

CONSENT AGREEMENT
BETWEEN
VICTOR STRAUSS, M.D.
AND
THE STATE MEDICAL BOARD OF OHIO

I, Victor Strauss, M.D., do hereby knowingly and voluntarily enter into the following agreement of the State Medical Board of Ohio:

1. He agrees to continue his treatment program under the care of another physician;
2. He agrees to guarantee that the treating physician submit reports on his progress to the Ohio State Medical Board;
3. He agrees to continue taking Antabuse;
4. He agrees to continue his involvement with Alcoholics Anonymous;
5. He agrees to undergo bi-weekly urine drug screening;
6. He agrees to report back to the Ohio State Medical Board every three (3) months or as the Board otherwise designates;

Unless otherwise indicated each of the foregoing terms and conditions shall be in effect until the OHIO STATE MEDICAL BOARD determines the appropriateness of terminating the terms and conditions.

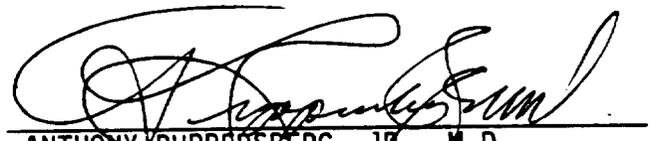
Upon consent of both parties, the terms and conditions of this agreement may be modified or terminated in writing.

If any of these conditions are violated, disciplinary action can be initiated pursuant to Chapter 4731. and 119. of the Ohio Revised Code.

The terms and conditions of this agreement shall become effective on the 6 day of May, 1981.


VICTOR STRAUSS, M.D.

May 1981
(Date)

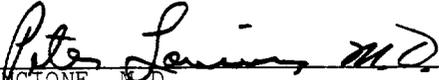

ANTHONY RIPPERSBERG, JR., M.D.
Secretary, State Medical Board of Ohio

May 6 - 1981
(Date)


Witness

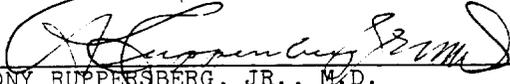
AGREED TO BY:

THE STATE MEDICAL BOARD OF OHIO
Party of the Second Part



PETER LANCIONE, M.D.
Prosecuting Member

8/13/81
Date



ANTHONY RUPPBERG, JR., M.D.
Secretary

8-13-81
Date



JEFFREY J. JURCA
Assistant Attorney General

7/22/81
Date

VOLUNTARY SURRENDER OF LICENSE
TO PRACTICE MEDICINE AND SURGERY

I, Victor Strauss, M.D., 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, Victor Strauss, M.D., do hereby voluntarily, knowingly, and intelligently surrender my license to practice medicine and surgery, No. 010012, to the Ohio State Medical Board.

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

Signed this 15th day of November, 19 79 in the ~~office~~
~~of~~ Apartment of Victor Strauss, M.D. 2037 Winto Ave.

x Victor Strauss
Victor Strauss, M.D.

C. J. [Signature]
WITNESS

WITNESS

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

Notary Public

STATE OF OHIO
THE STATE MEDICAL BOARD

VOLUNTARY SURRENDER OF LICENSE TO
PRACTICE MEDICINE AND SURGERY IN OHIO

I, VICTOR MAURICE BRADFORD STRAUSS, M.D., AFTER BEING ADVISED OF MY RIGHTS, DO HEREBY
FREELY EXECUTE THIS DOCUMENT AND CHOOSE TO TAKE THE ACTIONS DESCRIBED HEREIN:

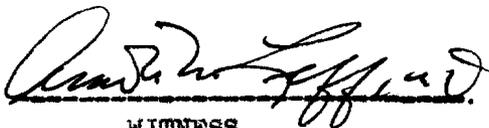
I, VICTOR MAURICE BRADFORD STRAUSS, M.D., DO HEREBY VOLUNTARILLY SURRENDER MY LICENSE
TO PRACTICE MEDICINE AND SURGERY IN OHIO, CERTIFICATE NO. 10912, TO THE OHIO STATE
MEDICAL BOARD.

I UNDERSTAND THAT AS A RESULT OF THE SURRENDER HEREIN, THAT I NO LONGER WILL BE
PERMITTED TO PRACTICE MEDICINE OR SURGERY IN ANY FORM OR MANNER, UNTIL SUCH TIME
AS THE OHIO STATE MEDICAL BOARD WOULD RESTORE MY LICENSE UNDER THE RECOMMENDATION OF
TWO PSYCHIATRISTS AND MY APPEARANCE BEFORE THE BOARD.

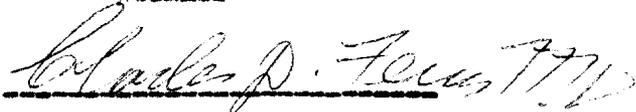
SIGNED THIS 26TH DAY OF SEPTEMBER, 1975 AT THE EMERSON NORTH HOSPITAL IN THE CITY OF
CINCINNATI, STATE OF OHIO.



~~VICTOR MAURICE BRADFORD STRAUSS, M.D.~~



WITNESS

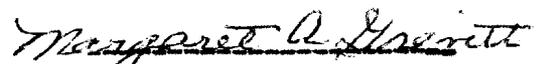


WITNESS



WITNESS.

SWORN TO AND SIGNED BEFORE ME THIS 26TH DAY OF SEPTEMBER, 1975



MARGARET A. GRAVITT

Notary Public, Hamilton County, Ohio

My Commission Expires April 21, 1980