



STATE MEDICAL BOARD OF OHIO

77 South High Street, 17th Floor • Columbus, Ohio 43266-0315 • (614) 466-3934

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF :

ROYSTON C. LEWIS :

ENTRY OF ORDER

On April 7, 1994, Royston C. Lewis, M.D. executed a Voluntary Surrender of his Certificate to practice medicine and surgery with a consent to revocation, which document is attached hereto and fully incorporated herein.

In consideration of the foregoing and of Doctor Lewis' express waiver of the provision of section 4731.22(B), Ohio Revised Code, requiring that six (6) Board members vote to revoke said certificate, it is hereby ORDERED that Certificate No. 35025631 authorizing Doctor Lewis to practice medicine and surgery be permanently REVOKED, effective immediately.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the seventh day of April, 1994, and the original thereof shall be kept with said Journal.

Thomas E. Gretter, M.D.
Secretary

(seal)

4/10/95

Date

VOLUNTARY SURRENDER OF CERTIFICATE

TO PRACTICE MEDICINE AND SURGERY

I, ROYSTON C. LEWIS, 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, ROYSTON C. LEWIS, M.D., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice medicine and surgery, No. 35-25631 to the State Medical Board of Ohio, thereby relinquishing all rights to practice medicine and surgery in Ohio, effective IMMEDIATELY.

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. 35-25631 or issuance of any other certificate pursuant to Chapters 4730. and 4731., Ohio Revised Code, on or after the date of signing this Voluntary 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 hereby authorize the State Medical Board of Ohio to enter upon its Journal an Order revoking my certificate to practice medicine and surgery, No. 35-25631 in conjunction with which I expressly waive the provision of Section 4731.22(B), Ohio Revised Code, requiring that six (6) Board Members vote to revoke said certificate, and further expressly and forever waive all rights as set forth in Chapter 119., Ohio Revised Code, including but not limited to my right to counsel, right to a hearing, right to present evidence, right to cross-examine witnesses, and right to appeal the Order of the Board revoking my certificate to practice medicine and surgery.

I, ROYSTON C. LEWIS, 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.

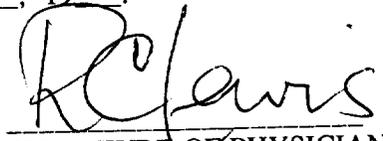
This document shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code.

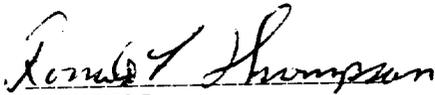
Further, this information may be reported to appropriate organizations, data banks, and governmental bodies.

Voluntary Surrender of Certificate
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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)(26), Ohio Revised Code.

Signed this 7 day of April, 1994.


SIGNATURE OF PHYSICIAN


WITNESS


WITNESS

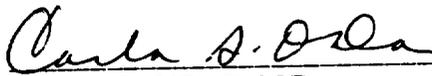
Sworn to and subscribed before me this _____ day of _____, 19____.

(SEAL)

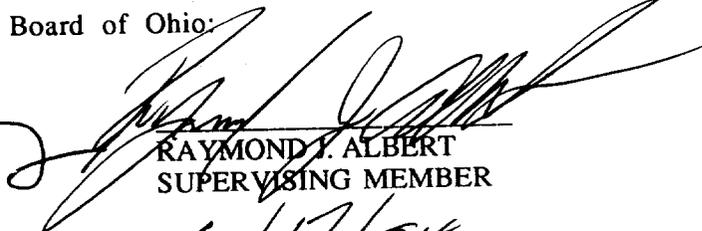
NOTARY PUBLIC

(This form must be either witnessed OR notarized)

Accepted by the State Medical Board of Ohio:


CARLA S. O'DAY, M.D.
SECRETARY

4/24/94
DATE


RAYMOND J. ALBERT
SUPERVISING MEMBER

6/17/94
DATE