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

By

Janis M. Orlowski, 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
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,

John

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 2377
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. MD2377.

3. I make 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. Esfahani, M.D.
a/k/a Mahin Zandi

State of California
County of Los Angeles

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

NOTARY PUBLIC

My Commission Expires: 01-07-2017
CALIFORNIA JURAT WITH AFFIANT STATEMENT

[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 5th day of December, 2014 by [Name of Affiant]

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

(Name of Notary Public)

OPTICAL

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: ________________________________