

BEFORE THE STATE MEDICAL BOARD OF OHIO

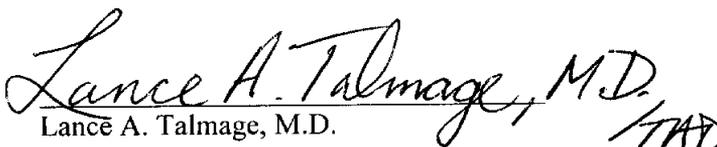
IN THE MATTER OF :  
:  
VICTORIA LYNN CARRINGTON, M.D. :

**ENTRY OF ORDER**

On December 20, 2004, Victoria Lynn Carrington, M.D., executed a Surrender of her certificate to practice medicine and surgery in the State of Ohio with a consent to permanent revocation, which document is attached hereto and fully incorporated herein.

In consideration of the foregoing and of Dr. Carrington'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. 35-072057 authorizing Victoria Lynn Carrington, M.D., to practice medicine and surgery be PERMANENTLY REVOKED, effective December 20, 2004.

This Order is hereby entered upon the Journal of the State Medical Board of Ohio for the 20th day of December 2004, and the original thereof shall be kept with said Journal.

  
Lance A. Talmage, M.D.  
Secretary

(SEAL)

December 20, 2004  
Date

**STATE OF OHIO  
THE STATE MEDICAL BOARD  
SURRENDER OF CERTIFICATE  
TO PRACTICE MEDICINE AND SURGERY**

I, Victoria Lynn Carrington, 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, Victoria Lynn Carrington, M.D., do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice medicine and surgery, No. 35-072057, to the State Medical Board of Ohio [Board], 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 apply for, reinstatement of certificate to practice medicine and surgery No. 35-072057 or issuance of any other certificate pursuant to Chapters 4730., 4731., 4760. or 4762., 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.

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. 35-072057, 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, Victoria Lynn Carrington, M.D., hereby release the Board, its members, employees, agents, officers and representatives 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. I, Victoria Lynn Carrington, M.D.,

acknowledge that my social security number will be used if this information is so reported and agree to provide my social security number to the Board for such purposes.

I stipulate and agree that I am taking the action described herein in lieu of formal disciplinary proceedings pursuant to Sections 4731.22(B)(2), (3) and (6), Ohio Revised Code and Section 4731.22(B)(20), Ohio Revised Code, to wit: Rule 4731-11-09(B), Ohio Administrative Code, based on my having prescribed, on approximately 6000 occasions over the course of approximately six months, psychotropic medications and other dangerous drugs, via the internet, to patients whom I neither saw in person nor with whom I ever spoke.

Signed this 20<sup>th</sup> day of December, 2004.

Victoria Lynn Carrington, M.D.  
Signature of Physician

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

Sworn to and subscribed before me this 20<sup>th</sup> day of December, 2004.



ANGELA D. FIELDS  
NOTARY PUBLIC, STATE OF OHIO  
MY COMMISSION EXPIRES 05/11/05

Angela D. Fields  
Notary Public

**SEAL (This form must be either witnessed OR notarized)**

Accepted by the State Medical Board of Ohio:

Lance A. Talmage, M.D.  
LANCE A. TALMAGE, M.D. LAD  
SECRETARY

Raymond J. Albert  
RAYMOND J. ALBERT LAD  
SUPERVISING MEMBER

12/20/04  
DATE

12/20/04  
DATE