

1 **BEFORE THE ARIZONA STATE BOARD OF PHARMACY**

2
3 97-11-HO

4 IN THE MATTER OF:

5 BRYAN PING-KUEN CHOW
6 Certificate of Registration
7 Number 11069

No. 97-0011-PHR

FINDINGS OF FACT, CONCLUSIONS OF
LAW AND BOARD ORDER

8 DIRECTED TO: BRYAN PING-KUEN CHOW
9 3193 West London Drive
10 Yuma, Arizona 85364

11 Pursuant to the foregoing Consent to Entry of Order, the evidence and records compiled and
12 contained in the file for BRYAN PING-KUEN CHOW and for good cause appearing, the Board on this
13 11th day of September, 1997 enters the following Findings of Fact, Conclusions of Law and Board
14 Order in the Matter of Notice of Hearing Number 97-0011-PHR ("Notice").

15 **FINDINGS OF FACTS**

16 **I**

17 1. BRYAN PING-KUEN CHOW is the holder of Certificate of Registration Number 11069
18 issued by the Arizona State Board of Pharmacy which permits the holder to practice pharmacy in the
19 State of Arizona.

20 2. Paragraph two (2) on page two (2) of the Notice alleges that on or about the 5th day of
21 June, 1997, BRYAN PING-KUEN CHOW did dispense prescription number 0177663-02611 with
22 methadone 10 mg. tablets in place of prednisone 10 mg. tablets without the express permission of the
23 prescriber, a violation of A.R.S. § 32-1927(B)(1).

24 3. BRYAN PING-KUEN CHOW neither admits nor denies the allegations contained in the
25 Notice, including those in paragraph two (2) on page two (2) thereof, neither admits nor denies the
26 Findings of Fact or Conclusions of Law contained herein and Consents to Entry of this Order solely for
27 the purpose of settling this proceeding.

1 Teresa Skldany
2 Assistant Attorney General
3 Office of the Attorney General
4 1275 West Washington
5 Phoenix, Arizona 85007
6 Solicitor General's Office

7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
2611/chowpld1.doc

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete item 1 and/or 2 for additional services.
- Complete item 3 and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Bryan Ping-Kuen Chow
 3193 W. London Drive
 Yuma, AZ 85364

4a. Article Number
 2-212-642-595

4b. Service Type

- Registered Insured
- Certified COD
- Express Mail Return Receipt for Merchandise

7. Date of Delivery
 SEP 15 1997

5. Signature (Addressee)
Bryan Ping-Kuen Chow

8. Addressee's Address (Only if requested and fee is paid)

6. Signature (Agent)

Thank you for using Return Receipt Service.

2 212 642 595



Receipt for Certified Mail

No Insurance Coverage Provided
 Do not use for International Mail
 (See Reverse)

PS Form 3800 March 1992

Bryan Ping-Kuen Chow
 3193 W. London Drive
 Yuma, AZ 85364

Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	9-12-97