

BEFORE THE IOWA BOARD OF MEDICINE

IN THE MATTER OF THE STATEMENT OF CHARGES AGAINST

BAKULKUMAR K. PATEL, M.D., RESPONDENT

FILE No. 02-11-646

**STATEMENT OF CHARGES and SETTLEMENT AGREEMENT
(Combined)**

COMES NOW the Iowa Board of Medicine (Board) and Bakulkumar K. Patel, M.D., (Respondent), on June 28, 2013, and pursuant to Iowa Code sections 17A.10(2) and 272C.3(4) and 653 IAC 25.3, enter into this combined Statement of Charges and Settlement Agreement.

STATEMENT OF CHARGES

1. Respondent was issued Iowa medical license no. 26385 on December 9, 1987.
2. Respondent's Iowa medical license went inactive due to nonrenewal on January 1, 1990.
3. The Board has jurisdiction in this matter pursuant to Iowa Code chapters 147, 148 and 272C.

COUNT I

4. **Discipline by Another Licensing Authority:** Respondent is charged pursuant to Iowa Code section 148.6(2)(d) and 653 IAC 23.1(1) with having a license to practice medicine and surgery or osteopathic medicine and surgery revoked or suspended, or having other disciplinary action taken by a licensing authority of another state, territory, or country. A certified copy of the order of disciplinary action is prima facie evidence.

STATEMENT OF THE MATTERS ASSERTED

5. Respondent is an Iowa-licensed physician who currently practices medicine in Foothill Ranch, California.

6. **First California Disciplinary Action:** On or about February 6, 2002, the Medical Board of California (California Board) issued Respondent a public reprimand for maintaining inadequate medical records.

7. **Second California Disciplinary Action:** On or about November 18, 2011, Respondent entered into a Stipulated Settlement and Disciplinary Order with the California Board. The California Board alleged that Respondent engaged in professional incompetence and gross negligence when he perforated a patient's esophagus while performing an esophagogastroduodenoscopy in November 2005. The California Board revoked Respondent's California medical license, stayed the revocation, and placed Respondent on probation for a period of five years subject to the following terms and conditions;

- A. Respondent was ordered to complete a Board-approved clinical training program;
- B. Respondent was ordered to complete at least 40 hours of education per year for each year of the probation, aimed at correcting any areas of deficient practice or knowledge;
- C. Respondent was ordered to complete a Board-approved medical record keeping course;
- D. Respondent was prohibited from performing any gastroenterological procedure until he has completed the Board-approved clinical training program; and
- E. Respondent was required to complete a Board-approved practice monitoring program.

SETTLEMENT AGREEMENT

8. **CITATION AND WARNING:** Respondent is hereby **CITED** for being disciplined by the California Board for engaging in professional incompetence and gross negligence in his treatment of a single patient in November 2005. Respondent is hereby **WARNED** that being disciplined by another state licensing board and/or violating the laws and rules governing the practice of medicine in Iowa in the future may result in further formal disciplinary action against his Iowa medical license.

9. **VOLUNTARY SURRENDER:** Respondent voluntarily surrenders his Iowa medical license to resolve this matter.

10. Respondent voluntarily submits this Order to the Board for consideration.

11. Respondent agrees that the State's counsel may present this Order to the Board for consideration.

12. By entering into this Order, Respondent understands that he has a right to be represented by legal counsel, voluntarily waives any rights to a contested case hearing on the allegations in the Statement of Charges, and waives any objections to the terms of this Order. This Order constitutes the resolution of a contested case proceeding.

13. Respondent understands that by entering into this combined Statement of Charges and Settlement Agreement, Respondent cannot obtain a copy of the investigative file. Pursuant to Iowa Code section 272C.6(4), a copy of the investigative file may only be provided to a licensee after a Statement of Charges is filed but before the final resolution of those charges.

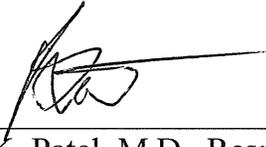
14. Respondent shall obey all federal, state and local laws, and all rules governing the practice of medicine in Iowa.

15. Respondent understands that the Board is required by Federal law to report this Order to the National Practitioner Data Bank and Healthcare Integrity and Protection Data Bank.

16. The Order becomes a public record available for inspection and copying upon execution in accordance with the requirements of Iowa Code Chapters 17A, 22 and 272C.

17. This Order is subject to approval of the Board. If the Board fails to approve this Order it shall be of no force or effect to either party.

18. The Board's approval of this Order shall constitute a **Final Order** of the Board.



Bakulkumar K. Patel, M.D., Respondent

Subscribed and sworn to before me on May 08, 2013.

Notary Public, State of California.



Exp. Date: 07/08/2015

This Order is approved by the Board on June 28, 2013.



Gregory B. Hoversten, D.O., Chairman
Iowa Board of Medicine
400 SW 8th Street, Suite C
Des Moines, Iowa 50309-4686

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of Orange }

On May 8, 2013 before me, Erika Lopez, Notary Public,
Date Help Insert Name and Title of the Officer

personally appeared Bakul K Patel
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity(ies), and that by his/~~her/their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Exp. Date: 07/09/2015

Signature: Erika Lopez
Signature of Notary Public

Place Notary Seal and/or Stamp Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer(s)

Signer's Name: _____ Signer's Name: _____

Corporate Officer — Title(s): _____ Corporate Officer — Title(s): _____

Individual Partner — Limited General Individual Partner — Limited General

Attorney in Fact Attorney in Fact

Trustee Trustee

Guardian or Conservator Guardian or Conservator

Other: _____ Other: _____

Signer Is Representing: _____ Signer Is Representing: _____

