



PUBLIC VERIFICATION / PHYSICIAN PROFILE

PHYSICIAN

NAME: KALAMANI RACHEL DHARMA MD **DATE:** 03/17/2020

**THE INFORMATION IN THIS BOX HAS BEEN VERIFIED
BY THE TEXAS MEDICAL BOARD**

Date of Birth: 1959

License Number: G3289 Full Medical License

Issuance Date: 02/27/1983

Expiration Date of Physician's Registration Permit: 11/30/2021

Registration Status: ACTIVE

Registration Date: 02/27/1983

Disciplinary Status: COMPLAINT DISMISSED **Disciplinary Date:** 06/14/2019

Licensure Status: NONE

Licensure Date: NONE

Medical School of Graduation:

At the time of licensure, TMB verified the physician's graduation from medical school as follows:
TEXAS TECH UNIV HLTH SCI CTR, LUBBOCK

Medical School Graduation Year: 1982

TMB Filings, Actions and License Restrictions

The Texas Medical Board has the following board actions against this physician. (This may include any formal complaints filed by TMB, as well as petitions and/or responses related to licensure contested matters, at the State Office of Administrative Hearings.)

View the documents containing action taken by the Board against this individual.

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Action Date: 06/14/2019

Description: ON JUNE 14, 2019, FORMAL COMPLAINT WAS DISMISSED AS A RESULT OF BOARD DISMISSAL.

Action Date: 11/02/2017

Description: ON NOVEMBER 2, 2017, A THIRD AMENDED COMPLAINT WAS FILED BY THE BOARD.

Action Date: 08/11/2017

Description: ON AUGUST 11, 2017, A SECOND AMENDED COMPLAINT WAS FILED BY THE BOARD.

Action Date: 08/03/2017

Description: ON AUGUST 3, 2017, A FIRST AMENDED COMPLAINT WAS FILED BY THE BOARD.

Action Date: 06/15/2017

Description: ON JUNE 15, 2017, A FORMAL COMPLAINT WAS FILED BY THE BOARD.

Action Date: 06/15/2015

Description: ON JUNE 15, 2015, AGREED ORDER DATED APRIL 10, 2015, WAS TERMINATED DUE TO COMPLETION OF ALL REQUIREMENTS.

Action Date: 04/10/2015

Description: ON APRIL 10, 2015, THE BOARD AND KALAMANI RACHEL DHARMA, M.D., ENTERED INTO AN AGREED ORDER REQUIRING DR. DHARMA TO WITHIN ONE YEAR AND THREE ATTEMPTS PASS THE MEDICAL JURISPRUDENCE EXAM; WITHIN ONE YEAR COMPLETE AT LEAST FOUR HOURS OF IN-PERSON CME IN RISK MANAGEMENT; WITHIN 60 DAYS SUBMIT IN WRITING REVISED PROTOCOLS; AND PAY AN ADMINISTRATIVE PENALTY OF \$3,000 WITHIN 90 DAYS. THE BOARD FOUND DR. DHARMA'S PHYSICIAN ASSISTANT PRESCRIBED PHENTERMINE TO PATIENTS PURSUANT TO PROTOCOLS THAT WERE INADEQUATE GIVEN THE LENGTH OF ONGOING MEDICATION THERAPY AND THAT DR. DHARMA'S DELEGATE'S PRESCRIBING OF PHENTERMINE FOR INTERMITTENT PERIODS IN EXCESS OF THE MAXIMUM FDA APPROVED LABELING USE OF THE DRUG WAS INAPPROPRIATE BECAUSE THE MEDICAL RECORDS AND PROTOCOLS WERE INADEQUATE TO SUPPORT OR JUSTIFY THE LONG-TERM USE.

Action Date: 02/08/2013

Description: ON FEBRUARY 8, 2013, THE BOARD ENTERED AN ORDER GRANTING TERMINATION OF KALAMANI RACHEL DHARMA, M.D.'S 2011 AGREED ORDER. THE BOARD FOUND DR. DHARMA HAS SERVED APPROXIMATELY 22 MONTHS UNDER THE 2011 ORDER AND IS IN COMPLIANCE WITH ALL TERMS AND CONDITIONS.

Action Date: 05/02/2011

Description: ON MAY 2, 2011, THE FORMAL COMPLAINT WAS DISMISSED BY SOAH AS A RESULT OF THE MEDIATED ORDER DATED APRIL 8, 2011.

Action Date: 04/08/2011

Description: ON APRIL 8, 2011, THE BOARD AND KALAMANI RACHEL DHARMA, M.D., ENTERED INTO A MEDIATED AGREED ORDER REQUIRING DR. DHARMA TO HAVE A PHYSICIAN MONITOR HER PRACTICE FOR EIGHT MONITORING CYCLES; COMPLETE WITHIN ONE YEAR 16 HOURS OF CME INCLUDING EIGHT HOURS IN MEDICAL RECORD-KEEPING AND EIGHT HOURS IN RISK MANAGEMENT; AND PAY AN ADMINISTRATIVE PENALTY OF \$5,000 WITHIN 90 DAYS. THE BASIS FOR ACTION WAS DR. DHARMA'S INADEQUATE MEDICAL RECORDS AND VIOLATION OF STATE LAWS REGARDING INFORMED CONSENT FOR ABORTIONS.

Action Date: 11/27/2007

Description: ON NOVEMBER 27, 2007, A FORMAL COMPLAINT WAS FILED BY THE BOARD.

Investigations by TMB of Medical Malpractice

Section 164.201 of the Act requires that: the board review information relating to a physician against whom three or more malpractice claims have been reported within a five year period. Based on these reviews, the following investigations were conducted with the listed resolutions.

NONE

Status History

Status history contains entries for any updates to the individual's registration, licensure or disciplinary status types (beginning with 1/1/78, when the board's records were first automated). Entries are in reverse chronological order; new entries of each type supersede the previous entry of that same type. These records do not display status type. Should you have any questions, please contact our Customer Information Center at 512-305-7030 or verificic@tmb.state.tx.us

Status Code: CD **Effective Date:** 06/14/2019

Description: COMPLAINT DISMISSED

Status Code: FB **Effective Date:** 11/02/2017

Description: COMPLAINT FILED

Status Code: FB **Effective Date:** 08/11/2017

Description: COMPLAINT FILED

Status Code: FB **Effective Date:** 08/03/2017

Description: COMPLAINT FILED

Status Code: FB **Effective Date:** 06/15/2017

Description: COMPLAINT FILED

Status Code: CL **Effective Date:** 06/15/2015

Description: SEE PREVIOUS ORDER

Status Code: RB **Effective Date:** 04/10/2015

Description: UNDER BOARD ORDER

Status Code: CL **Effective Date:** 02/08/2013

Description: SEE PREVIOUS ORDER

Status Code: RB **Effective Date:** 04/08/2011

Description: UNDER BOARD ORDER

Status Code: FB **Effective Date:** 11/27/2007

Description: COMPLAINT FILED

Status Code: AC **Effective Date:** 02/27/1983

Description: ACTIVE

**THE INFORMATION IN THIS BOX WAS REPORTED BY THE LICENSEE AND
HAS NOT BEEN VERIFIED BY THE TEXAS MEDICAL BOARD**

Gender: FEMALE

***Ethnicity:** ASIAN OR PACIFIC ISLANDER

Race: OTHER

* We are in the process of transitioning from the current ethnic origin values to federal standards for race and Hispanic origin. The transition period will allow time for

individuals to submit updated race and Hispanic origin data to the TMB.

Place of Birth: INDIA

Current Primary Practice Address:

3453 ST FRANCIS AVE # 125,

DALLAS , TX 75228-6098

Years of Active Practice in the U.S. or Canada:

The physician reports that he/she has actively practiced medicine in the United States or Canada for **29** year(s).

Years of Active Practice in Texas:

The physician reports that, of the above years he/she has actively practiced in the State of Texas for **18** year(s).

Specialty Board Certification

The physician reports that he/she holds the following specialty certifications issued by a board that is a member of the American Board of Medical Specialties or the Bureau of Osteopathic Specialists:

Specialty Certification: AMERICAN BOARD OF OBSTETRICS & GYNECOLOGY

Date: 2002

Specialty Certification: AMERICAN BOARD OF ANESTHESIOLOGY

Date: 1988

Primary Specialty

The physician reports his/her primary practice is in the area of OBSTETRICS AND GYNECOLOGY.

Secondary Specialty

The physician reports his/her secondary practice is in the area of ANESTHESIOLOGY.

Name, Location and Graduation Date of All Medical Schools Attended

Name: TEXAS TECH U SCHOOL OF MEDICINE

Location: LUBBOCK

Graduation Date: 06/1982

Graduate Medical Education In The United States Or Canada

Program Name: LOUISIANA STATE UNIVERSITY

Location: NEW ORLEANS, LA

Begin Date: 06/1995

Type: INTERNSHIP

End Date: 06/1999

Specialty: OBSTETRICS GYNECOLOGY

Program Name: UNIVERSITY OF SOUTHERN CALIFORNIA MEDICAL CENTER

Location: LOS ANGELES, CA

Begin Date: 07/1982

Type: INTERNSHIP

End Date: 07/1983

Specialty: ANESTHESIOLOGY

Hospital Privileges

The physician reports that he/she has hospital privileges in the following in the State of Texas:

Hospital: MULTI-SPECIALTY CLINICS OF TEXAS

Location: DALLAS

Utilization Review

The physician did not report whether he/she provides utilization review.

NONE REPORTED

Patient Services

Accessibility: The physician reports that the patient service area **is** accessible to persons with disabilities as defined by federal law.

Language Translation Services: The physician reports that the following language translation services are provided for patients: SPANISH, HINDI

Medicaid Participant: The physician reports that he/she **does** participate in the Medicaid program.

Awards, Honors, Publications and Academic Appointments

Optional Information

The physician may optionally report descriptions of up to five such honors and has reported the following:

Description: CONSUMER RESEARCH COUNSEL OF AMERICA S TOP OBSTETRICIANS AND GYNECOLOGISTS

Malpractice Information

Section 154.006(b)(16) of the Act requires that: a physician profile display a description of any medical malpractice claim against the physician, not including a description of any offers by the physician to settle the claim, for which the physician was found liable, a jury awarded monetary damages to the claimant, and the award has been determined to be final and not subject to further appeal. The physician has the following reportable claims.

Description: NONE NONE

Criminal History

Self-Reported Criminal Offenses:The physician is required to report a description of (1) "any conviction for an offense constituting a felony, a Class A or Class B misdemeanor, or a Class C misdemeanor involving moral turpitude" and (2) "any charges reported to the board to which the physician has pleaded no contest, for which the physician is the subject of deferred adjudication or pretrial diversion, or in which

sufficient facts of guilt were found and the matter was continued by a court of competent jurisdiction."

The physician has reported the following:

Description: NONE NONE

Criminal history information is also obtained by TMB from the Texas Department of Public Safety. Resulting action, if any, will be reported under the TMB Action and Non-Disciplinary Restrictions section above.

Disciplinary Actions By Other State Medical Boards

The physician has reported the following:

Description: NONE NONE

Physician Assistant Supervision

To obtain primary source verifications, click name

Description: NONE

Advanced Practice Nurse Delegation

To obtain primary source verifications, click name

Description: NONE

Summary of all License/Permit Types

Issue Date:

02/27/1983

Type:

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Please contact Pre-Licensure, Registration and Consumer Services at (512) 305-7030 for assistance.