

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH  
BOARD OF MEDICINE**

**IN RE:** :  
 :  
**MAHIN Z. ESFAHANI, M.D.** :  
**a/k/a MAHIN ZANDI** :  
**License No.: MD 8277** :  
 :  
**Licensee** :

**FINAL DECISION AND ORDER OF THE BOARD**

This matter comes before the District of Columbia Board of Medicine (Board) following Dr. Mahin Z. Esfahani's (Licensee) submission of an affidavit, pursuant to D.C. Official Code § 3-1205.17, voluntarily surrendering her license to practice medicine in the District of Columbia.

On or September 3, 2014, the Board received a letter from Licensee stating, "I would like to surrender my license effective immediately." Enclosed with the letter were Licensee's original wall certificate and wallet license. Licensee voluntarily surrendered her license to practice medicine in the District of Columbia. Licensee also executed an affidavit of surrender, pursuant to D.C. Official Code § 3-1205.17. Her affidavit of surrender is attached to this Order.

The Board accepts the surrender of the license and the Board has determined to revoke Licensee's license to practice medicine, pursuant to D.C. Official Code § 3-1205.17(b).

**ORDER**

ACCORDINGLY, UPON CONSIDERATION of the foregoing, it is by the District of Columbia Board of Medicine,

**ORDERED**, that the VOLUNTARY SURRENDER of Mahin Z. Esfahani, M.D.'s, a/k/a Mahin Zandi, License No. MD 8277, BE and is hereby ACCEPTED, pursuant to D.C. Official Code § 3-1205.17; and it is further

**ORDERED**, that Mahin Z. Esfahani, M.D.'s License No. MD 25706, BE and is hereby REVOKED, pursuant to D.C. Official Code § 3-1205.17(b); and it is further

**ORDERED**, that the foregoing is a FINAL ORDER of the District of Columbia Board of Medicine.

DISTRICT OF COLUMBIA BOARD OF MEDICINE

1-8-15  
Date

Janis M. Orłowski MD  
By: Janis M. Orłowski, M.D., M.A.C.P.  
Chairperson

Copies to:

Stephane Latour, Esquire  
Chief, Civil Enforcement Section  
441 4th Street, NW, Suite 630 South  
Washington, DC 20001

*And*

Mahin Z. Esfahani, M.D.  
a/k/a Mahin Zandi  
1921 West Blvd.  
Los Angeles, CA 90016  
*Licensee*

8/26/2014

MR. Brian G. Kim  
D.C. Board of Medicine  
899 N. Capitol St.  
N.E., second Floor  
Washington, D.C. 20002

Dear MR. Kim:

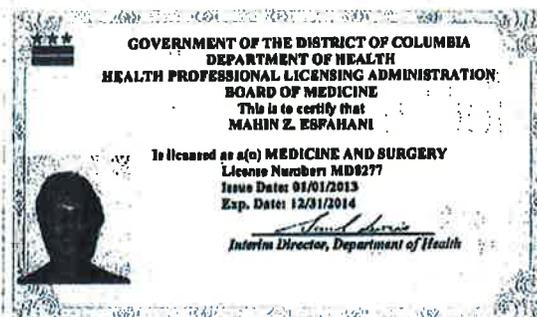
Enclosed please find the original Medical  
licenses including the wallet & Wall Certificate  
I would like to surrender my license  
effective immediately.

Thank you,



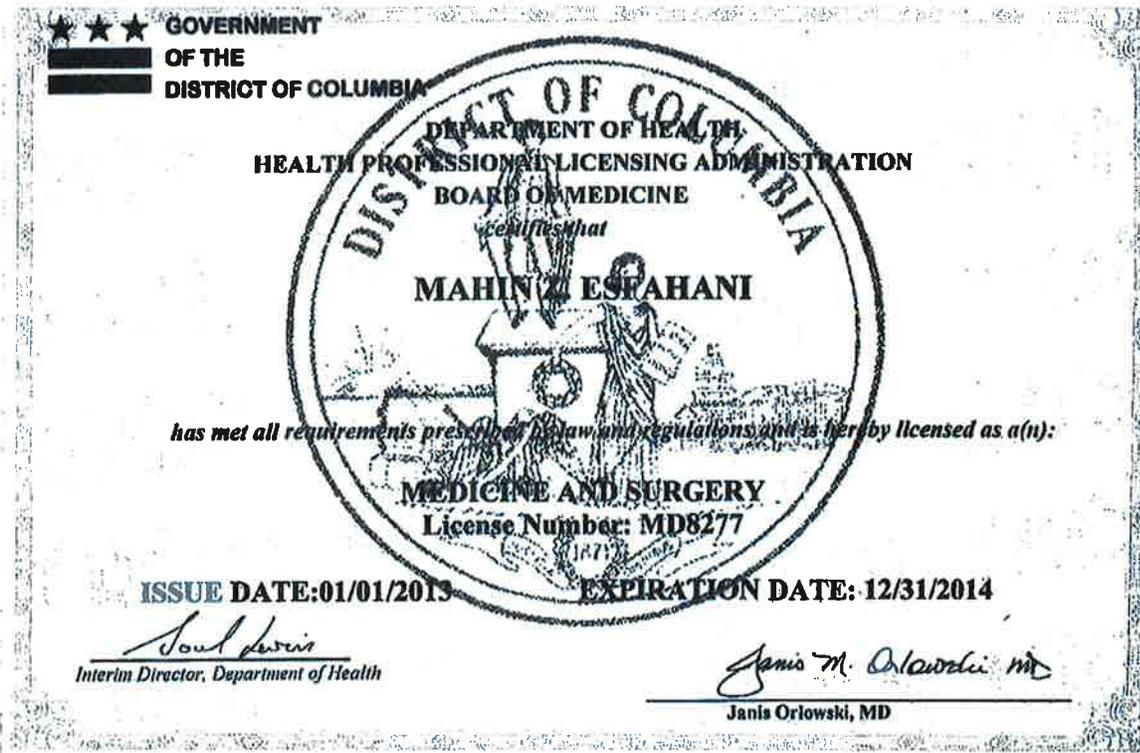
Dr. Mahin Zandi

**Congratulations!**  
Here is your wall license and pocket identification card. If this is your initial license, your wall certificate will arrive under separate cover. If this is your renewal license, this is the only document you will receive. You must display the wall license below with your original wall certificate to show that your status is current.



In order to be sure that your next renewal notice is sent to you correctly, please notify the District of Columbia Department of Health of your name or address changes by writing to:

**Government of the District of Columbia  
Department of Health  
899 North Capitol Street, NE – First Floor  
Washington, DC 20002**



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF HEALTH  
BOARD OF MEDICINE

IN RE:

MAHIN Z. ESPAHANI  
License No.: MD 8277

Respondent

:  
:  
:  
:  
:

AFFIDAVIT OF MAHIN Z. ESPAHANI

I, MAHIN Z. ESPAHANI, M.D., a/k/a Mahin Zandi, am over the age of eighteen, and I am competent to state the following:

1. Pursuant to D.C. Code §1205.17, I submit this affidavit.
2. I desire to surrender my District of Columbia medical license no. MD8277.
3. I take this action freely and voluntarily, and this choice is not the result of duress or coercion. I do not wish to exercise my rights to a hearing in this matter and therefore waive all rights to a hearing.
4. I have received advice of counsel in making my decision to surrender my license.



\_\_\_\_\_  
Mahin Z. Espahani, M.D.  
a/k/a Mahin Zandi

State of California )  
County of Los Angeles ) ss.

Sworn and subscribed before me on this 5 day of December, 2014.



\_\_\_\_\_  
NOTARY PUBLIC

SEAL

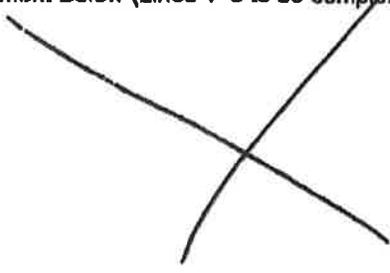
My Commission Expires: 01-07-2017



**CALIFORNIA JURAT WITH AFFIANT STATEMENT**

GOVERNMENT CODE § 8202

- See Attached Document (Notary to cross out lines 1-6 below)
- See Statement Below (Lines 1-6 to be completed only by document signer[s], not Notary)



[Signature]  
 Signature of Document Signer No. 1

\_\_\_\_\_  
 Signature of Document Signer No. 2 (if any)

State of California  
 County of Los Angeles

Subscribed and sworn to (or affirmed) before me  
 on this 5 day of December, 2014  
Date Month Year

by  
 (1) Mehin D Zardya, del: Esfakani  
Name of Signer

proved to me on the basis of satisfactory evidence  
 to be the person who appeared before me (.) (.)

(and

(2) \_\_\_\_\_  
Name of Signer

proved to me on the basis of satisfactory evidence  
 to be the person who appeared before me.)

Signature [Signature]  
 Signature of Notary Public



Place Notary Seal Above

**OPTIONAL**

*Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.*

**Further Description of Any Attached Document**

Title or Type of Document: \_\_\_\_\_

Document Date: \_\_\_\_\_ Number of Pages: \_\_\_\_\_

Signer(s) Other Than Named Above: \_\_\_\_\_

