

1 **BEFORE THE ARIZONA MEDICAL BOARD**

2 In the Matter of

3 **ROBERT C. TEAGUE, M.D.**

4 Holder of License No. **3925**  
5 For the Practice of Allopathic Medicine  
6 In the State of Arizona.

Board Case No. MD-05-0923A

**FINDINGS OF FACT,  
CONCLUSIONS OF LAW AND ORDER**

(Letter of Reprimand)

7 The Arizona Medical Board ("Board") considered this matter at its public meeting on April  
8 11, 2007. Robert C. Teague, M.D. ("Respondent") appeared before the Board without legal  
9 counsel for a formal interview pursuant to the authority vested in the Board by A.R.S. § 32-  
10 1451(H). The Board voted to issue the following Findings of Fact, Conclusions of Law and Order  
11 after due consideration of the facts and law applicable to this matter.

12 **FINDINGS OF FACT**

13 1. The Board is the duly constituted authority for the regulation and control of the  
14 practice of allopathic medicine in the State of Arizona.

15 2. Respondent is the holder of License No. 3925 for the practice of allopathic medicine  
16 in the State of Arizona.

17 3. The Board initiated case number MD-05-0923A after receiving a complaint regarding  
18 Respondent's care and treatment of a sixty-seven year-old male patient ("EG"). EG presented to  
19 Respondent's office on July 1, 2005 with a two or three day history of a blister-like lesion on his left  
20 calf that was quite painful and was slowly becoming a cluster of lesions. Respondent diagnosed  
21 Herpes Zoster and prescribed a ten day course of Acyclovir. On July 3, 2005 EG telephoned  
22 Respondent and reported the area was worse. Respondent suggested EG go to the emergency  
23 department. At the emergency department EG was diagnosed with cellulitis and admitted under  
24 the care of an infectious disease specialist. Respondent met the standard of care in his treatment  
25 of EG.

1           4.     The Board notified Respondent of the allegations against him by letter dated October  
2 7, 2005. Respondent was required to respond by October 21, 2005. Respondent failed to respond.  
3 On February 10, 2006 the Board sent Respondent a second notice adding the allegation of failing  
4 to respond to the October 7, 2005 notice. Respondent filed his response on February 14, 2006, but  
5 failed to address why he had not responded to the October 7, 2005 notice. The Board also served  
6 a subpoena on Respondent for his entire medical record for EG. On May 30, 2006 Respondent  
7 provided a one-page record of the July 1, 2005 visit. Respondent later informed Board Staff he did  
8 not respond to the October 7, 2005 notice because he had misplaced it.

9           5.     In Respondent's office note for EG's July 1, 2005 visit Respondent's staff recorded  
10 EG's chief complaint as "left calf infection starting with a blister one week ago and pain all around  
11 the lesion." Respondent documented EG had stinging pain for two or three days and that two small  
12 blisters with pus in them had developed, one of which healed. The third line of Respondent's note  
13 is illegible. Respondent documented his diagnostic impression and the Acyclovir prescription. The  
14 office note also indicates two medication refills for EG's diabetes and a final note dated August 8,  
15 2005 indicates Respondent's records were sent to another physician at EG's request.  
16 Respondent's entire July 1, 2005 office note is four lines.

17           6.     At the time EG presented to Respondent, Respondent's wife was suffering from  
18 Alzheimer's and he described his office situation as "poor". Respondent has had Attention Deficit  
19 Disorder his whole life and tends to put things in piles where they get covered up and he believes  
20 this is what he did with the Board's original October 7, 2005 notice. Respondent indicated he was  
21 also angry at being accused of misdiagnosing EG, but did not believe his anger caused him to fail  
22 to respond. Respondent admitted to not having an adequate record of EG's visit, but believed his  
23 record justified his initial impression of EG's rash.

24           7.     Respondent believed EG had a classic presentation of a viral skin infection and EG,  
25 being a diabetic, would have more of these than an average person. The record from July 1, 2005

1 does not indicate EG is a diabetic. Respondent's remaining records for EG are not contained on  
2 the one page dated July 1, 2005, but he indicated they contain all of the information on EG's  
3 diabetes, renal stone, chondritis, varicose veins, blood sugars, etc. Respondent admitted he had  
4 received a Board subpoena for all of his records for EG and that he did not forward them to the  
5 Board and he does not know why.

6 8. A physician is required to maintain adequate medical records. An adequate medical  
7 record means a legible record containing, at a minimum, sufficient information to identify the  
8 patient, support the diagnosis, justify the treatment, accurately document the results, indicate  
9 advice and cautionary warnings provided to the patient and provide sufficient information for  
10 another practitioner to assume continuity of the patient's care at any point in the course of  
11 treatment. A.R.S. § 32-1401(2). Respondent's records do not meet this standard.

#### 12 **CONCLUSIONS OF LAW**

13 1. The Arizona Medical Board possesses jurisdiction over the subject matter hereof  
14 and over Respondent.

15 2. The Board has received substantial evidence supporting the Findings of Fact  
16 described above and said findings constitute unprofessional conduct or other grounds for the  
17 Board to take disciplinary action.

18 3. The conduct and circumstances described above constitutes unprofessional  
19 conduct pursuant to A.R.S. § 32-1401(27)(e) ("[f]ailing or refusing to maintain adequate records on  
20 a patient") and A.R.S. § 32-1401(27)(dd) ("[f]ailing to furnish information in a timely manner to the  
21 board or the board's investigators or representatives if legally requested by the board.").

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**ORDER**

Based upon the foregoing Findings of Fact and Conclusions of Law,

IT IS HEREBY ORDERED:

Respondent is issued a Letter of Reprimand for failing to maintain adequate records on a patient and for failing to furnish his entire patient record as ordered by the Board.

**RIGHT TO PETITION FOR REHEARING OR REVIEW**

Respondent is hereby notified that he has the right to petition for a rehearing or review. The petition for rehearing or review must be filed with the Board's Executive Director within thirty (30) days after service of this Order. A.R.S. § 41-1092.09(B). The petition for rehearing or review must set forth legally sufficient reasons for granting a rehearing or review. A.A.C. R4-16-103. Service of this order is effective five (5) days after date of mailing. A.R.S. § 41-1092.09(C). If a petition for rehearing or review is not filed, the Board's Order becomes effective thirty-five (35) days after it is mailed to Respondent.

Respondent is further notified that the filing of a motion for rehearing or review is required to preserve any rights of appeal to the Superior Court.

DATED this 8th day of June 2007.



THE ARIZONA MEDICAL BOARD

By [Signature]  
TIMOTHY C. MILLER, J.D.  
Executive Director

ORIGINAL of the foregoing filed this 8th day of June, 2007 with:

Arizona Medical Board  
9545 East Doubletree Ranch Road  
Scottsdale, Arizona 85258

1 Executed copy of the foregoing  
mailed by U.S. Mail this  
2 5th day of June, 2007, to:

3 Robert C. Teague, M.D.  
Address of Record

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5 Chris Bandy

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