

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF :

LENNART T. FORTELL, D.M.,D.C. :

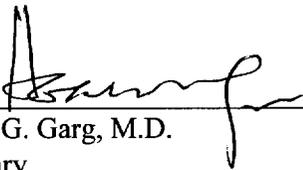
**ENTRY OF ORDER**

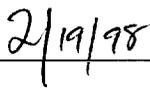
On or about December 8, 1997, Lennart T. Fortell, D.M., D.C., executed a Voluntary Surrender of his Certificate to practice mechanotherapy with a consent to revocation, which document is attached hereto and fully incorporated herein.

In consideration of the foregoing and of Dr. Fortell'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. 37002192 authorizing Lennart T. Fortell, D.M., D.C., to practice mechanotherapy be permanently REVOKED, effective December 8, 1997.

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

(seal)

  
\_\_\_\_\_  
Anand G. Garg, M.D.  
Secretary

  
\_\_\_\_\_  
Date

**STATE OF OHIO  
THE STATE MEDICAL BOARD**

**SURRENDER OF CERTIFICATE  
TO PRACTICE MECHANOTHERAPY**

I, LENNART T. FORTELL, DM, DC, 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, LENNART T. FORTELL, DM, DC, do hereby voluntarily, knowingly, and intelligently surrender my certificate to practice mechanotherapy, No. 37-002192, to the State Medical Board of Ohio, thereby relinquishing all rights to practice mechanotherapy in Ohio.

I understand that as a result of the surrender herein that I am no longer permitted to practice mechanotherapy 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 mechanotherapy No. 37-002192 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 Mechanotherapy. 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 mechanotherapy, No. 37-002192, 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 mechanotherapy.

I, LENNART T. FORTELL, DM, DC, 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.

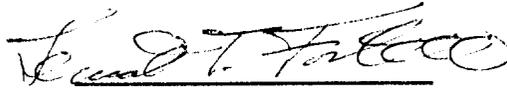
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STATE MEDICAL BOARD  
OHIO

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)(9) and/or (B)(13), Ohio Revised Code, as set forth in the Court documents attached hereto and incorporated herein.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 199\_\_\_\_.



Lennart T. Fortell



Witness

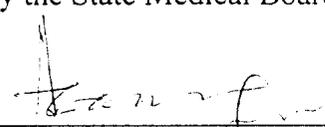
\_\_\_\_\_  
Witness

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 199\_\_\_\_.

\_\_\_\_\_  
Notary Public

SEAL

Accepted by the State Medical Board of Ohio:

  
\_\_\_\_\_  
THOMAS E. GRETTER, M.D.  
SECRETARY  
\_\_\_\_\_  
RAYMOND J. ALBERT  
SUPERVISING MEMBER

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