

VOLUNTARY RETIREMENT FROM THE  
PRACTICE OF MEDICINE AND SURGERY

I, JOHN R. POLLACK, M.D., am aware of my right 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, JOHN R. POLLACK, M.D., do hereby ADMIT to prescribing Scheduled substances to family members, including myself, without proper medical indications during the period of 1984 through 1987. I admit that this constitutes a violation of Sections 4731.22(B)(3) and 4731.22(B)(6), Ohio Revised Code.

Further, I ADMIT that my Prednisone abuse has led to the impairment of my ability to practice according to acceptable and prevailing standards of care. I admit that this constitutes a violation of Section 4731.22(B)(26), Ohio Revised Code.

I, JOHN R. POLLACK, M.D., do hereby voluntarily, knowingly, and intelligently retire from the practice of medicine and surgery, effective immediately upon acceptance by the State Medical Board of Ohio.

I, JOHN R. POLLACK, M.D., do hereby acknowledge that I am not currently registered or licensed to practice medicine and surgery in the State of Ohio as my certificate, No. 28998, lapsed on December 31, 1988.

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 certificate No. 28998 or issuance of any other certificate pursuant to Chapters 4730. or 4731. of the Revised Code. Any such attempted reapplication shall be considered null and void and shall not be processed by the Board.

STATE MEDICAL BOARD  
90 FEB -2 AM 11:11 L

I, JOHN R. POLLACK, 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.

Signed this 27 day of January, 1990.

John R. Pollack  
SIGNATURE OF PHYSICIAN

Susan J. Seaver  
WITNESS

Marilyn Spring  
WITNESS

Sworn to and subscribed before me this 27 day of January, 1990.

(SEAL)

Marilyn Spring  
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

Timothy S. Jost  
TIMOTHY S. JOST, ESQ.  
SUPERVISING MEMBER

2/5/90  
DATE

2/9/90  
DATE