



**OSTEOPATHIC MEDICAL BOARD OF CALIFORNIA  
Enforcement Unit**

**HEALTH FACILITY/ PEER REVIEW REPORTING FORM  
(Required by Section 805.01 of the California Business and Professions Code)**

NOTE: Certain actions, with respect to staff privileges, membership or employment of osteopathic physicians must be reported to the Osteopathic Medical Board of California when they are imposed or voluntarily accepted for a medical disciplinary cause or reason.

**\*\*\*PLEASE PRINT OR TYPE\*\*\***

**REPORTING ENTITY**

Please check type of Reporting Entity: <input type="checkbox"/> Health Care Facility or Clinic - §805(a)(1)(A) <input type="checkbox"/> Health Care Service Plan - §805(a)(1)(B) <input type="checkbox"/> Professional Society -§805(a)(1)(c) <input type="checkbox"/> Medical Group or Employer - §805(a)(1)(D) <input type="checkbox"/> Ambulatory Surgical Center -§805(a)(1)(A)	
Name:	Telephone Number:
Chief Executive Officer/Medical Director/Administrator:	Chief of Medical Staff:
Name of Person Preparing Report:	Telephone Number:
Address:                      Street                                              City                                              State                                              Zip Code	

**Osteopathic Physician**

Name:                      Last                                              First                                              Middle	License Number: <b>20a</b>
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**REASON FOR FORMAL INVESTIGATION**

<b>Reason for formal investigation that resulted in recommended action:</b>
<input type="checkbox"/> Incompetence, or gross or repeated deviation from the standard of care involving death or serious bodily injury to one or more patients in such a manner as to be dangerous or injurious to any person or the public.
<input type="checkbox"/> The use of, or prescribing for or administering to him/herself, any controlled substance; or the use of any dangerous drug, as defined in Section 4022, or of alcoholic beverages, to the extent or in such a manner as to be dangerous or injurious to the osteopathic physician, or any other persons, or the public, or to the extent that such use impairs the ability of the osteopathic physician to practice safety.
<input type="checkbox"/> Repeated acts of clearly excessive prescribing, furnishing or administering of controlled substances ore repeated acts of prescribing, dispensing, or furnishing of controlled substances without a good faith effort prior examination of the patient and medical reason therefor.
<input type="checkbox"/> Sexual misconduct with one or more patients during a course of treatment or an examination.

**RECOMMENDED ACTION**

<input type="checkbox"/> Termination or revocation of staff privileges, membership or employment
<input type="checkbox"/> Summary suspension of staff privileges, membership or employment
<input type="checkbox"/> Restriction of staff privileges, membership or employment
<b>List proposed specific restrictions:</b>
<b>Date Final decision/recommendation made:</b>

\_\_\_\_\_  
Signature                                              Date  
Chief Executive Officer/Medical Director/Administrator

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Signature                                              Date  
Chief of Medical Staff