

**STATE OF OHIO  
THE STATE MEDICAL BOARD**

**VOLUNTARY RETIREMENT FROM THE  
PRACTICE OF MEDICINE AND SURGERY**

I, SAMUEL VARGHESE, MD, being represented by counsel, am aware of my 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, SAMUEL VARGHESE, MD, do hereby voluntarily, knowingly, and intelligently retire from the practice of medicine and surgery, effective upon the date of my signature below.

I, SAMUEL VARGHESE, MD, do hereby voluntarily, knowingly and intelligently surrender my renewal card in connection with my certificate to practice medicine and surgery, No. 35-050232, 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. 35-050232 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, SAMUEL VARGHESE, MD, 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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I stipulate and agree that I am taking the action described herein in lieu of formal disciplinary proceedings pursuant to Section 4731.22(B)(19), Ohio Revised Code, because of my inability to practice according to acceptable and prevailing standards of care by reason of physical illness including physical deterioration that adversely affects cognitive, motor or perceptive skills, which information has been documented by the State Medical Board of Ohio.

Signed this 6<sup>th</sup> day of August, 1997.

Samuel Varghese  
SAMUEL VARGHESE, M.D.

[Signature]  
Witness

[Signature]  
Witness

Sworn to and subscribed before me this 6<sup>th</sup> day of AUG, 1997.

[Signature]  
Notary Public

SEAL

(This form must be either witnessed OR notarized)

My Commission  
Expires 6.12.02  
Hamilton County  
State of OHIO

Accepted by the State Medical Board of Ohio:

[Signature]

Thomas E. Gretter, M.D.  
Secretary

9/24/97  
Date

[Signature]  
Raymond J. Albert  
Supervising Member

9/5/97  
Date

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