

Florida Board Of Medicine

**PCP South
August 21, 2020**

**Meet-Me #: 1 (888) 585-9008
Participation Code: 432162565#**

Notice of Meeting/Workshop Hearing

DEPARTMENT OF HEALTH Board of Medicine

The **Board of Medicine - Probable Cause Panel South** announces a public meeting to which all persons are invited.

DATE AND TIME: Friday, August 21, 2020, 2:30 p.m.

PLACE: Meet-Me #: 1 (888) 585-9008, Participation Code: 432-162-565

GENERAL SUBJECT MATTER TO BE CONSIDERED: To conduct a public meeting to reconsider disciplinary cases with prior findings of probable cause.

A copy of the agenda may be obtained by contacting: Sheila Autrey at (850) 558-9813 or email her at sheila.autrey@flhealth.gov.

Pursuant to the provisions of the Americans with Disabilities Act, any person requiring special accommodations to participate in this workshop/meeting is asked to advise the agency at least 10 days before the workshop/meeting by contacting: Sheila Autrey at (850) 558-9813 or email her at sheila.autrey@flhealth.gov.

If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

If any person decides to appeal any decision made by the Board with respect to any matter considered at this meeting or hearing, he/she will need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence from which the appeal is to be issued.

For more information, you may contact: Sheila Autrey at (850) 558-9813 or email her at sheila.autrey@flhealth.gov.

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

PUBLIC AGENDA

Florida Board of Medicine South Probable Cause Panel

August 21, 2020 @ 2:30 pm

**Meet-Me-Number: 1(888) 585-9008
Conference Code: 432162565#**

PUBLIC PORTION

Call in Number: 1-888-585-9008

Public Conference Code:

RECONSIDERATIONS

RN-01

Amina K. Edathodu, M.D.

2016-16112

MEMORANDUM FOR RECONSIDERATION

TO: South Probable Cause Panel
FROM: Major R. Thompson, Assistant General Counsel
RESPONDENT: Amina Edathodu, M.D.
CASE NO.: 2016-16112
DATE: August 21, 2020

This case was presented at the October 19, 2018, Probable Cause Panel meeting, at which time probable cause was found. Thereafter, a four-count Administrative Complaint was filed charging Respondent with two violations of section 458.331(1)(t), Florida Statutes, by committing medical malpractice and two violations of section 458.331(1)(w), Florida Statutes, for delegating professional responsibilities to a person without the qualification, training, experience, or licensure to perform the delegated responsibility.

The factual allegations are that patients received liposuction and fat transfers procedure at Orozco Medical Center (OMC). Respondent was the medical director at OMC. However, patients alleged that C.O., an electrologist, performed the procedures instead of Respondent. C.O. was not licensed or trained to perform liposuction or fat transfer procedures. Thus, the Complaint alleges Respondent improperly delegated these responsibilities to C.O.

Since the Complaint was filed, the Department referred the related case against C.O. to the Division of Administrative Hearings. At hearing, the Administrative Law Judge (ALJ) discounted the testimony of patients, noting that their testimony was inconsistent with medical records and that they would be unable to observe who performed the procedures in light of being draped and on sedative drugs. The ALJ specifically found Respondent's testimony to be credible.

Accordingly, the Department has brought this case back on reconsideration and requests that the Panel dismiss this case.

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

PROFESSION: Medicine

CASE NUMBER: 2016-16112

COMPLAINT MADE BY: DOH Investigative Services Unit

COMPLAINT MADE AGAINST: Amina Edathodu, M.D.
4119 North Armenian Avenue
Tampa, FL 33607

SUBJECT'S ATTORNEY: Dale Sisco, Esq.

DATE OF COMPLAINT: May 31, 2016

INVESTIGATED BY: Cynthia DeMetrovich
ISU Tampa

REVIEWED BY:  Major R. Thompson
Assistant General Counsel

RECOMMENDATION: Dismiss — Insufficient Evidence (4082)

CLOSING ORDER/NOTICE OF DISMISSAL

COMPLAINT: The complaint alleges that Subject violated sections 458.331(1)(t) and (w), Florida Statutes, by committing medical malpractice and by delegating professional responsibilities to a person without the qualification to perform the delegated responsibility.

FACTS: This case is predicated upon a patient report that Subject is allowing the unlicensed practice of medicine and delegating to unlicensed personnel; specifically, by allowing an electrologist to perform liposuction and fat transfer procedures (also known as "Brazilian Butt Lifts" or "BBLs").

Multiple patients presented to Orozco Medical Center (OMC) for BBLs. Patients alleged that the electrologist, C.O., provided consultations and prescribed medication. OMC staff referred to C.O. as "doctor" and patients were under the distinct impression C.O. would be performing the procedure. Multiple patients stated they saw C.O. performing the procedure intra-operatively.

Subject is the medical director at OMC and the only licensed physician on staff. Subject signed off on patient records, despite multiple patients stating they never met with her. Thus, Subject was charged with aiding and abetting C.O.'s unlicensed practice of medicine.

However, since the initiation of the case against Subject, the Department referred the case against C.O. to the Division of Administrative Hearings. At hearing, Subject testified that she performed all operations related to these patients. The Administrative Law Judge (ALJ) discounted the testimony of the patients, noting that their testimony was inconsistent with medical records and that they would be unable to observe who performed the procedures in light of being draped and on sedative drugs. The ALJ specifically found Subject's testimony to be credible and consistent with the records.

Given these rulings, the Department is unable to proceed with the case against Subject. Therefore, the Department recommends this case be dismissed.

LAW: Pursuant to section 456.073(4), Florida Statutes, the Department finds there is no probable cause to find that Subject violated chapter 456 or 458, Florida Statutes, the rules of the Department, or the Board.

It is therefore, ORDERED that this matter should be, and the same is hereby, DISMISSED.

[Remainder of page left intentionally blank.]

DONE and ORDERED this _____ day of _____, 2020.

Chairperson, Probable Cause Panel
Board of Medicine

PCP DATE: August 21, 2020

PCP MEMBERS:

MRT

1110 N. FLORIDA AVENUE
TAMPA, FLORIDA 33602



TELEPHONE (813) 224-0555
FAX (813) 221-9736
dsisco@sisco-law.com
www.sisco-law.com

November 8, 2018

VIA ELECTRONIC MAIL

Jasmine B. Green
Assistant General Counsel
Florida Department of Health
Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65
Tallahassee, FL 32399-3265

Re: DOH v. Amina Edathodu, MD
DOH Case No. 2016-16112

Dear Jasmine:

I am enclosing with this correspondence a fully executed Election of Rights form. My client will waive the 45 day time limit for referral to DOAH to discuss resolution of this matter.

With regard to resolution it should be noted that the Department has engaged experts whose opinions are diametrically opposed. I just completed the administrative hearing on the related case against Claudia Orozco. You should speak to your colleagues regarding that case and, in particular, the testimony of patient N.M.

Should you wish to discuss this matter, please do not hesitate to contact me.

Best regards,

SISCO-LAW

A handwritten signature in blue ink that reads "Dale R. Sisco". The signature is fluid and cursive.

Dale R. Sisco

DRS/bim

Enclosure

ELECTION OF RIGHTS

DOH v. Amina Edathodu, M.D.

Case No. 2016-16112

Please sign and complete all of the information below:

I received notice of the Administrative Complaint on the following date: October 23, 2018

PLEASE SELECT ONLY 1 OF THE 2 OPTIONS

An Explanation of Rights is attached. If you do not understand these options, please consult with your attorney or contact the attorney for the Prosecution Services Unit at the address/phone number listed at the bottom of this form.

OPTION 1. I do not dispute the allegations of material fact in the Administrative Complaint. I do wish to be afforded a hearing, pursuant to Section 120.57(2), Florida Statutes, at which time I will be permitted to submit oral and/or written evidence in mitigation of the complaint to the Board.

OPTION 2. XXX I do dispute the allegations of material fact contained in the Administrative Complaint and request this to be considered a petition for formal hearing, pursuant to Sections 120.569(2)(a) and 120.57(1), Florida Statutes, before an Administrative Law Judge appointed by the Division of Administrative Hearings. Pursuant to Uniform Rule 28-106.2015(5), Florida Administrative Code, I specifically dispute the following material facts (identified by paragraph number and fact disputed) in the Administrative Complaint:

4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38.

Respondent's Signature

Address: 4119 N. Armenia Avenue Tampa, FL

Lic. No.: ME 47559

Phone No.: Fax No.:

Email:

STATE OF FLORIDA COUNTY OF Hillsborough

Attorney/Qualified Representative*

Address: Sisco-Law 1110 N. Florida Avenue Tampa, FL 33602

Phone No.: 813-224-0555

Fax No.: 813-221-9736

Email: dsisco@sisco-law.com

*Qualified Representatives must file written requests to appear as such pursuant to Rule 28-106.106, Uniform Rules of Procedure.

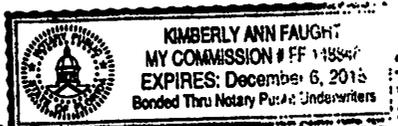
Before me, personally appeared Amina Edathodu, M.D., whose identity is known to me or (type of identification) and who, acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this 7th day of November 2018.

Notary Public-State of Florida

My Commission Expires 12/6/18

Type or Print Name Kimberly Faught



PLEASE MAIL AND/OR FAX COMPLETED FORM TO: Jasmine B. Green, Esquire, Assistant General Counsel, DOH, Prosecution Services Unit, 4052 Bald Cypress Way, Bin C-65, Tallahassee, Florida 32399-3265. Telephone Number: (850) 558-9846; FAX (850) 245-4684; TDD 1-800-955-8771; jasmine.green@flhelath.gov

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the **Healthiest State** in the Nation

October 22, 2018

PERSONAL AND CONFIDENTIAL – VIA ELECTRONIC AND CERTIFIED MAIL

Dale R. Sisco, Esq.
Sisco Law
1110 N. Florida Avenue
Tampa, Florida 33602-3343
dsisco@sisco-law.com

Re: DOH v. Amina Edathodu, M.D.
DOH Case Number 2016-16112

Dear Mr. Sisco:

Enclosed please find a copy of an Administrative Complaint that has been filed against your client by the Department of Health. A copy of these materials has been provided to you client as well via certified mail. An Election of Rights form has also been provided.

Please review the attached documents and return the Election of Rights form to my attention. You **must** sign the Election of Rights form, with your signature notarized, and return the completed form to my office within twenty-one (21) days of the date you received it. Failure to return this form within twenty-one days may result in the entry of a default judgment against you without hearing your side of the case.

Best Regards,

Jasmine B. Green

Jasmine B. Green, Esq.
Assistant General Counsel

Enclosures

Florida Department of Health

Office of the General Counsel – Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-3265
EXPRESS MAIL: 2585 Merchants Row, Suite 105
PHONE: 850/245-4640 • FAX: 850/245-4684

FloridaHealth.gov



Accredited Health Department
Public Health Accreditation Board

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the **Healthiest State** in the Nation

October 22, 2018

PERSONAL AND CONFIDENTIAL – CERTIFIED MAIL

Amina Edathodu, M.D.
4119 N. Armenia Avenue
Tampa, Florida 33607

Re: DOH v. Amina Edathodu, M.D.
DOH Case Number 2016-16112

Dear Dr. Edathodu:

Enclosed please find a copy of an Administrative Complaint that has been filed against your license by the Department of Health. An Election of Rights form has also been provided.

Please review the attached documents and return the Election of Rights form to my attention. You **must** sign the Election of Rights form, with your signature notarized, and return the completed form to my office within twenty-one (21) days of the date you received it. Failure to return this form within twenty-one days may result in the entry of a default judgment against you without hearing your side of the case.

Best Regards,

Jasmine B. Green

Jasmine B. Green, Esq.
Assistant General Counsel

Enclosures: as stated

Florida Department of Health

Office of the General Counsel – Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-3265
EXPRESS MAIL: 2585 Merchants Row, Suite 105
PHONE: 850/245-4640 • FAX: 850/245-4684

FloridaHealth.gov



Accredited Health Department
Public Health Accreditation Board

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

Petitioner,

v.

CASE NO.: 2016-16112

AMINA EDATHODU, M.D.,

Respondent.

ADMINISTRATIVE COMPLAINT

Petitioner, Department of Health, files this Administrative Complaint before the Board of Medicine against Respondent Amina Edathodu, M.D., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of Medicine pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 458, Florida Statutes.

2. At all times material to this Complaint, Respondent was a licensed medical doctor within the State of Florida, having been issued license number ME 47559.

3. Respondent's address of record is 4119 North Armenia Avenue, Tampa, Florida 33607.

4. At all times material to this Complaint, Respondent practiced at Orozco Medical Center as an operating surgeon.

Facts Specific to Patient N.M.

5. On or about March 3, 2015 Patient N.M. underwent a liposuction and fat transfer procedure at the Orozco Medical Center.

6. Respondent, the operating surgeon of the Orozco Medical Center, was not present before, during, or after the procedure.

7. Respondent did not obtain informed consent preoperatively from Patient N.M.

8. Patient N.M. alleges that C.O., an electrologist and manager of the Orozco Medical Center, performed N.M.'s surgical procedure and injected fat into Patient N.M.'s buttocks.

9. Pursuant to Section 478.42, Florida Statutes (2016), the practice of electrolysis is limited to the permanent removal of hair by destroying the hair-producing cells of the skin and vascular system, using equipment and devices approved by the board which have been cleared by and registered with the United States Food and Drug Administration and that are used pursuant to protocols approved by the board.

10. The performance of cosmetic procedures such as liposuction, Brazilian Butt Lifts, fat transfers or fat grafting, vampire lifts, plasma

injections, and/or other invasive/surgical medical procedures, constitutes the practice of medicine.

11. C.O. was not licensed or trained to perform liposuction and fat transfer procedures and to manage Patient N.M.'s postoperative care.

12. Respondent never saw Patient N.M. after the procedure and was not present for her postoperative appointments.

13. Respondent deferred Patient N.M.'s postoperative care to C.O. and other staff.

Facts Specific to Patient D.D.

14. On or about March 23, 2016, Patient D.D. underwent a liposuction procedure at the Orozco Medical Center.

15. Respondent, the operating surgeon of the Orozco Medical Center, was not present before, during, or after the procedure.

16. Respondent did not obtain informed consent preoperatively from Patient D.D.

17. C.O., an electrologist and manager of Orozco Medical Center, performed Patient D.D.'s liposuction procedure.

18. Pursuant to Section 478.42, Florida Statutes (2016), the practice of electrolysis is limited to the permanent removal of hair by destroying the hair-producing cells of the skin and vascular system, using equipment and

devices approved by the board which have been cleared by and registered with the United States Food and Drug Administration and that are used pursuant to protocols approved by the board.

19. The performance of cosmetic procedures such as liposuction, Brazilian Butt Lifts, fat transfers or fat grafting, vampire lifts, plasma injections, and/or other invasive/surgical medical procedures, constitutes the practice of medicine.

20. C.O. was not licensed or trained to perform liposuction and fat transfer procedures and to manage Patient D.D.'s postoperative care.

21. Respondent never saw Patient D.D. after the procedure and was not present for Patient D.D.'s postoperative appointments.

22. Respondent deferred Patient D.D.'s postoperative care to C.O. and other staff.

Standard of Care

23. At all times material to this complaint, the prevailing professional standard of care for a physician performing surgical procedures required the physician to:

- a. Meet with the patient in person preoperatively to obtain informed consent; and/or

- b. Be present before, during, and/or after the surgical procedure;
and/or
- c. Not allow non-physicians to perform surgical procedures; and/or
- d. Not defer postoperative care to an unlicensed or an untrained individual.

Count I

24. Petitioner realleges and incorporates paragraphs one (1) through thirteen (13) and paragraph twenty-three (23) as is fully set forth herein.

25. Section 458.331(1)(t)1, Florida Statutes (2016), subjects a physician to discipline for committing medical malpractice as defined in Section 456.50, Florida Statutes. Medical malpractice is defined by Section 456.50(1)(g), Florida Statutes (2016), as the failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general law related to health care licensure. Section 766.102(1), Florida Statutes (2016), provides that the prevailing professional standard of care for a given health care provider shall be that level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers.

26. Respondent fell below the prevailing professional standard of care by:

- a. Failing to meet with Patient N.M. in person preoperatively to obtain informed consent; and/or
- b. Failing to be present before, during, and after Patient N.M.'s surgical procedure; and/or
- c. Allowing a non-physician to perform Patient N.M.'s surgical procedures; and/or
- d. Deferring Patient N.M.'s postoperative care to an unlicensed or an untrained individual.

27. Based on the foregoing, Respondent has violated Section 458.331(1)(t), Florida Statutes (2016).

Count II

28. Petitioner realleges and incorporates paragraphs one (1) through four (4), paragraphs fourteen (14) through twenty-two (22), and paragraph twenty-three (23) as is fully set forth herein.

29. Section 458.331(1)(t)1, Florida Statutes (2016), subjects a physician to discipline for committing medical malpractice as defined in Section 456.50, Florida Statutes. Medical malpractice is defined by Section 456.50(1)(g), Florida Statutes (2016), as the failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general

law related to health care licensure. Section 766.102(1), Florida Statutes (2016), provides that the prevailing professional standard of care for a given health care provider shall be that level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers.

30. Respondent fell below the prevailing professional standard of care by:

- a. Failing to meet with Patient D.D. in person preoperatively to obtain informed consent; and/or
- b. Failing to be present before, during, and after Patient D.D.'s surgical procedure; and/or
- c. Allowing a non-physician to perform Patient D.D.'s surgical procedures; and/or
- d. Deferring Patient D.D.'s postoperative care to an unlicensed or an untrained individual.

Count III

31. Petitioner realleges and incorporates paragraphs one (1) through thirteen (13) as is fully set forth herein.

32. Section 458.331(1)(w), Florida Statutes (2016), provides that delegating professional responsibilities to a person when the licensee

delegating such responsibilities knows or has reason to know that such person is not qualified by training, experience, or licensure to perform them is grounds for disciplinary action.

33. Respondent delegated professional responsibilities to an unqualified person for the treatment of Patient N.M. in one or more of the following ways:

- a. By allowing unlicensed or non-certified individuals to perform surgical procedures; and/or
- b. By delegating the task of obtaining informed consent to a non-physician; and/or
- c. By deferring postoperative care to an unlicensed or an untrained individual.

34. Based on the foregoing, Respondent has violated Section 458.331(1)(w), Florida Statutes (2016).

Count IV

35. Petitioner realleges and incorporates paragraphs fourteen (14) through twenty-two (22) as is fully set forth herein.

36. Section 458.331(1)(w), Florida Statutes (2016), provides that delegating professional responsibilities to a person when the licensee delegating such responsibilities knows or has reason to know that such

person is not qualified by training, experience, or licensure to perform them is grounds for disciplinary action.

37. Respondent delegated professional responsibilities to an unqualified person for the treatment of Patient D.D. in one or more of the following ways:

- a. By allowing unlicensed or non-certified individuals to perform surgical procedures; and/or
- b. By delegating the task of obtaining informed consent to non-physician; and/or
- c. By deferring postoperative care to an unlicensed or an untrained individual.

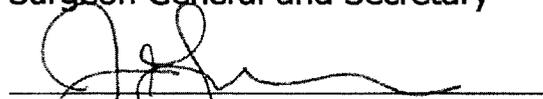
38. Based on the foregoing, Respondent has violated Section 458.331(1)(w), Florida Statutes (2016).

WHEREFORE, the Petitioner respectfully requests that the Board of Medicine enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees

billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 19th day of October, 2018.

Celeste Philip, MD, MPH
Surgeon General and Secretary



Jasmine B. Green
Assistant General Counsel
Florida Bar No. 103037
DOH-Prosecution Services Unit
4052 Bald Cypress Way-Bin C-65
Tallahassee, Florida 32399-3265
(850) 558-9846 telephone
(850) 245-4684 fax
E-Mail: jasmine.green@flhealth.gov

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK

CLERK: *Bridget Coates*

DATE 10.19.2018

PCP Date: 10/19/18

PCP Members: Dr. Lopez, Dr. Haridopolos, Mr. Perez

NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

A request or petition for an administrative hearing must be in writing and must be received by the Department within 21 days from the day Respondent received the Administrative Complaint, pursuant to Rule 28-106.111(2), Florida Administrative Code. If Respondent fails to request a hearing within 21 days of receipt of this Administrative Complaint, Respondent waives the right to request a hearing on the facts alleged in this Administrative Complaint pursuant to Rule 28-106.111(4), Florida Administrative Code. Any request for an administrative proceeding to challenge or contest the material facts or charges contained in the Administrative Complaint must conform to Rule 28-106.2015(5), Florida Administrative Code.

Mediation under Section 120.573, Florida Statutes, is not available to resolve this Administrative Complaint.

NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.

ELECTION OF RIGHTS

DOH v. Amina Edathodu, M.D.

Case No. 2016-16112

Please sign and complete all of the information below:

I received notice of the Administrative Complaint on the following date: _____

PLEASE SELECT ONLY 1 OF THE 2 OPTIONS

An Explanation of Rights is attached. If you do not understand these options, please consult with your attorney or contact the attorney for the Prosecution Services Unit at the address/phone number listed at the bottom of this form.

OPTION 1. _____ I do not dispute the allegations of material fact in the Administrative Complaint. I do wish to be afforded a hearing, pursuant to Section 120.57(2), Florida Statutes, at which time I will be permitted to submit oral and/or written evidence in mitigation of the complaint to the Board.

OPTION 2. _____ I do dispute the allegations of material fact contained in the Administrative Complaint and request this to be considered a petition for formal hearing, pursuant to Sections 120.569(2)(a) and 120.57(1), Florida Statutes, before an Administrative Law Judge appointed by the Division of Administrative Hearings. Pursuant to Uniform Rule 28-106.2015(5), Florida Administrative Code, I specifically dispute the following material facts (identified by paragraph number and fact disputed) in the Administrative Complaint:

Respondent's Signature
Address: _____

Attorney/Qualified Representative*
Address: _____

Lic. No.: ME 47559

Phone No.: _____

Phone No.: _____ Fax No.: _____

Fax No.: _____

Email: _____

Email: _____

STATE OF FLORIDA
COUNTY OF _____

*Qualified Representatives must file written requests to appear as such pursuant to Rule 28-106.106, Uniform Rules of Procedure.

Before me, personally appeared _____, whose identity is known to me or _____ (type of identification) and who, acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this _____ day of _____ 2018.

Notary Public-State of Florida

My Commission Expires

Type or Print Name

PLEASE MAIL AND/OR FAX COMPLETED FORM TO: Jasmine B. Green, Esquire, Assistant General Counsel, DOH, Prosecution Services Unit, 4052 Bald Cypress Way, Bin C-65, Tallahassee, Florida 32399-3265. Telephone Number: (850) 558-9846; FAX (850) 245-4684; TDD 1-800-955-8771; jasmine.green@flhelath.gov

WALZ
CERTIFIED
MAILER®

FROM

WALZ

FORM #3800 VERSION 1.1111

Label #1

Label #2

Label #3

Amina Edathodu, M.D.
4119 N. Armenia Avenue
Tampa, Florida 33607

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

USPS® ARTICLE NUMBER

9414 7266 9904 2118 3374 93

Certified Mail Fee \$
Return Receipt (Hardcopy) \$
Return Receipt (Electronic) \$
Certified Mail Restricted Delivery \$
Postage \$
Total Postage and Fees \$

Postmark
Here

TEAR ALONG THIS LINE

Sent to:

Amina Edathodu, M.D.
4119 N. Armenia Avenue
Tampa, Florida 33607

Reference Information

October 22, 2018
Amina Edathodu, M.D.
2016-16112
AC Pack to Respondent
Jasmine B. Green \ Rickey

PS Form 3800, Facsimile, July 2015

A FOLD AND TEAR THIS WAY → OPTIONAL

Label #5 (OPTIONAL)

Certified Article Number
SENDER'S RECORD

9414 7266 9904 2118 3374 93

Jasmine B. Green, Esquire
Department of Health/PSU
4052 Bald Cypress Way, Bin C-65
Tallahassee, FL 32399

Label #6 - Return Receipt Barcode (Sender's Record)



9590 9266 9904 2118 3374 96

Label #7 - Certified Mail Article Number

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL®



9414 7266 9904 2118 3374 93

FOLD AND TEAR THIS WAY →

C FOLD AND TEAR THIS WAY →

Thank you for using Return Receipt Service

RETURN RECEIPT REQUESTED
USPS® MAIL CARRIER
DETACH ALONG PERFORATION

Return Receipt (Form 3811) Barcode



9590 9266 9904 2118 3374 96

1. Article Addressed to:

Amina Edathodu, M.D.
4119 N. Armenia Avenue
Tampa, Florida 33607

2. Certified Mail (Form 3800) Article Number

9414 7266 9904 2118 3374 93

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type:
 Certified Mail
 Certified Mail Restricted Delivery

Reference Information

October 22, 2018
Amina Edathodu, M.D.
AC Pack to Respondent
Jasmine B. Green, Esq.

Thank you for using Return Receipt Service

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

DEPARTMENT OF HEALTH,

Petitioner,

v.

CASE NO.: 2016-16112

AMINA EDATHODU, M.D.,

Respondent.

ADMINISTRATIVE COMPLAINT

Petitioner, Department of Health, files this Administrative Complaint before the Board of Medicine against Respondent Amina Edathodu, M.D., and in support thereof alleges:

1. Petitioner is the state agency charged with regulating the practice of Medicine pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 458, Florida Statutes.

2. At all times material to this Complaint, Respondent was a licensed medical doctor within the State of Florida, having been issued license number ME 47559.

3. Respondent's address of record is 4119 North Armenia Avenue, Tampa, Florida 33607.

4. At all times material to this Complaint, Respondent practiced at Orozco Medical Center as an operating surgeon.

Facts Specific to Patient N.M.

5. On or about March 3, 2015 Patient N.M. underwent a liposuction and fat transfer procedure at the Orozco Medical Center.

6. Respondent, the operating surgeon of the Orozco Medical Center, was not present before, during, or after the procedure.

7. Respondent did not obtain informed consent preoperatively from Patient N.M.

8. Patient N.M. alleges that C.O., an electrologist and manager of the Orozco Medical Center, performed N.M.'s surgical procedure and injected fat into Patient N.M.'s buttocks.

9. Pursuant to Section 478.42, Florida Statutes (2016), the practice of electrolysis is limited to the permanent removal of hair by destroying the hair-producing cells of the skin and vascular system, using equipment and devices approved by the board which have been cleared by and registered with the United States Food and Drug Administration and that are used pursuant to protocols approved by the board.

10. The performance of cosmetic procedures such as liposuction, Brazilian Butt Lifts, fat transfers or fat grafting, vampire lifts, plasma

injections, and/or other invasive/surgical medical procedures, constitutes the practice of medicine.

11. C.O. was not licensed or trained to perform liposuction and fat transfer procedures and to manage Patient N.M.'s postoperative care.

12. Respondent never saw Patient N.M. after the procedure and was not present for her postoperative appointments.

13. Respondent deferred Patient N.M.'s postoperative care to C.O. and other staff.

Facts Specific to Patient D.D.

14. On or about March 23, 2016, Patient D.D. underwent a liposuction procedure at the Orozco Medical Center.

15. Respondent, the operating surgeon of the Orozco Medical Center, was not present before, during, or after the procedure.

16. Respondent did not obtain informed consent preoperatively from Patient D.D.

17. C.O., an electrologist and manager of Orozco Medical Center, performed Patient D.D.'s liposuction procedure.

18. Pursuant to Section 478.42, Florida Statutes (2016), the practice of electrolysis is limited to the permanent removal of hair by destroying the hair-producing cells of the skin and vascular system, using equipment and

devices approved by the board which have been cleared by and registered with the United States Food and Drug Administration and that are used pursuant to protocols approved by the board.

19. The performance of cosmetic procedures such as liposuction, Brazilian Butt Lifts, fat transfers or fat grafting, vampire lifts, plasma injections, and/or other invasive/surgical medical procedures, constitutes the practice of medicine.

20. C.O. was not licensed or trained to perform liposuction and fat transfer procedures and to manage Patient D.D.'s postoperative care.

21. Respondent never saw Patient D.D. after the procedure and was not present for Patient D.D.'s postoperative appointments.

22. Respondent deferred Patient D.D.'s postoperative care to C.O. and other staff.

Standard of Care

23. At all times material to this complaint, the prevailing professional standard of care for a physician performing surgical procedures required the physician to:

- a. Meet with the patient in person preoperatively to obtain informed consent; and/or

- b. Be present before, during, and/or after the surgical procedure;
and/or
- c. Not allow non-physicians to perform surgical procedures; and/or
- d. Not defer postoperative care to an unlicensed or an untrained individual.

Count I

24. Petitioner realleges and incorporates paragraphs one (1) through thirteen (13) and paragraph twenty-three (23) as is fully set forth herein.

25. Section 458.331(1)(t)1, Florida Statutes (2016), subjects a physician to discipline for committing medical malpractice as defined in Section 456.50, Florida Statutes. Medical malpractice is defined by Section 456.50(1)(g), Florida Statutes (2016), as the failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general law related to health care licensure. Section 766.102(1), Florida Statutes (2016), provides that the prevailing professional standard of care for a given health care provider shall be that level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers.

26. Respondent fell below the prevailing professional standard of care by:

- a. Failing to meet with Patient N.M. in person preoperatively to obtain informed consent; and/or
- b. Failing to be present before, during, and after Patient N.M.'s surgical procedure; and/or
- c. Allowing a non-physician to perform Patient N.M.'s surgical procedures; and/or
- d. Deferring Patient N.M.'s postoperative care to an unlicensed or an untrained individual.

27. Based on the foregoing, Respondent has violated Section 458.331(1)(t), Florida Statutes (2016).

Count II

28. Petitioner realleges and incorporates paragraphs one (1) through four (4), paragraphs fourteen (14) through twenty-two (22), and paragraph twenty-three (23) as is fully set forth herein.

29. Section 458.331(1)(t)1, Florida Statutes (2016), subjects a physician to discipline for committing medical malpractice as defined in Section 456.50, Florida Statutes. Medical malpractice is defined by Section 456.50(1)(g), Florida Statutes (2016), as the failure to practice medicine in accordance with the level of care, skill, and treatment recognized in general

law related to health care licensure. Section 766.102(1), Florida Statutes (2016), provides that the prevailing professional standard of care for a given health care provider shall be that level of care, skill, and treatment which, in light of all relevant surrounding circumstances, is recognized as acceptable and appropriate by reasonably prudent similar health care providers.

30. Respondent fell below the prevailing professional standard of care by:

- a. Failing to meet with Patient D.D. in person preoperatively to obtain informed consent; and/or
- b. Failing to be present before, during, and after Patient D.D.'s surgical procedure; and/or
- c. Allowing a non-physician to perform Patient D.D.'s surgical procedures; and/or
- d. Deferring Patient D.D.'s postoperative care to an unlicensed or an untrained individual.

Count III

31. Petitioner realleges and incorporates paragraphs one (1) through thirteen (13) as is fully set forth herein.

32. Section 458.331(1)(w), Florida Statutes (2016), provides that delegating professional responsibilities to a person when the licensee

delegating such responsibilities knows or has reason to know that such person is not qualified by training, experience, or licensure to perform them is grounds for disciplinary action.

33. Respondent delegated professional responsibilities to an unqualified person for the treatment of Patient N.M. in one or more of the following ways:

- a. By allowing unlicensed or non-certified individuals to perform surgical procedures; and/or
- b. By delegating the task of obtaining informed consent to a non-physician; and/or
- c. By deferring postoperative care to an unlicensed or an untrained individual.

34. Based on the foregoing, Respondent has violated Section 458.331(1)(w), Florida Statutes (2016).

Count IV

35. Petitioner realleges and incorporates paragraphs fourteen (14) through twenty-two (22) as is fully set forth herein.

36. Section 458.331(1)(w), Florida Statutes (2016), provides that delegating professional responsibilities to a person when the licensee delegating such responsibilities knows or has reason to know that such

person is not qualified by training, experience, or licensure to perform them is grounds for disciplinary action.

37. Respondent delegated professional responsibilities to an unqualified person for the treatment of Patient D.D. in one or more of the following ways:

- a. By allowing unlicensed or non-certified individuals to perform surgical procedures; and/or
- b. By delegating the task of obtaining informed consent to non-physician; and/or
- c. By deferring postoperative care to an unlicensed or an untrained individual.

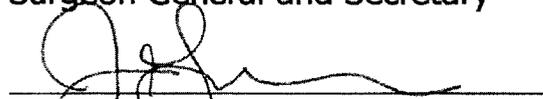
38. Based on the foregoing, Respondent has violated Section 458.331(1)(w), Florida Statutes (2016).

WHEREFORE, the Petitioner respectfully requests that the Board of Medicine enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's license, restriction of practice, imposition of an administrative fine, issuance of a reprimand, placement of the Respondent on probation, corrective action, refund of fees

billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this 19th day of October, 2018.

Celeste Philip, MD, MPH
Surgeon General and Secretary



Jasmine B. Green
Assistant General Counsel
Florida Bar No. 103037
DOH-Prosecution Services Unit
4052 Bald Cypress Way-Bin C-65
Tallahassee, Florida 32399-3265
(850) 558-9846 telephone
(850) 245-4684 fax
E-Mail: jasmine.green@flhealth.gov

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK

CLERK: *Bridget Coates*

DATE 10.19.2018

PCP Date: 10/19/18

PCP Members: Dr. Lopez, Dr. Haridopolos, Mr. Perez

NOTICE OF RIGHTS

Respondent has the right to request a hearing to be conducted in accordance with Section 120.569 and 120.57, Florida Statutes, to be represented by counsel or other qualified representative, to present evidence and argument, to call and cross-examine witnesses and to have subpoena and subpoena duces tecum issued on his or her behalf if a hearing is requested.

A request or petition for an administrative hearing must be in writing and must be received by the Department within 21 days from the day Respondent received the Administrative Complaint, pursuant to Rule 28-106.111(2), Florida Administrative Code. If Respondent fails to request a hearing within 21 days of receipt of this Administrative Complaint, Respondent waives the right to request a hearing on the facts alleged in this Administrative Complaint pursuant to Rule 28-106.111(4), Florida Administrative Code. Any request for an administrative proceeding to challenge or contest the material facts or charges contained in the Administrative Complaint must conform to Rule 28-106.2015(5), Florida Administrative Code.

Mediation under Section 120.573, Florida Statutes, is not available to resolve this Administrative Complaint.

NOTICE REGARDING ASSESSMENT OF COSTS

Respondent is placed on notice that Petitioner has incurred costs related to the investigation and prosecution of this matter. Pursuant to Section 456.072(4), Florida Statutes, the Board shall assess costs related to the investigation and prosecution of a disciplinary matter, which may include attorney hours and costs, on the Respondent in addition to any other discipline imposed.

Peter Alan Marzek, MD, FACS

1879 Nightingale Lane, Suite A-2
Tavares, FL 32778

October 8, 2017

FL Department of Health, PSU
4052 Bald Cypress Way Bin C-65
Tallahassee, Florida 32399-3265

Regarding: DOH v. AE 2016-16112

Dear Department of Health, PSU,

This case involves alleged practice below standard of care.

Questions:

1. Do you know the Subject, the Complainant, and/or have direct knowledge of the circumstances surrounding this case?

I did not know the Subject, the complainant, or have direct knowledge of this case prior to being asked to review it.

2. Do you currently perform or have you performed within the last year, the examination/test/procedure/etc. or prescribe the medications that are at issue in this case?

I currently perform the procedure of liposuction and fat transfer, and was performing these procedures at the time of the incident.

3. Did the Subject meet the applicable standards of care outlined in the Florida Statutes in his/her examination, diagnosis, and treatment of the patient?

The Subject did not meet applicable standards of care as outlined in the Florida Statutes. This will be further delineated below.

4. Did the Subject adequately assess the patient's complaints and symptoms?

This is a cosmetic surgery case, and the patient's complaints and symptoms were identified. However, by patient report (x2), the Subject never saw the patient prior to surgery, and therefore did not make her own assessment of the patient's condition.

5. Was the Subject's diagnosis of the patient's condition appropriate, adequate, accurate, and timely?

The evaluation as documented in the chart was adequate, but again, if not done by the Subject herself (the gist of the complaint of two patients), this would not be an adequate preoperative evaluation.

6. Did the patient's complaints/condition call for the use of specialized consultations for diagnosis and/or treatment? If so, did the Subject appropriately and timely refer the patient for such consultations?

There was no need for specialized consultations.

7. Was the appropriate plan or treatment for the patient's condition identified and pursued by the Subject?

If the Subject truly never laid eyes on the patient prior to surgery, an appropriate plan for treatment could not be established.

8. Did the Subject prescribe, dispense, inject, or administer legend drugs or any substance to the patient that was inappropriate, in an inappropriate manner, or in excessive or inappropriate quantities?

There were no medication issues identified.

9. Do the medical records maintained by the Subject accurately and completely document and justify the course of treatment utilized in the care of the patient?

The medical records maintained do not document and justify the course of treatment utilized in the care of the patient, as there is conflicting evidence of the involvement of the Subject. It appears the Subject never saw the patient preoperatively, and therefore the Florida Statutes' requirement that informed consent be obtained by the operating surgeon would have been negligent. All of the postoperative records are in the writing of a helper at the clinic who is not a M.D., D.O. or mid-level provider and by Florida Statutes, postoperative care must be given by the operating surgeon or an M.D./D.O./mid-level provider under the operating surgeon's supervision. By patient report, the surgeon was never present at any postoperative appointment, nor were any mid-level providers.

There are also deficiencies in the operative report. Though the operative report was a preprinted form, that would normally suffice, but it was not filled out adequately. The patient did have fat transfer performed at the time of surgery. This was documented preoperatively as a procedure that was planned, and postoperatively as a procedure that was done. The operative report lists no such fat transfer. The operative report also has discrepancies in the amount of anesthetic injected, with one area showing 2000 cc of standard liposuction solution being injected, and another point on the operative report listing only 1000 cc. Also, there is no date on the operative report. The "ASA classification" is also incorrect. These discrepancies make the operative report not meet the standard of care. Overall, the records were legible, and legibility was not a problem.

10. Do the billing records (if enclosed) for services provided reflect appropriate tests/testing?

The billing records are not at question here.

11. What other steps, if any, could Subject have taken to deal with this problem more effectively?

The Subject needs to obtain informed consent and document proof of giving that informed consent to the patient by means of discussion preoperatively. Informed consent is not just a document that is signed; it is a process where the operating surgeon confers his/her plan to the patient so that the patient understands the entire surgical procedure. There were accusations that the Subject was not present at surgery, which is a gross violation of standard of care, and if she was present, there were still accusations that a non-licensed practitioner was performing the surgery, or at least parts of the surgery, as witnessed by the patient. Only the operating surgeon, another M.D. or D.O., or a mid-level provider under direct supervision, can perform surgery. The certifications of the people listed on the operative report would not allow them to do surgical procedures, with the exception of the Subject, and there is great concern that the Subject did not do the surgery herself. The operative report, which should be a reflection of the actual surgical procedure (completed shortly after surgery) has gross errors in it, and does not reflect the actual surgery performed. The Subject also cannot defer postoperative care to anyone without the above-listed certifications, of which again there were none identified in any of the notes. This is also concerning that Claudia Orozco, who does all of the writing in the chart, does in two parts of the paperwork in the chart list herself as "Dr. Claudia Orozco." This would lead to confusion on the parts of the patients thinking that Ms. Orozco was indeed a surgeon, when she does not hold degrees to certify for that.

12. Please comment on Subject's response or expert opinion on behalf of Subject if included in the materials for your review.

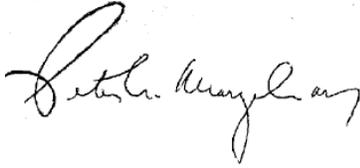
There were no responses from the Subject nor the Subject's attorney available to review, other than some brief letters from the attorney which did not provide explanation of the proceedings.

Summary/Conclusion:

The Subject fails standard of care after reviewing the chart. If indeed she is not present at surgery, which is noted by both patients (and since this was a Level I office surgery, there should be no reason they did not have faculties about them to make this observation), this would be a gross standard of care violation. Even if the Subject were present, but allowing a non-certified person to act as a surgeon, this is also a violation of standard of care. The fact that the Subject did not meet with the patient at any time preoperatively violates the definition of informed consent given by the surgeon, and this also violates standard of care. The fact that postoperative care was deferred to someone who is not equivalently trained or licensed, also falls below standard of care. Lastly, the medical records, as documented above, fall below the standard of care.

If you have any further questions, please call (407) 766-0882 to schedule a telephone conference.

Regards,

A handwritten signature in black ink, appearing to read "Peter Alan Marzek". The signature is written in a cursive style with a large initial "P" and a long, sweeping underline.

Peter Alan Marzek, MD, FACS
Board Certified in Plastic and Reconstructive Surgery

CURRICULUM VITAE
(April 9, 2017)

NAME: PETER A. MARZEK, MD, FACS

WORK ADDRESS: 1879 Nightingale Lane
Suite A-2
Tavares, FL 32778
(352) 742-0079
FAX: (352) 742-0059

EDUCATION:

High School: Morton West High School, Berwyn, Illinois
Graduated 1977 (Rank: 12/695)

Undergraduate: University of Illinois, Urbana-Champaign
B.S. (Biology) 1981

Medical School: University of Illinois, Chicago Health Science Center
M.D. 1985

Internship: University of Louisville Affiliated Hospitals, Louisville, Kentucky
July, 1985 – June, 1986
Type: Straight Surgery
Chairman: Hiram C. Polk, Jr., M.D.

Residency: University of Louisville Affiliated Hospitals, Louisville, Kentucky
July, 1986 – June, 1990
Type: General Surgery
Chairman: Hiram C. Polk, Jr., M.D.

Residency: University of Kentucky, Lexington, Kentucky
July, 1990 – June, 1992
Type: Plastic and Reconstructive Surgery
Chairman: Edward A. Luce, M.D.

Fellowship: Washington University, St. Louis, Missouri
July 1, 1992 – December 31, 1992
Type: Aesthetic Surgery

Fellowship Director: V. Leroy Young, M.D.

MEDICAL LICENSURE:

Florida #ME0063686 – Active
Kentucky #24693 (Non-active)
Missouri #100925 (Non-active)

BOARD CERTIFICATION:

Plastic Surgery (American Board of Plastic Surgery)
1996 (original certification)
2006 (recertification---MOC exam)
2016 (recertification---MOC exam)
General Surgery (American Board of Surgery)
1993 (original certification---expired 2003)

PRESENTATION OF PAPERS:

Southern Medical Association, Section on Surgery
October 1990; Nashville, Tennessee
“Non-Thermal Surgical Complications in Burn Patients”

Kentucky Society of Plastic and Reconstructive Surgeons
October 1991; Lexington, Kentucky
“A New Technique in the Treatment of Disabling Recurrent Carpal Tunnel
Syndrome: Use of the Free Microvascular Omental Flap”
(First place award, residents’ competition)

ASRM/PSEF Symposium: Current Concepts in Microsurgical Tissue Transfer
March 1992; St. Louis, Missouri
“Use of the Free Microvascular Omental Flap for Treatment of Recurrent Carpal
Tunnel Syndrome”

“Necrotizing Fasciitis” Surgical Grand Rounds, Florida Hospital Waterman
June 11, 2014

PUBLICATIONS:

Marzek P.A., Miller F.B., Cryer H. M., Polk H. C.: Non-Thermal Surgical
Complications in Burn Patients. Southern Medical Journal 74: 689-91, 1991.

Nemecek J. R., Marzek P.A., Young V.L.: Diagnosis and Treatment of Accessory
Parotid Gland Masses. Annals of Plastic Surgery (accepted for publication).

Medical Staff Leadership:

Board of Directors, Florida Hospital Waterman, 2014-
Board of Directors, Florida Hospital Waterman Foundation, 2008-2014

Bylaws Committee, Leesburg Regional Medical Center, 1996-2002
Chairman, 1999-2002

Chief of Surgery, Florida Hospital Waterman 1997-1999

Medical Executive Committee, Florida Hospital Waterman 1997-1999,
2010-present

Bylaws Committee, Florida Hospital Waterman 2007-2014,
Chairman, 2010-2014

Operating Room Committee, Florida Hospital Waterman 1997-present

Cancer Committee, Florida Hospital Waterman 2002 (?) - present

Physician/Hospital Strategic Planning Committee 2014-present

County Delegate, Florida Medical Association 2007-2013, 2015

Trustee, Lake County Medical Society Insurance Group 2014-present

RESEARCH:

Undergraduate: IgE Induction in Mice using Antigen Derived from Ascaris
(Joseph Wachsman, Professor)

Polypeptide Usage and Breakdown by Bacteroides Fragilis
(Abigail Salyers, Professor)

Medical School: Bioelectrical Potential Difference Changes Across
Respiratory Epithelium in Asthmatic Patients
(Max Samter, Professor)

HONORS AND AWARDS:

Private Practice:

Physician of the Year, Florida Hospital Waterman, 2016

Medical Staff Collegiality Award, Florida Hospital Waterman, 2016

Physician Philanthropist of the Year, Florida Hospital Waterman Foundation, 2013

January 1996 Selected "Physician of the Quarter"

Florida Hospital Waterman
February 1997 Selected to “Outstanding Young Men of America”,
1997 Edition

Plastic Surgery Residency:

First Place, Residents’ Paper Competition
Kentucky Society of Plastic and Reconstructive Surgeons
Annual Meeting October 1991

General Surgery Residency:

Selected Runner-up for John Price Award (Department of Surgery
Award to the Outstanding Teaching Resident as chosen by the
Medical Students) 1990

Outstanding Resident Award, Norton Hospital, Fall 1989
(Quarterly Awards as chosen by the hospital staff)

Medical School:

President of Class, all four years

Merck Award (1985), for “Outstanding Senior Class Contributions”
as chosen by the Faculty/Administration

Medical Student Council, all four years Secretary 1982-83

Student Senator, University Senate 1981-82
Committee on Student Affairs (Senate) 1981-82

Student Chairperson, “Realities of Medicine” Symposium Planning
Committee 1982

Chicago Student Service Award 1983

Undergraduate:

Chief Illiniwek, Symbol of University of Illinois 1980-81

Phi Beta Kappa

“Top 100” Senior Class Activities Honorary

Mortar Board (Elected 1980)
Elections Chairperson 1981

Alpha Lambda Delta (National Freshmen Honorary)

President 1978-79
Junior Advisor 1979-80
Senior Advisor 1980-81

SACHEM (Junior Activities Honorary)
President 1979-80

Alpha Epsilon Delta (Pre-medical Honor Society)
Elected 1979
Vice-President 1980

Omicron Delta Kappa (National Leadership Honorary)

Phi Kappa Phi (National Upper-Class Honorary)

TORCH (Junior Scholastics Honorary)

Phi Eta Sigma (National Freshmen Honorary)

Avery Brundage Scholarship (1980, 1981, 1982)
University of Illinois Award "For Combined Excellence in
Scholastics and Athletics")

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the **Healthiest State** in the Nation

PERSONAL AND CONFIDENTIAL

August 21, 2017

Expert Consultant
c/o Kim E. Mulligan, Ph.D.
Abbason and Assoc., Inc.
127 West Fairbanks Ave. #452
Winter Park, FL 32789

RE: DOH v. Amina Edathodu, M.D.; Case No. 2016-16112

Dear Consultant:

Thank you very much for agreeing to review the above referenced case. The Department of Health is currently reviewing allegations that the medical professional referenced above may have failed to provide appropriate medical care such as is expected of a medical practitioner in the State of Florida.

Please review this case and contact Attorney, Maciej Lewandowski, (850) 558-9866, to discuss your opinion within 30 calendar days from receipt of the file. If you are unable to complete your review within the requested timeframe, please contact Kim Mulligan or April Ralston at Abbason at (407) 766-0882.

REVIEW MATERIALS

The following materials are being provided by the Department for your review:

Final Investigative Report dated 11/21/16 with Exhibits 1-41

***Please review all records for Patient N.M. and Patient D.G. According to the Records the Respondent was treatment provider for these two (2) patients.**

If you cannot read any material parts of the medical records or information provided, or if additional information (interviews, medical records, X-rays, etc.) is required before you can render an opinion, please contact Kim Mulligan or April Ralston at Abbason at (407) 766-0882.

AFTER YOUR REVIEW

When you are ready to render your written opinion, let Kim Mulligan or April Ralston know and they will send you the dictation instructions.

When your opinion is complete, please forward to Kim Mulligan with the amount of time to submit securely via the Department's portal.

Florida Department of Health

Office of the General Counsel – Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-3265
EXPRESS MAIL: 2585 Merchants Row, Suite 105
PHONE: 850/245-4640 • FAX: 850/245-4684

FloridaHealth.gov



Accredited Health Department
Public Health Accreditation Board

You should retain this letter and the enclosed materials pending notification from the Department regarding the disposition of this matter. The exception to this is that any x-rays, slides, videos, or photographs that accompanied the case should be returned to DOH with your opinion.

Please be advised that your testimony may be needed at a later date should a formal hearing be necessary to resolve the allegations in this case. You will be notified first of the decision by the Panel and second, if an Administrative Complaint is filed, by the litigation attorney assigned to the case.

CONFIDENTIALITY

Materials submitted are confidential and should not be discussed with anyone except members of the Department legal staff, unless prior approval from the Department is secured. Should any other party contact you regarding this case, please contact Abbason immediately.

The Department would like to thank you in advance for your time and effort spent in the review of this matter.

Sincerely,

Maciej Lewandowski

Maciej Lewandowski
Assistant General Counsel

REPORT GUIDELINES

Your opinion should be prepared on letterhead and include your name and best contact information (should the need arise for follow-up questions or discussion of your review) and the case name and number.

The patient's name is confidential - use only the initials of the patient any time a reference to the patient is required in your report or any future correspondence.

Identify any publications/written material used in reaching your opinion **and include a copy of such material with your completed opinion.**

Do not include a penalty recommendation.

QUESTIONS

Before answering the following questions, please provide a brief but adequately detailed overview of the patient's condition and the treatments and evaluations provided by the Subject. Such an overview should include discussion of the examination, diagnostic testing, diagnosis, and treatment that were utilized in the care of this patient.

1. Do you know the Subject, the Complainant, and/or have direct knowledge of the circumstances surrounding this case? If during the course of your review, you discover any direct or indirect knowledge of the Subject, the Complainant, and/or circumstances surrounding this case, you must cease your review and call Kim Mulligan, (407)766-0882 immediately.
2. Do you currently perform or have you performed within the last year, the examination/test/procedure/etc. or prescribe the medications that are at issue in this case? Did you perform the examination/test/procedure/etc. or prescribed the medications that are issue in this case at the time the incident occurred? If you do not currently perform the examination/test/procedure/etc., or have not done so within the last year or at the time of the incident in question, you must cease your review and call Kim Mulligan, (407)766-0882 immediately.
3. Did the Subject meet the applicable standards of care outlined in the Florida Statutes in his/her examination, diagnosis, and treatment of the patient? **If in your opinion the Subject fell below/met the standard of care – please state "The Subject fell below/met the standard of care by"**. Please identify in detail each instance in which the Subject failed to meet a standard of care and describe the particular examination/test/procedure/etc. being performed by the Subject on the patient at the time. Please identify in detail the measures that the Subject should have taken in order to meet the applicable standard of care.
4. Did the Subject adequately assess the patient's complaints and symptoms? Was a complete assessment of the patient's condition completed to include appropriate lab testing, x-rays and examinations? Was a complete and proper history and physical examination documented by the Subject? Please explain in detail your answer to this question.
5. Was the Subject's diagnosis of the patient's condition appropriate, adequate, accurate, and timely? Please explain in detail your answer to this question.

6. Did the patient's complaints/condition call for the use of specialized consultations for diagnosis and/or treatment? If so, did the Subject appropriately and timely refer the patient for such consultations? Please explain in detail your answer to this question.
7. Was the appropriate plan or treatment for the patient's condition identified and pursued by the Subject? Please explain in detail your answer to this question.
8. Did the Subject prescribe, dispense, inject, or administer legend drugs or any substance to the patient that was inappropriate, in an inappropriate manner, or in excessive or inappropriate quantities? Please explain in detail your answer to this question.
9. Do the medical records maintained by the Subject accurately and completely document and justify the course of treatment utilized in the care of the patient? Is the patient's history and examination complete? Are all test results, records of drugs prescribed, dispensed or administered, and reports of consultation and/or hospitalization included in the patient's medical records? Are there any identifiable deficiencies or problems with the medical records maintained by the Subject? Are Subject's entries in the medical records legible? Please explain in detail your answer to this question.
10. Do the billing records (if enclosed) for services provided reflect appropriate tests/testing? Are fees within acceptable range? Is there any indication of fraud in the practice of medicine? Please explain in detail your answer to this question.
11. What other steps, if any, could Subject have taken to deal with this problem more effectively? Please explain in detail your answer to this question.
12. Please comment on Subject's response or expert opinion on behalf of Subject if included in the materials for your review.

After you have answered the above questions, please add a CONCLUSION/SUMMARY, which clearly states whether the Subject failed to meet/met the required standard of care or failed to meet/met the requirements established by Florida or Federal law. If in your opinion the Subject fell below/met the standard of care – please state "The Subject fell below/met the standard of care by".

End

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

February 14, 2018

VIA CERTIFIED MAIL

Dale Sisco, Esq.
1110 North Florida Avenue
Tampa, Florida 33602

Re: Complaint Number: 2016-16112
Respondent: Amina K. Edathodu, M.D.

Dear Mr. Sisco:

Pursuant to section 456.073(10), Florida Statutes, enclosed please find a CD containing a copy the Department's complete investigative file in Complaint Number 2016-16112. Section 456.073(10), Florida Statutes provides in part:

... Upon completion of the investigation and a recommendation by the department to find probable cause, and pursuant to a written request by the subject or the subject's attorney, the department shall provide the subject an opportunity to inspect the investigative file or, at the subject's expense, forward to the subject a copy of the investigative file. Notwithstanding s. 456.057, the subject may inspect or receive a copy of any expert witness report or patient record connected with the investigation if the subject agrees in writing to maintain the confidentiality of any information received under this subsection until 10 days after probable cause is found and to maintain the confidentiality of patient records pursuant to s. 456.057. The subject may file a written response to the information contained in the investigative file. Such response must be filed within 20 days of mailing by the department, unless an extension of time has been granted by the department. . . .

Pursuant to the provisions of section 456.073(10), Florida Statutes, your written response must be received by no later than twenty (20) days from the date of this letter.

Any requests for an extension of time must be made to my office prior to the expiration of the original twenty (20) days. You will need a password to view the documents. Please contact my office to obtain this password at (850) 245-4667.

Best regards,

Jasmine B. Green
Assistant General Counsel

JBG/sdm
Enclosures: CD Investigative File & Invoice

Certified Article Number

9414 7266 9904 2109 8744 88

SENDER'S RECORD

Florida Department of Health

Office of the General Counsel – Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-3265
EXPRESS MAIL: 2585 Merchants Row, Suite 105
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1110 North Florida Avenue
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Jasmine B. Green, Esq. / Stephen L. Major
February 14, 2018
Amina K. Edathodu, M.D.
2016-16112
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**Acknowledgement of and
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I, Amina K. Edathodu, MD, am the Subject of an investigation by the Department of Health. As the Subject of such an investigation, I am entitled to inspect or receive a copy of the investigative report, including any expert witness report or patient records connected with the investigation pursuant to Section 456.073(10), Florida Statutes, if I agree in writing to maintain the confidentiality of any information received under this provision, until 10 days after probable cause is found and to maintain the confidentiality of patient records pursuant to section 456.057, F.S. I was provided with a copy of section 456.072, F.S. and understand my duty to maintain the confidentiality of the patient's records that I received and/or inspected.

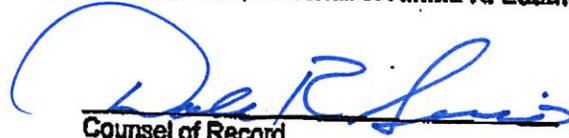
I understand the cost associated with duplicating x-rays and I want () do not want () to receive a copy of any x-rays that are contained within the investigative file.

SIGNED this 13th day of December, 2017.



Amina K. Edathodu, M.D.
2016-16112

SIGNED this 13th day of December, 2017, on behalf of Amina K. Edathodu, M.D.



Counsel of Record
Dale Sisco, Esq.

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

December 13, 2017

VIA ELECTRONIC MAIL

Dale Sisco, Esq.
1110 North Florida Avenue
Tampa, Florida 33602

Re: Complaint Number: 2016-16112
Respondent: Amina K. Edathodu, M.D.

Dear Dr. Edathodu:

Pursuant to section 456.073(10), Florida Statutes, you requested a copy of the Department's investigative file prior to the submission of this matter to the probable cause panel. Section 456.073(10), Florida Statutes, provides in part:

The complaint and all information obtained pursuant to the investigation by the department are confidential and exempt from s. 119.07(1) until 10 days after probable cause has been found to exist by the probable cause panel or by the department, or until the regulated professional or subject of the investigation waives his or her privilege of confidentiality, whichever occurs first. Upon completion of the investigation and a recommendation by the department to find probable cause, and pursuant to a written request by the subject or the subject's attorney, the department shall provide the subject an opportunity to inspect the investigative file or, at the subject's expense, forward to the subject a copy of the investigative file. Notwithstanding s. 456.057, the subject may inspect or receive a copy of any expert witness report or patient record connected with the investigation if the subject agrees in writing to maintain the confidentiality of any information received under this subsection until 10 days after probable cause is found and to maintain the confidentiality of patient records pursuant to s. 456.057. . . .

Attached for your review is an Acknowledgement of and Agreement to Maintain Patient Confidentiality. Please sign and return the enclosed form to my office as soon as possible. The signed confidentiality agreement will be placed in our file.

Upon receipt of this form, and a determination by the Department to recommend that an Administrative Complaint be filed, a copy of the investigative file, including any expert witness report or patient record, will be forwarded to you for review. Our office will not make duplicates of any x-rays contained within the investigative file unless specifically requested to do so. You will have twenty (20) days from the date of mailing to file your response with the Department, unless an extension is granted by the attorney handling this matter.

Certified Article Number
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Office of the General Counsel – Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65 • Tallahassee, FL 32399-3265
EXPRESS MAIL: 2585 Merchants Row, Suite 105
PHONE: 850/245-4640 • FAX: 850/245-4684
FloridaHealth.gov



Page 2
DOH v. Amina K. Edathodu, M.D.
Case No. 2016-16112

However, please note that the Department is only required to provide a copy of the investigative file after the investigation has been completed and only if the Department is recommending an Administrative Complaint. A copy of the file will not be provided if the Department recommends closure of the complaint.

If you have any questions, please call Jasmine B. Green at (850) 558-9846.

Best Regards,



Jasmine B. Green
Assistant General Counsel

JBG/sdm

Enclosure: Confidentiality Agreement

**Acknowledgement of and
Agreement to Maintain Patient Confidentiality**

I, _____, am the Subject of an investigation by the Department of Health. As the Subject of such an investigation, I am entitled to inspect or receive a copy of the investigative report, including any expert witness report or patient records connected with the investigation pursuant to Section 456.073(10), Florida Statutes, if I agree in writing to maintain the confidentiality of any information received under this provision, until 10 days after probable cause is found and to maintain the confidentiality of patient records pursuant to section 456.057, F.S. I was provided with a copy of section 456.072, F.S. and understand my duty to maintain the confidentiality of the patient's records that I received and or inspected.

I understand the cost associated with duplicating x-rays and I want () do not want () to receive a copy of any x-rays that are contained within the investigative file.

SIGNED this _____ day of _____, 2017.

Amina K. Edathodu, M.D.
2016-16112

SIGNED this _____ day of _____, 2017, on behalf of **Amina K. Edathodu, M.D.**

Counsel of Record
Dale Sisco, Esq.

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Tampa, Florida 33602
Green\ S. Major
December 13, 2017
Amina K. Edathodu, M.D..
DOH Case # 2016-16112
CA

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DOH Case # 2016-16112 CA

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456.057 - Ownership and control of patient records; report or copies of records to be
furnished.—

10)(a)All patient records obtained by the department and any other documents
maintained by the department which identify the patient by name are confidential and exempt
from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate
regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The
records shall not be available to the public as part of the record of investigation for and
prosecution in disciplinary proceedings made available to the public by the department or the
appropriate board.



STATE OF FLORIDA



DEPARTMENT OF HEALTH
INVESTIGATIVE REPORT

Form with fields for Office, Date of Complaint, Case Number, Subject, Source, Profession, License Number, Related Case(s), Period of Investigation, Alleged Violation, Synopsis, Exhibits, Investigator/Date, Approved By/Date, and Distribution.

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records shall not be available to the public as part of the record of investigation for and
prosecution in disciplinary proceedings made available to the public by the department or the
appropriate board.



STATE OF FLORIDA



DEPARTMENT OF HEALTH

INVESTIGATIVE REPORT

| | | |
|---|---|------------------------|
| Office: Tampa-Area VI | Date of Complaint: 5/31/16 | Case Number: 201616112 |
| Subject: AMINA EDATHODU, M.D. 4119 North Armenia Avenue Tampa, Florida 33607 | Source: DOH / ISU | |
| Profession: Medical Physician | License Number and Status: ME 47559 clear / active | |
| Related Case(s): 201616102 | Period of Investigation and Type of Report: 7/8/16 through 11/18/16 - FINAL | |
| Alleged Violation: F.S. 456.072(1)(k)(dd) and 458.331(1)(f)(g)(w)(nn) | | |
| <p>Synopsis: This investigation is predicated upon the Case Summary (Exhibit # 1) based on the allegations received from DOH/ISU alleging that female patient N.M. informed an unlicensed activity DOH investigator that she underwent a liposuction procedure at Orozco Medical Center, Tampa, Florida in March 2015. N.M. alleged that prior to having this procedure completed she was prescribed medication by EDATHODU and N.M. had never met or had contact with EDATHODU before, during or after her procedure. EDATHODU currently lists her practice location as 4119 North Armenia Avenue Tampa, Florida. EDATHODU informed DOH unlicensed investigators that all of the staff at Orozco Medical Center are trained to do liposuction procedures. It is alleged that EDATHODU is aiding and abetting unlicensed activity.</p> <p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Subject Notification Completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Subject Responded? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Patient Notification Completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Above referenced licensure checked in database/LEIDS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Board certified? Name of Board: Date: Specialty: </p> <p> Law Enforcement <input type="checkbox"/> Notified Date: <input checked="" type="checkbox"/> Involved Agency: Hillsborough County Sheriff's Office </p> <p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Subject represented by an attorney? Attorney information: Attorney DALE SISCO, 1110 North Florida Avenue Tampa, Florida 33602 (813) 224-0555. </p> | | |
| Investigator/Date: 11/18/2016 <i>Cynthia DeMetrovich</i> Cynthia DeMetrovich TI-127 Medical Quality Assurance Investigator | Approved By/Date: 11/21/2016 <i>Gregory Ramer</i> Greg Ramer TI-147 Investigation Supervisor | |
| Distribution: HQ/ISU | | Page 1 |

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INVESTIGATIVE DETAILS

INTERVIEW OF A.B. / PATIENT

Investigator CYNDI DeMETROVICH and Investigator CHRISTOPHER HEUERMAN interviewed A.B. in person on 7/12/16 at: 1313 North Tampa Street, Suite 407, Tampa, Florida.

A.B. indicated that she had her liposuction procedure completed at Orozco Medical Center, Tampa on November 27, 2015. She indicated that when she went for her initial consultation at Orozco Medical Center she recalled meeting with OROZCO-FANDINO and she was the person who explained how the procedure was going to be done. She stated the "plan" was to complete liposuction on her abdomen, back and sides. She stated during this initial consultation she never met with or saw another doctor. She stated during the consultation OROZCO-FANDINO also showed her pictures of individuals that had liposuction and how their bodies looked now. She indicated that she was under the distinct impression that OROZCO-FANDINO was the person that was going to complete the procedure. She also stated that she never knew that OROZCO-FANDINO was not a licensed physician because of OROZCO-FANDINO's staff addressed her as "doctor." A.B. also indicated OROZCO-FANDINO also informed her that she was a licensed doctor in Columbia and was permitted to practice in the United States as a doctor.

A.B. stated prior to having the procedure completed OROZCO-FANDINO provided her with a Benadryl, one Xanax and a couple of antibiotics (exact amount not recalled). She stated the instructions provided to her were to take the medication the night before she had her procedure. She indicated that the medications were given to her in a plastic bag and did not contain any instructions. She indicated that to the best of her recollection the medications were provided to her during her initial consultation visit.

She indicated that she arrived at the clinic at early in the day (exact time not recalled) and she was escorted to the back into an exam room and was instructed to change. She stated a couple of minutes later she was escorted into the "procedure" room. She stated that the room was rather small and cramped. She indicated that prior to the procedure occurring OROZCO-FANDINO injected her with lidocaine. She stated that OROZCO-FANDINO informed her that this medication would numb the areas that were going to be worked on. She stated there was a drape just below her neck which obscured her vision of all the people in the room but could hear OROZCO-FANDINO'S voice the entire time. She stated she recalled it being light outside when she entered the surgery center but by the time she left it was dark.

A.B. stated the procedure was extremely painful and at one point she asked OROZCO-FANDINO to stop. She stated OROZCO-FANDINO informed her that there was almost done with the procedure. She indicated following the procedure she was never prescribed antibiotics. She indicated that she paid a grand total of four thousand five hundred dollars to OROZCO-FANDINO for the procedure. She stated this price also included a total of ten lymphatic massages, ultrasound cavitation and a corset. The follow up appointments lasted approximately two months.

A.B. stated she did have complications following the procedure. She stated she suffered from burns on her sides and ended up reporting to Spring Hill Regional Medical Center for treatment. She indicated that the doctor thought she might have a subcutaneous abscess and burns. She indicated while she was waiting in the emergency department a nurse or doctor apparently called OROZCO-FANDINO and informed her that she was at the hospital. She stated once the medical personnel spoke to OROZCO-FANDINO they basically refused to treat her and indicated that she needed to seek follow up care with OROZCO-FANDINO.

A.B. stated that she reported to OROZCO-FANDINO and all she really did was stick a needle in the abscess and drain the extra fluid. She stated that she still has scaring on her sides and above her bra line.

A.B. was shown pictures of all the staff that are employed at Orozco Medical Center and she immediately identified OROZCO-FANDINO as the person who completed her liposuction procedure. She further indicated that OROZCO-FANDINO had recently contacted her and informed her that she was being offered three free services as a “thank-you” for having the liposuction. She stated that she thought it was odd that the clinic contacted her and was planning on going to the clinic today to see what services she would be eligible to receive. She stated she changed her mind when this investigator contacted her and asked that she speak to us about her liposuction procedure. A.B. stated she is more than willing to attend court and provide details about this case if needed. A.B. also indicated that she would be willing to cooperate with the Hillsborough County Sheriff in regards to any investigation they may be conducting pertaining to OROZCO-FANDINO.

On 8/4/16 Investigator DeMETROVICH and Investigator HEUERMAN met with A.B. at her home. She stated she had not heard anything further from OROZCO-FANDINO. During this visit A.B. allowed Investigator HEUERMAN to take pictures of her sides, back and abdomen. A.B. indicated that her sides still bother her and but she is scared to go to any other doctor because of the horrible experience she has had with OROZCO-FANDINO. She indicated that when initially let OROZCO-FANDINO look at her burns all OROZCO-FANDINO did was to squirt some Sivadene cream into a plastic bag and instructed her to place the cream on her wounds as needed. A.B. agreed to contact either Investigator DeMETROVICH or Investigator HEUERMAN if she does decide to seek additional treatment.

INTERVIEW OF M.B. / PATIENT

Investigator DeMETROVICH and Investigator HEUERMAN interviewed M.B. in person on 7/13/16.

M.B. stated that she presented to Orozco Medical Center in December 2015 for her initial consultation with OROZCO-FANDINO. She indicated OROZCO-FANDINO was the person who she met with and she also showed her some photographs of patients that she had allegedly performed liposuction procedures on. She indicated at no point during this consultation did OROZCO-FANDINO indicated that another doctor would be performing the procedure. She stated that before she left the consultation OROZCO-FANDINO handed her two plastic bags with medication in them. She stated one of the bags contained antibiotics and the second bag had a Benadryl, and Xanax in it. She stated she was verbally instructed how to take these medications but never received any written instructions.

M.B. stated she reported to OROZCO-FANDINO’s office at approximately 1:00 pm to have the liposuction procedure. She stated the plan was to have liposuction on her back, abdomen and sides and then inject the fat removed into her buttocks. She stated at one point during the procedure she requested that OROZCO-FANDINO stop because it was so painful. She stated OROZCO-FANDINO informed her that they were almost done and she just needed to “hang on”. She stated during the entire procedure there was a surgical drape by her neck so she was unable to see exactly what was going on. She did hear OROZCO-FANDINO’S voice the entire time and at one point she looked over the drape and she saw OROZCO-FANDINO with a cannula in her hand and she was performing the liposuction procedure. She stated she paid four thousand and five hundred dollars for the procedure.

M.B. stated the day after the procedure she broke out in a rash but it went away in a couple of days. She stated she does have a “hard spot” on her abdomen that still has not gone away. She

indicated that OROZCO-FANDINO had contacted her on 7/6/16 and informed her that as a “thank you” for having the liposuction completed at the clinic she was eligible to receive three free services at the clinic. She stated that she thought it was kind of odd that OROZCO-FANDINO had contacted her and had not planned on going back. M.B. was shown a picture of OROZCO-FANDINO along with several of the staff members of the clinic. M.B. was immediately able to identify OROZCO-FANDINO and stated “that’s doctor OROZCO” as she pointed to OROZCO-FANDINO’S photograph.

M.B. agreed to sign the DOH Authorization for Release of Patient Information document. It was agreed that Investigator DeMETROVICH would return to M.B.’s place of employment and have her sign this document so that her medical records could be obtained from Orozco Medical Center. At approximately 2:30pm on 7/13/16 Investigator DeMETROVICH met with M.B. in person at M.B.’s place of employment and had her sign the necessary document. M.B.’s identity was verified by her employment ID badge.

M.B. informed this investigator the current situation surrounding Orozco Medical Center and OROZCO-FANDINO have made her concerned. She indicated she is now regretting the decision to have the procedure performed by OROZCO-FANDINO. She stated she had been to another cosmetic surgery location and had a consultation with them but obviously did not receive services from this other provider. She indicated her friend V.Q. had liposuction completed by OROZCO-FANDINO and she was the person who recommended her to OROZCO-FANDINO. She stated she is more than likely going to seek medical treatment in regards to her abdomen being so tight.

M.B. contacted this Investigator on 7/19/16 and indicated that she had received a text message from OROZCO-FANDINO. She stated this message stated “Dr. KANTZLER was your doctor that completed your liposuction procedure if anyone calls you.” She stated this message disturbed her because she does not even know who this doctor is and she knows for a fact that there was not a male doctor in the procedure room. On 7/19/16 this Investigator met with M.B. in person at her place of employment. M.B. showed this Investigator the text message that she had received from OROZCO-FANDINO stating “if anyone asks the doctor that did your liposuction was doctor KANTZLER, thank you”. M.B. repeated she found this message to be rather odd as she had never seen a male physician at the clinic during anyone of her visits. She stated this message also confirms her assumption that OROZCO-FANDINO is not licensed to perform the liposuction procedures.

M.B. indicated that she has not been seen by another physician in regards to the hard spot on her abdomen. She stated that she does not want to have to testify about the events of this case in court if needed. M.B. also indicated that she was not willing to participate in any investigation being conducted by Hillsborough County Sheriff’s Office.

INTERVIEW OF Y.P. / PATIENT

Investigator DeMETROVICH and Investigator HEUERMAN interviewed Y.P. in person on 7/13/16 at 1313 North Tampa Street Suite 407 Tampa, Florida.

Y.P. stated she had her liposuction procedure and fat transfer in March 2015. She stated prior to the procedure occurring she met with OROZCO-FANDINO. She indicated OROZCO-FANDINO showed her some before and after photographs on her lap top computer of patients that she had completed liposuction procedures. She indicated that the cost of her procedure and ten follow up massages was going to be eight thousand dollars.

Y.P. stated she reported to the clinic a couple of days after she had the consultation with OROZCO-FANDINO. She indicated that the procedure did not begin until after 4pm and she is not exactly sure how long it took or what time she was discharged from the clinic. She stated she received general anesthesia with lidocaine and she was also given a cup of tea. She stated OROZCO-FANDINO informed her that the tea would assist with the pain and might make her a little sleepy. She stated the procedure was very painful and on a pain scale of 1-10 it was a 20.

Y.P. stated the day after the procedure she reported to the clinic to have lymphatic massages. She states she was still in a lot of pain and following one of the massages she spoke to OROZCO-FANDINO and requested that she prescribe some pain medication. Y.P. stated OROZCO-FANDINO refused to give her any medication stating that it would slow down the healing process. She indicated that OROZCO-FANDINO placed some antibiotics in bottle which appeared to have another individuals name scratched off. She stated that there were not any written instructions with the medication that was provided to her. She indicated that she had to report back to OROZCO-FANDINO because she was retaining fluids. She indicated that OROZCO-FANDINO provided her with three Lasix pills.

Y.P. stated she did not suffer from any severe complications of the surgery. She indicated that she had small scars on her back and abdomen and was bruised for a couple of weeks but that was about it. She was shown a picture of OROZCO-FANDINO and the rest of the office staff at Orozco Medical Center. Y.P. was immediately able to identify OROZCO-FANDINO as the individual that performed her liposuction procedure.

Y.P. stated she had received a text from OROZCO-FANDINO today 7/14/16 which stated "Dr. KANTZLER was the doctor that performed your liposuction procedure, in case anyone asks". She stated she thought this message was extremely odd as she knows that there was not a male doctor in the room with her. She indicated that she would be more than willing to testify about the events of this case in court if deemed necessary.

INTERVIEW OF V.Q./ PATIENT

Investigator DeMETROVICH and Investigator HEUERMAN interviewed V.Q. on 7/18/16 at North Tampa Library, North Boulevard, Tampa, Florida.

V.Q. stated she had her liposuction and fat transfer procedures completed in December 2015. She stated she met with OROZCO-FANDINO for the consultation and this is when the procedure that was going to be completed was discussed. She indicated OROZCO-FANDINO showed her pictures on her laptop computer of patients that she had completed liposuction procedures on. She stated it was decided at the meeting that the cost of the procedure was going to be four thousand five hundred dollars. She also indicated that during this meeting OROZCO-FANDINO informed her that she would be assisting "Dr. MARK with the surgery." She stated that she never actually met KANZLER in person she just saw pictures of him on the clinic wall.

V.Q. stated on the day of the surgery she was sleepy and was and fell asleep during the procedure. She stated when she woke up for the procedure the only individual that she saw was OROZCO-FANDINO. She indicated that she attended the follow up massages for several weeks. She indicated that she was happy with her results and did not want to sign a DOH Authorization for Release of Patient Records now.

V.Q. stated that she was contacted by OROZCO-FANDINO two weeks ago and she was offered three free services that the clinic provides. She stated she has not decided what services she is going to select but is going to proceed with receiving care from OROZCO-FANDINO. V.Q. was provided with a picture of OROZCO-FANDINO and her staff and V.Q. was asked if she

recognized anyone in the picture. She immediately identified OROZCO-FANDINO as the person who she spoke to during her initial consultation and was present when her procedure was occurring.

V.Q. indicated that she did not wish to testify at a court hearing regarding this matter.

INTERVIEW OF N.M. / PATIENT

Investigator DeMETROVICH interviewed N.M. in person at her home on 7/19/16.

N.M. stated that she had liposuction and fat transfer procedure done at Orozco Medical Center in March 2015. She stated that the plan was to complete liposuction on her abdomen and back and inject the fat into her buttocks and in her face. She stated that she knew OROZCO-FANDINO from a long time ago as she had sought treatment at her clinic due to being in a car accident. She stated that she was also referred to the clinic by a friend of hers who had the procedure done by a male with a first name of MARLO (no last name provided).

N.M. stated when she reported to the clinic on the day of her surgery she recalled that she was given a Xanax and informed that this medication would make her sleepy. She stated she was escorted into the procedure room and placed on the table. She stated that they placed some type of sheet just below her neck so she was unable to see exactly what was occurring. She stated that the procedure room is very small and she remembered that the door was left wide open and anyone walking down the hallway and could look right in and see her completely exposed. She indicated that she remembers seeing OROZCO-FANDINO injecting the fat into her buttocks. She indicated that to the best of recollection MARLO performed most of the liposuction procedure. She indicated that she paid four thousand three hundred dollars for the liposuction and fat transfer procedure and an additional seven hundred and fifty dollars for the massages and aftercare treatment following the surgery.

N. M. stated that she did not suffer from any complications from the procedure but was not at all happy with the results. She indicated that she attempted to speak to OROZCO-FANDINO on several different occasions to discuss her displeasure with the results of the liposuction and fat transfer but she was unable to ever get a satisfactory answer. N.M. was shown a picture of OROZCO-FANDINO along with OROZCO-FANDINO'S office staff. N.M. could immediately identify OROZCO-FANDINO and stated "that's doctor OROZCO." N.M. was also shown a picture of a female doctor and N.M. indicated that she had never seen or had any verbal or non-verbal contact with this physician. N.M. stated she would be more than willing to testify about the events of this case in court if deemed necessary.

INTERVIEW OF U.L. / PATIENT

Investigator DeMETROVICH and Investigator HEUERMAN interviewed U.L. in person on 7/26/16 at her home.

U.L. stated she had liposuction and fat transfer at Orozco Medical Center on 4/11/16. She stated prior to undergoing the surgical procedures she met with OROZCO-FANDINO and discussed what she wanted to have completed. She stated OROZCO-FANDINO was the only individual present in the examination room when this conversation was conducted. She stated OROZCO-FANDINO showed her some before and after photographs of former patient and she informed her that she was going to look so once the procedure was completed.

She indicated that the plan was for the liposuction to be completed on her back, sides and abdomen and the excess fat to be transferred to her buttocks and face. She stated prior to leaving on the day of this consultation OROZCO-FANDINO assured her that she would be the one

completing the procedure. She further indicated that she was provided with two plastic bags which contained medication. OROZCO-FANDINO informed her that one of the bags contained antibiotics and the other bag contained a Benadryl and one Xanax. She indicated she paid OROZCO-FANDINO five thousand two hundred dollars for the procedure and an additional two hundred and fifty dollars for ten lymphatic massages. She stated at no point during this initial consultation was she informed that OROZCO-FANDINO was not going to be performing the liposuction procedure.

U.L. stated on the day of the procedure she arrived to the clinic at approximately 11am and left the clinic at around 2pm. She stated when she first arrived to the clinic she was escorted to an exam room where she changed and waited to be brought into the procedure room. She stated while she was waiting in this room no one came to speak to her and she was never told another physician would be completing the procedure. She stated she was brought into the procedure room and in the room, was a chair like a dentist chair.

She stated she initially laid on her back and this is when the drape was placed just below her neck making it impossible for her to see anything. She stated when the procedure was occurring she could hear OROZCO-FANDINO talking to the assistant that was in the room. She indicated that she was curious to see what was going on so she pulled the drape down and saw OROZCO-FANDINO and her assistant (name unknown) both with liposuction cannulas in their hands. She stated that OROZCO-FANDINO did not appear to have gloves on her hands.

U.L. stated the procedure was extremely painful and she informed OROZCO-FANDINO that she needed to stop. She stated OROZCO-FANDINO informed her that she would give her some tea which would help her relax more and assist with the pain. She stated she accepted the tea from OROZCO-FANDINO and admitted that it did make her more relaxed. She indicated that she was very thankful when the procedure was done as she had not anticipated it being so painful.

U.L. stated she was not at all happy with the outcome of her procedure. She stated she has several scars on her sides and her abdomen is disfigured. She indicated that one of the scars on her side looked so bad that she had actually reported to St. Joseph's Hospital to seek treatment. She stated while she was in the hospital she received a text message from OROZCO-FANDINO which instructed her to leave the hospital immediately as they do not know how deal with liposuction patients. She stated she was completely shocked when she received this message as she had not contacted OROZCO-FANDINO and assumed that someone from the hospital had placed a call to her.

U.L. stated the following day she reported to Orozco Medical Clinic and was seen by an older white American doctor with blue eyes (name of doctor unknown). She stated he barely looked at the open wound and proceeded to rub his hand up and down her arm telling her how pretty she was. She indicated that his behavior made her feel uncomfortable and since she does not recall him introducing himself she was not sure if he was a doctor or a nurse or even if he was a medical professional. She stated she did not receive any antibiotics during this visit. She stated that she was instructed to place lime and sugar on the wound. She was also given Dragons Blood as a supplement. She further indicated that she was provided with a board and instructed to place this board under her belt to help keep her stomach flat. She was also given a marble to place in her navel to keep it round.

U.L. stated she has been seen by a doctor at St. Joseph's hospital and he informed her that she would need to have reconstructive surgery. She stated this entire experience has been horrible and she was very scared that she was going to die. U.L. permitted this Investigator and Investigator HEUERMAN to view her abdomen and allowed several pictures to be taken of her

abdomen and sides. She also showed several before and after pictures that were on her cell phone and text messages that were exchanged between her and OROZCO-FANDINO.

U.L. was shown a picture of OROZCO-FANDINO and her office staff. She was immediately able to identify OROZCO-FANDINO stating "that's doctor OROZCO." She reiterated that this entire experience was completely horrible and she is just thankful she did not die. She indicated that she would be more than willing to testify about the events of this case in court if deemed necessary. She also indicated she would be willing to cooperate with an investigation that is being conducted by Hillsborough County Sheriff's Office.

On 7/29/16 Investigator DeMETROVICH and Investigator HEUERMAN met with U.L. in person at her home. U.L. was shown several pictures of males and asked if any of them looked familiar. U.L. pointed to KANTZLER and stated "that's the man that saw me in Orozco Medical Center." She elaborated by stating that she saw KANTZLER three or four times post-surgery. She stated that she never met KANTZLER prior to having the procedure completed and knows that she did not see him on the day of the procedure.

On 8/4/16 Investigator DeMETROVICH and Investigator HEUERMAN traveled to U.L.'s home to obtain some additional medical documents. On 8/5/16 Investigator DeMETROVICH traveled to U.L.'s home to return the medical documents. U.L. informed this investigator that the more she reflects on the medical procedure and the complications she had suffered the angrier she becomes. She stated she wanted to have the liposuction procedure so she could feel better about herself and her body but now she is ashamed to be seen in bathing suit or other revealing clothes. She stated she also drools at night and this never happened prior to OROZCO-FANDINO injecting fat into her face. She stated she is very upset that OROZCO-FANDINO is still practicing and just hopes no one seriously gets harmed by the treatment or lack thereof that they receive from OROZCO-FANDINO.

INTERVIEW OF W.D. / PATIENT

Investigator DeMETROVICH and Investigator HEUERMAN interviewed W.D. in person on 7/28/16 at her residence. She indicated that she had her liposuction procedure completed at Orozco Medical Center on 3/4/15. She elaborated by indicating that she had liposuction on her abdomen, sides and back. She stated that some of the fat was then going to be transferred to her buttocks. She stated she paid five thousand one hundred and sixty dollars to OROZCO-FANDINO for this procedure to occur.

She stated she had been referred to the clinic by her ex-sister-in-law who allegedly had her procedure done by an Indian woman and she had been happy with the outcome. She indicated that prior to leaving Orozco Medical Clinic she was provided with a plastic bag that contained medication. She stated that she was informed this medication was Xanax and she needed to take ½ tablet the night before surgery and ½ the morning of surgery. She stated the bag did not contain any information about the medication or who had prescribed it to her.

W.D. stated on the day of her procedure she reported to Orozco Medical Center sometime in the early afternoon and left the clinic around 6pm. She stated when she was escorted into the procedure room she recalled seeing OROZCO-FANDINO. She stated they initially placed her on her back and placed a drape right under her neck area. She stated she recalled that she wanted to see what was occurring during the procedure and pulled the drape down so that she could see more of what was occurring in the room. She stated when she pulled the drape down she recalled seeing OROZCO-FANDINO and a male with dark hair with cannulas in their hands. She recalls the surgical room being small and there was a door which was closed.

W.D. stated she was finally released from the clinic at around 6pm. She indicated she was provided with post-surgical medication. She stated that these medications were provided to her in prescription bottles and had been prescribed by a doctor that she was not familiar with. She stated following the procedure she had a lot of swelling and she drained a lot of liquid. She stated OROZCO-FANDINO gave her some "water pills" and instructed her to take this medication. She stated that she did not experience a lot of pain during the procedure except when they were working on her lower back.

W.D. stated that she is not happy with the results of the surgery OROZCO performed. She showed Investigator DeMETROVICH and Investigator HEUERMAN her abdomen, sides and back. She allowed pictures of these areas to be taken. She stated that she had no idea OROZCO-FANDINO was not a physician. She also indicated that she had received a telephone call from OROZCO-FANDINO on or around 7/1/16 informing her that she was eligible to receive three free services from the clinic. She also stated that she had received a text message from OROZCO-FANDINO indicating that KANTZLER was the doctor that performed her liposuction procedure if anyone asked. She stated that she would be more than willing to testify about the events of this case in court if deemed necessary.

INTERVIEW OF D.D./ PATIENT

Investigator DeMETROVICH interviewed D.D. in person on 10/25/16 at Whole Foods on North Dale Mabry Tampa, Florida 33618.

D.D. stated that she reported to Orozco Medical Center in the middle of March 2016 and discussed having a procedure to remove her stretch marks on her stomach with CLAUDIA OROZCO-FANDINO. She stated during this conversation OROZCO-FANDINO somehow convinced her to consider having liposuction. She stated that OROZCO-FANDINO gave her a business card and wrote a quote of four thousand dollars (\$4,000.00) on it. She stated OROZCO-FANDINO informed her that if she scheduled the surgery the price would remain the same if she decided to do the surgery later the price would increase. D.D. stated she did not feel comfortable making the decision so she informed OROZCO-FANDINO that she would be in touch.

D.D. stated that several days later she decided to go ahead and have the liposuction procedure completed. She stated the plan was to have liposuction on her abdomen, sides and back. She stated she contacted OROZCO-FANDINO and informed her that she agreed with undergoing the liposuction. She stated OROZCO-FANDINO informed her that it was going to be an additional one thousand dollars (\$1,000) but she would also receive ten massages following the procedure. She stated during all her conversations with OROZCO-FANDINO she asked her questions about the anesthesia. D.D. stated every time this topic came up OROZCO-FANDINO did her best to change the topic. She indicated about two days before she was scheduled to undergo the procedure she went to Orozco Medical Center and spoke to OROZCO-FANDINO. She stated that she brought up the topic of anesthesia and again OROZCO-FANDINO changed the subject and provided her with two plastic bags containing medication. She stated OROZCO-FANDINO instructed her to take the pills in the one bag every day before her procedure. She stated she was informed that these pills were antibiotics. In the second bag, there was one tiny white pill and a small pink pill. She indicated OROZCO-FANDINO informed her to take the pink pill the night before the procedure and half of the white pill at night and the other half right before she was going to report to the office.

D.D. stated she reported to Orozco Medical Center on the day of her surgery at 1:00pm and was expecting it to begin at 1:30pm. She stated she waited and waited for OROZCO-FANDINO. She indicated that it was not until 3:30pm that OROZCO-FANDINO came to the medical center. She stated she asked OROZCO-FANDINO why she was so late and was offered

no explanation. She stated she was given another pill and was informed that it would help her relax for the surgery. She stated a short time later an Indian appearing lady and a lady that spoke Spanish escorted her into the surgery room and began taking pictures of her. She stated she was told to lay down on the table and when she did they put a drape like thing under her neck so she could not see her stomach. She stated when OROZCO-FANDINO finally entered the room she asked her if she was going to be put to sleep and OROZCO-FANDINO informed her that she was not but would be receiving injections which would numb the areas that they were going to work on.

D.D. stated as soon as they began injecting her she felt immediate pain and began to cry out. She stated that the pain was unbearable and she was attempting to grab arms of the individuals in the room just to get them to stop. She stated OROZCO-FANDINO told her to stop moving and yelling because there was no way that she was feeling everything that they were doing. D.D. stated it really felt like there were knives being stabbed into her stomach and sides. She stated she attempted to rip the drape away but OROZCO-FANDINO grabbed her arms.

D.D. stated it felt like the entire procedure lasted forever. She stated she has never been so scared and truly felt like she was going to die. She stated she also had no idea who the other two women were in the surgery room and she does not know if they were even licensed professionals.

D.D. stated the entire experience was horrible and she is sorry that she ever agreed to have it completed. She stated a couple of months after she had the procedure completed she returned home to Columbia and was shocked when she received a text message from OROZCO-FANDINO. She stated in this message OROZCO-FANDINO informs her that the doctor who did her surgery was AMINA EDATHODU. D.D. indicated she has no idea who EDATHODU was and does not even know what she looks like.

D.D. stated she only met with OROZCO-FANDINO before and after the procedure. She stated OROZCO-FANDINO had initially introduced herself as a doctor and she had not reason to think that she was not. She indicated this entire experience has been horrible, she saw no improvements after the surgery. She indicated that she would be more than happy to testify about the events of this case in court if deemed necessary.

***INVESTIGATORS NOTE:** On 7/28/16 Investigator DeMETROVICH and Investigator HEUERMAN traveled to Belleair Florida to interview KANTZLER. The attempt was not successful.

A second attempt to contact KANTZLER for an interview was made at a spa located in the Palm Harbor Area of Florida. Was informed by the receptionist that KANTZLER works on an "as needed basis" and was already gone for the day.

INTERVIEW OF MARK KANTZLER, D, O, / WITNESS

Investigator DeMETROVICH and Investigator HEUERMAN interviewed KANTZLER at the Kozy Corner restaurant in Clearwater, Florida on 7/29/16. KANTZLER requested that the meeting occur at this location as he did not see why the meeting needed to be conducted at his home.

KANTZLER stated he is generally at Orozco Medical Center two to three times per week. He stated that he performs liposuction and fat transfer procedures at this location. He stated he also performs other cosmetic procedures at seven different locations. He indicated that at OROZCO-FANDINO medical center he makes it a point of seeing all her patients before they have surgery. He stated that he likes to introduce himself and tries to put the patient at ease before the surgery. He indicated that he very rarely writes prescriptions for the patients and leaves that responsibility to the other doctor that works at the facility.

KANTZLER stated that all the patients are prescribed medication prior to the surgery and the medication may include, Ativan, Benadryl and some type of antibiotic. He stated following the procedure the patients are prescribed prophylaxis.

KANTZLER was shown a signature of the patient record of A.B. and asked if that was his signature on the medical records. He indicated that it was his signature but did not recall the patients name or what type of procedure they underwent. KANTZLER then provided a hand writing sample to this investigator. KANTZLER indicated that he could not recall the last time he performed any surgical procedure at Orozco Medical Center.



Health Care Provider Complaint Form

This information MUST be completed to investigate your complaint, as we correspond via U.S. mail. Incomplete forms CANNOT be processed.

Florida Statutes 456.073, Disciplinary proceeding: (1) The department, for the boards under its jurisdiction, shall cause to be investigated any complaint that is filed before it if the complaint is in writing, signed by the complainant, and legally sufficient. If an investigation of any subject is undertaken, the Department will furnish to the subject or the subject's attorney a copy of the complaint or document that resulted in the initiation of the investigation.

Health Care Provider Information:

Name: EDATHODU AMINA K Medical Doctor ME 47559
Last First M.I. Profession License Number

Address: 4119 N ARMENIA AVENUE TAMPA FL 33607
Number & Street City State Zip

Phone number(s): (813) 870-6065 Website: _____

Complainant Information:

Your Name: TAMPA ISU
Last First M.I.

Address: _____
Number & Street City State Zip

Home Phone: _____ Work Phone: _____ Best Time to Call: _____

Patient Information:

Name: _____
Last First M.I.

Address: _____
Number & Street City State Zip

Phone Number: : _____ Date of birth: _____

Your relationship to the patient:

- Parent Son/Daughter Spouse Brother/Sister Friend Legal Guardian Other

Please provide documentation indicating your appointment as the Legal Authority/Guardianship or Personal Representative

The department does not investigate complaints regarding the amount charged for a procedure, broken or missed appointments, customer service, bedside manner, rudeness, professionalism or personality conflicts.

What is the reason for your complaint? Please check all that apply.

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Quality of care | <input type="checkbox"/> Unlicensed | <input type="checkbox"/> Misfilled prescription | <input type="checkbox"/> Patient abandonment/neglect |
| <input type="checkbox"/> Misdiagnosis | <input type="checkbox"/> Abuse | <input type="checkbox"/> Impaired provider | <input type="checkbox"/> Failure to release patient records |
| <input type="checkbox"/> Substance abuse | <input type="checkbox"/> Sexual contact | <input type="checkbox"/> Inappropriate prescribing | <input checked="" type="checkbox"/> Other _____ |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Insurance fraud | <input type="checkbox"/> Excessive test/treatment | |
- Aiding- Delegating Unlicensed personnel

Date of Incident: _____

If the incident involved criminal conduct contact local law enforcement; have you contacted local law enforcement?
Yes No

If yes, name of contact: _____, date: _____, case number: _____

Agency Name: _____

Providers Who Treated You After the Incident (Use a separate sheet if necessary)

Name: _____
Last First M.I.

Address: _____
Number & Street City State Zip

Name: _____
Last First M.I.

Address: _____
Number & Street City State Zip

**Provide a complete description of the complaint/report.
Include facts, details, dates, locations, etc. (Who, what, when and where)**

Attach copies of medical records, correspondence, contracts and any other documents that will help support your complaint. Failure to attach records will delay the investigation. (Attach additional sheets if necessary).

Tampa ISU received information that Dr. EDATHODU is allegedly aiding / abetting the unlicensed practice of medicine and delegating to unlicensed personnel. Patient informed that she had liposuction performed at Orozco Medical Center located at 8210 W. Waters Avenue, Tampa, FL 33515 and was prescribed medications by Dr. EDATHODU, but informs that she never saw Dr. EDATHODU. Dr. EDATHODU lists the practice address of 8210 W. Waters Avenue, Tampa, FL 33515 but also has a practice location at 4119 N Armenia Avenue, Tampa, FL. During an interview with Dr. EDATHODU at her Armenia Avenue location, Dr. EDATHODU informed Department ULA investigators that all the staff are trained to do the liposuction procedure. No additional Department licensed doctors are known to work at the 8210 W. Waters Avenue location.

Florida Statutes 837.06, False Official Statements: Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree.

Signature: Christina Herrera 71-163 Date: 5/25/2016
(Required to file complaint)

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the **Healthiest State** in the Nation

July 8, 2016

CONFIDENTIAL TO:

Amina Edathodu, M.D.
4119 North Armenia Ave
Tampa, Florida 33607

Case Number: ME 2016-16112

Dear Edathodu:

We are currently investigating the enclosed document received by the Department of Health. This investigation was initiated after it was determined that you may have violated the Practice Act.

Within **45 days** of receiving this letter, you may:

- * submit a **written response** to the address below; or
- * call our office to schedule an **interview**.

Please provide a copy of your **curriculum vitae** and identify your **specialty** even if you choose not to submit a response. Include the above-referenced case number in any correspondence that you send.

Florida law requires that this case and all investigative information remain confidential until 10 days after the Probable Cause Panel has determined that a violation occurred or you give up the right to confidentiality. Therefore, the contents of the investigation cannot be disclosed to you or the general public. You may make a written request for a copy of the investigative file and it will be sent to you when the investigation is complete.

You are not required to answer any questions or give any statement, and you have the right to be represented by an attorney. It is not possible to estimate how long it will take to complete this investigation because the circumstances of each investigation differ.

The mission of the Department of Health is to protect, promote & improve the health of all people in Florida through integrated state, county and community efforts. If you have any questions please call us at 813-873-4792. In addition, if you have any concerns or suggestions about our complaint process, please fill-out our *Customer Concerns or Suggestions* form at www.floridashealth.com/mqa/survey.html.

Sincerely,

Cynthia DeMetrovich

Medical Quality Assurance Investigator

/«initials»

Enclosure: Case Summary, Health Care Provider Complaint Form

1110 N. FLORIDA AVENUE
TAMPA, FLORIDA 33602

POST OFFICE BOX 3382
TAMPA, FLORIDA 33601-3382



TELEPHONE(813) 224-0555
FAX(813) 221-9736
dsisco@sisco-law.com
www.sisco-law.com

August 11, 2016

VIA FACSIMILE MAIL

Cynthia DeMetrovich
Medical Quality Assurance Investigator
Florida Department of Health
1313 N. Tampa Street, Suite 407
Tampa, Florida 33602

Re: Amina Edathodu, M.D.
DOH Case No. 201616112

Dear Investigator DeMetrovich:

Please be advised the undersigned represents Dr. Edathodu with regard to the above-referenced investigation. Any and all further communication related to this matter should be directed to my attention.

I have been provided with a copy of the Department of Health Letter of Investigation. I will discuss this matter with my client and determine if an interview or written response is appropriate under the circumstances.

Please accept this correspondence as my demand for a complete copy of the Department of Health investigative file in the event this investigation results in the finding of probable cause.

As always, please do not hesitate to contact me if you have any questions or comments regarding this matter.

Best regards,

SISCO-LAW

Dale R. Sisco

Dale R. Sisco

DRS/bim

cc: Amina Edathodu, M.D.

Dictated by Dale R. Sisco and signed in his absence in order to avoid any further delay.

Mission:

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Rick Scott
Governor

Celeste Philip, MD, MPH
| State Surgeon General

Vision: To be the Healthiest State in the Nation

August 16, 2016

Amina Edathodu, M.D.
Medical Records Custodian
4119 North Armenia Avenue
Tampa, Florida 33607

DOH Case # 2016-16112

Dear Medical Records Custodian:

The Department of Health, State of Florida, is currently conducting an investigation and the following medical records are being requested to successfully complete the investigation.

Enclosed is a Subpoena Duces Tecum pertaining to patient logs. The following information is being requested but not limited to; patient logs to include the name, phone number and addresses for patient from the time period of **March 1, 2015 through June 1, 2016** regarding patients that were treated by EDATHODU at 4119 North Armenia Avenue, Tampa, Florida.. **IT IS A FELONY TO REDISTRIBUTE PRESCRIPTION DRUG MONITORING PROGRAM (E-FORCE) INFORMATION TO ANYONE.**

In lieu of producing these records for inspection and copying as described above, you may choose to comply with this subpoena by mailing a copy of these records to the below identified investigator with the attached verification fully executed. The Department will reimburse actual cost of copying, not to exceed \$1.00 per written page for the first 25 pages and \$.25 per written page thereafter. Please enclose an invoice made out to the Department of Health and include your Federal tax number.

Please send requested records to my attention **by 8/23/16** to the Tampa address listed below. Your cooperation in this matter is appreciated. The mission of the Department of Health is to protect and promote the health of all residents and visitors in the state through organized state and community efforts, including cooperative agreements with counties. If you have any questions, please call us at (813) 873-4792. In addition, if you have any concerns or suggestions about our complaint process, please fill-out our Customer Concerns or Suggestions form at www.floridashealth.com/mqa/survey.html."

Sincerely,

Cynthia DeMetrovich

Medical Quality Assurance Investigator





STATE OF FLORIDA
DEPARTMENT OF HEALTH

SUBPOENA DUCES TECUM

SUBPOENA NO. A 0095419

Amina Edathodu, M.D.
4119 N. Armenia Avenue
Tampa, FL 33607

Case No. 2016-16112

YOU ARE HEREBY COMMANDED to produce for inspection and copying at 1313 N. Tampa Street, Suite 407, in Tampa, Florida 33602 on **August 23, 2015, at 9:00 a.m.** for the Department of Health the following:

The names and addresses of all patients from the time period of March 1, 2015 through June 1, 2016, that received treatment from Edathodu.

This subpoena is issued pursuant to Section 458.343 or 459.019, Florida Statutes, after a case has been filed against you pursuant to Section 456.073, Florida Statutes. This subpoena is supported by affidavit which is available upon request. Pursuant to Section 456.057(9)(a), Florida Statutes, all patient records obtained by the Department are confidential and exempt from the provisions of Section 119.07, Florida Statutes.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), authorizes a covered entity to disclose protected health information without the written authorization of an individual, or without the opportunity for an individual to agree or object, when such disclosure is to a health oversight agency for oversight activities authorized by law. The Department of Health, Division of Medical Quality Assurance, is an agency of the State of Florida, authorized by Florida Statutes to oversee the healthcare system.

In lieu of producing these records for inspection and copying as described above, you may choose to comply with this subpoena by mailing a copy of these records to the below identified investigator with the attached verification fully executed by the above date. The Department will reimburse actual copying or reproduction costs, not to exceed the following limits: Hard copies at \$1.00 per written page for the first 25 pages and \$.25 per written page thereafter; X-Rays or other photographs or images at \$10.00 per x-ray or image; Electronic records from scanning, digital imaging, or other digital format at \$10.00 per filled CD Rom, DVD or other storage media.

YOU SHALL RESPOND to this subpoena as directed unless excused by the party who requested issuance of the subpoena or by order of the Department of Health.

Issued this 16th day of August, 2016

THIS SUBPOENA HAS BEEN ISSUED UPON
THE REQUEST OF:

NAME: Cynthia DeMetrovich, MQAI
ADDRESS: 1313 N. Tampa Street, Ste. 407
Tampa, FL. 33602
PHONE: (813) 873-4792


Celeste Philip, MD, MPH
Surgeon General and Secretary
Department of Health

By: 
Supervisor



OFFICE ISSUANCE NO.HcTi 2560 - 10020

ANY PERSON FAILING TO APPEAR IN ACCORDANCE WITH THIS SUBPOENA MAY BE SUBJECT TO A PETITION FOR ENFORCEMENT BY WHICH THE DEPARTMENT MAY SEEK A FINE OF UP TO \$1,000 AND OTHER RELIEF AS SET FORTH IN SECTION 120.69, FLORIDA STATUTES.

Received this subpoena on 01/16, 20 16 at 300

o'clock P M., and served the same on 01/16

20 16 at _____ o'clock _____ M. by delivering a true copy thereto:

[Signature]
Subjects Attorney

RETURN IF SERVED BY SHERIFF

DATE _____ 20 _____ by _____

Sheriff of _____ County, Florida.

By: _____

Deputy Sheriff

RETURN IF SERVED BY OTHER QUALIFIED PERSON

Date 01/16, 20 16 By: _____

[Signature]

Before me, personally appeared Cynthia Ghull Demetrow

Whose identity is known to me by _____

personally known (type of identification)

and who, under oath, acknowledges that his/her signature appears above.

Sworn to, or affirmed by Respondent before me this 16th day of _____

August, 20 16.

[Signature]
Notary Public



Type Name

NOTE: AFFIDAVIT REQUIRED ONLY IF SERVICE IS MADE BY A PERSON OTHER THAN A SHERIFF OR DEPUTY SHERIFF.

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Vision: To be the **Healthiest State** in the Nation

Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

AFFIDAVIT FOR SUBPOENA

FIELD OFFICE: Tampa

CASE NUMBER: ME 2016-16112

- The Department is reviewing a report of a closed civil claim filed pursuant to Section 627.912, F.S.
- The Department is reviewing an incident report filed by a hospital or ambulatory surgical center pursuant to Section 395.0197, F.S.
- The Department is reviewing an incident report filed by a nursing home pursuant to Section 400.147(12), F.S., or by an assisted living facility pursuant to Section, 429.23(8)F.S.
- The Department is reviewing a report of discipline by a peer review organization pursuant to Section 395.0193, 458.337 or 459.016, F.S.
- The Department is initiating an investigation, investigating a complaint, or conducting a preliminary inquiry pursuant to Section 456.073,F.S.
- The Department is initiating an investigation, investigating a complaint, or conducting a preliminary inquiry pursuant to Section 468.3101(1), F.S., Radiologic Personnel.
- The Department is reviewing a report of a birth-related neurological injury filed pursuant to section 766.305, or a civil malpractice suit pursuant to Section 766.106(2), F.S.

1. This investigation/claim/report/complaint against or involving AMINA EDATHODU, M.D. alleging a possible violation of F.S. 456.072(1)(k)(dd) and 458.331(1)(f)(g)(w)(nn) alleging that female patient N.M. informed a DOH investigator that she had a liposuction procedure completed at Orozco Medical Center, 8210 West Waters Avenue, Tampa, Florida. N.M. indicated that she was prescribed medications by EDATHODU following her liposuction procedure but N.M. indicated that she had never met EDATHODU. During an interview with DOH investigators EDATHODU indicated that all the staff at Orozco Medical Center are training to complete liposuction procedures. It is alleged that EDATHODU is aiding and abetting the unlicensed practice of medicine and delegating to unlicensed professionals at Orozco Medical Center, Tampa, Florida.
2. The material or information being sought is all patient contact information to include; patient names, address and contact telephone numbers for the time period of **March 1, 2015 through June 1, 2016** for patients that were treated by EDATHOU at; 4119 North Armenia Avenue Tampa, Florida 33607.
3. This material or information is necessary to adequately review this matter, or to substantiate the allegations or show them to be unsubstantiated.
4. This Affiant feels that the recipient of this subpoena will be able to provide the material/information being requested because recipient is the provider of treatment and is required to maintain such records.

Cynthia DeMetrovich

Name of Affiant:

Cynthia DeMetrovich
Signature of Affiant

Date Requested: 8/16/16

Subpoena Issued No.: A0095419
Net 1 2560-160

STATE OF FLORIDA
COUNTY OF Hillsborough

Before me, personally appeared Cynthia Demetrovich whose identity is known to me by personally known (type of identification) and who acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this 16th day of August 2016.

Janyne Scrivens
Notary Public, State of Florida



Type or Print Name

My Commission Expires: _____

This affidavit has been reviewed as to sufficiency and approved by:

[Signature]
Signature of Chief/Manager/Supervisor on August 16, 2016

Mission:
To protect, promote & improve the health
of all people in Florida through integrated
state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

Certification of Completeness of Patient Records (Obtained by Subpoena)

I, _____ hereby certify that I am the official custodian of patient records
for: _____ (business name). My title and telephone number
are: _____. My employer's address is: _____

I hereby verify that I have searched the patient records maintained at _____ and have
determined that the attached records consisting of _____ pages are true and correct copies of the patient
records requested pursuant to Subpoena No. _____ for patient _____. I further certify
that these records were made at or near the time of the patient's visit(s) by, or from information transmitted by, a person with
knowledge; are kept in the course of the regularly conducted business of

(business name); and that it is the regular practice of

(business name) to keep such records. This certification is made pursuant to Section
90.902(11), Florida Statutes (2003).

Affiant Signature

Date

STATE OF FLORIDA
COUNTY OF _____

Before me personally appeared _____ whose identity is known to me by _____
(type of identification) and who acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this _____ day of _____, 20_____.

Signature of Notary Public – State of Florida

(NOTARY SEAL)

Name of Notary Typed, Printed or Stamped



Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the **Healthiest State** in the Nation

TO: Medical Records Copying Services
FROM: MQA- Investigative Services
SUBJECT: Important Billing Instructions

The Department will reimburse actual copying or reproduction costs, not to exceed the following limits:

- Hard copies at \$1.00 per written page for the first 25 pages and \$.25 per written page thereafter
- X-Rays and other photographs or images at \$10.00 per x-ray or image
- Electronic records from scanning, digital imaging or other digital format at \$10.00 per filled CD Rom, DVD or other storage media.

Additional fees or charges will not be paid. The Record's Custodian will be required to appear with the records as stated in the subpoena if the charges exceed those as indicated above.

To receive payment for copies of medical records, you must comply with the following:

- 1) If you have never received payment from the Department of Health you **must** register as a vendor with the State of Florida using internet registration at: <https://vendor.myfloridamarketplace.com>. If you have previously received payment from the Department of Health for medical records and none of your information (address, FEID, etc.) has changed since your last payment, you do not need to register and may proceed to step 2.
- 2) Submit a proper invoice that includes:
 - a) Name and address where medical copies are sent
 - b) Appropriate billing address
 - c) If hard copy records, an itemized break out of the number of pages being charged (for example: 25 pages @ 1.00 = 25.00 & 5 pages @ .25 = 1.25 for a total of 26.25)
 - d) If electronic records, an itemized break out of the number of pages/images included on the CD or DVD, not to exceed \$10.00 per filled CD/DVD.
 - e) DOH case number (listed on the subpoena, if one was issued)
 - f) Federal tax identification number of physician or facility
 - g) Subpoena number (if applicable)
- 3) Send copies of medical records and invoice to:

Department of Health
Investigative Services Unit

Florida Department of Health
Division of Medical Quality Assurance
1313 North Tampa Street Suite 407 Tampa, Florida 33602
PHONE: 813-873-4792 • FAX: 813-871-7421
FloridaHealth.gov
INV FORM 461

Accredited Health Department
Public Health Accreditation Board

00024

1110 N. FLORIDA AVENUE
TAMPA, FLORIDA 33602

POST OFFICE BOX 3382
TAMPA, FLORIDA 33601-
3382



TELEPHONE(813) 224-0555
FAX(813) 221-9736
dsisco@sisco-law.com
www.sisco-law.com

August 21, 2016

VIA ELECTRONIC MAIL

Cynthia DeMetrovich
Medical Quality Assurance Investigator
Florida Department of Health
1313 N. Tampa Street, Suite 407
Tampa, Florida 33602

Re: Amina Edathodu, M.D.
DOH Case No. 2016-16112

Dear Investigator DeMetrovich:

On behalf of Dr. Edathodu, I am placing the Department n notice of my objection to Subpoena No. A0095419 issued August 16, 2016. The subpoena is vague and overbroad. Please also consider this correspondence as my demand for a copy of the affidavit upon which the subpoena is based.

Further objecting, the referenced subpoena was accompanied by your cover letter stating:

Enclosed is a Subpoena Duces Tecum pertaining to patient logs. The following information is being requested but not limited to; patient logs to include the name, phone number and addresses for patient from the time period of March 1, 2015 through June 1, 2016 **regarding patients that were treated by EDATHODU at 4119 North Armenia Avenue, Tampa, Florida [sic]. IT IS A FELONY TO REDISTRIBUTE PRESCRIPTION DRUG MONITORING PROGRAM (E-FORCE) INFORMATION TO ANYONE.** (Emphasis added).

Without waiving the objections stated herein, Dr. Edathodu does not see patients at 4119 North Armenia Avenue.

Best regards,

SISCO-LAW

Dale R. Sisco

DRS/bim

cc: Amina Edathodu, M.D.

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General

Vision: To be the Healthiest State in the Nation

September 12, 2016

Amina Edathodu, M.D.
4119 North Armenia Avenue
Tampa, Florida 33607

DOH Case # 2016-16112

Dear Dr. Edathodu:

The Department of Health, State of Florida, is currently conducting an investigation and the following medical records are being requested to successfully complete the investigation.

Enclosed is a Subpoena Duces Tecum pertaining names and addresses of patients treated by **EDATHODU** on the following dates; **1/28/15, 2/3/15, 3/4/15, 3/13/15, 4/8/15, 4/29/15, 7/3/15, 7/10/15, 3/23/16, 4/6/16, 6/23/16, 6/24/16 and 6/30/16.. IT IS A FELONY TO REDISTRIBUTE PRESCRIPTION DRUG MONITORING PROGRAM (E-FORCE) INFORMATION TO ANYONE.**

In lieu of producing these records for inspection and copying as described above, you may choose to comply with this subpoena by mailing a copy of these records to the below identified investigator with the attached verification fully executed. The Department will reimburse actual cost of copying, not to exceed \$1.00 per written page for the first 25 pages and \$.25 per written page thereafter. Please enclose an invoice made out to the Department of Health and include your Federal tax number.

Please send requested records to my attention **by 9/16/16** to the Tampa address listed below. Your cooperation in this matter is appreciated. The mission of the Department of Health is to protect and promote the health of all residents and visitors in the state through organized state and community efforts, including cooperative agreements with counties. If you have any questions, please call us at (813) 873-4792. In addition, if you have any concerns or suggestions about our complaint process, please fill-out our Customer Concerns or Suggestions form at www.floridashealth.com/mqa/survey.html."

Sincerely,

Cynthia DeMetrovich
Medical Quality Assurance Investigator



STATE OF FLORIDA
DEPARTMENT OF HEALTH
SUBPOENA DUCES TECUM

SUBPOENA NO. A 0095803

Amina Edathodu, M.D.
4119 N. Armenia Avenue
Tampa, Florida 33607

Case No.: ME 2016-16112

YOU ARE HEREBY COMMANDED to produce for inspection and copying at 1313 N. Tampa Street, Suite 407 in Tampa Florida on **September 16, 2016 at 9:00 a.m.**, for the Department of Health the following:

The names and addresses of patients treated by **EDATHODU** on the following dates; 1/28/15, 2/3/15, 3/4/15, 3/13/15, 4/8/15, 4/29/15, 7/3/15, 7/10/15, 3/23/16, 4/6/16, 6/23/16, 6/24/16 and 6/30/16.

IT IS A FELONY TO REDISTRIBUTE PRESCRIPTION DRUG MONITORING PROGRAM (E-FORSCE) INFORMATION TO ANYONE.

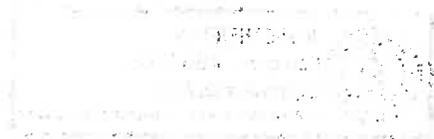
This subpoena is issued pursuant to Section 458.343 or 459.019, Florida Statutes, after a case has been filed against you pursuant to Section 456.073, Florida Statutes. This subpoena is supported by affidavit which is available upon request. Pursuant to Section 456.057(9)(a), Florida Statutes, all patient records obtained the Department are confidential and exempt from the provisions of Section 119.07, Florida Statutes..

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), authorizes a covered entity to disclose protected health information without the written authorization of an individual, or without the opportunity for an individual to agree or object, when such disclosure is to a health oversight agency for oversight activities authorized by law. The Department of Health, Division of Medical Quality Assurance, is an agency of the State of Florida, authorized by Florida Statutes to oversee the healthcare system.

In lieu of producing these records for inspection and copying as described above, you may choose to comply with this subpoena by mailing a copy of these records to the below identified investigator with the attached verification fully executed by the above date. The Department will reimburse actual copying or reproduction costs, not to exceed the following limits: Hard copies at \$1.00 per written page for the first 25 pages and \$.25 per written page thereafter; X-Rays or other photographs or images at \$10.00 per x-ray or image; Electronic records from scanning, digital imaging, or other digital format at \$10.00 per filled CD Rom, DVD or other storage media.

YOU SHALL RESPOND to this subpoena as directed unless excused by the party who requested issuance of the subpoena or by order of the Department of Health.

Issued this 9th day of September, 2016.

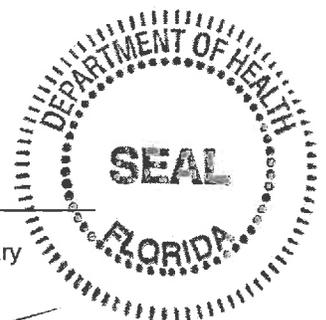


THIS SUBPOENA HAS BEEN ISSUED UPON
THE REQUEST OF:

NAME: Cynthia DeMetrovich, MQA!
ADDRESS: 1313 N. Tampa Street, Suite 407
Tampa, Florida 33602
PHONE: (813) 873-4792



Celeste Philip, MD, MPH
Surgeon General and Secretary
Department of Health



By: 

Supervisor

OFFICE ISSUANCE NO. HCTi 2592 16D

00027

ANY PERSON FAILING TO APPEAR IN ACCORDANCE WITH THIS SUBPOENA MAY BE SUBJECT TO A PETITION FOR ENFORCEMENT BY WHICH THE DEPARTMENT MAY SEEK A FINE OF UP TO \$1,000 AND OTHER RELIEF AS SET FORTH IN SECTION 120.69, FLORIDA STATUTES.

Received this subpoena on 9-12, 20 16 at 9:10

o'clock A M., and served the same on 9-12

20 16, at 10:15 o'clock A M. by delivering a true copy thereto:

Blanca I. Menoz
Blanca I Menoz

RETURN IF SERVED BY SHERIFF

DATE _____ 20 _____ by _____

Sheriff of _____
County, Florida.

By: _____

Deputy Sheriff

RETURN IF SERVED BY OTHER QUALIFIED PERSON

Date 9-12, 20 16 By: _____

Cynthia Ghel Demetrix

Before me, personally appeared Cynthia Ghel Demetrix

Whose identity is known to me by _____

personally known (type of identification)

and who, under oath, acknowledges that his/her signature appears above.

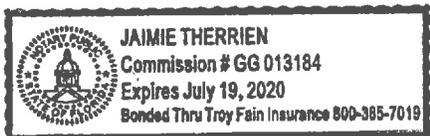
Sworn to or affirmed by Respondent before me this 12th day of

September, 20 16.

Jaimie Therrien
Notary Public

Type Name

NOTE: AFFIDAVIT REQUIRED ONLY IF SERVICE IS MADE BY A PERSON OTHER THAN A SHERIFF OR DEPUTY SHERIFF.



Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the **Healthiest State** in the Nation

AFFIDAVIT FOR SUBPOENA

FIELD OFFICE: Tampa

CASE NUMBER: ME 201616112

- The Department is reviewing a report of a closed civil claim filed pursuant to Section 627.912, F.S.
- The Department is reviewing an incident report filed by a hospital or ambulatory surgical center pursuant to Section 395.0197, F.S.
- The Department is reviewing an incident report filed by a nursing home pursuant to Section 400.147(12), F.S., or by an assisted living facility pursuant to Section, 429.23(8)F.S.
- The Department is reviewing a report of discipline by a peer review organization pursuant to Section 395.0193, 458.337 or 459.016, F.S.
- The Department is initiating an investigation, investigating a complaint, or conducting a preliminary inquiry pursuant to Section 456.073,F.S.
- The Department is initiating an investigation, investigating a complaint, or conducting a preliminary inquiry pursuant to Section 468.3101(1), F.S., Radiologic Personnel.
- The Department is reviewing a report of a birth-related neurological injury filed pursuant to section 766.305, or a civil malpractice suit pursuant to Section 766.106(2), F.S.

1. This investigation/claim/report/complaint against or involving AMINA EDATHODU, M.D. alleging a possible violation of F.S. 456.072(1)(k)(dd) and 458.331(1)(f)(g)(w)(nn) alleging that female patient N.M. informed a DOH Investigator that she had a liposuction procedure completed at Orozco Medical Center located at 8210 West Waters Avenue, Tampa, Florida. In March 2015, N.M. indicated that she was prescribed medications by EDTHODU following her procedure but N.M. indicated that she had never met EDATHODU. During an interview with DOH investigators EDATHODU indicated that all of the staff at Orozco Medical Center are trained to complete liposuction procedures. It is alleged that EDATHODU is aiding and abetting the unlicensed practice of medicine and delegating to unlicensed professionals.
2. The material or information being sought is the names and addresses for patients that have been treated by EDATHODU on the following dates, 1/28/15, 2/3/15, 3/4/15, 3/13/15, 4/8/15, 4/29/15, 7/3/15, 7/10/15, 3/23/16, 4/6/16, 6/23/16, 6/24/16 and 6/30/16.
3. This material or information is necessary to adequately review this matter, or to substantiate the allegations or show them to be unsubstantiated.
4. This Affiant feels that the recipient of this subpoena will be able to provide the material/information being requested because recipient is provider of treatment and is required to maintain such records.

Cynthia DeMetrovich

Name of Affiant:

Date Requested: 9/8/16

Cynthia DeMetrovich
Signature of Affiant

Subpoena Issued No.: A0095803
HCT, 2592 (6D)

STATE OF FLORIDA
COUNTY OF [COUNTY]

Before me, personally appeared Cynthia DeMetrovich, whose identity is known to me by personally known (type of identification) and who acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this 8th day of September 2016.

Jaimie Therrien
Notary Public-State of Florida



Type or Print Name

My Commission Expires: _____

This affidavit has been reviewed as to sufficiency and approved by:

[Signature]
Signature of Chief/Manager/Supervisor on September 8, 2016

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Phillip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

Certification of Completeness of Patient Records (Obtained by Subpoena)

I, _____ hereby certify that I am the official custodian of patient records for: _____ (business name). My title and telephone number are: _____. My employer's address is: _____

I hereby verify that I have searched the patient records maintained at _____ and have determined that the attached records consisting of _____ pages are true and correct copies of the patient records requested pursuant to Subpoena No. _____ for patient _____. I further certify that these records were made at or near the time of the patient's visit(s) by, or from information transmitted by, a person with knowledge; are kept in the course of the regularly conducted business of _____ (business name); and that it is the regular practice of _____ (business name) to keep such records. This certification is made pursuant to Section 90.902(11), Florida Statutes (2003).

Affiant Signature

Date

STATE OF FLORIDA
COUNTY OF _____:

Before me personally appeared _____ whose identity is known to me by _____ (type of identification) and who acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this _____ day of _____, 20_____.

Signature of Notary Public - State of Florida

(NOTARY SEAL)

Name of Notary Typed, Printed or Stamped



Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

**Rick Scott**

Governor

Celeste Philip, MD, MPH

Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

TO: Medical Records Copying Services**FROM:** MQA- Investigative Services**SUBJECT:** Important Billing Instructions

The Department will reimburse actual copying or reproduction costs, not to exceed the following limits:

- Hard copies at \$1.00 per written page for the first 25 pages and \$.25 per written page thereafter
- X-Rays and other photographs or images at \$10.00 per x-ray or image
- Electronic records from scanning, digital imaging or other digital format at \$10.00 per filled CD Rom, DVD or other storage media.

Additional fees or charges will not be paid. The Record's Custodian will be required to appear with the records as stated in the subpoena if the charges exceed those as indicated above.

To receive payment for copies of medical records, you must comply with the following:

- 1) If you have never received payment from the Department of Health you **must** register as a vendor with the State of Florida using internet registration at: <https://vendor.myfloridamarketplace.com>. If you have previously received payment from the Department of Health for medical records and none of your information (address, FEID, etc.) has changed since your last payment, you do not need to register and may proceed to step 2.
- 2) Submit a proper invoice that includes:
 - a) Name and address where medical copies are sent
 - b) Appropriate billing address
 - c) If hard copy records, an itemized break out of the number of pages being charged (for example: 25 pages @ 1.00 = 25.00 & 5 pages @ .25 = 1.25 for a total of 26.25)
 - d) If electronic records, an itemized break out of the number of pages/images included on the CD or DVD, not to exceed \$10.00 per filled CD/DVD.
 - e) DOH case number (listed on the subpoena, if one was issued)
 - f) Federal tax identification number of physician or facility
 - g) Subpoena number (if applicable)
- 3) Send copies of medical records and invoice to:

Department of Health
Investigative Services Unit

Florida Department of Health
Division of Medical Quality Assurance
1313 North Tampa Street Suite 407 Tampa, Florida 33602
PHONE: 813-873-4792 • FAX: 813-871-7421
FloridaHealth.gov
INV FORM 461



00031

CONFIDENTIAL AND EXEMPT MATERIALS

**One or more pages have been removed
from this document for security reasons**

**Scroll down to see the available pages or
advance to the next document if all
pages have been removed.**

SOME OR ALL PAGES IN THIS DOCUMENT ARE PATIENT RECORDS
AND/OR DOCUMENTS THAT IDENTIFY THE PATIENT BY NAME AND ARE
EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be
furnished.—

10)(a)All patient records obtained by the department and any other documents
maintained by the department which identify the patient by name are confidential and exempt
from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate
regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The
records shall not be available to the public as part of the record of investigation for and
prosecution in disciplinary proceedings made available to the public by the department or the
appropriate board.

1110 N. FLORIDA AVENUE
TAMPA, FLORIDA 33602

POST OFFICE BOX 3382
TAMPA, FLORIDA 33601-
3382



TELEPHONE(813) 224-0555
FAX(813) 221-9736
dsisco@sisco-law.com
www.sisco-law.com

September 17, 2016

VIA FACSIMILE

Cynthia DeMetrovich
Medical Quality Assurance Investigator
Florida Department of Health
1313 N. Tampa Street, Suite 407
Tampa, Florida 33602

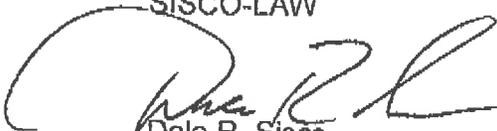
Re: Amina Edathodu, M.D.
DOH Case No. 2016-16112

Dear Investigator DeMetrovich:

Enclosed with this correspondence is Dr. Amina Edathodu's response to DOH Subpoena No. A 0095803.

Should you have any questions regarding the enclosed, please do not hesitate to contact me.

Best regards,

SISCO-LAW

Dale R. Sisco

DRS/bim

cc: Amina Edathodu, M.D.



FAX

Dale R. Sisco
 1110 N. Florida Avenue
 Tampa, Florida 33602
 813-224-0555
 813-221-9736
 dsisco@sisco-law.com



To: Cynthia DeMetrovich, MQAI

Fax: 813-871-7421

Date: 8/21/2016

Re: DOH Case No. 2016-16112

From: Dale R. Sisco

Fax: 813-221-9736

Phone: 813-224-0555

Cc:

Comments:

Please see the attached compliance with Subpoena No. A 0095803.

Pages:

3

- Urgent
- For Review
- Please Comment
- Please Reply
- Please Recycle

CONFIDENTIAL AND EXEMPT MATERIALS

**One or more pages have been removed
from this document for security reasons**

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advance to the next document if all
pages have been removed.**

SOME OR ALL PAGES IN THIS DOCUMENT ARE PATIENT RECORDS
AND/OR DOCUMENTS THAT IDENTIFY THE PATIENT BY NAME AND ARE
EXEMPT FROM PUBLIC RECORDS LAWS.

456.057 - Ownership and control of patient records; report or copies of records to be
furnished.—

10)(a)All patient records obtained by the department and any other documents
maintained by the department which identify the patient by name are confidential and exempt
from s. 119.07(1) and shall be used solely for the purpose of the department and the appropriate
regulatory board in its investigation, prosecution, and appeal of disciplinary proceedings. The
records shall not be available to the public as part of the record of investigation for and
prosecution in disciplinary proceedings made available to the public by the department or the
appropriate board.

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
State Surgeon General

Vision: To be the Healthiest State in the Nation

September 20, 2016

Amina Edathodu, M.D.
4119 North Armenia Avenue
Tampa, Florida 33607

DOH Case # 2016-11612

Dear Dr. Edathodu:

The Department of Health, State of Florida, is currently conducting an investigation and the following medical records are being requested to successfully complete the investigation.

Enclosed is a Subpoena Duces Tecum requesting patient logs and / or sign in sheets from **4119 North Armenia Avenue** for the following dates; **1/28/15, 2/3/15, 3/4/15, 3/13/15, 4/8/15, 4/29/15, 7/3/15, 7/10/15, 3/23/16, 4/8/16, 6/23/16, 6/24/16 and 6/30/16. IT IS A FELONY TO REDISTRIBUTE PRESCRIPTION DRUG MONITORING PROGRAM (E-FORCE) INFORMATION TO ANYONE.**

In lieu of producing these records for inspection and copying as described above, you may chose to comply with this subpoena by mailing a copy of these records to the below identified investigator with the attached verification fully executed. The Department will reimburse actual cost of copying, not to exceed \$1.00 per written page for the first 25 pages and \$.25 per written page thereafter. Please enclose an invoice made out to the Department of Health and include your Federal tax number.

Please send requested records to my attention **by 9/30/16** to the Tampa address listed below. Your cooperation in this matter is appreciated. The mission of the Department of Health is to protect and promote the health of all residents and visitors in the state through organized state and community efforts, including cooperative agreements with counties. If you have any questions, please call us at (813) 873-4792. In addition, if you have any concerns or suggestions about our complaint process, please fill-out our Customer Concerns or Suggestions form at www.floridashealth.com/mqa/survey.html."

Sincerely,

Cynthia DeMetrovich
Medical Quality Assurance Investigator



STATE OF FLORIDA
DEPARTMENT OF HEALTH

SUBPOENA DUCES TECUM

SUBPOENA NO. A 0096083

Amina Edathodu, M.D.
4119 N. Armenia Avenue
Tampa, FL 33607

Case No. ME 2016-16112

YOU ARE HEREBY COMMANDED to produce for inspection and copying at 1313 N. Tampa Street, Suite 407, in Tampa, Florida 33602 on **September 30, 2015, at 9:00 a.m.** for the Department of Health the following:

The patient logs and or / patient sign in sheets at **EDATHODU'S** office location of: 4119 North Armenia Avenue, Tampa, FL, for the following dates; 01/28/2015, 02/03/2015, 04/08/2015, 04/29/1915, 07/03/2015, 07/10/2015, 03/23/2016, 04/06/2016, 06/23/2016, 06/24/2016, and 06/30/2016.

*** IT IS A FELONY TO REDISTRIBUTE PRESCRIPTION DRUG MONITORING PROGRAM (E-FORSCE) INFORMATION TO ANYONE**

This subpoena is issued pursuant to Section 458.343 or 459.019, Florida Statutes, after a case has been filed against you pursuant to Section 456.073, Florida Statutes. This subpoena is supported by affidavit which is available upon request. Pursuant to Section 456.057(9)(a), Florida Statutes, all patient records obtained by the Department are confidential and exempt from the provisions of Section 119.07, Florida Statutes.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA), authorizes a covered entity to disclose protected health information without the written authorization of an individual, or without the opportunity for an individual to agree or object, when such disclosure is to a health oversight agency for oversight activities authorized by law. The Department of Health, Division of Medical Quality Assurance, is an agency of the State of Florida, authorized by Florida Statutes to oversee the healthcare system.

In lieu of producing these records for inspection and copying as described above, you may choose to comply with this subpoena by mailing a copy of these records to the below identified investigator with the attached verification fully executed by the above date. The Department will reimburse actual copying or reproduction costs, not to exceed the following limits: Hard copies at \$1.00 per written page for the first 25 pages and \$.25 per written page thereafter; X-Rays or other photographs or images at \$10.00 per x-ray or image; Electronic records from scanning, digital imaging, or other digital format at \$10.00 per filled CD Rom, DVD or other storage media.

YOU SHALL RESPOND to this subpoena as directed unless excused by the party who requested issuance of the subpoena or by order of the Department of Health.

Issued this 20th day of September, 2016

THIS SUBPOENA HAS BEEN ISSUED UPON
THE REQUEST OF:

NAME: Cynthia DeMetrovich, MQAI
ADDRESS: 1313 N. Tampa Street, Ste. 407
Tampa, FL. 33602
PHONE: (813) 873-4792

Celeste Philip, MD, MPH
Surgeon General and Secretary
Department of Health



By:
Supervisor

ANY PERSON FAILING TO APPEAR IN ACCORDANCE WITH THIS SUBPOENA MAY BE SUBJECT TO A PETITION FOR ENFORCEMENT BY WHICH THE DEPARTMENT MAY SEEK A FINE OF UP TO \$1,000 AND OTHER RELIEF AS SET FORTH IN SECTION 120.69, FLORIDA STATUTES.

Received this subpoena on 9-20, 2016 at 12:00

o'clock 9-30 M., and served the same on _____

2016, at _____ o'clock _____ M. by delivering a true copy thereto:

Jessica Fought
Jessica Fought
RETURN IF SERVED BY SHERIFF

DATE _____ 20____ by _____

Sheriff of _____ County, Florida.

By: _____
Deputy Sheriff

RETURN IF SERVED BY OTHER QUALIFIED PERSON

Date 9-20, 2016 By: _____

Cynthia Gail Demetri

Before me, personally appeared Cynthia Gail Demetri

Whose identity is known to me by personally known (type of identification)

and who, under oath, acknowledges that his/her signature appears above.

Sworn to or affirmed by Respondent before me this 20th day of September, 2016.

Jaimie Therrien
Notary Public



Type Name

NOTE: AFFIDAVIT REQUIRED ONLY IF SERVICE IS MADE BY A PERSON OTHER THAN A SHERIFF OR DEPUTY SHERIFF.

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AFFIDAVIT FOR SUBPOENA

FIELD OFFICE: Tampa

CASE NUMBER: 2016-16112

- The Department is reviewing a report of a closed civil claim filed pursuant to Section 627.912, F.S.
- The Department is reviewing an incident report filed by a hospital or ambulatory surgical center pursuant to Section 395.0197, F.S.
- The Department is reviewing an incident report filed by a nursing home pursuant to Section 400.147(12), F.S., or by an assisted living facility pursuant to Section, 429.23(8)F.S.
- The Department is reviewing a report of discipline by a peer review organization pursuant to Section 395.0193, 458.337 or 459.016, F.S.
- The Department is initiating an investigation, investigating a complaint, or conducting a preliminary inquiry pursuant to Section 456.073, F.S.
- The Department is initiating an investigation, investigating a complaint, or conducting a preliminary inquiry pursuant to Section 468.3101(1), F.S., Radiologic Personnel.
- The Department is reviewing a report of a birth-related neurological injury filed pursuant to section 766.305, or a civil malpractice suit pursuant to Section 766.106(2), F.S.

1. This investigation/claim/report/complaint against or involving AMINA EDATHODU, M.D. alleging a possible violation of F.S 456.072(1)(k)(dd) and 458.331(1)(f)(g)(w)(nn) alleging that female patient N.M. informed a DOH investigator that she had a liposuction procedure completed at Orozco Medical Center located at 8210 West Waters Avenue, Tampa, Florida in March 2015. N.M. indicated that she had been prescribed medication by EDATHODU following her procedure but alleged that she had never met EDATHODU. During an interview with a DOH investigator EDATHODU indicated that all of the staff at Orozco Medical Center are trained to complete liposuction procedures. It is alleged that EDATHODU is aiding and abetting the unlicensed practice of medicine and delegating to unlicensed professionals.
2. The material or information being sought is all patient logs and / or patient sign in sheets that are maintained at 4119 North Armenia Avenue for the following dates; 1/28/15, 2/3/15, 3/4/15, 3/13/15, 4/8/15, 4/29/15, 7/3/15, 7/10/15, 3/23/16, 4/6/16, 6/23/16, 6/24/16 and 6/30/16.
3. This material or information is necessary to adequately review this matter, or to substantiate the allegations or show them to be unsubstantiated.
4. This Affiant feels that the recipient of this subpoena will be able to provide the material/information being requested because recipient is provider of treatment at 4119 North Armenia Avenue, Florida and is required to maintain such records. .

Cynthia Cahill DeMetrovich

Name of Affiant:

Cynthia Cahill DeMetrovich
Signature of Affiant

Date Requested: 9/20/16

Subpoena Issued No.: A0096083
Hct 12620-16D

STATE OF FLORIDA
COUNTY OF Hillsborough

Before me, personally appeared Cynthia Cahill DeMetrovich, whose identity is known to me by personally known (type of identification) and who acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this 20TH day of September 2016.

Christopher Dickerson
Notary Public-State of Florida



Type or Print Name

My Commission Expires: _____

This affidavit has been reviewed as to sufficiency and approved by:

Greg Kam
Signature of Chief/Manager/Supervisor on September 20, 2016

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Certification of Completeness of Patient Records (Obtained by Subpoena)

I, _____ hereby certify that I am the official custodian of patient records for: _____ (business name). My title and telephone number are: _____ My employer's address is: _____

I hereby verify that I have searched the patient records maintained at _____ and have determined that the attached records consisting of _____ pages are true and correct copies of the patient records requested pursuant to Subpoena No. _____ for patient _____. I further certify that these records were made at or near the time of the patient's visit(s) by, or from information transmitted by, a person with knowledge; are kept in the course of the regularly conducted business of _____ (business name); and that it is the regular practice of _____ (business name) to keep such records. This certification is made pursuant to Section 90.902(11), Florida Statutes (2003).

Affiant Signature

Date

STATE OF FLORIDA
COUNTY OF _____

Before me personally appeared _____ whose identity is known to me by _____ (type of identification) and who acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this _____ day of _____, 20____.

Signature of Notary Public – State of Florida

(NOTARY SEAL)

Name of Notary Typed, Printed or Stamped



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Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

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TO: Medical Records Copying Services
FROM: MQA- Investigative Services
SUBJECT: Important Billing Instructions

The Department will reimburse actual copying or reproduction costs, not to exceed the following limits:

- Hard copies at \$1.00 per written page for the first 25 pages and \$.25 per written page thereafter
- X-Rays and other photographs or images at \$10.00 per x-ray or image
- Electronic records from scanning, digital imaging or other digital format at \$10.00 per filled CD Rom, DVD or other storage media.

Additional fees or charges will not be paid. The Record's Custodian will be required to appear with the records as stated in the subpoena if the charges exceed those as indicated above.

To receive payment for copies of medical records, you must comply with the following:

- 1) If you have never received payment from the Department of Health you **must** register as a vendor with the State of Florida using internet registration at: <https://vendor.myfloridamarketplace.com>. If you have previously received payment from the Department of Health for medical records and none of your information (address, FEID, etc.) has changed since your last payment, you do not need to register and may proceed to step 2.
- 2) Submit a proper invoice that includes:
 - a) Name and address where medical copies are sent
 - b) Appropriate billing address
 - c) If hard copy records, an itemized break out of the number of pages being charged (for example: 25 pages @ 1.00 = 25.00 & 5 pages @ .25 = 1.25 for a total of 26.25)
 - d) If electronic records, an itemized break out of the number of pages/images included on the CD or DVD, not to exceed \$10.00 per filled CD/DVD.
 - e) DOH case number (listed on the subpoena, if one was issued)
 - f) Federal tax identification number of physician or facility
 - g) Subpoena number (if applicable)
- 3) Send copies of medical records and invoice to:

Department of Health
Investigative Services Unit

Florida Department of Health
Division of Medical Quality Assurance
1313 North Tampa Street Suite 407 Tampa, Florida 33602
PHONE: 813-873-4792 • FAX: 813-871-7421
FloridaHealth.gov
INV FORM 461



00073

1110 N. FLORIDA AVENUE
TAMPA, FLORIDA 33602

POST OFFICE BOX 3382
TAMPA, FLORIDA 33601-
3382



TELEPHONE(813) 224-0555
FAX(813) 221-9736
dsisco@sisco-law.com
www.sisco-law.com

September 24, 2016

VIA FACSIMILE

Cynthia DeMetrovich
Medical Quality Assurance Investigator
Florida Department of Health
1313 N. Tampa Street, Suite 407
Tampa, Florida 33602

Re: Amina Edathodu, M.D.
DOH Case No. ME 2016-16112
Subpoena No. A 0096083

Dear Investigator DeMetrovich:

On behalf of Dr. Edathodu, I am requesting a copy of the Affidavit submitted in support of the referenced subpoena. Without waiving this request, and as I have previously advised you orally and in my previous correspondence, Dr. Edathodu does not see patients at 4119 North Armenia Avenue. Consequently, there are no documents responsive to this subpoena.

Best regards,

SISCO-LAW

Dale R. Sisco

DRS/bim

cc: Amina Edathodu, M.D.

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456.057 - Ownership and control of patient records; report or copies of records to be
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10)(a)All patient records obtained by the department and any other documents
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1110 N. FLORIDA AVENUE
TAMPA, FLORIDA 33602

POST OFFICE BOX 3382
TAMPA, FLORIDA 33601-
3382



TELEPHONE(813) 224-0555
FAX(813) 221-9736
dsisco@sisco-law.com
www.sisco-law.com

November 8, 2016

VIA FACSIMILE

Cynthia DeMetrovich
Medical Quality Assurance Investigator
Florida Department of Health
1313 N. Tampa Street, Suite 407
Tampa, Florida 33602

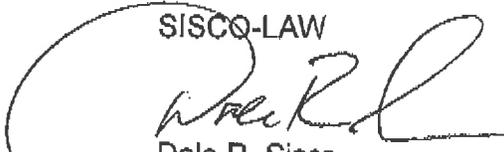
Re: Amina Edathodu, M.D.
DOH Case No. 2016-16112

Dear Investigator DeMetrovich:

Please consider this correspondence as Dr. Edathodu's response to Subpoena No. A0096440 issued in connection with the above-referenced case. Dr. Edathodu does not maintain any records responsive to the subpoena independent of those maintained by Orozco Medical Center. In order to facilitate your investigation however, I have requested responsive documents from Orozco Medical Center. I will forward those to you as soon as they are received.

Should you have any questions regarding this response, please do not hesitate to contact me.

Best regards,

SISCO-LAW

Dale R. Sisco

DRS/bim

cc: Amina Edathodu, M.D.

00544

Exhibit # 34



FAX

Dale R. Sisco
 1110 N. Florida Avenue
 Tampa, Florida 33602
 813-224-0555
 813-221-9736
 dsisco@sisco-law.com



To: Cynthia DeMetrovich, MQAI

Fax: 813-871-7421

Date: 11/8/2016

Re: DOH Case No. 2016-16112

From: Dale R. Sisco

Fax: 813-221-9736

Phone: 813-224-0555

Cc:

Comments:

Please see the attached response to Subpoena No. A 0096440.

Pages:

2

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August 21, 2016

VIA ELECTRONIC MAIL

Cynthia DeMetrovich
Medical Quality Assurance Investigator
Florida Department of Health
1313 N. Tampa Street, Suite 407
Tampa, Florida 33602

Re: Amina Edathodu, M.D.
DOH Case No. 2016-16112

Dear Investigator DeMetrovich:

This correspondence will serve as Dr. Amina Edathodu's response to the DOH notice of investigation July 8, 2016. Dr. Edathodu denies the allegations that she aided or abetted the unlicensed practice of medicine at Orozco Medical Center. She performed liposuction procedures at Orozco Medical Center and directed the assistance of trained, certified surgical first assistants. Dr. Edathodu did not permit anyone to perform liposuction procedures independently.

The American Board of Surgical Assistants acknowledges that the role and function of a surgical first assistant is to assist the surgeon in the performance of a surgical procedure.

A surgical assistant functions in the role of a second physician, at the operating table. Ideally this individual should be another qualified surgeon or surgical resident; however, other licensed physicians experienced in surgical assisting would be the next choice. Non-licensed physicians or non-physicians with additional formal training and national certification as a surgical assistant are also acceptable, as deemed appropriate by the primary responsible surgeon, for the type and complexity of the surgical procedure. (Emphasis added).

00663

Exhibit # 40

The Association of Surgical Assistants describes the surgical assistant's role as follows:

*As defined by the American College of Surgeons (ACS), surgical assistants provide aid in exposure, hemostasis, closure, and other intraoperative technical functions that help the surgeon carry out a safe operation with optimal results for the patient. **In addition to intraoperative duties, the surgical assistant also performs preoperative and postoperative duties to better facilitate proper patient care.** The surgical assistant performs these functions during the operation under the direction and supervision of the surgeon and in accordance with hospital policy and appropriate laws and regulations. (Emphasis added).*

Although the Florida Legislature has in the past (2012 and 2013) considered legislation to regulate surgical assistants, no laws or regulations have been enacted. The proposed legislation, even if enacted, would have permitted the use of surgical assistants such as those directed by Dr. Edathodu during the liposuction procedures performed at Orozco Medical Center.

This investigation is without merit and should be closed without a finding of probable cause.

Best regards,

SISCO-LAW


Dale R. Sisco

DRS/bim

cc: Amina Edathodu, M.D.

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