



NEVADA STATE BOARD OF MEDICAL EXAMINERS

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Licensee Details

<p>Person Information</p> <p>Name: Carla Elisse TORRES</p> <p>Address: PO Box 98978 Las Vegas NV 89193</p> <p>Phone: 7022163346</p>	<p>License Information</p> <p>License Type: Medical Doctor</p> <p>License Number: 16265 Status: Active</p> <p>Issue Date: 1/11/2016 Expiration Date: 6/30/2021</p>
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Scope of Practice

Scope of Practice: Obstetrics / Gynecology
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Education & Training

<p>School: University of Texas Medical School / Houston, TX Medical</p> <p>Degree\Certificate: Doctor Degree</p> <p>Date Enrolled:</p> <p>Date Graduated: 6/1/2002</p> <p>Scope of Practice:</p>
<p>School: Keesler Medical Center / Biloxi, MS</p> <p>Degree\Certificate: Internship</p> <p>Date Enrolled: 6/23/2002</p> <p>Date Graduated: 6/24/2003</p> <p>Scope of Practice: Obstetrics/Gynecology</p>
<p>School: Naval Medical Center / San Diego, CA</p> <p>Degree\Certificate: Residency</p> <p>Date Enrolled: 6/24/2003</p> <p>Date Graduated: 6/30/2006</p> <p>Scope of Practice: Obstetrics/Gynecology</p>
<p>School: Obstetrics/Gynecology</p> <p>Degree\Certificate: American Board</p>

Date Enrolled:	
Date Graduated:	12/12/2008
Scope of Practice:	Obstetrics/Gynecology
School:	Obstetrics/Gynecology
Degree\Certificate:	Am Bd Recertification
Date Enrolled:	
Date Graduated:	12/31/2009
Scope of Practice:	Obstetrics/Gynecology
School:	Obstetrics/Gynecology
Degree\Certificate:	Am Bd Recertification
Date Enrolled:	
Date Graduated:	12/31/2010
Scope of Practice:	Obstetrics/Gynecology
School:	Obstetrics/Gynecology
Degree\Certificate:	Am Bd Recertification
Date Enrolled:	
Date Graduated:	12/31/2011
Scope of Practice:	Obstetrics/Gynecology
School:	Obstetrics/Gynecology
Degree\Certificate:	Am Bd Recertification
Date Enrolled:	
Date Graduated:	12/16/2012
Scope of Practice:	Obstetrics/Gynecology
School:	Obstetrics/Gynecology
Degree\Certificate:	Am Bd Recertification
Date Enrolled:	
Date Graduated:	12/31/2013
Scope of Practice:	Obstetrics/Gynecology
School:	Obstetrics/Gynecology
Degree\Certificate:	Am Bd Recertification
Date Enrolled:	
Date Graduated:	12/31/2014
Scope of Practice:	Obstetrics/Gynecology

School: Obstetrics/Gynecology
Degree\Certificate: Am Bd
Recertification
Date Enrolled:
Date Graduated: 12/31/2015
Scope of Practice: Obstetrics/Gynecology

**CURRENT EMPLOYMENT
STATUS/CONDITIONS/RESTRICTIONS ON LICENSE AND
MALPRACTICE INFORMATION**

**PROFESSIONAL LIABILITY CLAIM, SETTLEMENT OR
JUDGEMENT OF \$5,000 OR MORE: 1)Date received by the Board:
8/23/18 Reported by: Airforce Date of act/omission: 3/3/15 Details: The
patient claimed personal injury for permanent loss of one ovary and
fallopian tube with a reduced chance for future child bearing, egregious
pain-suffering. Extreme mental anguish and psychologic/physical
trauma. lost wages, family disruption, missed career advancement
opportunity resulting in diminished earnings, and violation of informed
consent. Settlement amount: \$75,000 Court Case Number:NA Total
pages:0**

Board Actions

NONE

Please note that the settlement of a medical malpractice action may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the provider. Therefore, there may be no disciplinary action appearing for a licensee even though there is a closed malpractice claim on file. A payment in the settlement of medical malpractice does not create a presumption that medical malpractice occurred. Sometimes insurance companies settle a case without the knowledge and/or agreement of the physician. This database represents information from insurers to date. Please note: All insurers may not have submitted claim information to the Board.

Close Window