

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF _____ :

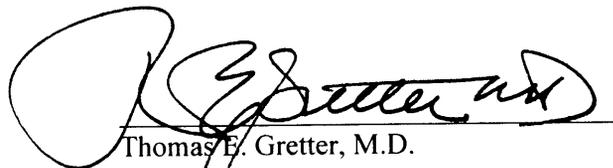
ROBERT H. ADAMS, M.D.

ENTRY OF ORDER

On January 30, 1997, Robert H. Adams, 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.

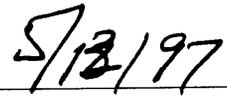
In consideration of the foregoing and of Doctor Adam's express waiver of the provision of Section 4731.22(B), Ohio Revised Code, requiring that six (6) Board members vote to revoke said certificate, it is hereby ORDERED that Certificate No. 35056168 authorizing Doctor Adams to practice medicine and surgery be permanently REVOKED, effective January 30, 1997.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the thirtieth day of January, 1997, and the original thereof shall be kept with said Journal.



Thomas E. Gretter, M.D.
Secretary

(seal)



Date

STATE OF OHIO
THE STATE MEDICAL BOARD

SURRENDER OF CERTIFICATE
TO PRACTICE MEDICINE AND SURGERY

I, ROBERT H. ADAMS, 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.

2HA I, ROBERT H. ADAMS, M.D., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice medicine and surgery, No. ⁴⁶⁸~~35-056916~~ 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 ^{PHA} apply for, reinstatement of certificate to practice medicine and surgery No. ⁴⁶⁸~~35-056916~~ or issuance of any other certificate pursuant to Chapters 4730. or 4731., 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.

PHA I hereby authorize the State Medical Board of Ohio to enter upon its Journal an Order permanently revoking my certificate to practice medicine and surgery, No. ⁴⁶⁸~~35-056916~~, 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, ROBERT H. ADAMS, 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.

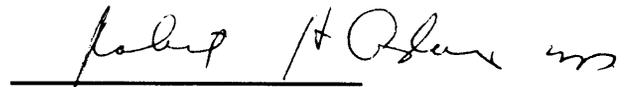
SURRENDER OF CERTIFICATE
ROBERT H. ADAMS, M.D.
PAGE 2

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.

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) and (26).

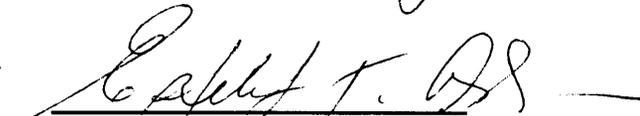
Signed this 30th day of January, 1997.



Signature of Physician



Witness



Witness

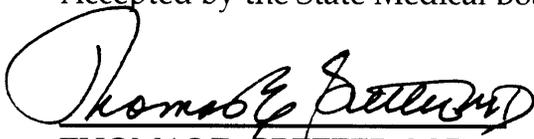
Sworn to and subscribed before me this _____ day of _____, 199____.

Notary Public

SEAL

(This form must be either witnessed OR notarized)

Accepted by the State Medical Board of Ohio:



THOMAS E. GRETTER, M.D.
SECRETARY



RAYMOND J. ALBERT
SUPERVISING MEMBER