STATE OF OHIO
THE STATE MEDICAL BOARD

VOLUNTARY RETIREMENT FROM THE PRACTICE OF MEDICINE AND SURGERY

I, DANIEL M. ROMER, 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, DANIEL M. ROMER, M.D., do hereby voluntarily, knowlingly, and intelligently retire from the practice of medicine and surgery, effective immediately.

I, DANIEL M. ROMER, M.D., do hereby voluntarily, knowingly, and intelligently surrender my renewal card in connection with my certificate to practice medicine and surgery, No. 21920 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.

I agree that I shall be ineligible for, and shall not apply for, reinstatement of certificate to practice medicine and surgery No. 21920 or issuance of any other certificate pursuant to Chapters 4730. and 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, DANIEL M. ROMER, 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
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I stipulate and agree that I am taking this described action herein in lieu of formal disciplinary proceedings pursuant to Sections 4731.22 (B) 26.

Signed this 6 day of October, 1993.

Daniel M. Romer M.D.
SIGNATURE OF PHYSICIAN

In and for the State of Ohio
My Commission Expires Nov. 20, 1994

Lara M. McCarrick
WITNESS

Robert G. Gibbs
WITNESS

Sworn to and subscribed before me this 6th day of Oct., 1993.

Lara M. McCarrick (Lee Ayers)
NOTARY PUBLIC

(SEAL)

(This form must be either witnessed OR notarized)

Accepted by the State Medical Board of Ohio:

Carla S. O'Day
CARLA S. O'DAY, M.D.
Secretary

11/9/93
DATE

Raymond J. Albert
RAYMOND J. ALBERT
Supervising Member

10/20/93
DATE

Revised 6/26/91