

VOLUNTARY SURRENDER OF LICENSE  
TO PRACTICE MEDICINE AND SURGERY

I, Charles V. Pfahler, 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, Charles V. Pfahler, M.D., do hereby voluntarily, knowingly, and intelligently surrender my license to practice medicine and surgery, No. 012665, 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 7th day of October, 19 85 in the office of Charles V. Pfahler.

Charles V. Pfahler  
M.D.

Agent Bruce J. Kohn  
WITNESS

Larry A. Hubbell  
WITNESS

Sworn to and signed before me this 7 day of October, 1985.

Frank P. Mueller  
Notary Public

FRANK P. MUELLER  
Notary Public, State of Ohio  
My Commission Expires August 19, 1988

SEE REVERSE FOR  
PRIVACY ACT  
INFORMATION

VOLUNTARY SURRENDER OF CONTROLLED  
SUBSTANCES PRIVILEGES

DEA USE ONLY  
FILE NO.

After being fully advised of my rights, and understanding that I am not required to surrender my controlled substances privileges, I freely execute this document and choose to take the actions described herein.

- In view of my alleged failure to comply with the Federal requirements pertaining to controlled substances, and as an indication of my good faith in desiring to remedy any incorrect or unlawful practices on my part;
- In view of my desire to terminate handling of controlled substances listed in schedule(s) \_\_\_\_\_;

I hereby voluntarily surrender my Drug Enforcement Administration Certificate of Registration, unused order forms, and all my controlled substances listed in schedule(s) all as evidence of my agreement to relinquish my privilege to handle controlled substances listed in schedule(s) 2, 2N, 3, 3N, 4, 5. Further, I agree and consent that this document shall be authority for the Administrator of the Drug Enforcement Administration to terminate and revoke my registration without an order to show cause, a hearing, or any other proceedings, (and if not all controlled substances privileges are surrendered, be issued a new registration certificate limited to schedule(s) None).

I waive refund of any payments made by me in connection with my registration.

I understand that I will not be permitted to order, manufacture, distribute, possess, dispense, administer, prescribe, or engage in any other controlled substance activities whatever, until such time as I am again properly registered.

NAME OF REGISTRANT (Print)		ADDRESS OF REGISTRANT	
Charles V. Pfahler		4965 Glenway Avenue Cincinnati, Ohio	
SIGNATURE OF REGISTRANT OR AUTHORIZED INDIVIDUAL		DATE	DEA REGISTRATION NO.
		10-7-85	
WITNESSES:			
NAME AND DATE		TITLE	
Bruce Z Kuhn 10/7/85		AGENT REGIONAL ENFORCEMENT NARCOTICS UNIT	
NAME AND DATE		TITLE	
Larry A. Hubbell 10/7/85		STATE MEDICAL BOARD	

**AUTHORITY:** Section 301 of the Controlled Substances Act of 1970 (PL 91-513)

**PURPOSE:** Permit voluntary surrender of controlled substances.

**ROUTINE USES:** The Controlled Substances Act Registration Records produces special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:

- A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
- B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
- C. Persons registered under the Controlled Substances Act (Public Law 91-513) for the purpose of verifying the registration of customers and practitioners.

**NOTICE:** Failure to provide the information will have no effect on the individual.