

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation)	
Against:)	
)	
)	
LINDA CAROLE KNUDTSON, M.D.)	Case No. 800-2014-002515
)	
Physician's and Surgeon's)	
Certificate No. A40725)	
)	
Respondent)	
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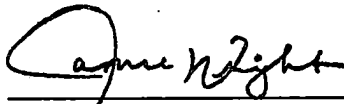
DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on September 15, 2017.

IT IS SO ORDERED August 16, 2017.

MEDICAL BOARD OF CALIFORNIA

By: 

Jamie Wright, JD, Chair
Panel A

1 XAVIER BECERRA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 KAROLYN M. WESTFALL
Deputy Attorney General
4 State Bar No. 234540
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8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

Case No. 800-2014-002515

14 **LINDA CAROLE KNUDTSON, M.D.**
2120 N. Vallejo Way
15 Upland, CA 91784

OAH No. 2017020845

16 **Physician's and Surgeon's Certificate No.**
17 **A40725**

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

18 Respondent.

19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
20 entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
23 of California (Board). She brought this action solely in her official capacity and is represented in
24 this matter by Xavier Becerra, Attorney General of the State of California, by Karolyn M.
25 Westfall, Deputy Attorney General.

26 2. Respondent Linda Carole Knudtson, M.D. (Respondent) is represented in this
27 proceeding by attorney Paul Spackman, Esq., whose address is: 28441 Highridge Road, Suite
28 201, Rolling Hills Estates, CA 90274-0289

1 3. On or about March 19, 1984, the Board issued Physician's and Surgeon's Certificate
2 No. A40725 to Respondent. The Physician's and Surgeon's Certificate was granted a retired
3 status on May 29, 2013, then subsequently expired on October 31, 2013, and has not been
4 renewed.

5 **JURISDICTION**

6 4. On December 16, 2016, Accusation No. 800-2014-002515 was filed against
7 Respondent before the Board. A true and correct copy of Accusation No. 800-2014-002515 and
8 all other statutorily required documents were properly served on Respondent on December 16,
9 2016. Respondent timely filed her Notice of Defense contesting the Accusation. A true and
10 correct copy of Accusation No. 800-2014-002515 is attached hereto as exhibit A and incorporated
11 by reference as if fully set forth herein.

12 **ADVISEMENT AND WAIVERS**

13 5. Respondent has carefully read, fully discussed with counsel, and understands the
14 charges and allegations in Accusation No. 800-2014-002515. Respondent has also carefully read,
15 fully discussed with counsel, and understands the effects of this Stipulated Settlement and
16 Disciplinary Order.

17 6. Respondent is fully aware of her legal rights in this matter, including the right to a
18 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine
19 the witnesses against her; the right to present evidence and to testify on her own behalf; the right
20 to the issuance of subpoenas to compel the attendance of witnesses and the production of
21 documents; the right to reconsideration and court review of an adverse decision; and all other
22 rights accorded by the California Administrative Procedure Act and other applicable laws.

23 7. Having the benefit of counsel, Respondent hereby voluntarily, knowingly, and
24 intelligently waives and gives up each and every right set forth above.

25 **CULPABILITY**

26 8. Respondent agrees that, at an administrative hearing, complainant could establish a
27 *prima facie* case with respect to the third cause for discipline contained in Accusation No.
28 800-2014-002515, and that she has thereby subjected her Physician's and Surgeon's Certificate

1 No. A40725 to disciplinary action. Respondent further agrees to be bound by the Board's
2 imposition of discipline as set forth in the Disciplinary Order below.

3 9. Respondent agrees that if an accusation is filed against her before the Board, or in any
4 other proceeding before the Board, all of the charges and allegations contained in Accusation No.
5 800-2014-002515 shall be deemed true, correct, and fully admitted by respondent for purposes of
6 any such proceeding or any other licensing proceeding involving respondent in the State of
7 California.

8 CONTINGENCY

9 10. This Stipulated Settlement and Disciplinary Order shall be subject to approval of the
10 Board. The parties agree that this Stipulated Settlement and Disciplinary Order shall be
11 submitted to the Board for its consideration in the above-entitled matter and, further, that the
12 Board shall have a reasonable period of time in which to consider and act on this Stipulated
13 Settlement and Disciplinary Order after receiving it. By signing this stipulation, Respondent fully
14 understands and agrees that she may not withdraw her agreement or seek to rescind this
15 stipulation prior to the time the Board considers and acts upon it.

16 11. The parties agree that this Stipulated Settlement and Disciplinary Order shall be null
17 and void and not binding upon the parties unless approved and adopted by the Board, except for
18 this paragraph, which shall remain in full force and effect. Respondent fully understands and
19 agrees that in deciding whether or not to approve and adopt this Stipulated Settlement and
20 Disciplinary Order, the Board may receive oral and written communications from its staff and/or
21 the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify
22 the Board, any member thereof, and/or any other person from future participation in this or any
23 other matter affecting or involving Respondent. In the event that the Board does not, in its
24 discretion, approve and adopt this Stipulated Settlement and Disciplinary Order, with the
25 exception of this paragraph, it shall not become effective, shall be of no evidentiary value
26 whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party
27 hereto. Respondent further agrees that should this Stipulated Settlement and Disciplinary Order
28 be rejected for any reason by the Board, Respondent will assert no claim that the Board, or any

1 member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this
2 Stipulated Settlement and Disciplinary Order or of any matter or matters related hereto.

3 **ADDITIONAL PROVISIONS**

4 12. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to
5 be an integrated writing representing the complete, final and exclusive embodiment of the
6 agreements of the parties in the above-entitled matter.

7 13. The parties agree that copies of this Stipulated Settlement and Disciplinary Order,
8 including copies of the signatures of the parties, may be used in lieu of original documents and
9 signatures and, further, that such copies shall have the same force and effect as originals.

10 14. In consideration of the foregoing admissions and stipulations, the parties agree the
11 Board may, without further notice to or opportunity to be heard by Respondent, issue and enter
12 the following Disciplinary Order:

13 **DISCIPLINARY ORDER**

14 IT IS HEREBY ORDERED that Respondent Linda Carole Knudtson, M.D.'s Physician's
15 and Surgeon's Certificate No. A40725, shall be and is hereby Publicly Reprimanded pursuant to
16 California Business and Professions Code section 2227, subdivision (a)(4). This Public
17 Reprimand, which is issued in connection with Accusation No. 800-2014-002515, is as follows:

18 On or about June 27, 2011, after you performed a laparoscopic assisted
19 vaginal hysterectomy and cystoscopy on patient D.S., your detailed operative
20 report failed to document the difficulties or complexities you encountered during
21 the lengthy operation.

22 1. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
23 date of this Decision, Respondent shall enroll in a course in medical record keeping equivalent to
24 the Medical Record Keeping Course offered by the Physician Assessment and Clinical Education
25 Program, University of California, San Diego School of Medicine (Program), approved in
26 advance by the Board or its designee. Respondent shall provide the program with any
27 information and documents that the Program may deem pertinent. Respondent shall participate in
28 and successfully complete the classroom component of the course not later than nine (9) months

1 after Respondent's initial enrollment. Respondent shall successfully complete any other
2 component of the course within one (1) year of enrollment. The medical record keeping course
3 shall be at Respondent's expense and shall be in addition to the Continuing Medical Education
4 (CME) requirements for renewal of licensure.

5 A medical record keeping course taken after the acts that gave rise to the charges in the
6 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
7 or its designee, be accepted towards the fulfillment of this condition if the course would have
8 been approved by the Board or its designee had the course been taken after the effective date of
9 this Decision.

10 Respondent shall submit a certification of successful completion to the Board or its
11 designee not later than 15 calendar days after successfully completing the course, or not later than
12 15 calendar days after the effective date of the Decision, whichever is later.


13 Any failure to fully comply with this term and condition of the Disciplinary Order shall
14 constitute unprofessional conduct and will subject Respondent's Physician's and Surgeon's
15 Certificate to further disciplinary action.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Paul Spackman, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: July 12, 2017 
LINDA CAROLE KNUDTSON, M.D.
Respondent

I have read and fully discussed with Respondent Linda Carole Knudtson, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

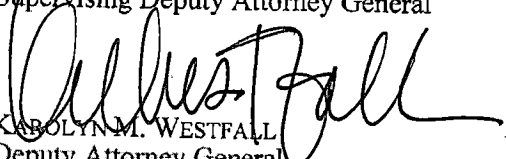
DATED: July 12, 2017 
PAUL SPACKMAN, ESQ.
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated: 7/13/17

Respectfully submitted,
XAVIER BECERRA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General


CAROLYN M. WESTFALL
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2014-002515

1 KAMALA D. HARRIS
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2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 KAROLYN M. WESTFALL
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10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
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13 In the Matter of the Accusation Against:

Case No. 800-2014-002515

14 **Linda Carole Knudtson, M.D.**
2120 N. Vallejo Way
15 Upland, CA 91784

A C C U S A T I O N

16 **Physician's and Surgeon's Certificate**
17 **No. A40725,**

Respondent.

18
19 Complainant alleges:

20 **PARTIES**

21 1. Kimberly Kirchmeyer (complainant) brings this Accusation solely in her official
22 capacity as the Executive Director of the Medical Board of California, Department of Consumer
23 Affairs (Board).

24 2. On or about March 19, 1984, the Medical Board issued Physician's and Surgeon's
25 Certificate No. A40725 to Linda Carole Knudtson, M.D. (respondent). The Physician's and
26 Surgeon's Certificate was granted a retired status on May 29, 2013, then subsequently expired on
27 October 31, 2013, and has not been renewed.

28 ///

JURISDICTION

1
2 3. This Accusation is brought before the Board, under the authority of the following
3 laws. All section references are to the Business and Professions Code (Code) unless otherwise
4 indicated.

5 4. Section 2227 of the Code states:

6 “(a) A licensee whose matter has been heard by an administrative law judge
7 of the Medical Quality Hearing Panel as designated in Section 11371 of the
8 Government Code, or whose default has been entered, and who is found guilty, or
9 who has entered into a stipulation for disciplinary action with the board, may, in
10 accordance with the provisions of this chapter:

11 “(1) Have his or her license revoked upon order of the board.

12 “(2) Have his or her right to practice suspended for a period not to exceed one
13 year upon order of the board.

14 “(3) Be placed on probation and be required to pay the costs of probation
15 monitoring upon order of the board.

16 “(4) Be publicly reprimanded by the board. The public reprimand may
17 include a requirement that the licensee complete relevant educational courses
18 approved by the board.

19 “(5) Have any other action taken in relation to discipline as part of an order of
20 probation, as the board or an administrative law judge may deem proper.

21 “(b) Any matter heard pursuant to subdivision (a), except for warning letters,
22 medical review or advisory conferences, professional competency examinations,
23 continuing education activities, and cost reimbursement associated therewith that
24 are agreed to with the board and successfully completed by the licensee, or other
25 matters made confidential or privileged by existing law, is deemed public, and
26 shall be made available to the public by the board pursuant to Section 803.1.”

27 ///

28 ///

1 5. Section 2234 of the Code, states, in pertinent part:

2 “The board shall take action against any licensee who is charged with
3 unprofessional conduct. In addition to other provisions of this article,
4 unprofessional conduct includes, but is not limited to, the following:

5 “(a) Violating or attempting to violate, directly or indirectly, assisting in or
6 abetting the violation of, or conspiring to violate any provision of this chapter.

7 “(b) Gross negligence.

8 “(c) Repeated negligent acts. To be repeated, there must be two or more
9 negligent acts or omissions. An initial negligent act or omission followed by a
10 separate and distinct departure from the applicable standard of care shall constitute
11 repeated negligent acts.

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

15 “(2) When the standard of care requires a change in the diagnosis, act, or
16 omission that constitutes the negligent act described in paragraph (1), including,
17 but not limited to, a reevaluation of the diagnosis or a change in treatment, and the
18 licensee's conduct departs from the applicable standard of care, each departure
19 constitutes a separate and distinct breach of the standard of care.

20 “...”

21 6. Section 2266 of the Code states:

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

25 7. Section 2220 of the Code states, in pertinent part:

26 “Except as otherwise provided by law, the board may take action against all
27 persons guilty of violating this chapter. The board shall enforce and administer this
28 article as to physician and surgeon certificate holders, including those who hold

1 certificates that do not permit them to practice medicine, such as, but not limited
2 to, retired, inactive, or disabled status certificate holders...”

3 “...”

4 8. Section 118 of the Code states, in pertinent part:

5 “...

6 “(b) The suspension, expiration, or forfeiture by operation of law of a license
7 issued by a board in the department, or its suspension, forfeiture, or cancellation
8 by order of the board or by order of a court of law, or its surrender without the
9 written consent of the board, shall not, during any period in which it may be
10 renewed, restored, reissued, or reinstated, deprive the board of its authority to
11 institute or continue a disciplinary proceeding against the licensee upon any
12 ground provided by law or to enter an order suspending or revoking the license or
13 otherwise taking disciplinary action against the licensee on any such ground.

14 “...”

15 **FIRST CAUSE FOR DISCIPLINE**

16 **(Gross Negligence)**

17 9. Respondent has subjected her Physician’s and Surgeon’s Certificate No. A40725 to
18 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of
19 the Code, in that she committed gross negligence in his care and treatment of patient D.S., as
20 more particularly alleged hereinafter:

21 10. Sometime prior to 2011, respondent began treating patient D.S. in her capacity as an
22 obstetrician and gynecologist at the Kaiser Permanente Fontana Medical Center. Patient D.S.’s
23 medical history indicated a prior myomectomy¹ in or around 2001, pre-diabetes, and
24 fibromyalgia.

25 11. On or about March 8, 2011, patient D.S. presented to respondent with complaints of
26 irregular vaginal bleeding with some pain in her right lower quadrant that worsened when she was

27 _____
28 ¹ Myomectomy is the removal of fibroids (non-cancerous tumors) from the wall of the uterus.

1 on her period. Patient D.S. informed respondent that she was “ready for a hysterectomy.”
2 Medical records for this visit do not document the extent of the bleeding, whether or not the
3 bleeding contributed to any other symptoms, the patient’s level of pain, or whether or not the pain
4 interfered with the patient’s lifestyle. At the conclusion of this visit, respondent referred patient
5 D.S. for a pelvic ultrasound, with a plan to follow-up after the ultrasound and a “probable
6 LAVH.²”

7 12. On or about April 5, 2011, patient D.S. had a pelvic ultrasound which showed the
8 uterus was oriented anteverted and located midline. In addition, a fibroid was visualized in the
9 right lateral aspect of the uterus, that measured 5.3 by 4.2 by 5.3 centimeters. The endometrial
10 stripe measured 12 millimeters. No other fibroids were seen. The left and right ovary were
11 normal, and there was no fluid in the cul-de-sac. The fibroid had increased in size compared to a
12 prior ultrasound in 2010.

13 13. On or about April 11, 2011, patient D.S. presented to respondent for a follow-up.
14 Respondent went over the results from the ultrasound and discussed possible treatment options.
15 Respondent did not recommend or perform an endometrial biopsy to determine the reason for
16 endometrial thickening or repeat the ultrasound to watch this condition. Respondent did not
17 consider or document that the irregular bleeding could be caused by endometrial thickening,
18 endometrial hyperplasia, or endometrial polyp, and recommend a dilation and curettage.³ At the
19 conclusion of this visit, a decision was made for patient D.S. to undergo a hysterectomy,⁴ which
20 was scheduled to occur on or about June 27, 2011. Patient D.S. indicated that she wanted a
21 bilateral salpingo-oophorectomy⁵, but respondent advised her to leave in the ovaries.

22 ² LAVH is a laparoscopic assisted vaginal hysterectomy.

23 ³ Dilation and curettage refers to the dilation (widening/opening) of the cervix and surgical
24 removal of part of the lining of the uterus and/or contents of the uterus by scraping and scooping
(curettage).

25 ⁴ Hysterectomy involves the removal of the uterus. A hysterectomy may be total (removing the
26 body, fundus, and cervix of the uterus; often called “complete”) or partial (removal of the uterine body
while leaving the cervix intact; also called “supracervical”).

27 ⁵ Bilateral Salpingo-Oophorectomy (BSO) is a surgical procedure involving the removal of both
28 ovaries and both fallopian tubes.

1 14. On or about June 24, 2011, patient D.S. presented to respondent for a preoperative
2 evaluation. Respondent offered patient D.S. medical and surgical options and patient D.S. chose
3 a hysterectomy. Respondent explained various surgical options, including risk factors and
4 complications. During the physical examination of patient D.S., respondent noted the patient's
5 uterus to be bulky and that it did not descend well in the clinic. Respondent did not document
6 any observable vaginal bleeding, or any pelvic pain with palpation of the pelvic organs. At the
7 conclusion of this visit, respondent had formed the surgical plan to include a total vaginal
8 hysterectomy,⁶ and depending on whether the uterus was mobile in the operating room, possible
9 laparoscopic assisted vaginal hysterectomy, possible exploratory laparotomy,⁷ possible
10 cystoscopy.⁸

11 15. On or about June 27, 2011, respondent performed a laparoscopic assisted vaginal
12 hysterectomy, bilateral salpingo-oophorectomy, cystoscopy and lysis adhesions on patient D.S.
13 The medical records do not document a specific clinical reason for this choice in surgical
14 technique versus a laparotomy approach.

15 16. During the surgery, respondent encountered a web of filmy adhesions that were
16 abundant along the back of both ovaries and continuing along the back of the uterus, connecting
17 the bowel to the uterus and ovaries. There were also adhesions from the ovaries to the side walls.
18 Respondent considered converting to an open procedure, but opted to continue with the
19 laparoscopic dissection. After dissection of all of the adhesions, respondent obtained a general
20 surgery consultation as a precaution to review the small bowel, which had been adherent,
21 especially near the right ovary. After observation through the monitor only, neither the surgeon
22 nor respondent noted any bowel injuries.

23 _____
24 ⁶ Vaginal hysterectomy is a procedure in which the uterus is surgically removed through
the vagina.

25 ⁷ A laparotomy is a surgical procedure involving a large incision through the abdominal wall to
26 gain access into the abdominal cavity.

27 ⁸ A cystoscopy is a procedure involving a tube inserted through the urethra and into the bladder to
28 provide a visual inside the bladder.

1 17. Respondent then proceeded with the vaginal hysterectomy portion of the surgery,
2 which progressed "a bit more difficult than average but not remarkably so."

3 18. Upon completion of the vaginal portion of the surgery, respondent returned to the
4 abdominal cavity. Upon doing so, she noted a slight oozing from the round ligament on the left,
5 which she cauterized. Respondent then irrigated the pelvis and looked for any bleeding or injury,
6 but found none.

7 19. Prior to closing, respondent requested a urology consultation. After cystoscopy and
8 examination revealed no injury to the bladder or ureter, respondent completed the procedure.
9 Respondent's detailed operative report does not specifically document the difficulties or
10 complexities she encountered during the over eight (8) hour operation.

11 20. During the first three post-operative days, patient D.S. experienced complications
12 from the surgery that began to worsen. Patient D.S.'s symptoms included abdominal pain,
13 distention, lack of appetite, bowel dysfunction, fever, tachycardia, weakness, emesis, and anemia.

14 21. After attempting to treat patient D.S. with antibiotics and observation, on or about
15 July 5, 2011, patient D.S. was taken in for an exploratory laparotomy.

16 22. During the surgery, several liters of feces were found in patient D.S.'s abdomen,
17 which were suctioned out, and the abdomen was irrigated. Further into the surgery, a 1
18 centimeter tear in the distal sigmoid and another 3 centimeter tear in the proximal rectum were
19 identified, repaired, and treated with a colostomy.

20 23. From on or about July 5, 2011, to on or about August 1, 2011, patient D.S. remained
21 hospitalized and experienced complications including but not limited to nausea, vomiting, fatigue,
22 fever, tachycardia, wound infection, anemia, and significant leukocytes. During this time period,
23 patient D.S. had to undergo radiologic drainage of intraabdominal collections, and was on several
24 courses of antibiotics. Patient D.S. was discharged from the hospital on or about August 1, 2011,
25 approximately thirty-five (35) days after her total hysterectomy.

26 24. Respondent committed gross negligence in her care and treatment of patient D.S. by
27 continuing with a long and complicated abdominal and pelvic surgery through laparoscopy
28 without converting to laparotomy to prevent multiple intra-operative injuries.

1 **SECOND CAUSE FOR DISCIPLINE**

2 **(Repeated Negligent Acts)**

3 25. Respondent has further subjected her Physician's and Surgeon's Certificate No.
4 A40725 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
5 subdivision (c), of the Code, in that she committed repeated negligent acts in her care and
6 treatment of patient D.S., as more particularly alleged hereinafter:

7 26. Paragraphs 9 through 24, above, are hereby incorporated by reference and re-alleged
8 as if fully set forth herein.

9 27. Respondent committed repeated negligent acts in her care and treatment of patient
10 D.S. which included, but was not limited to, the following:

11 (a) Continuing with a long and complicated abdominal and pelvic surgery through
12 laparoscopy without converting to laparotomy to prevent multiple intra-operative injuries;
13 and

14 (b) Performing a total abdominal hysterectomy and bilateral salpingo-
15 oophorectomy without definitive clinical indication and without consideration of alternative
16 treatments, prior to consideration of a major surgery.

17 **THIRD CAUSE FOR DISCIPLINE**

18 **(Failure to Maintain Adequate and Accurate Records)**

19 28. Respondent has further subjected her Physician's and Surgeon's Certificate No.
20 A40725 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the
21 Code, in that she failed to maintain adequate and accurate records relating to her care and
22 treatment of patient D.S., as more particularly alleged in paragraphs 9 through 24, above, which
23 are hereby incorporated by reference and re-alleged as if fully set forth herein.

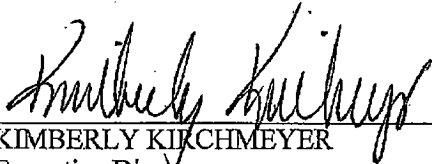
24 **PRAYER**

25 WHEREFORE, complainant requests that a hearing be held on the matters herein alleged,
26 and that following the hearing, the Medical Board of California issue a decision:

27 1. Revoking or suspending Physician's and Surgeon's Certificate No. A40725, issued to
28 respondent Linda Carole Knudtson, M.D.;

- 1 2. Revoking, suspending or denying approval of respondent Linda Carole Knudtson,
2 M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code;
3 3. Ordering respondent Linda Carole Knudtson, M.D., if placed on probation, to pay the
4 Board the costs of probation monitoring; and
5 4. Taking such other and further action as deemed necessary and proper.

6
7
8 DATED: December 16, 2016


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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