and the
10 licensee’s conduct departs from the applicable standard of care,
11 each departure constitutes a separate and distinct breach of the
12 standard of care.

13 “(d) Incompetence.

14 “(e) The commission of any act involving dishonesty or corruption which
15 is substantially related to the qualifications, functions, or duties of a physician and
16 surgeon.

17 “(f) Any action or conduct which would have warranted the denial of a
18 certificate.”

19 7. Section 2242 of the Code states:

20 “(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in
21 Section 4022 without an appropriate prior examination and a medical indication,
22 constitutes unprofessional conduct.

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

26 “(1) The licensee was a designated physician and surgeon
27 or podiatrist serving in the absence of the patient’s physician and
28 surgeon or podiatrist, as the case may be, and if the drugs were

1 prescribed, dispensed, or furnished only as necessary to maintain
2 the patient until the return of his or her practitioner, but in any case
3 no longer than 72 hours.

4 “(2) The licensee transmitted the order for the drugs to a
5 registered nurse or to a licensed vocational nurse in an inpatient
6 facility, . . .”

7 “(3) The licensee was a designated practitioner serving in
8 the absence of the patient’s physician and surgeon or podiatrist, as
9 the case may be, and was in possession of or had utilized the
10 patient’s records and ordered the renewal of a medically indicated
11 prescription for an amount not exceeding the original prescription
12 in strength or amount or for more than one refill.

13 “(4) The licensee was acting in accordance with Section
14 120582 of the Health and Safety Code.”

15 8. Section 2266 of the Code states:

16 “The failure of a physician and surgeon to maintain adequate and accurate
17 records relating to the provision of services to their patients constitutes
18 unprofessional conduct.”

19 **FIRST CAUSE FOR DISCIPLINE**

20 **(Gross Negligence)**

21 **Patient C.B**

22 9. Respondent is subject to disciplinary action pursuant to Section 2234,
23 subdivision (b) of the Code, in that Respondent was grossly negligent in his care, treatment and
24 management of C.B. The circumstances are as follows:

25 A. On or about February 22, 2006, C.B., a 42 year old female, sought
26 treatment from Respondent for urinary incontinence, weight loss and headaches.
27 She was referred by a friend and had seen one of Respondent’s infomercials on
28 television regarding his ability to cure incontinence.

1 B. Respondent's sole in-person meeting with C.B. occurred on
2 February 22, 2006, after C.B. filled out some paperwork and Respondent's
3 medical assistant took some vital signs. C.B.'s consultation with Respondent
4 occurred in Respondent's office, with Respondent seated behind a desk.
5 Respondent took a brief medical history.

6 C. C.B.'s primary complaint was incontinence. She told Respondent
7 that she had three children, aged 12,15 and 18, and that on occasion she would
8 "piddle" in her pants after sneezing or coughing. Respondent told C.B. he could
9 control incontinence in about six days with a 100 per cent success rate.

10 D. In response to Respondent's questions, C.B. told him that she was
11 not generally tired in the afternoon, her sex drive was okay, but that a little extra
12 help was always nice. She reported she had been on birth control pills for
13 seventeen (17) years, that her periods were consistent, and she had very little
14 cramping. Respondent told C.B. that birth control pills caused six different types
15 of cancer and advised her to stop taking her birth control pills. He did not discuss
16 or recommend alternative methods of birth control or suggest she contact her
17 OB/GYN before instructing her to stop taking her birth control pills.

18 E. Respondent did not conduct a review of systems or perform a
19 physical examination of C.B., nor perform a pelvic examination.

20 F. Respondent's chart notes on the visit were sparse and failed to
21 include a diagnosis or treatment plan.

22 G. Respondent did not obtain C.B.'s release nor take any steps to
23 obtain C.B.'s medical records from any prior treating physicians, nor to consult
24 with any of them.

25 H. Respondent's lab technician drew C.B.'s blood for the purpose of
26 running a hormone panel. Though Respondent did not yet have the results, he
27 prescribed testosterone and progesterone for C.B. Respondent prescribed and told
28 C.B. to take testosterone cream vaginally daily in the morning and to apply the 1/4

1 teaspoon progesterone cream to her forearm twice a day, morning and evening.
2 He told C.B. to consider him her primary physician.

3 I. C.B. filled the prescriptions and began using the drugs as
4 prescribed, though she only did the morning applications (and did not apply
5 progesterone cream in the evening).

6 J. On or about April 28, 2006, C.B. had blood work taken at a local
7 laboratory. Her testosterone level was extremely elevated, at 1988.²

8 K. By early May and approximately two months after starting the
9 treatment, C.B. began to get concerned. She was taking her birth control pills and
10 the drug creams prescribed by Respondent, but was still incontinent and had now
11 missed her period. She was alarmed about the prospect of possibly being
12 pregnant at age 42. On or about May 5, 2006, C.B. contacted Respondent and
13 conveyed these concerns. In response, Respondent told her to stop taking the
14 progesterone and testosterone, and to wait for her period. When C.B. asked if the
15 testosterone or progesterone could have caused her birth control pills to be
16 ineffective, or whether she should start the active portion of her birth control pills
17 on May 7, Respondent became angry and rude. Respondent said he had not seen
18 this problem before. Though he did not appear to have an answer for the cause of
19 C.B.'s stopped periods, Respondent again told C.B. to stop taking birth control
20 pills, and advised her to get her tubes tied or use an IUD.

21 L. On or about May 16, 2006, C.B. had a scheduled conference call
22 with Respondent. C.B. wanted to discuss her continued incontinence, reduced sex
23 drive and her concerns that her period had still not resumed, even though a recent
24 test concluded she was not pregnant. Respondent wanted to know if she was
25 taking the testosterone as prescribed and doing the kegel exercises. C.B. stated
26 that she was. Respondent told her the incontinence problem should have been

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28 2. The normal range is from 20 to 76.

1 resolved in six days to one month after starting his treatment. For the first time,
2 Respondent recommended C.B. see a urologist.

3 M. During this same phone call, C.B. complained that her libido had
4 not increased despite her taking the testosterone as prescribed by Respondent.
5 Respondent told her she should be fantasizing about "the mailman." When she
6 explained she was not, Respondent appeared to become angry and told her she
7 must not be happy with her partner, that libido is all in one's head, and that it had
8 not increased because she was obsessive compulsive and wanted everything to be
9 perfect.

10 10. Respondent committed acts of gross negligence in his care, treatment and
11 management of patient C.B. by reason of, but not limited to, the following:

12 A. Respondent failed to perform a pelvic examination and failed to
13 perform an adequate physical examination of C.B. prior to diagnosing and treating
14 her urinary incontinence.

15 B. Respondent failed to request permission to consult with the
16 patient's current or prior treating physicians, did not consult with any, and failed
17 to request or obtain C.B.'s medical records from her prior or current treating
18 physicians.

19 C. Respondent prescribed testosterone and progesterone to C.B.
20 before having the results of her hormone panel.

21 D. Respondent advised C.B. to stop taking birth control pills without
22 making provision for alternative contraceptive methods.

23 E. Respondent failed to follow the standard of care by prescribing
24 testosterone to treat the patient's urinary incontinence.

25 **Patient "N.M."**

26 11. Respondent is subject to disciplinary action pursuant to Section 2234,
27 subdivision (b) of the Code, in that Respondent was grossly negligent in his care, treatment and
28 management of patient "N.M." The circumstances are as follows:

1 A. "N.M" is the undercover name used by a female investigator
2 employed by the Enforcement Program of the Medical Board of California.

3 B. N.M. was first seen by Respondent on April 23, 2007, for a
4 complaint of urinary incontinence. N.M. filled out an intake questionnaire listing
5 her age as 43 and giving a history of heart problems, palpitations and urinary
6 incontinence. After speaking with a nutritional counselor in Respondent's office
7 and having a medical assistant take her blood pressure and weight, N.M. had a
8 consultation with Respondent.

9 C. The consultation occurred in Respondent's office, with Respondent
10 seated behind a desk. Respondent took a brief medical history. N.M. told
11 Respondent her primary complaint was her incontinence. She stated that for the
12 past six months, she "leaked" when she coughed or laughed, and that she wanted
13 an alternative treatment for her urinary incontinence that would not involve
14 surgery. N.M. told Respondent she was taking Lo/Ovral 28, a birth control pill,
15 and that he was the first doctor she was seeing for the incontinence.

16 D. N.M. brought laboratory test results dated April 4, 2007, which
17 showed her tested values were within the normal range.

18 E. Respondent did not conduct a review of systems or perform a
19 pelvic examination or any physical examination of N.M.

20 F. Respondent did not request N.M.'s release and did not take any
21 steps to obtain her medical records from any current or prior treating physicians.

22 G. Respondent told N.M. that if she followed his treatment of
23 testosterone and kegel exercises, her urinary incontinence would be gone in three
24 to six days. He asked about her libido, and told her that by taking the testosterone
25 he would prescribe, she would be "looking" at "the mailman."

26 H. Respondent told N.M. she had a thyroid problem and that he was
27 going to treat her thyroid.

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1 I. When Respondent asked N.M. if she gets tired when she travels in
2 the car, she relayed that she always falls asleep when she is a passenger on a car
3 trip. When Respondent asked if she had a short temper, she stated she could get
4 irritable. Respondent told N.M. she had ADHD.

5 J. Respondent's progress notes of April 23, 2007 charted that her
6 concerns were "incontinence" and "estrogen dominance". He noted she was on
7 birth control pills and had dry skin. Respondent's chart notes on the visit were
8 sparse, failed to include a diagnosis or treatment plan, and were inadequate. He
9 did not make a referral for her complaints of palpitations or heart problems.

10 12. Respondent committed acts of gross negligence in his care, treatment and
11 management of N.M., by reason of, but not limited to, the following:

12 A. Respondent failed to perform a pelvic examination and failed to
13 perform an adequate physical examination of N.M. prior to diagnosing her
14 incontinence and telling her how he would treat it.

15 B. Respondent failed to request or obtain N.M.'s medical records
16 from her current or prior treating physicians.

17 C. Respondent never discussed with N.M. her complaints of
18 palpitations or heart problems, never evaluated them, and made no referral to any
19 other medical specialist to address those problems.

20 D. Respondent told N.M. he would treat her urinary incontinence with
21 testosterone, even though the use of testosterone to treat urinary incontinence is
22 not within the standard of care.

23 E. Despite Respondent's failure to examine N.M.'s neck and thyroid
24 and her normal blood test results, Respondent believed N.M. suffered from a
25 thyroid disorder and told her he would provide medication to treat her.

26 F. Respondent failed to conduct a physical examination of N.M.'s
27 thyroid and her neck to check the size of her thyroid, if she had any tenderness,
28 and the presence or absences of nodules.

1 **Patient - E.K.**

2 13. Respondent is subject to disciplinary action pursuant to Section 2234,
3 subdivision (b) of the Code, in that Respondent was grossly negligent in his care, treatment and
4 management of patient E.K.. The circumstances are as follows:

5 A. Respondent treated E.K. over a period of two years. Respondent
6 first treated E.K. on or about July 28, 2003, when she was 71 years old and
7 presented with a complaint of urinary incontinence. E.K. gave a history of having
8 cardiac arrhythmias, dizziness, palpitations, shortness of breath and headaches.
9 Respondent did not conduct a physical examination or pelvic examination of E.K.

10 B. Respondent did not request or obtain medical records from E.K.'s
11 prior or current treating physicians, nor did he consult with any of them during the
12 time he treated E.K..

13 C. On or about July 27, 2003, before laboratory tests results were
14 available, Respondent prescribed several hormones for E.K, including thyroid
15 supplements (T3 and T4 thyroid replacement), progesterone, testosterone, and
16 DHEA.

17 D. Laboratory tests were taken on or about July 28, 2003. When
18 respondent learned the results were within normal range, he did not instruct E.K.
19 to stop taking the thyroid prescriptions.

20 E. E.K.'s laboratory reports from blood drawn on July 28, 2003,
21 showed a total cholesterol reading of 310 with LDL of 188.³ A repeat total
22 cholesterol was 258 with a LDL of 139. Respondent did not treat or refer E.K for
23 treatment of her high cholesterol readings.

24 F. On August 5, 2003, Respondent charted that E.K. was told to stay
25 on ½ dose of thyroid supplements for the time being. There was no other entry in
26 the chart note.

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3. Normal reference range for total cholesterol is under 200; for LDL it is under 130.

1 G. On September 16, 2003, E.K. reported she was still having hot
2 flashes. Respondent increased her T4 thyroid supplement to 0.125. On
3 September 14, 2004, E.K. had an episode of shortness of breath and chest pain.
4 Respondent entered a notation in E.K.'s records that he suspected her discomfort
5 was secondary to degenerative arthritis of the spine. He took no action to evaluate
6 or address the symptoms she reported.

7 H. On March 18, 2005, E.K. complained to Respondent that she was
8 losing her hair and her heart rate had increased. Respondent told E.K. to decrease
9 T3 to once each day and decrease the T4 to ½ tablet. He charted that he suspected
10 she was hyperthyroid and that he would see her in the next 1-2 weeks, check her
11 rate and "maybe do thyroid tests."

12 I. Respondent's chart entries for E.K.'s visits are sparse and
13 inadequate.

14 14. Respondent committed acts of gross negligence in his care, treatment and
15 management of patient, E.K. by reason of, but not limited to, the following:

16 A. Respondent did not perform any physical examination of E.K.
17 during any of her visits or evaluations from on or about July 28, 2003 to July 12,
18 2005.

19 B. Respondent prescribed thyroid replacement therapy (T3 and T4) to
20 E.K., without medical indication or an appropriate physical examination.

21 C. Thyroid supplements can precipitate ischemic heart disease in
22 cardiac patients. Despite its contraindication for a patient with a cardiac history
23 and normal laboratory values. Respondent not only prescribed thyroid
24 supplementation to E.K., but continued to do so even though E.K. experienced
25 heart palpitations and chest pain.

26 D. Respondent failed to stop the thyroid supplements when he
27 suspected E.K. was hyperthyroid.

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1 E. Respondent treated E.K.'s urinary incontinence without performing
2 an appropriate physical examination of E.K., including a pelvic examination.

3 F. Respondent prescribed testosterone for the treatment of E.K.'s
4 urinary incontinence even though the use of testosterone to treat urinary
5 incontinence is not within the standard of care.

6 G. Respondent failed to treat E.K.'s extremely high cholesterol and
7 LDL levels reported in her laboratory reports and failed to refer her to another
8 physician for treatment of these levels.

9 H. Respondent failed have E.K. sign a release to obtain her prior
10 treating physician's medical records, failed to obtain medical records from her
11 prior or current treating physicians, and failed to consult with them.

12 **SECOND CAUSE FOR DISCIPLINE**

13 **(Repeated Negligent Acts)**

14 **Patient C.B.**

15 15. Respondent is subject to disciplinary action pursuant to section 2234,
16 subdivision (c), in that, Respondent committed repeated acts of negligence in his care, treatment
17 and management of patient C.B., as described above in paragraphs 9 and 10, and their
18 subsections, which are incorporated by reference herein.

19 **Patient N.M.**

20 16. Respondent is subject to disciplinary action pursuant to section 2234,
21 subdivision (c), in that, Respondent committed repeated acts of negligence in his care, treatment
22 and management of N.M., as described above in paragraphs 11 and 12, and their subsections,
23 which are incorporated by reference herein.

24 **Patient E. K.**

25 17. Respondent is subject to disciplinary action pursuant to section 2234,
26 subdivision (c), in that, Respondent committed repeated acts of negligence in his care, treatment
27 and management of patient E.K., as described in above in paragraphs 13 and 14, and their
28 subsections, which are incorporated by reference herein.

1 **THIRD CAUSE FOR DISCIPLINE**

2 **(Incompetence)**

3 **Patient C.B.**

4 18. Respondent is subject to disciplinary action pursuant to Section 2234,
5 subdivision (d) of the Code, in that respondent was incompetent in his care, treatment, and
6 management of C.B., as described above in paragraphs 9 and 10, and their subsections, which are
7 incorporated by reference herein.

8 **Patient N.M.**

9 19. Respondent is subject to disciplinary action pursuant to Section 2234,
10 subdivision (d) of the Code, in that respondent was incompetent in his care and
11 treatment of patient N.M., as described above in paragraphs 11 and 12, and their subsections,
12 which are incorporated by reference herein.

13 **Patient E.K.**

14 20. Respondent is subject to disciplinary action pursuant to Section 2234,
15 subdivision (d) of the Code, in that Respondent was incompetent in his care and
16 treatment of patient E.K., as described above in paragraphs 13 and 14, and their subsections,
17 which are incorporated by reference herein.

18 **Physician Interview and Submissions**

19 21. On August 22, 2007, Respondent was interviewed as part of the
20 investigation giving rise to the allegations set forth in this Accusation. During the interview,
21 Respondent asserted the following:

22 A. He does not conduct a physical examination of his patients and
23 does not believe they are "needed." He believes he gets sufficient information
24 from his patients by talking to them.

25 B. Respondent stated that he is not bound by the peer reviewed
26 medical literature because he learns from his patients and relies on his own
27 opinions.

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1 C. Respondent does not use normal ranges for laboratory test values
2 to determine hormonal deficiencies and does not feel bound by the accepted
3 normal ranges in determining hormonal deficiencies of cortisone, testosterone and
4 for the thyroid.

5 D. Respondent referred the Board to a book he authored, The Miracle
6 of Bio-identical Hormones, concerning his approach regarding the diagnosis and
7 treatment of certain conditions and diseases.

8 22. On or about December 7, 2007, Respondent sent Board investigators a
9 copy of the latest edition of his book, suggesting it would provide a “very good understanding” of
10 him and his approach to “wellness” in his patients. According to The Miracle of Bio-identical
11 Hormones, Second Edition, respondent believes progesterone is appropriate for treating diabetes,
12 obesity, fibromyalgia, nausea in pregnancy, and ADHD, and that he prescribes progesterone for
13 those conditions in his patients.

14 23. Respondent is subject to disciplinary action under section 2234,
15 subdivision (d), in that Respondent’s statements and representations demonstrate incompetence,
16 by reason of but not limited to the following:

17 A. Respondent purposely fails to use normal recognized and accepted
18 values in evaluating laboratory studies done on his patients and purposely fails to
19 use the normal values to guide his diagnosis and treatment of his patients.

20 B. Respondent does not believe the standard of care requires that he
21 perform a physical examination of a patient as part of his medical evaluation
22 before making a diagnosis or giving treatment to the patient.

23 C. Because he believes he can obtain the information he needs
24 without conducting a physical examination of a patient, Respondent does not
25 perform an appropriate physical examination of his patients before evaluating,
26 diagnosing, or commencing treatment of his patients.

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1 **FOURTH CAUSE OF ACTION**

2 **(Furnishing Dangerous Drugs Without an Examination)**

3 **Patient C.B.**

4 24. Respondent is subject to disciplinary action pursuant to Section 2242 of
5 the Code, in that Respondent prescribed C.B. dangerous drugs, as defined by Section 4022,
6 without an appropriate prior examination or medical indication, as described above in paragraph
7 9 and its subsections, incorporated by reference herein.

8 **Patient N.M.**

9 25. Respondent is subject to disciplinary action pursuant to Section 2242 of
10 the Code, in that Respondent prescribed N.M. dangerous drugs, as defined by Section 4022,
11 without an appropriate prior examination or medical indication, as described above in paragraph
12 14 and its subsections, incorporated by reference herein.

13 **Patient E.K.**

14 26. Respondent is subject to disciplinary action pursuant to Section 2242 of
15 the Code, in that Respondent prescribed patient E.K. dangerous drugs, as defined by Section
16 4022, without an appropriate prior examination or medical indication, as described above in
17 paragraph 14 and its subsections, incorporated by reference herein.

18 **FIFTH CAUSE FOR DISCIPLINE**

19 **(Failure to Maintain Adequate and Accurate Medical Records)**

20 27. Respondent is subject to disciplinary action for failing to maintain
21 adequate and accurate records in violation of Business and Professions Code section 2266, as
22 follows:

23 A. Respondent failed to maintain adequate and accurate medical
24 records for patient C.B., as set forth above in paragraph 9, and its subsections.

25 B. Respondent failed to maintain adequate and accurate medical
26 records for N.M., as set forth above in paragraph 11, and its subsections.

27 C. Respondent failed to maintain adequate and accurate medical
28 records for patient E.K., as set forth above in paragraph 13, and its subsections.

1 PRAYER

2 WHEREFORE, Complainant requests that a hearing be held on the matters herein
3 alleged, and that following the hearing, the Medical Board of California issue a Decision:

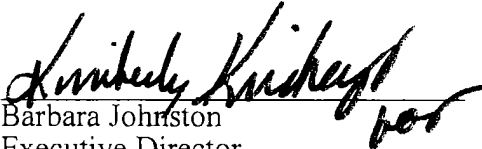
4 1. Revoking or suspending Physician's and Surgeon's Certificate Number
5 G23729, issued to Michael Edward Platt, M.D.

6 2. Revoking, suspending or denying Michael E. Platt, M.D., the authority to
7 supervise physician assistants, pursuant to section 3527 of the Code;

8 2. Ordering Michael E. Platt, M.D., to pay the costs of probation monitoring,
9 should he be placed on probation; and,

10 3. Taking such other and further action as deemed necessary and proper.

11
12 DATED: May 2, 2008

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14 
15 Barbara Johnston
16 Executive Director
17 Medical Board of California
18 State of California
19 Complainant

17 SD2007803011