



Texas Medical Board

Secure Complaint Submission

NOTICE

IF IT IS DETERMINED THE INDIVIDUAL OR PRACTICE IDENTIFIED IN YOUR COMPLAINT IS NOT REGULATED BY THE TEXAS MEDICAL BOARD THAT INFORMATION, INCLUDING YOUR IDENTITY, MUST BE PROVIDED TO THE PROPER AGENCY FOR INVESTIGATION.

IF YOUR COMPLAINT IS REFERRED TO ANOTHER AGENCY, TMB WILL PROVIDE A COPY OF YOUR COMPLAINT AND IDENTIFYING INFORMATION WITH THE REFERRAL. YOUR CONFIDENTIAL STATUS WILL BE DETERMINED BY THE AGENCY RECEIVING THE REFERRAL.

It is suggested that you write the complaint in text editor and save it locally then cut and paste into this box.

COMPLAINT AGAINST

Note: You may use the Texas Medical Board's [Look Up A Licensee](#) to determine if the practitioner is licensed by TMB.

Name of Practitioner*:

Blaz Podgorsek

Business Phone Number*:

(713) 500-7237

Practitioner Address:

Country*:

UNITED STATES

Address Line 1*: [AutoComplete](#)

6431 Fannin Street Suite 4.331

Address Line 2:

City*:

Houston

State*:

TEXAS

Postal Code*:

77030

* Indicates Required Information.

COMPLAINANT

Mr Ms

Mrs Dr

Miss

First Name*:

Dennis

Last Name*:

Toeppen

E-Mail Address*:

blaz-podgorsek-fraud@net66.net

(A PDF copy of the complaint will be sent to this address)

Verify E-Mail Address*:

blaz-podgorsek-fraud@net66.net

Home Phone Number*:

2173442600

Business Phone Number*:

2173442600

Address:

Country*:

UNITED STATES

Address Line 1*: AutoComplete

PO Box 17224

Address Line 2:

City*:

Urbana

State*:

ILLINOIS

Postal Code*:

61803

* Indicates Required Information.

PATIENT/PERSON HARMED

Name*:

Date of Birth (mm/dd/yyyy)*:

07/31/1964

DETAILS OF COMPLAINT

Please select a category for your complaint.

Impairment due to mental or physical condition

Describe your complaint in detail and the events that led to your complaint. Include dates and location of treatment, medications prescribed. (* required)

I want to draw your attention to recent dishonest and immoral behavior by Blaz Podgorsek.

Blaz has a fantasy of owning a 35 mm movie camera system. He started putting a system together by buying the most illogical part first - a film magazine (container).

When he received it, he experienced buyer's remorse. But the terms of the sale were that the item was not refundable. So Blaz concocted justification for claiming he had been defrauded: there was a scratch on the item which had no impact on

Do you have supporting documentation to provide, such as medical or billing records, photos, video or audio recordings or links to websites? If so, please indicate and you will receive instructions regarding how to submit this information.

Yes

Have your received a second opinion?

No

If so please provide the following:

Physician Name:

Declarations

- I agree that I have read and understood the [Citizen Complaint Process](#) document.
- I agree that while my confidentiality, unless waived, will be strictly safeguarded, I may not be anonymous to the Board and that I may be contacted by staff of the Board for additional information during the course of any investigation.
- I agree that once my complaint is submitted, I may not withdraw it.
- I agree that if additional information is required or if my testimony is required that I will cooperate with these requests. I understand that if I do not cooperate, it may result in my complaint being dismissed due to lack of cooperation.
- I agree that updates on my complaint may be provided by email instead of postal service.

By selecting **SUBMIT** , I agree I have read the preceding, and it is true to the best of my information and belief. I understand that if I do not provide a name or a source this complaint will not be processed. If my complaint would be more appropriately addressed by a different agency or society, I authorize TMB to forward my complaint to that agency

or society.

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