

Oregon Medical Board  
**BOARD ACTION REPORT**  
**September 15, 2011**

The information contained in this report summarizes new, interim, and final actions taken by the Oregon Medical Board between August 16, 2011 and September 15, 2011.

Scanned copies of Interim Stipulated Orders, Orders of Emergency Suspension, Stipulated Orders, Final Orders, Termination Orders, Modification Orders and Voluntary Limitations are included at the end of this report in the order that they appear in the report. These orders are marked with an \* asterisk. **Scanned copies of Corrective Action Agreements are not posted, as they are not disciplinary action and impose no practice limitations.** Complaint and Notices of Proposed Disciplinary Action are not listed in this report, as they are not final actions by the Board. Both Orders, however, are public and are available upon request.

Printed copies of the Board Orders not provided with this report are available to the public. To obtain a printed copy of a Board Order not provided in this report, please complete a [service request form](#) found under the Licensee Information Request Form link on the Board's web site, submit it with the \$10.00 fee *per licensee* and mail to:

**Oregon Medical Board**  
**1500 SW 1st Ave, Ste 620**  
**Portland, OR 97201**

*Copies of the Orders listed below are mailed to Oregon hospitals where the Licensee had self-reported that he/she has privileges.*

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**\*Campbell, Robert, Perry, MD; MD10884; Portland, OR**

Licensee entered into a Stipulated Order with the Board on September 1, 2011. In this Order Licensee agrees to permanently surrender his license under investigation and agrees he will never apply for a license to practice medicine in the state of Oregon or any location within the jurisdiction of the United States. The Emergency Suspension Order will be terminated.

**\*Clemons, Ian, Marvin, PA; PA00692; Portland, OR**

Licensee entered into a Stipulated Order with the Board on September 1, 2011. In this Order Licensee is reprimanded, must complete training approved by the Board's Medical Director, must have ECGs over-read by a qualified physician, have patients presenting with cardiovascular symptoms be seen by a qualified physician, and have 100% chart review of all cardiovascular encounters.

**\*Miller, Gerald, Wendall, MD; MD16819; Beaverton, OR**

Licensee entered into an Interim Stipulated Order with the Board on August 22, 2011. In this Order, Licensee agreed to withdraw from the treatment and diagnosing of endocrine disorders

pending completion of the Board's investigation into his ability to safely and competently practice medicine.

**\*Raife, Michael, James, MD; MD23162; Seaside, OR**

Licensee entered into a Stipulated Order with the Board on September 1, 2011. In this Order Licensee voluntarily retires his license and agrees to never apply to practice medicine in the State of Oregon or any other state or territory of the United States.

**\*Stanley, Brice, Tyler, PA; PA01027; La Pine, OR**

The Board issued an Order of License Suspension on September 1, 2011. This Order immediately suspends Licensee's Oregon physician assistant license for failure to comply with child support agreements pursuant to ORS 25.750 - ORS 25.783.

**\*Stanley, Brice, Tyler, PA; PA01027; La Pine, OR**

On September 7, 2011, the Board issued an order that terminated Licensee's Suspension Order which had been issued on September 1, 2011. Licensee's Oregon physician assistant license is now returned to inactive status.

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If you have any questions regarding this service, please call the Board at (971) 673-2700 or toll-free within Oregon at (877) 254-6263.

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BEFORE THE  
OREGON MEDICAL BOARD  
STATE OF OREGON

In the Matter of )  
 )  
ROBERT PERRY CAMPBELL, MD ) STIPULATED ORDER  
LICENSE NO. MD10884 )  
 )

1.

The Oregon Medical Board (Board) is the state agency responsible for licensing, regulating and disciplining certain health care providers, including physicians, in the state of Oregon. Robert Perry Campbell, MD (Licensee) holds an active license to practice medicine in the state of Oregon.

2.

On July 21, 2011, the Board issued a Complaint and Notice of Proposed Disciplinary Action, in which the Board proposed to take disciplinary action pursuant to ORS 677.205 against Licensee for violations of the Medical Practice Act, to wit: ORS 677.190(1)(a) unprofessional or dishonorable conduct, as defined in ORS 677.188(4)(a) and (b); ORS 677.190(13) gross or repeated acts of negligence; ORS 677.190(17) willfully violating any rule adopted by the Board or any Board order or any Board request; and ORS 677.190(24) prescribing controlled substances without a legitimate medical purpose, or prescribing without following accepted procedures for examination of patients, or prescribing controlled substances without following accepted procedures for record keeping.

3.

Licensee has a long history with the Board, which includes the following:

3.1 On January 11, 1990, the Board issued a document styled as "Findings of Fact, Conclusions of Law, Order of Revocation and Terms of Probation, which revoked Licensee's medical license (stayed) and placed Licensee under terms of probation for ten years.

1           3.2     On April 12, 2006, Licensee entered into a Stipulated Order with the Board  
2 regarding multiple boundary violations. In this Order, the Board made a finding that Licensee  
3 engaged in conduct that violated ORS 677.190(1) (a) unprofessional or dishonorable conduct as  
4 defined in ORS 677.188(4)(a). Licensee did not contest this finding. This Order placed  
5 Licensee on probation and imposed certain terms and obligations, to include completion of a  
6 Board approved course on Professional Boundaries and that he “shall obey all federal, state and  
7 local laws, and all rules governing the practice of medicine [in] the State of Oregon, as well as all  
8 laws pertaining to controlled substances.”

9           3.3     On September 9, 2010, Licensee entered into a Stipulated Order with the Board.  
10 In this Order, Licensee did not contest the allegations set forth in the Complaint and Notice of  
11 Proposed Disciplinary Action, dated May 28, 2010, and the Board found that his conduct  
12 violated ORS 677.190(1)(a) unprofessional or dishonorable conduct, as defined in ORS  
13 677.188(4)(a). This Order placed Licensee on career length probation and required him to  
14 undergo a Board approved evaluation, along with other terms and conditions.

15           3.4     Pursuant to the 2010 Stipulated Order, Licensee underwent an evaluation at the  
16 Keystone Center, which issued a report, dated November 11, 2010. In the report, Licensee was  
17 found to present with many boundary issues, but that he: “may still be safe to practice under  
18 monitoring....His behaviors seem to be significant mostly because he does not understand the  
19 possible damage or unethical nature of them (e.g. prescribing medications to someone who is not  
20 a patient.)” The report recommended that the Board “gain clarity on his prescribing practices  
21 and whether they do fall out of the standard of care.” During this evaluation, Licensee disclosed  
22 that he had prescribed controlled substance medications to a small number of patients in  
23 emergency situations without conducting one or more of the following: intake and evaluation,  
24 physical examination, records review, assessment, documentation and follow up.

25           3.5     Beginning in 2008, Licensee practiced medicine at the Men’s Addictionology  
26 clinic in Portland. The Board opened an investigation into Licensee’s medical practice at this  
27 clinic after receiving the Keystone Center report that Licensee had prescribed Suboxone  
28 (Schedule III, Buprenorphine & Nalaxone) to a patient’s mother without conducting an

1 examination or reviewing her medical records. Further, Licensee authorized this prescription  
2 after learning that the mother had diverted some of her son's medications for her own use.

3 3.6 Licensee entered into an Interim Stipulated Order on January 11, 2011, in which  
4 he voluntarily withdrew from the practice of medicine. On February 17, 2011, Licensee entered  
5 into an Amended Interim Stipulated Order, which allowed Licensee to return to the practice of  
6 medicine while voluntarily limiting his practice to male patients only while the Board continued  
7 its investigation.

8 3.7 On July 7, 2011, the Board issued an Order of Emergency Suspension.

9 4.

10 Licensee's acts and conduct that violated the Medical Practice Act follow:

11 4.1 The Board reviewed six charts for Patients A – F in which Licensee prescribed  
12 Suboxone<sup>1</sup> in crisis circumstances and 11 additional charts for Patients G - Q that were selected  
13 at random to reflect Licensee's normal clinical practice. This review revealed a pattern of failing  
14 to comply with Federal opioid treatment standards and poor clinical practice care in regard to his  
15 management of patients receiving Suboxone or Subutex (Schedule III, Buprenorphine), to  
16 include the following: (1) Licensee's handwritten chart notes (which are difficult to read) failed  
17 to document an adequate history or physical examination and his chart notes lack objective  
18 findings; (2) Licensee often charted a diagnosis of opiate dependence but failed to document the  
19 criteria that he used to arrive at this diagnosis; (3) Licensee failed to document how he  
20 determined that Suboxone or Subutex treatment was appropriate for each patient; (4) Licensee  
21 failed to document the protocols, if any, that he followed in his treatment of patients; (5)  
22 Licensee failed to address the efficacy of the treatment provided and failed to document how  
23 patients progressed in follow up clinical visits; (6) Licensee failed to require his patients to  
24 undergo an initial urine screening or to undergo periodic urine monitoring tests; (7) Licensee's  
25 charts reflect that he documented patient abuse of illegal drugs but otherwise failed to assess  
26 comorbid medical and psychosocial conditions or address the interaction between Suboxone or  
27 Subutex and patient concomitant use of alcohol or controlled substances, to include  
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<sup>1</sup> Licensee customarily prescribed Suboxone tablets that contained 8 mgs of Buprenorphine and 2 mgs of Naloxone.  
Page 3 – *STIPULATED ORDER* – Robert Perry Campbell, MD

1 benzodiazepines and cocaine; (8) Licensee failed to describe an induction procedure for  
2 Suboxone or Subutex; (9) Licensee failed to maintain a medication list in his charts; and (10)  
3 Licensee failed to provide appropriate referral for addiction treatment or consultation with  
4 addiction or mental health care providers.

5 4.2 Specific examples of substandard care include the following:

6 a. Patient A, an 18 year old male, presented to Licensee on February 12,  
7 2009. Licensee's chart notes present a series of cryptic statements, such as: "OxyContin smoked  
8 Heroin" that he fails to address. His notes reflect that Patient A had used heroin "2 days ago"  
9 and that he had recently smoked some cocaine and used Xanax (Alprazolam, Schedule IV), 2  
10 mgs, and that Patient A's mother was on Suboxone. But Licensee failed to address the risk that  
11 the interaction of this medication posed to the patient. Licensee diagnosed "Opiate dependence,  
12 relapse & polysubstance abuse" and "catastrophic thinking," but did not elaborate on what he  
13 meant by "catastrophic thinking." Neither did Licensee conduct or document a mental status  
14 examination or refer Patient A to a mental health specialist. Licensee did not conduct any  
15 screening tests and failed to conduct or record a physical examination. Licensee prescribed:  
16 "suboxone 8 – 12 mgs daily, Rx for #20." Licensee continued to prescribe Suboxone on a  
17 regular basis for Patient A from March 7, 2009, until June 6, 2010. Patient A was discharged  
18 from his care on November 19, 2010.

19 b. Licensee's chart note on May 12, 2010, reflects that Licensee learned that  
20 Patient A's mother (Patient B) had diverted some of her son's Suboxone for her own use. In  
21 response, Licensee wrote a prescription of Suboxone #20, no refill for Patient B and "told her to  
22 seek help with another doctor to continue her buprenorphine which she had been on for 4 years  
23 prior to the death of her doctor a personal friend of mine." Licensee did this without  
24 documenting an examination, laboratory studies, screening tests, adequate history, diagnosis with  
25 supporting criteria, written informed consent, or mental status examination. Licensee wrote  
26 prescriptions for Suboxone that provided tablets for 20 days.

27 c. Patient C, a 20 year old female, was initially seen by Licensee on April 13,  
28 2010. Patient C reported to Licensee that she had been smoking heroin daily for three months

1 after six months of daily Oxycontin use. Licensee's chart note states that she was opiate  
2 dependent and in acute withdrawal. Other than a reported negative pregnancy test, Licensee  
3 failed to take Patient C's history, conduct a physical examination or mental status examination,  
4 conduct laboratory studies or screening tests, or document any findings to support his diagnosis.  
5 Licensee prescribed Suboxone for Patient C.

6 d. Patient D, a 25 year old male, presented to Licensee on April 13, 2010.  
7 Licensee's chart notes reflect "Heroin dependence" and "opiate dependence Alcoholism."  
8 Licensee failed to take Patient D's history, conduct a physical examination or mental status  
9 examination, conduct laboratory studies or screening tests, or document any findings to support  
10 his diagnosis.

11 e. Patient E, a 36 year old female, presented to Licensee on April 27, 2010.  
12 Licensee's chart note reflects a diagnosis of opiate dependency, but without supporting findings.  
13 Licensee did document a family history of alcoholism and addiction, and her use of oxycodone  
14 (Schedule II) for 9 months. Licensee states that "I spent less than 5 minutes getting her consent  
15 signed without an examination and gave her #20 8 mg suboxone and a pro bono visit." Licensee  
16 failed to conduct a physical examination or mental status examination, conduct laboratory  
17 studies or screening tests, or document any findings to support his diagnosis.

18 f. Patient F, a 27 year old female, presented to Licensee on June 17, 2010,  
19 who according to Licensee, was seeking Suboxone treatment for opiate dependence. Licensee's  
20 chart notes reflect: "opiate dependence for 3 years" and that he would provide her with  
21 Suboxone. Licensee states that: "I gave her enough for at least a thirty day taper #60 of the 8  
22 mg and explained to her how to take it. There was no physical exam and she said there was no  
23 possibility of pregnancy." Licensee failed to take Patient F's history, conduct a physical  
24 examination or mental status examination, conduct laboratory studies or screening tests, or  
25 document any findings to support his diagnosis.

26 g. Patient G, a 48 year old male, presented to Licensee on April 6, 2010, with  
27 complaints of chronic pain. His medical history revealed the following: back pain (herniated  
28 discs), temporomandibular joint disorder, prescriptions from a previous provider of Oxycontin

1 (Schedule II, Oxycodone) 60 mgs, violations of his chronic pain contract because of frequent  
2 marijuana use, and prior positive urine screening tests. Patient G later lost health insurance  
3 coverage and began to buy OxyContin illegally. Licensee diagnosed Patient G as opiate  
4 dependent. No physical examination or screening test is recorded. On April 23, 2010, Licensee  
5 prescribed Suboxone, 3 daily and Percocet (Schedule II, Oxycodone & Acetaminophen) 5/325  
6 mgs, 3- 4 times a day. On May 12, 2010, Licensee directed Patient G to take 24 mgs of  
7 Suboxone in the morning and to take Percocet 5/325 mg, 3 times a day as needed. On June 8,  
8 2010, Licensee maintained Patient G on 24 mgs of Suboxone in the morning, but increased the  
9 dosage of Percocet to 10/325 mgs 3 times a day without explanation. Licensee continued to  
10 prescribe Suboxone in combination with Percocet throughout the remainder of 2010. A chart  
11 entry for January 5, 2011, reflects an order to refill Suboxone, #90, 3 daily as well as Percocet  
12 10/325 mg #120. Licensee's decision to treat Patient G with Suboxone, which contains  
13 Buprenorphine, a partial agonist, and Percocet, which contains oxycodone hydrochloride, an  
14 opioid agonist, was redundant and not medically indicated. Review of this chart reveals that  
15 Licensee did not conduct or document a physical examination of this patient, failed to conduct an  
16 initial or periodic screening tests, failed to conduct a mental status examination, failed to  
17 document this patient's willingness to change, failed to document an induction procedure, and  
18 failed to document a treatment plan or how the patient responded to treatment during follow up  
19 clinical visits.

20 h. Patient H, a 35 year old male, presented to Licensee on December 13,  
21 2010, with a 10 year history of opioid dependence and medications that included Methadone  
22 (Schedule II) and Xanax (Schedule IV, Alprazolam) 1 mg (Patient G reported taking 4 tablets of  
23 Xanax that day). Licensee prescribed Suboxone, #20. On January 11, 2011, Licensee prescribed  
24 Suboxone, #100 and Xanax 2mg, #60. Licensee failed to address the indication of  
25 benzodiazepine dependence and the risk this posed for a patient who was also taking Suboxone.

26 i. Patient M, a 24 year old male, presented to Licensee on January 23, 2009,  
27 with a history that included the use of Heroin, OxyContin (daily), Cocaine and binge drinking.  
28 On April 7, 2009, Licensee diagnosed opiate dependence and prescribed Suboxone, #45 (no

1 refill) after Patient M disclosed a relapse, to include smoking black tar heroin. Licensee's chart  
2 does not record coordination or referral to Patient M's outpatient treatment program. Licensee  
3 initiated treatment with Trazadone (Desyrel) on September 18, 2009, without explanation in the  
4 chart.

5 j. Patient N, a 31 year old male, transferred care from another physician and  
6 presented to Licensee on August 25, 2010, with a complaint of chronic right shoulder pain and  
7 history of alcohol abuse. The chart notes from the previous provider are very detailed, and  
8 reflect that Patient N requested treatment for opioid dependency from his previous provider after  
9 he was prescribed Oxycodone (Schedule II) 200 mgs for pain after undergoing rotator cuff  
10 surgery. Patient N received his initial prescription for Subutex (Schedule III, Buprenorphine) 8  
11 mgs, on February 24, 2010. On May 26, 2010, his previous provider informed Patient N that he  
12 was not willing to continue prescribing Buprenorphine due to compliance issues, and  
13 recommended a program of tapering his medication. Licensee noted on August 25, 2010, that  
14 Patient N had increasing tolerance for pain medications, but "no true evidence for addiction."  
15 Licensee noted that he was restoring the dosing of Subutex, 8 mgs. #90, 2 – 3 per day. Licensee  
16 continued to prescribe Subutex in successive clinic visits without any indication in the chart of  
17 screening tests, physical examination, mental status examination, documentation of the patient's  
18 readiness to change, or counseling. On November 16, 2010, Patient N presented with a reported  
19 injury to his hip. Without examination, X-ray, or documentation of his medical reasoning,  
20 Licensee prescribed Percocet 10/325, #12 and Subutex, 8 mgs, #90, 3 times a day.

21 k. Patient Q, a 34 year old male, presented to Licensee on June 2, 2009, with  
22 a complaint of opiate addiction with acute withdrawal symptoms. He reported attempting  
23 suicide by ingesting 300 mgs of liquid methadone after his mother died in April 2009. Patient Q  
24 also reported the death of his father, brother (in Iraq) and sister, and that his surviving brother  
25 was an alcoholic. Nevertheless, there is no mental status examination or referral to a mental  
26 health care provider, neither is there recorded physical examination or screening test. Licensee  
27 charted that he gave Patient Q Subutex, 8 mgs in the office, and that the patient reported  
28 significant relief. On June 23, 2009, Licensee prescribed Suboxone #60. On August 12, 2009,

1 Licensee noted that he would continue Suboxone, but discontinued Ambien (Schedule IV,  
2 Zolpidem) without explanation or previous reference to this medication in the chart. Licensee  
3 increased the Suboxone dosage on October 25, 2010, without adequate explanation.

4 4.3 Over the course of the past seven years, Licensee has exhibited a pattern of risky  
5 behavior and sexual compulsivity, to include picking up prostitutes, sometimes for the ostensible  
6 reason of "rescue." The Board has recently learned that in February of 2009, Licensee contacted  
7 an adult female prostitute through an escort service, and went to her residence, where he paid her  
8 \$20. Licensee reports that he did this for the thrill of contact with a prostitute, but denies sexual  
9 touching. Licensee visited this person on two other occasions, in March and April of 2009, and  
10 paid her \$20 on each occasion. He denies sexual contact on those occasions as well. Licensee  
11 also spoke with a female that he thought was a prostitute outside of his clinic in an alley. Many  
12 of Licensee's patients are drug addicts with a history of risky behavior.

13 5.

14 Licensee and the Board desire to settle this matter by entry of this Stipulated Order.  
15 Licensee understands that he has the right to a contested case hearing under the Administrative  
16 Procedures Act (chapter 183), Oregon Revised Statutes. Licensee fully and finally waives the  
17 right to a contested case hearing and any appeal therefrom by the signing of and entry of this Order  
18 in the Board's records. Licensee admits and the Board finds that Licensee engaged in the conduct  
19 described in paragraph 4 and that this conduct violated ORS 677.190(1)(a) unprofessional or  
20 dishonorable conduct, as defined in ORS 677.188(4)(a) and (b); ORS 677.190(13) gross or  
21 repeated acts of negligence; ORS 677.190(17) willfully violating any rule adopted by the Board or  
22 any Board order or any Board request; and ORS 677.190(24) prescribing controlled substances  
23 without a legitimate medical purpose, or prescribing without following accepted procedures for  
24 examination of patients, or prescribing controlled substances without following accepted  
25 procedures for record keeping.

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6.

Licensee and the Board agree to resolve this matter by the entry of this Stipulated Order in which Licensee surrenders his license under investigation, subject to the following terms and conditions:

6.1 Licensee's surrender of license to practice medicine while under investigation is permanent. Licensee agrees never to practice medicine under any circumstances and in any setting, whether paid or volunteer, to include writing prescriptions to any person or seeing patients in any setting.

6.2 Licensee agrees that he will never reapply for a medical license in the state of Oregon or any other location within the jurisdiction of the United States of America or the United States territories.

6.3 The Board's Order of Emergency Suspension terminates after this Stipulated Order is signed by the Board's Chair.

6.4 Licensee stipulates and agrees that any violation of the terms of this Order shall be grounds for further disciplinary action under ORS 677.190(17).

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Licensee understands that this Order is a public record and is a disciplinary action that is reportable to the National Practitioner Data Bank, Healthcare Integrity and Protection Data Bank and the Federation of State Medical Boards. This Order becomes effective the date it is signed by the Board Chair.

IT IS SO STIPULATED this 20 day of August, 2011.

SIGNATURE REDACTED

ROBERT PERRY CAMPBELL, MD

IT IS SO ORDERED this 1st day of September, 2011.

OREGON MEDICAL BOARD

SIGNATURE REDACTED

RALPH A. YATES, DO  
Board Chair



1 blurriness, and vision problems. An EKG was ordered, which was normal. His pulse was 69  
2 beats per minute. Licensee's assessment in the chart notes were: "Chest tightness, possible  
3 anxiety disorder, heavy alcohol consumption (+2/4 CAGE questions)." Licensee informed  
4 Patient A that his examination and findings were "not suggestive of stroke or other serious  
5 abnormality. You may have had a panic attack which caused your symptoms today." Licensee  
6 prescribed lorazepam (Ativan, Schedule IV controlled substance), and cautioned Patient A to  
7 reduce his alcohol consumption because Licensee believed Patient A consumed too much  
8 alcohol. Licensee did not order a cardiac enzyme level to help determine if Patient A was  
9 suffering from coronary artery disease. Licensee also failed to consider a D-Dimer test to  
10 check for any thromboembolic problem. Licensee discharged Patient A and instructed him to go  
11 to the emergency room if his symptoms worsened. Patient A informed his girlfriend that  
12 Licensee's comments made him feel foolish for thinking he had a medical condition warranting  
13 immediate care instead of work-related stress, anxiety or excessive alcohol consumption. Patient  
14 A died 9 hours later from a Dissecting Aortic Aneurysm.

15 3.2 A review of selected patient charts (Patients B – E) reveals a pattern of  
16 substandard care in which Licensee failed to recognize the severity of the presenting symptoms,  
17 conducted an inadequate work-up, and released the patients without an adequate plan for medical  
18 follow-up. Specific examples of this pattern of concerning care and conduct include the  
19 following:

20 a. Patient B, a 42-year-old female with a body mass index of 49 and history  
21 of smoking presented to Licensee on September 15, 2008, with complaints of sharp mid  
22 chest pain, lasting about 48 hours in duration. Licensee conducted an incomplete  
23 physical examination and failed to order a cardiac enzyme level test or D-Dimer test.  
24 Licensee discharged this patient without an adequate work up or documented plan for  
25 follow-up.

26 b. Patient C, a 30-year-old male, presented to Licensee on September 19,  
27 2008, complaining of shortness of breath, coughing for 2 to 3 days, and a burning

1 sensation in his chest. Patient C had a fever of 99.8°F. But Licensee failed to address  
2 this symptom and instead noted “no fever” in the chart. Licensee did not check Patient  
3 C’s peak expiratory flow. Licensee attributed the symptoms to Patient C having stopped  
4 smoking within the past six months. Licensee prescribed Tylenol with codeine  
5 (acetaminophen-codeine), which is a Schedule III controlled substance.

6 c. Patient D, a 55-year-old male who weighed 333 pounds, presented to  
7 Licensee on August 11, 2009. Patient D complained of shortness of breath, hypertension,  
8 tachycardia, dyspnea, diaphoresis and squeezing chest pain on the left side that had  
9 resolved for the time being. Licensee ordered an EKG, which was normal, but he failed  
10 to check the patient’s cardiac enzymes level. Licensee continued Patient D on Albuterol,  
11 provided two nebulizer treatments, and an injection of Solu-Medrol.

12 d. Patient E, a 67-year-old male, presented on April 5, 2009, with complaints  
13 of flashes of light in his right eye with the visual acuity diminishing. Licensee failed to  
14 conduct a neurological examination, failed to conduct a tonometry test to check the  
15 intraocular pressure, failed to order any CT scan, and failed to arrange for any  
16 ophthalmologic follow-up. Licensee did instruct Patient E to call an ophthalmologist the  
17 next day.

18 4.

19 Licensee and the Board desire to settle this matter by the entry of this Stipulated Order.  
20 Licensee understands that he has the right to a contested case hearing under the Administrative  
21 Procedures Act (chapter 183), Oregon Revised Statutes, and fully and finally waives the right to  
22 a contested case hearing and any appeal therefrom by the signing of and entry of this Order in the  
23 Board’s records. Licensee admits that he engaged in the conduct described in paragraph 3, and  
24 that this conduct violated ORS 677.190(1)(a) unprofessional or dishonorable conduct, as defined  
25 by ORS 677.188(4)(a) and ORS 677.190(13) gross or repeated negligence. Licensee understands  
26 that this Order is a public record and is a disciplinary action that is reportable to the National

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1 Practitioner Data Bank, the Healthcare Integrity and Protection Data Bank, and the Federation of  
2 State Medical Boards.

3 5.

4 In order to address the concerns of the Board, Licensee and the Board agree that the  
5 Board will close this investigation and resolve this matter by entry of this Stipulated Order,  
6 subject to the following conditions:

7 5.1 Licensee is reprimanded.

8 5.2 Licensee must address the deficiencies identified in the Assessment Report from  
9 May 2011 from the Center for Personalized Education for Physicians (CPEP) in Denver,  
10 Colorado, by complying with the requirements set forth below.

11 5.3 Within 24 months from the date this Order is signed by the Board's Chair,  
12 Licensee must successfully complete training that is pre-approved by the Board's Medical  
13 Director that addresses the following areas of concern: the reading of ECGs; the diagnosis and  
14 treatment of cardiovascular disease; the diagnosis and work-up of patients complaining of new  
15 headache, abdominal pain, or hypertension; and the diagnosis and treatment of hypothyroidism.

16 5.4 Licensee must have 100 percent of his ECG interpretations over-read by his  
17 supervising physician, or another qualified physician as directed by the supervising physician,  
18 until otherwise ordered by the Board. After completing the remedial training identified in this  
19 Order, Licensee may, with the endorsement of his supervising physician, submit a written  
20 request to the Board to modify this requirement.

21 5.5 For any patient presenting with symptoms of cardiovascular disease, to include  
22 the following: complaints of acute chest pain; sudden numbness or weakness in the face, arm or  
23 leg; sudden confusion or trouble speaking or understanding; sudden trouble seeing in one or both  
24 eyes; sudden trouble walking; dizziness; loss of balance or coordination; and/or sudden severe  
25 headaches, Licensee must make every reasonable effort to ensure that such patients are seen  
26 prior to their discharge by his supervising physician or another qualified physician, as directed

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1 by the supervising physician and working at the practice site. Licensee must promptly document  
2 in the patients' charts that these patients were seen by both him and a physician.

3 5.6 Licensee must ensure that his supervising physician, or another qualified  
4 physician as directed by the supervising physician, conducts a 100 percent chart review within  
5 24 hours of all patient encounters as described in paragraph 5.3 and 5.5. All chart reviews must  
6 be noted and documented in the patients' records. After six months, Licensee and his supervising  
7 physician may submit a written request to the Board to modify this requirement.

8 5.7 Licensee stipulates and agrees that any violation of the terms of this Order shall  
9 be grounds for further disciplinary action under ORS 677.190(17).

10 5.8 This Order becomes effective the date it is signed by the Board Chair.

11  
12 IT IS SO STIPULATED THIS 30<sup>th</sup> day of August, 2011.

13  
14 SIGNATURES REDACTED

15 IAN MARVIN CLEMONS, PA

16  
17 IT IS SO ORDERED THIS 15<sup>th</sup> day of September, 2011.

18 OREGON MEDICAL BOARD  
19 State of Oregon

20 SIGNATURES REDACTED

21 RALPH AYATES, DO  
22 BOARD CHAIR

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BEFORE THE  
OREGON MEDICAL BOARD  
STATE OF OREGON

In the Matter of )  
GERALD WENDALL MILLER, MD ) INTERIM STIPULATED ORDER  
LICENSE NO. MD16819 )  
)

1.

The Oregon Medical Board (Board) is the state agency responsible for licensing, regulating and disciplining certain healthcare providers, including physicians, in the state of Oregon. Gerald Wendall Miller MD, (Licensee) is a licensed physician in the state of Oregon.

2.

The Board received credible information regarding Licensee that resulted in the Board initiating an investigation. The results of the Board's investigation to date have raised concerns to the extent that the Board believes it necessary that Licensee immediately restrict his practice of medicine until the investigation is completed.

3.

In order to address the concerns of the Board, Licensee and the Board agree to enter into this Interim Stipulated Order, which provides that Licensee shall comply with all of the following conditions, effective the date this Order is signed by Licensee:

3.1 Licensee voluntarily and immediately withdraws from the treatment and diagnosing of endocrine disorders, pending the completion of the Board's investigation into his ability to safely and competently practice medicine. Endocrine disorders include diabetes, in all its forms, and diseases of the thyroid, parathyroid, adrenal glands, pituitary and gonads. Licensee shall also make arrangements to provide coverage and/or referrals for endocrine disorder patients.

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BEFORE THE  
OREGON MEDICAL BOARD  
STATE OF OREGON

In the Matter of )  
MICHAEL JAMES RAIFE, MD ) STIPULATED ORDER  
LICENSE NO, MD23162 )  
)

1.

The Oregon Medical Board (Board) is the state agency responsible for licensing, regulating and disciplining certain health care providers, including physicians, in the state of Oregon. Michael James Raife, MD (Licensee) is a licensed physician in the State of Oregon.

2.

Licensee and the Board agree to entry of this Stipulated Order, subject to the following conditions:

2.1 Licensee will retire his Oregon medical license and cease practicing any form of medicine, effective the date the Board Chair signs this Order.

2.2 Licensee will not apply for relicensure to practice medicine in the State of Oregon. Licensee also agrees to not apply for licensure in any other state or territory of the United States to practice medicine.

2.3 Licensee stipulates and agrees that any violation of the terms of this Order shall be grounds for further disciplinary action under ORS 677.190(17).

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3.

This Order becomes effective the date it is signed by the Board Chair.

IT IS SO STIPULATED this 18<sup>th</sup> day of August 2011.

SIGNATURE REDACTED

MICHAEL JAMES RAIFE, MD

IT IS SO ORDERED this 15<sup>th</sup> day of September 2011.

OREGON MEDICAL BOARD  
State of Oregon

SIGNATURE REDACTED

~~RALPH A. YATES, DO~~  
Board Chair

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BEFORE THE  
OREGON MEDICAL BOARD  
STATE OF OREGON

In the Matter of )  
BRICE TYLER STANLEY, PA ) ORDER OF LICENSE SUSPENSION  
LICENSE NO. PA01027 )  
)

1.

The Oregon Medical Board (Board) is the state agency responsible for licensing, regulating and disciplining certain health care providers, including physician assistants, in the state of Oregon. Brice Tyler Stanley, PA (Licensee) is a licensed physician assistant in the state of Oregon.

2.

On August 27, 2011, the Oregon Department of Justice Child Support Program informed the Board that Licensee owes child support and arrears. According to the information provided to the Board, Licensee is not in compliance with an agreement entered into with the Child Support Program. As a result, Licensee's license to practice medicine is subject to suspension pursuant to ORS 25.750 – 25.783.

3.

The Board therefore suspends Licensee's license to practice medicine without further hearing, effective immediately, pursuant to ORS 25.750 – 25.783.

IT IS SO ORDERED this 1<sup>st</sup> day of September, 2011.

OREGON MEDICAL BOARD  
State of Oregon

SIGNATURES REDACTED

RALPH A. YATES, DO  
Board Chair

