



1 annually thereafter. Licensee shall reduce the level of thyroid medication if the level of  
2 TSH falls below the normal range.

3  
4 3.

5 The Board has opened an investigation into allegations that Licensee may have practiced  
6 medicine in a manner that violated the terms of the Stipulated Order and Order Modifying the  
7 Stipulated Order. Licensee submitted a letter to the Board dated February 5, 2010, proposing that  
8 he practice medicine in conformity to certain limitations. In order to address the Board's concern,  
9 Licensee and the Board agree to the entry of this Interim Stipulated Order, which will remain in  
10 effect while this matter remains under investigation, and provides that Licensee shall comply with  
11 the following conditions:

12 3.1 Licensee will not recommend, prescribe, or direct any patient to take thyroid unless  
13 patient TSH levels exceed 10 uIU/mL, except that Licensee may recommend,  
14 prescribe or direct a patient to take thyroid supplementation if patient TSH levels are  
15 between 5 and 10 uIU/mL and the patient has also been diagnosed with goiter or  
16 positive anti-thyroid peroxidase antibodies (or both).

17 3.2 Licensee will require any patient taking thyroid from a non-prescription source to  
18 undergo thyroid blood tests on a regular basis (at least every 6 months) and that  
19 Licensee will direct such patients to adjust their dose to bring their TSH level into the  
20 range recommended by the American Association of Clinical Endocrinologists  
21 (AACE) (the target TSH level is between 0.3 and 3.0 uIU/mL). If any patient  
22 declines to follow this direction, Licensee will provide 30 day prior written notice to  
23 the patient and then terminate the physician – patient relationship.

24 3.3 In the event Licensee decides to prescribe, recommend, direct a patient to take  
25 testosterone, or to follow a patient taking testosterone, Licensee must comply with  
26 the guidelines recommended in the article "Risks of Testosterone Replacement  
Therapy and Recommendations for Monitoring," published in the New England

1 Journal of Medicine, 350:5, January 29, 2004. Specifically, Licensee will ensure that  
2 either he or another physician has conducted and documented a recent digital rectal  
3 examination and that at a minimum, blood tests for baseline testosterone and PSA  
4 levels have been performed. Licensee must not prescribe, recommend, or direct a  
5 patient to take testosterone for patients with a PSA level above 4.0 ng/mL as well as  
6 patients with a yearly PSA increase of 1.5 ng/mL or more, or 0.75 ng/mL per year or  
7 more over two years. If any patient insists that they want to take testosterone in the  
8 face of such PSA levels, Licensee will provide 30 day prior written notice to the  
9 patient and then terminate the physician – patient relationship.

10 3.4 Licensee must make appropriate and timely chart entries to demonstrate that he is  
11 complying with the terms of this Order.

12 3.5 Licensee's practice is subject to no notice compliance inspections by Board staff.

13 3.6 Licensee understands that violating any term of this Order will be grounds for  
14 disciplinary action under ORS 677.190(17).

15 3.7 Licensee understands this Order becomes effective the date this Order is signed by  
16 the Board Chair.

17 4.

18 At the conclusion of the Board's investigation, the Board will decide whether to close the  
19 case or to proceed to some form of disciplinary action. If the Board determines, following that  
20 review, that this limitation of license shall not be lifted, Licensee may request a hearing to contest  
21 that decision.

22 5.

23 This order is issued by the Board pursuant to ORS 677.410, which grants the Board the  
24 authority to attach conditions to the license of Licensee to practice medicine. These conditions  
24 will remain in effect while the Board conducts a complete investigation in order to fully inform  
25 itself with respect to the conduct of Licensee. Pursuant to ORS 676.175, Board investigative  
26 materials are confidential and shall not be subject to public disclosure, nor shall they

1 be admissible as evidence in any judicial proceeding. However, as a stipulation this Order is a  
 2 public record and is a disciplinary action that is reportable to the National Practitioner Data Bank,  
 3 Healthcare Integrity and Protection Data Bank and the Federation of State Medical Boards.

4  
 5 IT IS SO STIPULATED THIS 13 day of MARCH, 2010.

6  
 7 Signature Redacted on Copies

8  
 9 ~~JOHN EDWIN GAMBEE, MD~~

10  
 11 IT IS SO ORDERED THIS 13<sup>th</sup> day of March, 2010.

12  
 13 OREGON MEDICAL BOARD  
 14 State of Oregon

15 Signature Redacted on Copies

16  
 17 ~~KATHLEEN HALEY, JD~~ U  
 18 Executive Director