



NEVADA STATE BOARD OF PHARMACY

OFFICE OF THE GENERAL COUNSEL

WRITER'S DIRECT DIAL: (775) 850-1440 • E-MAIL: PEDWARDS@PHARMACY.NV.GOV • FAX: (775) 850-1444

November 4, 2015

VIA CERTIFIED U.S. MAIL AND ELECTRONIC MAIL

Bruce Fong CS10785
9333 Double R Blvd Ste. 100
Reno, NV 89521
Bfong186@aol.com

Re: CEASE AND DESIST ORDER WITH CITATION FOR UNLICENSED DISPENSING

Dear Dr. Fong:

It has come to the attention of the Nevada State Board of Pharmacy (Board) that you, through your practice, have been dispensing prescription medications, including controlled substances, without a dispensing practitioner certificate. Dispensing any prescription medication without the appropriate certificate from the Board of Pharmacy is unlawful under various federal and state statutes, including NRS 639.23505, NRS 453.226 through 453.232. NRS 639.23505, for example, states:

NRS 639.23505 Conditions and limitations on practitioner dispensing controlled substances or dangerous drugs. A practitioner shall not dispense for human consumption any controlled substance or dangerous drug if the practitioner charges a patient for that substance or drug, either separately or together with charges for other professional services:

1. Unless the practitioner first applies for and obtains a certificate from the Board and pays the required fee; and
2. Issues a written prescription.

This letter shall serve as an order to CEASE and DESIST, immediately, the unlicensed practice of dispensing prescription medications. You may not resume those activities until you submit an Application for Authority to Dispense Drugs to the Board Office, and such application is approved and a certificate granted, if the Board so chooses.

Secondly, this letter shall serve as a CITATION pursuant to NRS 639.2895(2), citing you for the unauthorized practice of pharmacy. The Board has assessed against you an administrative fine of \$2,500.00 in association with this citation. You shall pay this administrative fine within 30 days of receipt of this citation. Payment must be by *cashier's check, certified check* or *money order* made payable to the "Nevada State Board of Pharmacy." Send payment to the Board's Reno office located at 431 W. Plumb Lane, Reno, NV 89509.

You have the right to appeal this citation. See NRS 639.2895(2). If you choose to appeal, you must submit a written request for a hearing to the Board not later than 30 days after receipt of this citation.

Please be aware that the forgoing Order and Citation, and any hearing held to review the citation, if you so request, would not take the place of a hearing before the Board to determine whether the Board will grant your Application for Authority to Dispense Drugs. A hearing on that matter is scheduled to occur on Wednesday, December 2, 2015, at 1:30 PM, at the Board's regularly scheduled meeting in Reno, Nevada. The hearing will be held on the first floor conference room at the Hyatt Place, located at 1790 E. Plumb Lane in Reno.

Feel free to contact me if you have questions.

Best regards,



S. Paul Edwards
General Counsel
Nevada State Board of Pharmacy

Cc: Larry Pinson, Executive Secretary of the Nevada Board of Pharmacy

NEVADA STATE BOARD OF PHARMACY
431 W Plumb Lane – Reno, NV 89509 – (775) 850-1440

APPLICATION FOR AUTHORITY TO DISPENSE DRUGS
Registration Fee: \$300.00 (non-refundable money order or cashier's check only)

New Dispensing Location Address Change (Requires Fee and New Application)
Do you, as a dispensing practitioner or in conjunction only with other practitioners, wholly own your practice? Yes No

I will be dispensing controlled substances dangerous drugs or both. Must check a box.

If you dispense controlled substances, a controlled substance registration and DEA is required for the address listed on this application.

First: BRUCE Middle: KIRIN Last: FONG Degree: DO
Practice Name (if any): SIERRA INTEGRATIVE MEDICAL CENTER
Nevada Address: 9333 DOUBLE R BLVD E Suite #: 100
(This must be a practicing Nevada address, we will not issue a license to a home address or to a PO Box only)

PO Box: _____ SS#: _____ Sex: M or F
E-mail address: _____ Date of Birth: _____
City: RENO State: NV Zip Code: 89521
Nevada Work Telephone: (775) 828-5388 Nevada Fax: (775) 828-6588
Practitioner License Number: NEVADA DO: #909 Specialty: INTERNAL MEDICINE

You must be licensed with your respective BOARD before we will process this application.

| | | |
|---|--------------------------|-------------------------------------|
| Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or physical condition that would impair your ability to perform the essential functions of your license?..... | Yes | No |
| 1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. Been the subject of an administrative action whether completed or pending in <u>any</u> state?..... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.... | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If you marked YES to any of the numbered questions (1-3) above, include the following information & provide documentation:

| | | | | | |
|------------------------------|-------|-------|---------|--------|-------|
| Board Administrative Action: | State | Date: | Case #: | | |
| | | / / | | | |
| Criminal Action: | State | Date: | Case #: | County | Court |
| | | / / | | | |

The undersigned practitioner, licensed to practice his or her profession in the State of Nevada, applies to the Board of Pharmacy for authorization to dispense, for profit, controlled substances or dangerous drugs or both, to his or her own patients, in the manner allowed and as required by Nevada and Federal law.

I hereby certify that the answers given in this application are true and correct to the best of my knowledge. I understand that the approval of this application provides me alone with the authority to dispense controlled substance or dangerous drugs or both to my own patients at the address stated on the application. I further understand that I may not delegate this authority to any other person. I further agree to abide by all statutes, rules or regulations governing practitioner dispensing and understand that a violation of any such statute, rules or regulations may be grounds for suspension or revocation of this permit of authorization.

[Signature], DO, HMID Date 9/24/15
Original Signature, no copies or stamps accepted.

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| Board Use Only | Received: <u>10-14-15</u> | Amount: <u>\$300.00</u> | Entity# <u>35474</u> |
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