

VOLUNTARY RETIREMENT FROM THE
PRACTICE OF MEDICINE AND SURGERY

STATE MEDICAL BOARD
OF OHIO
90 SEP 19 AM 11:38

I, WILLIAM C. SCOTT, 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, WILLIAM C. SCOTT, M.D., do hereby ADMIT to prescribing long-term, excessive controlled substances to the following patients as identified by the attached Patient Key (Confidential - Not for Public Disclosure):

1. Patient 1: long-term prescribing of controlled substance benzodiazepines and narcotic analgesics;
2. Patient 2: long-term prescribing of controlled substance narcotic analgesics;
3. Patient 3 long-term prescribing of controlled substance benzodiazepines and narcotic analgesics; and
4. Patient 4: long-term prescribing of controlled substance narcotic agonist analgesics.

I, WILLIAM C. SCOTT, M.D., do hereby voluntarily, knowingly, and intelligently retire from the practice of medicine and surgery, effective IMMEDIATELY.

I, WILLIAM C. SCOTT, M.D., do hereby voluntarily, knowingly, and intelligently surrender my renewal card in connection with my certificate to practice medicine and surgery, No. 19939, to the Ohio State Medical Board.

I understand that I am no longer permitted to practice medicine and surgery in any form or manner in the State of Ohio, and that I may not apply for reregistration, reinstatement, or restoration of this certificate or issuance of any other certificate pursuant to Chapters 4730. and 4731. of the Revised Code. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

I, WILLIAM C. SCOTT, M.D., hereby release the State Medical Board of Ohio, its members, employees, agents and officers, jointly and severally, from any and all liability arising from the within matter.

This document shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code.

Further, this information may be reported to appropriate organizations, data banks, and governmental bodies.

VOLUNTARY RETIREMENT
WILLIAM C. SCOTT, M.D.
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I stipulate and agree that I am taking the action described herein in lieu of formal disciplinary proceedings pursuant to Sections 4731.22(B)(2), (B)(3), and (B)(6).

Signed this 17th day of September, 19 90

William C. Scott
SIGNATURE OF PHYSICIAN

Louisa Knight
WITNESS

WITNESS

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

(SEAL)

NOTARY PUBLIC

(This form must be either witnessed OR notarized)

Accepted by the State Medical Board of Ohio:

Henry G. Cramblett
HENRY G. CRAMBLETT, M.D.
SECRETARY

John E. Rauch
JOHN E. RAUCH, D.O.
SUPERVISING MEMBER

9/20/90
DATE

10/2/90
DATE