

1 Janet Napolitano  
Attorney General  
2 Firm No. 014000

3 Roberto Pulver  
Assistant Attorney General  
4 State Bar No. 018885  
1275 W. Washington, CIV/LES  
5 Phoenix, Arizona 85007-2926  
Telephone: (602) 542-7026  
6 Facsimile: (602) 364-3202  
Attorney for State

7 **BEFORE THE ARIZONA STATE BOARD OF MEDICAL EXAMINERS**

8 In the Matter of:

9 **RUBEN AGUILERA, M.D.**  
10 Holder of License No. 10747  
11 For the Practice of Medicine  
12 In the State of Arizona,

13 Respondent.

Investigation Case Nos. 12690, 12891,  
13898, and  
14312.

**CONSENT AGREEMENT AND  
ORDER FOR STAYED REVOCATION  
WITH PROBATION**

14 **CONSENT AGREEMENT**

15 **RECITALS**

16  
17 In the interest of a prompt and judicious settlement of this case, consistent with the  
18 public interest, statutory requirements and responsibilities of the Arizona State Board of  
19 Medical Examiners ("Board"), and under A.R.S. § § 32-1401 *et seq.*, and 41-1092.07(F)(5),  
20 Ruben Aguilera, M.D., holder of license number 10747 to practice allopathic medicine in  
21 the State of Arizona ("Respondent"), and the Board enter into the following Recitals,  
22 Findings of Fact, Conclusions of Law and Order ("Consent Agreement") as the final  
23 disposition of this matter.

24 1. Respondent has read and understands this Consent Agreement as set forth  
25 herein, and has had the opportunity to discuss this Consent Agreement with an attorney.  
26 Respondent voluntarily enters into this Consent Agreement for the purpose of avoiding the

1 expense and uncertainty of an administrative hearing.

2       2.       Respondent understands that he has a right to a public administrative hearing  
3 concerning each allegation set forth in the above-captioned matter, at which administrative  
4 hearing he could present evidence and cross-examine witnesses. By entering into this  
5 Consent Agreement, Respondent freely and voluntarily relinquishes all rights to such an  
6 administrative hearing, as well as all rights of rehearing, review, reconsideration, appeal,  
7 judicial review or any other administrative and/or judicial action, concerning the matters set  
8 forth herein. Respondent affirmatively agrees that this Consent Agreement shall be  
9 irrevocable.

10       3.       Respondent agrees that the Board may adopt this Consent Agreement or any  
11 part of this agreement, under A.R.S. § 32-1451(G)(5). Respondent understands that this  
12 Consent Agreement or any part of the agreement may be considered in any future  
13 disciplinary action against him.

14       4.       Respondent understands that this Consent Agreement does not constitute a  
15 dismissal or resolution of other matters currently pending before the Board, if any, and does  
16 not constitute any waiver, express or implied, of the Board's statutory authority or  
17 jurisdiction regarding any other pending or future investigation, action or proceeding.  
18 Respondent also understands that acceptance of this Consent Agreement does not preclude  
19 any other agency, subdivision or officer of this state from instituting any other civil or  
20 criminal proceedings with respect to the conduct that is the subject of this Consent  
21 Agreement.

22       5.       All admissions made by Respondent in this Consent Agreement are made  
23 solely for the final disposition of this matter, and any related administrative proceedings or  
24 civil litigation involving the Board and Respondent. Therefore, any admissions made by  
25 Respondent in this Consent Agreement are not intended or made for any other use, such as  
26

1 in the context of another regulatory agency proceeding, or civil or court proceeding, whether  
2 in the State of Arizona or in any other state or federal court.

3 6. Respondent acknowledges and agrees that, upon signing this Consent  
4 Agreement and returning this document to the Board's Executive Director, Respondent may  
5 not revoke his acceptance of the Consent Agreement or make any modifications to the  
6 document, regardless of whether the Consent Agreement has been issued by the Executive  
7 Director. Any modification to this original document is ineffective and void unless mutually  
8 approved by the parties in writing.

9 7. Respondent understands that this Consent Agreement shall not become  
10 effective unless and until adopted by the Board and signed by its Executive Director.

11 8. Respondent understands and agrees that if the Board does not adopt this  
12 Consent Agreement, he will not assert as a defense that the Board's consideration of this  
13 Consent Agreement constitutes bias, prejudice, prejudgment or other similar defense.

14 9. Respondent understands that this Consent Agreement is a public record that  
15 may be publicly disseminated as a formal action of the Board, and shall be reported as  
16 required by law to the National Practitioner Data Bank and the Healthcare Integrity and  
17 Protection Data Bank.

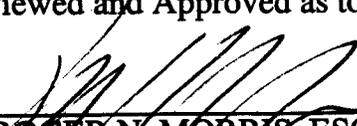
18 10. Respondent understands that any violation of this Consent Agreement  
19 constitutes unprofessional conduct under A.R.S. § 32-1401(25)(r)([v]iolating a formal order,  
20 probation, consent agreement or stipulation issued or entered into by the board or its  
21 executive director under the provisions of this chapter) and shall result in disciplinary action  
22 under A.R.S. § 32-1451.

23 11. In addition to the three Board Investigations Case Nos. 12690, 12891, and  
24 13898 involving allegations of unprofessional conduct against Respondent, there is one  
25 other pending investigation before the Board concerning Respondent. Board Investigation  
26

1 Case No. 14312 involves allegations of unprofessional conduct under A.R.S. §§ 32-  
2 1401(25)(q) relating to the care and treatment of patients for obesity and depression. The  
3 investigation into these allegations against Respondent shall be closed upon the Board's  
4 adoption of this Consent Agreement.

5 DATED: 09/13/01   
6 RUBEN AGUILERA, M.D.

7 Reviewed and Approved as to Form:

8 By:   
9 ROGER N. MORRIS, ESQ.  
Attorney for Respondent

10 **FINDINGS OF FACT**

11 By stipulation of the parties, this Consent Agreement is entered into for final  
12 disposition of the matters described therein. Respondent denies the factual allegations  
13 contained in Paragraphs 16, 17, 27, 29, 31 and 37, but for the purposes of this Consent  
14 Agreement acknowledges that sufficient evidence exists for the Board to make the following  
15 Findings of Fact:

- 16 1. The Board possesses jurisdiction over the subject matter and over  
17 Respondent as a licensee of the Board, under A.R.S. § 32-1401, *et seq.*
- 18 2. The Board is the duly constituted authority for the regulation and control of  
19 the practice of allopathic medicine in the State of Arizona.
- 20 3. Respondent is the holder of License No. 10747 for the practice of allopathic  
21 medicine in the State of Arizona.

22 **A. PATIENT T.S.**

23 4. In September 1999, the Board initiated an investigation against Respondent  
24 after receiving a complaint from patient T.S. that Respondent negligently failed to detect and  
25 treat patient's prostate cancer.  
26

1           5.     Patient T.S. was a patient of Respondent from June 1992 to October 1998.  
2 During this time period, Respondent was patient T.S.'s primary care physician, and T.S.  
3 regularly visited Respondent four to six times per year, due to his health.

4           6.     In June 1992, Patient T.S. was 52 years of age, and was suffering from  
5 diabetes mellitus type II with neuropathy, hypertension, a prostatic node, and benign  
6 prostatic hypertrophy. Patient T.S.'s family medical history included coronary disease,  
7 prostate cancer, and diabetes.

8           7.     On June 30, 1992, Respondent was aware of patient T.S.'s family medical  
9 history, and that patient had an enlarged prostate with a nodule on the right lobe of the  
10 prostate. This nodule was discovered the previous year, by another physician, and an  
11 ultrasound examination was conducted that indicated the nodule appeared to be benign.  
12 Also during the previous year, patient T.S. had a PSA blood test to determine whether he  
13 had prostate cancer. The PSA test disclosed that patient T.S.'s PSA level was normal.  
14 Respondent was given a copy of the PSA test results.

15           8.     On June 30, 1992, Respondent, while examining patient T.S., ordered blood  
16 tests for patient T.S. One of the blood tests disclosed that patient T.S. had an above normal  
17 PSA level. Patient T.S.'s PSA level was 5.4, indicating the possibility of prostate cancer.  
18 Respondent wrote in patient's medical records that patient's PSA level was high and that  
19 another PSA blood test should be done to confirm the previous PSA test's results. There is  
20 no indication in patient's medical records that another PSA test was performed to confirm  
21 the results of the prior PSA test.

22           9.     Patient T.S.'s medical records indicate that the next PSA test ordered by  
23 Respondent for patient was April of 1996. This PSA test disclosed that patient T.S.'s PSA  
24 level was at 4.8 - the maximum normal level is 4.0.

25           10.    Patient T.S.'s medical records indicate that the next and last PSA test ordered  
26 by Respondent for patient was August of 1998. This PSA test disclosed that patient T.S.

1 continued to have a PSA level at 4.8. At this point in time, patient T.S. was 58 years of age.

2 11. During the years of 1994 through 1998, Respondent diagnosed patient T.S.  
3 with the following: a) coronary artery disease; b) high blood pressure; c) congestive heart  
4 failure; d) anemia; e) insomnia; f) depression; g) hyperlipidemia; h) renal insufficiency; i)  
5 pelvic fracture; and j) bilateral carpal tunnel syndrome. Also, during this period, patient T.S.  
6 underwent triple-bypass coronary surgery.

7 12. During the time period of July 1, 1992 through October 21, 1998, there is no  
8 indication in patient T.S.'s medical records that Respondent did a full physical examination  
9 or a digital rectal examination of patient, even though patient had deteriorating health, a  
10 family history of heart disease, prostate cancer, and diabetes, and positive PSA tests strongly  
11 indicating prostate cancer.

12 13. On or about March 1999, patient T.S.'s new primary care physician, after  
13 examining T.S., referred him to a urologist.

14 14. On or about April 1999, the urologist did several tests on patient T.S., which  
15 tests disclosed that T.S. had prostate cancer.

16 15. Because prostate cancer was discovered, patient T.S. was referred to a  
17 urologist specializing in prostate cancer treatments. This urologist initiated radiation therapy  
18 upon patient T.S. to treat his prostate cancer.

19 16. Respondent exercised negligent medical judgment in his treatment of patient  
20 T.S. for failing to order follow-up tests on the patient to rule out the possibility of prostate  
21 cancer, failing to conduct full physical and digital rectal examinations on the patient within  
22 a six-year period, and failing to refer the patient to medical specialists who could have  
23 treated patient's prostate cancer.

24 17. Respondent's treatment of patient T.S. deviated from the acceptable standard  
25 of care and resulted in serious harm to the patient.  
26

**B. PATIENT D.G.**

1  
2 18. On March 9, 1999, the Board received a letter from patient D.G. complaining  
3 that Respondent prescribed to her a combination of medications, including weight control  
4 medications, that were harmful and dangerous to her health. Because of this complaint, the  
5 Board initiated an investigation against Respondent.

6 19. Patient D.G. was a patient of Respondent from September 1997 through  
7 December 1998. During this time period, Respondent was patient D.G.'s primary care  
8 physician, and D.G. regularly visited Respondent six to eight times per year, due to her  
9 health.

10 20. On September 16, 1997, Respondent diagnosed patient D.G. with the  
11 following: a) lower back pain; b) right lumbar radiculopathy; c) fatigue; d) hyperlipidemia;  
12 and e) moderate obesity. Respondent initiated a treatment plan of Phentermine and  
13 Phendimetrazine to control patient D.G.'s moderate obesity.

14 21. On October 14, 1997, Respondent diagnosed patient D.G. with depression.  
15 Respondent prescribed Prozac to treat her depression, and continued to prescribe  
16 Phentermine and Phendimetrazine to her.

17 22. From October 14, 1997 through March 11, 1998, Respondent prescribed  
18 Prozac to patient D.G.

19 23. On March 11, 1998, Respondent changed patient D.G.'s anti-depression  
20 medication from Prozac to Zoloft.

21 24. On April 20, 1998, Respondent and patient D.G. had a discussion about the  
22 progress of her medical treatment. As a result of the discussion, Respondent continued to  
23 prescribe Phentermine, Phendimetrazine, Zoloft, and BuSpar (a pain medication) to patient.

24 25. On June 22, 1998, Respondent discontinued prescribing weight loss  
25 medication (i.e., Phentermine and Phendimetrazine) to patient D.G., but continued to  
26 prescribe Zoloft and BuSpar to her.

1           26.    On July 20, 1998, Respondent encouraged patient D.G. to continue taking her  
2 Zoloft, and Respondent prescribed Meridia to her to control her weight.

3           27.    Knoll Pharmaceutical, the manufacturer of Meridia, in its then available  
4 medical literature warned that Meridia should not be taken with Zoloft because of the  
5 harmful drug interaction that can occur.

6           28.    On July 28, 1998, patient D.G. reported to Respondent that she is taking her  
7 Zoloft, BuSpar, and Meridia medication. On that same date, Respondent prescribed  
8 Phentermine to aid patient in her weight reduction.

9           29.    Knoll Pharmaceutical in its then available medical literature warned that  
10 Meridia should not be taken with Phentermine because of the harmful drug interaction that  
11 can occur.

12           30.    On October 9, 1998, patient D.G. complained to Respondent of her back pain.  
13 Respondent prescribed Duragesic to patient to reduce her back pain. Patient continued to  
14 take Meridia and Phentermine.

15           31.    Knoll Pharmaceutical in its then available medical literature warned that  
16 Meridia should not be taken with Duragesic for it may cause a serious medical condition  
17 called "serotonin syndrome."

18           32.    On October 13, 1998, Respondent refilled patient D.G.'s prescription for  
19 Zoloft.

20           33.    On November 6, 1998, Respondent increased the dosage strength for  
21 Duragesic that patient D.G. was to take. Moreover, Respondent instructed patient to  
22 continue her drug treatment of Phentermine and Meridia for weight loss. Also, Respondent  
23 renewed patient's prescription for Meridia.

24           34.    On December 4, 1998, Respondent instructed patient D.G. to continue taking  
25 her Duragesic medication, and the dosage strength for Meridia was reduced, but patient  
26 continued her weight control treatment of Meridia and Phentermine. Patient continued to

1 take Zoloft.

2 35. On December 28, 1998, patient D.G. was informed by Mary-Helene Brown,  
3 M.D., patient's gynecologist, that taking Phentermine, Zoloft, and Duragesic with Meridia  
4 was contraindicated because of the harmful drug interactions that can occur. Dr. Brown  
5 informed the patient to stop taking Phentermine and Meridia.

6 36. On December 28, 1998, patient D.G. contacted Respondent to cancel her next  
7 medical consultation with him and requested all her medical records.

8 37. Respondent's treatment of patient D.G. deviated from the acceptable standard  
9 of care and endangered the health and safety of the patient.

### 10 **C. VIOLATING BOARD STIPULATION AND ORDER**

11 38. In January 1997, the Board initiated an investigation against Respondent for  
12 prescribing controlled substances for weight control for other than accepted therapeutic  
13 purposes.

14 39. On January 25, 1999, in an effort to resolve that investigation, the Board and  
15 Respondent entered into a Stipulation and Order.

16 40. Under the Stipulation, Respondent agreed that if he failed to abide by the  
17 Order then his conduct would be a violation of A.R.S. § 32-1401(25)(r) "[v]iolating a formal  
18 order, probation, consent agreement or stipulation issued or entered into by the board of its  
19 executive director under the provisions of this chapter," which constitutes unprofessional  
20 conduct.

21 41. Under the Order, Respondent agreed, within six months of January 25, 1999,  
22 that he would obtain ten hours of Category I Continuing Medical Education in obesity  
23 treatment and record keeping. Furthermore, Respondent would provide satisfactory  
24 evidence to the Board that he had completed the Continuing Medical Education ("CME")  
25 by the deadline date. These CME hours were in addition to the required statutory hours that  
26 every allopathic physician must complete to renew their medical license with the Board.

1           42.    On June 16, 1999, Respondent notified the Board that he was unable to find  
2 CME courses concerning record keeping. On June 17, 1999, a Board staff member wrote  
3 a letter to Respondent and provided the names of several education institutions that provided  
4 CME courses in record keeping. Moreover, the Board staff member, in her letter, invited  
5 Respondent to contact her if he had any questions about completing the required CME  
6 hours.

7           43.    On June 22, 1999, the Board amended the Stipulation and Order, which was  
8 agreed to by Respondent. The Amended Stipulation and Order extended the deadline date  
9 for Respondent to complete the CME by December 22, 1999. The Amended Order clarified  
10 that Respondent was required to get 10 hours of CME in obesity treatment and 10 hours of  
11 CME in record keeping. The Amended Order restated the prior provisions of the original  
12 Order, specifically that Respondent's failure to comply with the Amended Order would  
13 constitute unprofessional conduct.

14           44.    On August 15, 2000, the Board sent Respondent a Notice of Complaint For  
15 Failing to Comply with the Amended Order and Stipulation.

16           45.    On August 23, 2000, Respondent notified the Board that he had completed a  
17 course from the University of North Carolina at Chapel Hill entitled "Diet Obesity and  
18 Cardiovascular Disease." Respondent would supply the Board evidence of completing the  
19 CME course sponsored by the University of North Carolina, but Respondent still was unable  
20 to find CME courses on record keeping.

21           46    Respondent has failed to provide the Board with satisfactory evidence that he  
22 has completed the CME course sponsored by the University of North Carolina or provide  
23 any evidence of completing any CME courses on record keeping.

24           47.    Respondent has provided to the Board satisfactory evidence that he has  
25 completed 3.25 hours of CME in obesity treatment.

26           48.    Respondent's failure to comply with the Amended Stipulation and Order is an

1 act of unprofessional conduct:

2 **CONCLUSIONS OF LAW**

3 1. The Board is the duly constituted authority for the regulation and control of  
4 the practice of allopathic medicine in the State of Arizona, under A.R.S. § 32-1401, *et seq.*

5 2. The conduct and circumstances described above regarding Respondent  
6 constitute unprofessional conduct under A.R.S. § 32-1401(25)(ll) ([c]onduct that the board  
7 determines is gross negligence, repeated negligence or negligence resulting in harm to or  
8 death of a patient).

9 3. The conduct and circumstances described in Paragraphs 4-34 above regarding  
10 Respondent constitute unprofessional conduct under A.R.S. § 32-1401(25)(q) ([a]ny  
11 conduct or practice which is or might be harmful or dangerous to the health of the patient  
12 of the public)

13 4. The conduct and circumstances described in Paragraphs 38-48 above regarding  
14 Respondent constitute unprofessional conduct under A.R.S. § 32-1401(25)(r)([v]iolating a  
15 formal order, probation, consent agreement or stipulation issued or entered into by the board  
16 or its executive director under the provisions of this chapter).

17 **ORDER**

18 Based upon the above Findings of Fact and Conclusions of Law and under the  
19 authority granted to the Board by A.R.S. §§ 41-1092.07(F)(5) and 32-1451(F),

20 **IT IS HEREBY ORDERED:**

21 1. License No. 10747, issued to Respondent, for the practice of allopathic  
22 medicine in the State of Arizona, is REVOKED. The revocation, however, is STAYED and  
23 Respondent shall be placed on PROBATION for five years with the following terms and  
24 conditions as stated herein.

25 2. Respondent agrees that the Board or its designee shall have sole, complete and  
26 absolute discretion to determine whether Respondent has violated the Consent Agreement.

1 Any violation of the Consent Agreement as determined by the Board or its designee shall  
2 cause Respondent's stay to be lifted, Respondent's probation to be terminated, and  
3 Respondent's allopathic license shall be immediately revoked.

4 3. Respondent unequivocally and absolutely relinquishes and waives all rights  
5 before any administrative, state or federal court of competent jurisdiction to rehear, review,  
6 reconsider, appeal or any other type of administrative and/or judicial action concerning the  
7 Board's, or its designee's, determination that Respondent violated the Consent Agreement  
8 which lifted Respondent's stay, terminated Respondent's probation, and revoked  
9 Respondent's allopathic license.

10 4. Respondent agrees and is aware that the only opportunity granted to him, to  
11 present information to the Board or its designee that he has not violated the Consent  
12 Agreement is a discussion before the Board or its designee on the alleged violation(s). The  
13 Board or its designee will provide a written notice to Respondent of the alleged violation(s)  
14 and the date, time, and place where the discussion will be held. Respondent can be  
15 represented by an attorney at that discussion. The discussion is not an evidentiary-type  
16 hearing, but a dialogue between the parties. Respondent can waive his opportunity for  
17 discussion before the Board or its designee. The Board's, or its designee's, determination  
18 that Respondent has violated the Consent Agreement is a final and binding decision on  
19 Respondent, and as stated in the above paragraph there is no appeal from that decision.  
20 Upon receipt of the Board's, or its designee's, written decision that Respondent violated the  
21 Consent Agreement, Respondent shall immediately surrender his allopathic license to the  
22 Board.

23 5. Respondent, during the probation, shall take an additional 80 hours of  
24 Category I CME. These CME hours are in addition to the required statutory hours that  
25 Respondent must take to maintain his license with the Board. All CME hours must be pre-  
26 approved by designated Board staff prior to Respondent enrolling for those hours.

1 Respondent must send to designated Board staff either by mail or facsimile, within 30 days  
2 after completing a CME course, proof of completing the course.

3 6. Respondent shall complete his additional 80 CME hours as follows:

4 a. Respondent shall comply with the Board's Amended Stipulation and  
5 Order, dated June 22, 1999, for 10 CME hours in obesity treatment and 10 CME hours in  
6 medical record keeping within the first six months of probation. Respondent shall be  
7 credited for completing 3.25 hours of CME in obesity treatment from the total of 10 hours  
8 required of him.

9 b. Respondent, during the second year of probation, shall take 20 CME  
10 hours dealing with the prescribing and dispensing of medications and controlled substances.

11 c. Respondent, during the third year of probation, shall take 20 CME  
12 hours dealing with the diagnosis and treatment of prostate cancer for patients forty-years and  
13 older.

14 d. Respondent, during the fourth year of probation, shall take 20 CME  
15 hours dealing with medical ethics.

16 7. Respondent, during the probation, shall be subject to office surveys to be  
17 conducted by Board staff or its agents, which surveys may begin six months after the  
18 effective date of the Consent Agreement. Based upon the office survey or surveys, the  
19 Board retains jurisdiction to take additional disciplinary or remedial action concerning  
20 Respondent's allopathic license.

21 8. Respondent, during the probation, shall be subject to chart reviews to be  
22 conducted by Board staff or its agents, which reviews may begin six months after the  
23 effective date of the Consent Agreement. Based upon the chart review or reviews, the Board  
24 retains jurisdiction to take additional disciplinary or remedial action concerning  
25 Respondent's allopathic license.

26 9. Respondent shall pay a fine in the amount of \$2,000.00 made payable to the

1 Board either by cashier's check or money order. Payment to the Board is due within sixty  
2 days after the effective date of the Consent Agreement.

3 10. Respondent shall obey all federal, state, and local laws, and rules governing  
4 the practice of medicine in Arizona, and remain in full compliance with any medical board  
5 or court ordered administrative, civil, or criminal probation, payments or other orders.

6 11. Respondent shall submit quarterly declarations under penalty of perjury on  
7 forms provided by the Board, stating whether there has been compliance with all the  
8 conditions of probation. The declarations shall be submitted on or before the 15<sup>th</sup> of March  
9 June, September, and December of each year.

10 12. In the event Respondent should leave Arizona to reside or practice outside the  
11 state or for any reason should Respondent stop practicing medicine in Arizona, Respondent  
12 shall notify the Board's Executive Director in writing within 10 days of departure and return  
13 or the dates of non-practice within Arizona. Non-practice is defined as any period of time  
14 exceeding thirty days in which Respondent is not engaged in the practice of medicine.  
15 Periods of temporary or permanent residence or practice outside Arizona or of non-practice  
16 within Arizona, will not apply to the reduction of the probationary period.

17 DATED AND EFFECTIVE this 12<sup>th</sup> day of October, 2001.

18 BOARD OF MEDICAL EXAMINERS  
19 OF THE STATE OF ARIZONA

20 [ S E A L ]

21 By Claudia Foutz  
22 CLAUDIA FOUTZ  
23 Executive Director  
24 TOM ADAMS  
25 Deputy Director

26 COPY of the foregoing mailed by  
U.S. Certified Mail this 12 day of  
October, 2001 to:

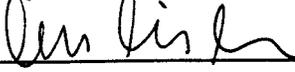
...

1 Ruben Aguilera, M.D.  
10503 W. Thunderbird, Suite 200  
2 Sun City, Arizona 85351

3 COPY of the foregoing mailed  
this 12 day of October, 2001, to:

4  
5 Roger N. Morris, Esq.  
Quarles & Brady Streich Lang, LLP  
Renaissance One, Two N. Central Avenue  
6 Phoenix, Arizona 85004-2391  
7 Attorney for Respondent

8 Roberto Pulver  
Assistant Attorney General  
1275 W. Washington, CIV/LES  
9 Phoenix, Arizona 85007  
10 Attorney for the State

11   
\_\_\_\_\_

12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26