

Online Complaint Summary

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Board: **Medical Board of California**

License Type: **Physician's and Surgeon's**

Complaint Number: **8002026**

Incident Date: **2025**

Description: **I was a patient of Dr. Mahmoud Aborabeh (License A 171284) at Brain Health USA for psychiatric medication management (Suboxone & Gabapentin).**

1. Patient Abandonment Causing Medical Emergency:
During a critical pharmacy hold on my Suboxone prescription (Nov 23 – Dec 9), Dr. Aborabeh refused to speak with the pharmacist to release the medication, stating "I've done my part". His refusal to act forced me into withdrawal, requiring me to seek emergency care at Palmdale Regional Medical Center on 12/06/2025 (MRN: PRM) just to obtain a 3-day bridge prescription to maintain stability.

2. Unprofessional Conduct (Telehealth):
Dr. Aborabeh consistently failed to maintain professional standards. On my first telehealth appointment with him he appeared on the video call wearing pajamas and sitting in bed, demonstrating a total lack of respect for the medical setting.

3. 'Pill Mill' Operation:
The practice appears to prioritize high-volume prescribing over safety. I was informed Dr. Aborabeh had reached his federal patient cap for Suboxone, which explains his refusal to provide follow-up appointments or manage the pharmacy crisis.

4. Financial Harm:
Because Dr. Aborabeh refused to assist with the pharmacy or offer an urgent follow-up (citing a 2-week wait), I was forced to go to the ER for a 72 hour Suboxone bridge and then seek a new private provider out of pocket.

Incident Address 1

Business Name/Facility Name:

Brain Health USA (Telehealth Only)

Address Line 1: **14541 Delano St**
 City: **Van Nuys**
 State: **California**
 Zip: **91411**
 Hospital: **No**
 Home: **No**
 Other: **Yes**
 If you responded 'Yes' to the previous question, please provide a description of the location of the incident. **Telehealth**

Additional Complaint Information 1

Have you filed a complaint with any other government agency regarding this incident? **No**
 Does this complaint concern a child custody issue? **No**
 Was the person named in this complaint appointed by the court to prepare a custody recommendation to the court? **No**
 If children are involved in this case, do you have joint legal custody of the child/children involved in this case? **No**
 Have you tried to resolve or mediate this complaint? **No**
 Reason for treatment: **Medication Management**
 Patient Name: **[REDACTED]**
 Date of Birth: **[REDACTED] (mm/dd/yyyy)**
 Relationship to the patient: **Self**
 Substandard Care (e.g. misdiagnosis, negligent treatment, delay in treatment, etc.) **Yes**
 Prescribing Issues (e.g. excessive/under prescribing, Internet) **Yes**
 Unlicensed Provider or Aiding/Abetting unlicensed practice **No**
 Sexual Misconduct **No**
 Provider (e.g. Physician, Psychologist, Psychotherapist etc.) Impairment (e.g. drug, alcohol, mental physical) **No**
 Unprofessional Conduct (e.g. breach of confidence, record alteration, fraud, misleading advertising, arrest or conviction) **Yes**

Office Practice (e.g. failure to provide patient/medical records to patient, failure to sign death certificate, patient abandonment):

No

Other:

No

If the complaint is medical/psychological/psychotherapy treatment related, please indicate the patient has been examined/treated by another provider/professional for this same condition?:

Yes

If you responded 'Yes' to the previous question, please include provider name, address, and treatment dates.

[REDACTED]

Have you initiated or filed legal action regarding this incident?

No

What is the desired outcome of your complaint submission?

Investigation for patient abandonment

Respondent

License Type: **Physician's and Surgeon's**
 License Number: **171284**
 First Name: **MAHMOUD**
 Second Name: **MOHAMED ABDEL**
 Last Name: **ABORABEH**
 Address: **14541 Delano St**
VAN NUYS, CA
91411-2820
US

Complainant

First Name: [REDACTED]
 Last Name: [REDACTED]
 Gender: **Male**
 Address: [REDACTED]
LOS ANGELES
[REDACTED], CA
 [REDACTED]
US
 Phone Number: [REDACTED]
 E-mail Address: [REDACTED]

Attachments

Dr._Mahmoud_Prescription_Lapse.png

Dr._Mahmoud_Gabapentin_Prescription.png

ER VISIT FOR 12 DAY LAPSE.pdf
