

Raymond Drapkin, M.D.
3570 St. John's Lane
Ellicott City, Maryland 21042

March 6, 2013

Andrea L. Mathias, M.D., M.P.H., Chair
Maryland State Board of Physicians
4201 Patterson Avenue
4th Floor
Baltimore, Maryland 21215-2299

RE: Permanent Surrender of License to Practice Medicine
License Number: D15669
Case Number: 2008-0176

Dear Dr. Mathias:

I have decided to **PERMANENTLY SURRENDER** my license to practice medicine in the State of Maryland, License Number D15669, effective **May 10, 2013**. I understand that upon the permanent surrender of my license, I may not give medical advice or treatment to any individual, with or without compensation and cannot prescribe medications or otherwise engage in the practice of medicine in the State of Maryland as it is defined in the Maryland Medical Practice Act (the "Act"), Md. Health Occ. Code Ann. ("Health Occ."), §§ 14-101 *et seq.* (2009 Repl. Vol. & 2012 Supp.) and other applicable laws. In other words, as of the effective date of this Permanent Letter of Surrender, I understand that the permanent surrender of my license means that effective May 10, 2013, I will be in the same position as an unlicensed individual in the State of Maryland.

I understand that this Permanent Letter of Surrender is a **PUBLIC** document and on the Board's acceptance becomes a **FINAL ORDER** of the Board. I also understand that upon acceptance by the Board, I agree not to accept new patients under my care. Prior to May 10, 2013, I agree to appropriately refer my existing patients to other health care providers for continued treatment and care.

Andrea L. Mathias, M.D., M.P.H., and Members of the Board

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My decision to permanently surrender my license to practice medicine in the State of Maryland has been prompted by an investigation of my license by the Maryland State Board of Physicians (the "Board") and the Maryland Office of the Attorney General. The investigation resulted in the Board's issuance of Charges Under the Medical Practice Act ("Charges") that are attached hereto and incorporated herein. [Attachment A]

I have decided to permanently surrender my license to practice medicine in the State of Maryland to avoid further prosecution of the disciplinary charges now pending before the Board. On or about June 18, 2012, the Board issued disciplinary charges under Health Occ. Code Ann. § 14-404(a) (19), (22), (23) and (40). Specifically, based on peer review, the Board charged me with:

(19) Grossly overutilizes health care services;

(22) Fails to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care performed in an outpatient surgical facility, office, hospital, or any other location in this State;

(23) Willfully submits false statements to collect fees for which services are not provided; and

(40) Fails to keep adequate medical records as determined by appropriate peer review.

I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Permanent Letter of Surrender to avoid further prosecution under the Act, in order to resolve this matter. I acknowledge that if the case proceeded to an evidentiary hearing on the Charges, the Board would submit evidence in support of the allegations set forth in the Charges. I further acknowledge that for all purposes relevant to medical licensure, the Board's investigative findings as summarized in the Allegations of Fact in the Charges, will be treated as if proven. I would present evidence, through my attorneys, to contest the allegations set forth in the Charges if the case proceeded to an evidentiary hearing on the Charges.

I understand that by executing this Permanent Letter of Surrender, for the purpose of resolving the Charges, I am waiving any right to contest the Charges in a formal evidentiary hearing at which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf and all other substantive and procedural protections provided by law, including the right to appeal.

Andrea L. Mathias, M.D., M.P.H., and Members of the Board

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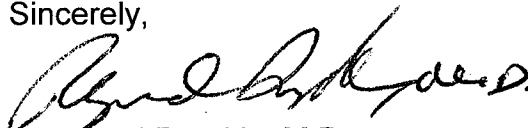
I understand that the Board will advise the Federation of State Medical Boards and the National Practitioners' Data Bank of this Permanent Letter of Surrender, in any response to inquiry, that I have permanently surrendered my license to avoid further disciplinary action under the Act. I also understand that in the event I apply for licensure in any form in any other state or jurisdiction, this Permanent Letter of Surrender, including the Charges attached hereto and incorporated herein, may be released or published by the Board to the same extent as a final order that would result from disciplinary action, pursuant to Md. State Gov't. Code Ann § 10-611 *et seq.* (2009 Repl. Vol. & 2012 Supp.), and that this Permanent Letter of Surrender would constitute disciplinary action by the Board.

I hereby affirm that no later than May 10, 2013, I will cease maintaining a medical practice in the State of Maryland. I also affirm that no later than May 10, 2013, I will resign my active privileges at any hospital, outpatient surgical facility, nursing home or other health care facility in the State of Maryland.

I agree that on or before May 10, 2013, the effective date of this Permanent Letter of Surrender, I shall deliver to the Board my original Maryland medical license number D15669, and my most recent wallet-sized renewal card; all prescription forms and pads in my possession; my original Maryland Controlled Dangerous Substance Certificate; and any prescribed substances in my possession, other than those prescribed by a licensed physician for me.

I acknowledge that I may not rescind this Permanent Letter of Surrender in part or in its entirety for any reason whatsoever. I acknowledge that I understand and comprehend the language, meaning and terms and effect of this Permanent Letter of Surrender and have consulted with legal counsel prior to executing this Permanent Letter of Surrender. I voluntarily choose to permanently surrender my Maryland license to practice medicine pursuant to the terms and conditions set out herein.

Sincerely,



Raymond Drapkin, M.D.

cc: Maryland Division of Drug Control

Andrea L. Mathias, M.D., M.P.H., and Members of the Board

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NOTARY

STATE OF MARYLAND

CITY/COUNTY OF Baltimore

I HEREBY CERTIFY that on this 7th day of March, 2013, before me, a Notary Public of the State and City/County aforesaid, personally appeared Raymond Drapkin, M.D., and declared and affirmed under the penalties of perjury that signing the foregoing Permanent Letter of Surrender was his voluntary act and deed.

AS WITNESS my hand and Notarial seal.

Arthur Marie Binkle
Notary Public

My Commission expires: JUN 16, 2014

ACCEPTANCE

On behalf of the Maryland Board of Physicians, on this 15th day of MARCH, 2013, I accept Raymond Drapkin, M.D.'s **PUBLIC PERMANENT SURRENDER** of his license to practice medicine in the State of Maryland.

3-15-13
Date

Andrea Mathias, MD., MPH
Andrea L. Mathias, M.D., M.P.H. *w/ permission*
Board Chair
Maryland State Board of Physicians *by eye*