

Circleville

VOLUNTARY SURRENDER OF LICENSE
TO PRACTICE MEDICINE AND SURGERY

I, FRANK R. MOORE, 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, FRANK R. MOORE, M.D., do hereby voluntarily, knowingly, and intelligently surrender my license to practice medicine and surgery, No. 12093, 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 1st day of June, 19 83 in the office of _____

Frank R. Moore, M.D.

Chela Eley - Secretary Ohio State Medical Board
WITNESS

WITNESS

Sworn to and signed before me this _____ day of _____, 19 83.

Notary Public