

Mason, Ohio

VOLUNTARY SURRENDER OF LICENSE
TO PRACTICE OSTEOPATHIC MEDICINE AND SURGERY

I, RICHARD E. EICHER, D.O., am aware of my rights to representation by counsel, the right of being formally charged and having a formal adjudicative hearing, and do hereby freely execute this document and choose to take the actions described herein.

I, RICHARD E. EICHER, D.O., do hereby voluntarily, knowingly, and intelligently surrender my license to practice osteopathic medicine and surgery, No. 0829, to the Ohio State Medical Board.

I understand that as a result of the surrender herein that I am no longer permitted to practice osteopathic medicine and surgery in any form or manner in the State of Ohio.

Signed this 24th day of May, 19 92 in the office of Richard E Eicher.

Richard E Eicher

Charles A Eley
WITNESS

[Signature]
WITNESS

Sworn to and signed before me this _____ day of _____, 19____.

Notary Public