STATE OF OHIO
THE STATE MEDICAL BOARD
SURRENDER OF CERTIFICATE
TO PRACTICE MEDICINE AND SURGERY

I, Orel Huston Cagle, 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, Orel Huston Cagle, M.D., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice medicine and surgery, #35-021548, to the State Medical Board of Ohio, thereby relinquishing all rights to practice medicine and surgery in 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 #35-021548 or issuance of any other certificate pursuant to Chapters 4730., 4731., 4760. or 4762., Ohio Revised Code, on or after the date of signing this Surrender of Certificate to Practice Medicine and Surgery. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

I, Orel Huston Cagle, M.D., hereby release the Board, its members, employees, agents, officers and representatives 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, and may be reported to appropriate organizations, data banks, and governmental bodies. I, Orel Huston Cagle, M.D., agree to provide my social security number to the Board and hereby authorize the Board to utilize that number in conjunction with that reporting.

I stipulate and agree that I am taking the action described herein in lieu of formal disciplinary proceedings pursuant to Section 4731.22(B)(10), Ohio Revised Code, based upon my prescribing of controlled substances.

Signed this 29th day of Oct., 2002.

Orel Huston Cagle, M.D.

Orel Huston Cagle, M.D.

_____
Witness

_____
Witness

Sworn to and subscribed before me this 29th day of October, 2002.

Gregory A. McGlaun
Notary Public

SEAL **(This form must be either witnessed OR notarized)**

NOTARY PUBLIC
NO. [illegible]781
GREGORY A. McGLAUN
MY TERM EXP. 04-12-06

Accepted by the State Medical Board of Ohio:

ANAND G. GARG, M.D.
SECRETARY

RAYMOND J. ALBERT
SUPERVISING MEMBER

DATE 10/31/02

DATE 10/31/02