STATE OF OHIO
THE STATE MEDICAL BOARD

VOLUNTARY RETIREMENT FROM THE PRACTICE OF MEDICINE AND SURGERY

I, IRVING ROTHCHILD, 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, IRVING ROTHCHILD, M.D., do hereby voluntarily, knowingly, and intelligently retire from the practice of medicine and surgery, effective (NOW (9/5/95)

I, IRVING ROTHCHILD, M.D., do hereby voluntarily, knowingly and intelligently surrender my renewal card in connection with my certificate to practice medicine and surgery, No. 35-19975 , to the State Medical Board of Ohio.

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.

I agree that I shall be ineligible for, and shall not apply for, reinstatement of certificate to practice medicine and surgery No. 35-19975 or issuance of any other certificate pursuant to Chapters 4730. or 4731., Ohio Revised Code, on or after the date of signing this Voluntary Retirement from the Practice of Medicine and Surgery. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

I, IRVING ROTHCHILD, 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.

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STATE MEDICAL BOARD OF OHIO

Revised 03/08/95

I stipulate and agree that I am taking the action described herein in lieu of formal disciplinary proceedings pursuant to Sections 4731.22(B)( ).

Signed this 5th day of September, 1995.

Signature of Physician

Witness

Witness

Sworn to and subscribed before me this _____ day of _____, 199____.

Notary Public

SEAL

(This form must be either witnessed OR notarized)

Accepted by the State Medical Board of Ohio:

Thomas E. Gretter, M.D.
Secretary

9/13/95
Date

Raymond J. Albert,
Supervising Member

7/20/95
Date

STATE MEDICAL BOARD OF OHIO
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