



**State of New Jersey**  
OFFICE OF ADMINISTRATIVE LAW

**INITIAL DECISION**

OAL DKT. NO. BDS 13446-18

**NEW JERSEY STATE BOARD OF MEDICAL  
EXAMINERS,**

Petitioner,

v.

**VIKRAM H. KAJI, M.D.,**

Respondent.

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**Bindi Merchant**, DAG, for Petitioner (Gurbir S. Grewal , Attorney General of New Jersey, attorneys)

**Joseph M. Gorrell**, Esq., for Respondent (Brach Eichler, attorneys)

Record Closed: December 18, 2018

Decided: January 25, 2019

BEFORE **THOMAS R. BETANCOURT**, ALJ:

**STATEMENT OF THE CASE AND PROCEDURAL HISTORY**

Petitioner filed a Verified Complaint on May 23, 2018, with the Board of Medical Examiners seeking the suspension of Petitioner's license to practice medicine in the State of New Jersey. Respondent filed his Answer on July 18, 2018.

The matter was transferred to the Office of Administrative Law (OAL) as a contested matter pursuant to N.J.S.A. 52:14B-1 to -15; N.J.S.A. 52:14F-1 to -13, on September 17, 2018.

A hearing was held on September 26 and September 27, 2018. The record remained open until December 18, 2018, to permit the parties to file written summations. The record closed on December 18, 2018.

### **ISSUE**

Whether there is sufficient credible evidence to support a conclusion that Respondent's health condition renders him incapable, for medical or any other good cause, of discharging the functions of a licensee in a manner consistent with the public's health, safety and welfare pursuant to N.J.S.A. 45:1-21(i).

### **SUMMARY OF RELEVANT TESTIMONY**

#### **Petitioner's Case**

Jaqueline A. Rondeau, Psy.D., testified as an expert in neuropsychology without objection, as follows:

She performed a neuropsychological evaluation of Dr. Kaji on March 16, 2018, and issued two reports dated March 16, 2018, and May 22, 2018, respectively.

Dr. Kaji was referred to her to determine his current level of neuropsychological function, and to determine his capacity to continue to function as a physician.

Dr. Rondeau reviewed records including Dr. Kaji's wife's referral and the report of Dr. Moser. Dr. Rondeau interviewed Dr. Kaji and performed a battery of tests. The interview and testing took approximately three hours.

Dr. Rondeau reviewed Mrs. Kaji's complaint regarding Dr. Kaji sundowning and getting lost while driving. These are components of neuropsychological disorder.

She also reviewed Dr. Moser's report, which noted cognitive difficulties.

Dr. Rondeau compared her results with prior results, which showed increased cognitive impairment. This is a hallmark of neuro-cognitive disorder. She concluded there was significant change. There was a ten-point difference from Dr. Moser's report in full-scale IQ.

Dr. Kaji's impairment came from a left-hemispheric stroke per her understanding.

She observed extreme slowness in manual dexterity. Fine-motor speed was impaired. Dr. Kaji had low energy and fatigue. There was a significant decline in his lifetime baseline.

In 2013 Dr. Moser recommended a reduction in tasks.

Dr. Rondeau opined that Dr. Kaji has vascular dementia, is at risk for Alzheimer's disease as he ages, and cannot meet the demands to safely practice medicine.

Strokes can bring on acute change in function, as it did with Dr. Kaji.

Dr. Rondeau disagreed with Dr. Hundal's diagnosis (as he disagreed with **her** diagnosis). She notes that Dr. Hundal noted decline in functioning and stated "you can't have it both ways." She also noted Dr. Hundal overlooked Dr. Kaji's cardiovascular history. She cannot agree with Dr. Hundal's use of "mild."

### **Respondent's Case**

Jasdeep Hundal, Psy.D., testified as an expert in neuropsychology without objection, as follows:

Dr. Kaji saw Dr. Hundal for neuropsychological testing and issued his report dated July 2, 2018. His examination of Dr. Kaji took approximately three to four hours for testing and one hour for an interview.

Dr. Hundal reviewed previous evaluations of Dr. Kaji. He was unsure if those other evaluations were received prior or post his examination of Dr. Kaji.

Dr. Hundal opined that Dr. Kaji did not meet the diagnostic criteria for any psychological illness.

Dr. Hundal noted that Dr. Kaji had a cerebral incident but did not have a lot of details regarding the same.

Dr. Hundal is not aware of Dr. Kaji's practice. He was vaguely aware that Dr. Kaji performed first-trimester abortions.

His overall conclusion of Dr. Kaji was that there was some decrease from his baseline. Dr. Kaji had difficulty with visual memory retrieval; had difficulty with retrieval after twenty-minute delay; had difficulty with accessing stored data; and, needed prompts for retrieval. He opined that Dr. Kaji had mild cognitive impairment, which falls between normal aging and dementia. Dr. Hundal disagreed with Dr. Rondeau, who opined that Dr. Kaji was mildly demented.

Dr. Hundal noted that Dr. Kaji also had motor dexterity problems and stated that Dr. Kaji's processing speed stuck out to him. He equated it to difficulty putting a key in a lock.

Dr. Hundal was aware that Dr. Rondeau diagnosed Dr. Kaji with vascular dementia. He was also aware that Dr. Kaji's wife complained about sundowning by Dr. Kaji. He was also aware Dr. Kaji's office had to plug in his GPS.

Dr. Hundal also reviewed the report of Dr. Moser. He agrees that Dr. Kaji is at increased risk based upon the data.

Dr. Hundal also agrees with Dr. Rondeau that Dr. Kaji's performance has declined from his lifetime baseline pre-stroke.

Dr. Hundal is not familiar with the procedure of performing a first-trimester abortion and cannot opine if Dr. Kaji has the dexterity to perform this procedure. He is also not familiar with complications that may arise from this procedure. Dr. Hundal stated that cognitively Dr. Kaji can perform the procedure safely.

S.S.<sup>1</sup> testified as follows:

She is employed as the operations manager at American Women's Care Services. She is a foreign medical school graduate from Bangladesh. She is not licensed to practice medicine in the United States. When in Bangladesh she did not do abortions but observed maybe ten.

She has been in the room when Dr. Kaji performs abortions. She has observed Dr. Kaji speak with patients by name and explain the procedure. He performs a pelvic examination and then performs the procedure. She never observed Dr. Kaji have any problems when performing procedures. She did not actually do the procedure. She is not aware of any complications when Dr. Kaji performs procedures. She is not able to opine of Dr. Kaji performing the procedures correctly.

F.N. testified as follows:

She is employed as the travelling manager for American Women's Services since 2010. She is a foreign medical school graduate from Bangladesh. She did her post-graduate work in obstetrics/gynecology (OB/GYN) in Bangladesh. She has performed over one thousand abortions.

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<sup>1</sup> S.S., and other employees of American Women's Services, testified using initials with permission of the undersigned. All employees identified by initials shall be referred to using the female pronoun.

She has observed Dr. Kaji perform abortions. There were no complications to her knowledge. She observed no problems with Dr. Kaji's dexterity.

H.F. testified as follows:

She is employed as a travelling office manager for American Women's Services.

She has observed Dr. Kaji since 2013 through December 2017. She assisted with the procedure. Dr. Kaji never had a problem communicating with patients. He was quick to answer questions. She estimated she observed hundreds of procedures over the past six years. In an average week twenty-plus procedures were performed by Dr. Kaji.

Dr. Kaji had difficulty with his schedule. She never saw him disoriented. She never saw a complication.

H.F. knows Dr. Kaji's wife. She stated Ms. Kaji is physically disabled and drinks a lot of alcohol. Mrs. Kaji is very angry and yells at Dr. Kaji.

E.M. testified as follows:

She is employed at American Women's Services as an ultrasound technician. She is in the room when abortions are being performed at least four times per week. She has observed no problems with Dr. Kaji manipulating the instruments with his hands.

A.O. testified as follows:

She is employed by American Women's Services since January 2018 as a clinical coordinator. She has been in the room when Dr. Kaji performs abortions. She is a foreign medical graduate from the Slovak Republic. She is in the process of being licensed to practice medicine here.

Dr. Kaji is well liked by his patients. He performs the procedures the same as other doctors. His is very thorough. Dr. Kaji's manual dexterity is good. She never saw a problem. He has no problems with communication.

S.P. testified as follows:

She worked at American Women's Services as an ultrasound technician. She is now a district manager and director of nursing. S.P. has observed Dr. Kaji a few times in 2018. The last time was in March of 2018. She is not aware of any complaints or problems. If there were a problem she would know. If there were a problem or complication the office manager would contact her.

C.C. testified as follows:

She worked at American Women's Services as an assistant manager in the Elizabeth office. She is now account manager. She has worked with Dr. Kaji until March of 2018. She observed no problems or complication with Dr. Kaji.

S.O. testified as follows:

She works at American Women's Services as office manager. She is an accountant with credentials from Venezuela.

She has observed Dr. Kaji in the Woodbridge office. He performs five to six abortions per day. She never witnessed a problem. She has seen no complications. Dr. Kaji stopped going to the Woodbridge office at the end of 2017. She never saw Dr. Kaji disoriented.

B.P. testified as follows:

She works at American Women's Services as the assistant manager in the Englewood office. She observed Dr. Kaji in the Elizabeth and Woodbridge offices, and less frequently in the Englewood office. Her observations of Dr. Kaji were up to

September 2017. Dr. Kaji had excellent bedside manner. She saw no problems with manual dexterity. He was never disoriented.

Anthony Gelfand, M.D., testified as an expert in OB/GYN without objection as follows:

He has been practicing medicine in OB/GYN since 1995. He works at American Women's Services on and off for the past ten years. He knows Dr. Kaji for the past five to ten years.

He has observed Dr. Kaji perform procedures. Dr. Kaji is completely competent. Dr. Gelfand stated that Dr. Kaji was as "competent as I am." The last procedure he observed Dr. Kaji perform was two years ago.

Jaqueline Rondeau, Psy.D., testified as an expert in clinical neuropsychology without objection as follows:

She performed a neuropsychological evaluation of Dr. Kaji on March 16, 2018, and issued two reports dated March 16, 2018, and May 22, 2018, respectively.

Dr. Kaji was referred to her to determine his current level of neuropsychological function, and to determine his capacity to continue to function as a physician.

Dr. Rondeau reviewed records including Dr. Kaji's wife's referral and the report of Dr. Moser. Dr. Rondeau interviewed Dr. Kaji and performed a battery of tests. The interview and testing took approximately three hours.

Dr. Rondeau reviewed Mrs. Kaji's complaint regarding Dr. Kaji sundowning and getting lost while driving. These are components of neuropsychological disorder.

She also reviewed Dr. Moser's report, which noted cognitive difficulties.

Dr. Rondeau compared her results with prior results, which showed increased cognitive impairment. This is a hallmark of neuro-cognitive disorder. She concluded



there was significant change. There was a ten-point difference from Dr. Moser's report in full-scale IQ.

Dr. Kaji's impairment came from a left-hemispheric stroke per her understanding.

She observed extreme slowness in manual dexterity. Fine-motor speed was impaired. Dr. Kaji had low energy and fatigue. There was a significant decline in his lifetime baseline.

In 2013 Dr. Moser recommended a reduction in tasks.

Dr. Rondeau opined that Dr. Kaji has vascular dementia, is at risk for Alzheimer's disease as he ages, and cannot meet the demands to safely practice medicine.

Strokes can bring on acute change in function, as it did with Dr. Kaji.

Dr. Rondeau disagreed with Dr. Hundal's diagnosis (as he disagreed with **her** diagnosis). She notes that Dr. Hundal noted decline in functioning and stated "you can't have it both ways." She also noted Dr. Hundal overlooked Dr. Kaji's cardiovascular history. She cannot agree with Dr. Hundal's use of "mild."

Vikram Kaji, M.D., respondent, testified as follows:

Dr. Kaji drove to the hearing both days. He has no problems driving.

He estimated he performs about 150 abortions per month. All are done at the office. He never had a case where a patient had to go to the hospital. He never had a case with major complications.

Mrs. Kaji has many problems over the last twenty years. She is manic depressive. She has multiple-personality disorders. She has physical problems as well. She is angry with him every day.

He has never had trouble finding his way when driving.

If he thought he could no longer manage performing abortions he would stop. He has not experienced any physical problems performing abortions.

Dr. Kaji suffers cardiovascular disease. He has suffered two heart attacks, twenty years ago and ten years ago. He has had open heart surgery. He suffered a stroke in 2008. Dr. Kaji labeled the stroke as “very mild, and doubtful.”

Dr. Kaji works six days per week and visits seven offices within New Jersey. He drives himself to and from the offices.

### **CREDIBILITY**

When witnesses present conflicting testimonies, it is the duty of the trier of fact to weigh each witness’s credibility and make a factual finding. In other words, credibility is the value a fact finder assigns to the testimony of a witness, and it incorporates the overall assessment of the witness’s story in light of its rationality, consistency, and how it comports with other evidence. Carbo v. United States, 314 F.2d 718 (9th Cir. 1963); see Polk, 90 N.J. 550 (1982). Credibility findings “are often influenced by matters such as observations of the character and demeanor of witnesses and common human experience that are not transmitted by the record.” State v. Locurto, 157 N.J. 463 (1999). A fact finder is expected to base decisions of credibility on his or her common sense, intuition or experience. Barnes v. United States, 412 U.S. 837 (1973).

The finder of fact is not bound to believe the testimony of any witness, and credibility does not automatically rest astride the party with more witnesses. In re Perrone, 5 N.J. 514 (1950). Testimony may be disbelieved, but may not be disregarded at an administrative proceeding. Middletown Twp. v. Murdoch, 73 N.J. Super. 511 (App. Div. 1962). Credible testimony must not only proceed from the mouth of credible witnesses but must be credible in itself. Spagnuolo v. Bonnet, 16 N.J. 546 (1954).

I found all fact witnesses, with the notable exception of Dr. Kaji, as credible. They all testified from their personal knowledge without hesitation. However, their testimony was limited, for the most part, of their observation of Dr. Kaji performing abortions. Also, notably, Dr. Gelfand had not observed Dr. Kaji for approximately two years.

The two experts, Dr. Hundal and Dr. Roneau, were both credible. They testified in a straightforward and direct manner. While they differed in their diagnoses, they were both helpful in illuminating Dr. Kaji's cognitive condition.

Dr. Kaji's testimony was troubling to the undersigned. At points he seemed a bit confused. He was not able to name the nine offices he supervised. (See footnote 2.) He could name sometimes five, sometimes less, but never all seven. When asked to name them by the undersigned he stated "frankly, I am not quite sure right now." He also greatly minimized the fact he suffered a stroke in 2008. At first he stated the stroke occurred twenty years ago. He then agreed it was ten years ago. He stated it was "very mild, and doubtful." The stroke was not doubtful. Both Dr. Witte (J-3) and Dr. Moser (J-6) refer to the stroke suffered by Dr. Kaji. Neither termed it doubtful. In observing Dr. Kaji I noted he was slow to answer and at times unsure of himself. I note that Dr. Kaji arrived late on September 27, 2018, (10:01 a.m.) and appeared confused as to where he was to sit. He was directed to sit at counsel table by his attorney. I note too that Dr. Kaji fell asleep at counsel table during the testimony of Dr. Rondeau.

### **FINDINGS OF FACT**

1. The Attorney General of the State of New Jersey caused a Verified Complaint against respondent, Vikram Kaji, M.D., to be filed on May 23, 2018, with the New Jersey State Board of Medical Examiners.
2. Respondent filed his answer thereto with the New Jersey State Board of Medical Examiners on July 18, 2018.
3. An Interim Consent Order was entered with the New Jersey State Board of Medical Examiners on May 8, 2018, where respondent agreed to refrain from the practice of medicine, among other things, pending the outcome of the within mater. (J-1.)

4. An Interim Consent Order was entered with the New Jersey State Board of Medical Examiners on May 24, 2013, wherein respondent agreed to submit to a neuropsychological evaluation, and any other medical or diagnostic testing and monitoring that may be required to evaluate whether respondent's continued practice may jeopardize the public's safety and welfare. (J-2.)
5. The May 23, 2013, Interim Consent Order was due to respondent having suffered a stroke.
6. Respondent was examined by Arnold Witte, M.D., pursuant to the May 23, 2013, Interim Consent Order. The examination took place on May 31, 2013, and Dr. Witte issued his report the same day. (J-3.)
7. Dr. Witte's report had a diagnosis of mild cognitive impairment. (J-3.)
8. Dr. Witte issued a second report noting that respondent's memory remained his main problem. (J-3.)
9. Overall, Dr. Witte issued six reports regarding respondent, dated as follows: May 31, 2013; March 10, 2014; September 3, 2014; September 2, 2015; September 16, 2016; and, March 23, 2017. (J-6.)
10. Respondent was seen by Rosemarie Scolaro Moser, Ph.D., on September 9, 2013, October 2, 2013, and October 16, 2013. Dr. Moser issued her report on November 11, 2013. (J-6.)
11. Dr. Moser diagnosed respondent with cognitive disorder, not otherwise specified and mild depression. (J-6.)
12. In her report Dr. Moser made several recommendations for respondent, among which was the following:

Given the patient's neuropsychological weaknesses as observed in this evaluation, the following occupational recommendations are offered at this time:

- a. Avoid multitasking.
- b. Break down projects/assignments into small, manageable parts, and prioritize tasks in order of importance or deadlines.
- c. Duties should be low stress, structured, and not require intense attention for more than 15 minutes. Avoid fast-paced work responsibilities/environment.
- d. Recommend using a notepad or sticky notes to write reminders given his memory difficulties.

- e. Double-check work for errors.
- f. Utilize a planner for appointments, scheduling, and planning.

13. Respondent is an eight-two-year-old physician licensed to practice medicine in the State of New Jersey.
14. He was employed as the medical director at American Women's Services, which has nine locations in New Jersey: Elizabeth; Voorhees; Bridgewater; Woodbridge; Phillipsburg; Galloway; Livingston; Hamilton; and Englewood.<sup>2</sup>
15. On March 16, 2018, respondent was seen by Jacqueline A. Rondeau, Psy.D., for a comprehensive neuropsychological evaluation. In her report, Dr. Rondeau found: "Dr. Vikram Kaji's neuropsychological impairment has progressed from Cognitive Disorder to a current stage of dementia with impaired memory function and language. The severity is considered to be mild but it is a significant decline from his lifetime baseline and from the previous test baseline." (J-5.)
16. Dr. Rondeau issued a supplemental report in reply to a report issued by Jadeep S. Hundal, Psy.D. wherein she maintained a diagnosis of onset neurocognitive disorder and mild dementia. Both her original report and the supplemental report opine that respondent cannot safely practice medicine. (J-7.)
17. On July 2, 2018 Jadeep S. Hundal, Psy.D. performed a neuropsychological evaluation of respondent and issued his report the same date. (J-8.)
18. Dr. Hundal found the following:

Diagnostically, the current findings do indicate some decline from prior 2013 neuropsychological evaluation. However, these declines are mild and do not speak of a frank degenerative disease process. Furthermore, Dr. Kaji appears to be functionally independent for IADLs.<sup>3</sup> As such, I disagree with Dr. Rondeau's conclusion that the patient meets criteria for dementia. Based on the available data I believe he continues to meet conservative criteria for mild cognitive impairment as originally suggested by Dr. Witte. I agree with Drs. Moser and Witte's original assumption that Dr. Kaji is capable to work as a physician. However, I also agree with Dr. Moser that he may be at an increased risk for impaired performance and so should limit his practice work to routine

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<sup>2</sup> While the number "seven" was used in describing the number of locations in New Jersey, witnesses listed nine locations during their respective testimonies.

<sup>3</sup> IADL refers to Instrumental Activities of Daily Living.

office evaluations/procedures and avoid complex medical decision making including complex medical procedures.

### **LEGAL ANALYSIS AND CONCLUSION**

N.J.S.A. 45:1-21(i) states as follows:

A board may refuse to admit a person to an examination or may refuse to issue or may suspend or revoke any certificate, registration or license issued by the board upon proof that the applicant or holder of such certificate, registration or license:

- (i) Is incapable, for medical or any other good cause, of discharging the functions of a licensee in a manner consistent with the public's health, safety and welfare.

There is a dearth of case law to provide guidance pertaining to the above statutory authority of the board. However, the application of common sense is in order.

Dr. Kaji is eighty-two years of age and has had a history of heart disease, stroke, depression, and cognitive impairment. He has noted decline from his previous lifetime baseline. While Dr. Rondeau, who diagnosed Dr. Kaji with dementia, and Dr. Hundal, who diagnosed Dr. Kaji with mild cognitive impairment, both agree that there has been decline from his lifetime baseline. Dr. Rondeau is of the opinion that Dr. Kaji cannot safely practice medicine. Dr. Hundal is of the opinion that Dr. Kaji can practice medicine, but limited to routine assignments with nothing complex. Dr. Hundal also notes that Dr. Kaji is at increased risk for impaired performance.

In State v. Tischio, 107 N.J. 504 (1987), the New Jersey Supreme Court affirmed the judgment of the trial court, which ruled that expert testimony extrapolating breathalyzer test results to demonstrate a lower blood-alcohol level at the time of actual driving was irrelevant in defendant's conviction for driving under the influence of alcohol and held that defendant's conviction was appropriate because extrapolation evidence was not required or allowed to demonstrate defendant's blood-alcohol level.

The Court stated, at 520, the following:

Those who drive after drinking enough alcohol to ultimately result in a blood-alcohol concentration of .10% or greater are a menace to themselves and to all others who use the roadways of this State. There is no rational reason why prosecution of these individuals must depend upon the entirely fortuitous circumstance of the time they were apprehended by the police.

The Court further stated “The Appellate Division grasped this essential point in ruling that an interpretation of the statute that would require or permit extrapolation evidence would produce anomalous results inconsistent with the intent of the Legislature.” The court stated that such an interpretation would allow drunk drivers—“moving time bombs”—to escape prosecution simply because, at the time of the stop, their blood-alcohol had not yet reached the proscribed level. State v. Tischio, 208 N.J. Super. 343, 347 (1986).

While a drunk driving case and the present case are dissimilar, the rationale used in Tischio by our Supreme Court is analogous. Dr. Kaji is in decline. He cannot perform the duties of a fully functioning physician. This is clear from the reports of Dr. Witte, Dr. Rondeau, Dr. Hundal and Dr. Moser. At what point will he no longer be able to do any of the functions required of a physician is anyone’s guess. That time and place should not be discovered by an unsuspecting patient. Dr. Rondeau, both in her report and in her testimony, was clear that Dr. Kaji should not practice at all.

Taking into account the totality of the medical reports, and the demeanor of Dr. Kaji while on the witness stand, and during the course of the proceedings, it is clear to the undersigned that petitioner has established by a preponderance of the credible evidence that Dr. Kaji should no longer practice medicine.

Based upon the foregoing I **CONCLUDE** that the license of Dr. Vikram Kaji should be revoked.

The Verified Complaint seeks the imposition of penalties pursuant to N.J.S.A. 45:1-22(b) as a second offense; and, the imposition of investigative costs, attorneys’ fees,

expert fees and costs of hearing, including transcripts pursuant to N.J.S.A. 45:1-25(d). I decline to award a penalty or costs as requested. The dispute herein appears a good faith disagreement regarding Dr. Kaji's ability to continue to practice medicine. The instant matter was not engendered by some bad or malicious action of Dr. Kaji. Rather, it was caused by his health condition.

**ORDER**

It is **ORDERED** that the medical license of Dr. Vikram Kaji is hereby **REVOKED**; and, that the remainder of the relief requested in the Verified Complaint is **DENIED**.

I hereby **FILE** my Initial Decision with the **BOARD OF MEDICAL EXAMINERS** for consideration.

This recommended decision may be adopted, modified or rejected by the **BOARD OF MEDICAL EXAMINERS**, which by law is authorized to make a final decision in this matter. If the Board of Medical Examiners does not adopt, modify or reject this decision within forty-five days and unless such time limit is otherwise extended, this recommended decision shall become a final decision in accordance with N.J.S.A. 52:14B-10.



Within thirteen days from the date on which this recommended decision was mailed to the parties, any party may file written exceptions with the **EXECUTIVE DIRECTOR OF THE BOARD OF MEDICAL EXAMINERS, 140 East Front Street, 2nd Floor, Trenton, New Jersey 08608**, marked "Attention: Exceptions." A copy of any exceptions must be sent to the judge and to the other parties.

January 25, 2019



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DATE

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**THOMAS R. BETANCOURT, ALJ**

Date Received at Agency:

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Date Mailed to Parties:

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**APPENDIX**

List of Witnesses

For Petitioner:

Jaqueline Rondeau, Psy.D.

For Respondent:

Jasdeep Hundal, Psy.D.

S.S.

H.F.

E.M.

A.O.

C.C.

S.O.

B.P.

Aaron Anthony Gelfand, M.D.

N.B.

Vikram Kaji, M.D., respondent

List of Exhibits

Joint Exhibits:

J-1 Interim Consent Order dated 5/8/2018

J-2 Interim Consent Order dated 5/24/2018

J-3 Dr. Arnold Witte's report dated 3/16/2015

J-4 Complaint to Board dated 8/16/2018

J-5 Neuropsychological Evaluation dated 3/16/2018, by Dr. Rondeau

J-6 Supporting documents to Neuropsychological Evaluation dated 3/16/2018, by Dr. Rondeau

J-7 Supplemental report by Dr. Rondeau dated 7/26/2018

J-8 Neuropsychological Evaluation dated 3/16/2018, by Dr. Hundal

J-9 Dr. Kaji patient list from 5/8/2017 to 5/8/2018

- J-10 Patient record of M.R.
- J-11 Patient record of M.E.
- J-12 Patient record of B.V.
- J-13 Patient record of R.K.
- J-14 Patient record of E.W.
- J-15 Patient record of J.L.
- J-16 Patient record of K.V.
- J-17 Patient record of S.M.
- J-18 Patient record of H.M.
- J-19 Patient record of S.K.

For Petitioner:

- P-1 Abortion, Chapter 18, by Williams Obstetrics
- P-2 “First Trimester Pregnancy Termination” – Uptodate.com 2018
- P-3 Paracervical block illustration
- P-4 Instrument tray for manual uterine aspiration photograph
- P-5 Dilation of cervix with Hegar dilator illustration
- P-6 Suction sucrrette illustration
- P-7 Sharp sucrrette illustration
- P-8 Procedure for suction curettage pregnancy termination illustration
- P-9 Expected gestational sac size by gestational age illustration
- P-10 Spreadsheet prepared by Dr. Rondeau comparing test results

For Respondent:

None