

**Dennis Kutzer, M.D.**  
**P.O. Box 19079**  
**Towson, MD 21284-8079**

Ifeyinwa Stitt, M.D., Chair  
Disciplinary Panel A  
Maryland State Board of Physicians  
4201 Patterson Avenue, 4<sup>th</sup> Floor  
Baltimore, MD 21215-2299

Re: Permanent Surrender of License to Practice Medicine  
Dennis Kutzer, M.D. License Number: D19332  
Case Number: 2225-0164

Dear Dr. Stitt and Members of Disciplinary Panel A,

Please be advised that, pursuant to Md. Code Ann., Health Occ. ("Health Occ.") §14-403, I have decided to **PERMANENTLY SURRENDER** my license to practice medicine in the State of Maryland, License Number D19332, effective immediately. I understand that upon 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"), Health Occ. §§ 14-101 *et seq.* and other applicable laws. In other words, as of the effective date of this Permanent Letter of Surrender, I understand that the surrender of my license means that I am 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 upon Disciplinary Panel A's ("Panel A") acceptance, becomes a **FINAL ORDER** of Panel A of the Maryland State Board of Physicians (the "Board").

I acknowledge that the Board received a Mandated 10-Day Report from a hospital stating that my privileges were suspended due to concerns regarding my documentation for outpatient work and meeting the statutory requirements when prescribing controlled substances. The Board began an investigation of these allegations. I have decided to surrender my license to practice medicine in the State of Maryland to avoid further investigation and prosecution of these allegations and due to my impending retirement. I recognize that for all purposes relevant to medical licensure that these allegations shall be treated as proven and that these allegations support a conclusion that I violated Health Occ. § 14-404 (a)(22) and (40).

I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender to avoid the issuance of charges and prosecution of the aforementioned allegations. I do not wish to contest these allegations. I understand that

Ifeyinwa Stitt, M.D. and Members of Disciplinary Panel A

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Permanent Letter of Surrender

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by executing this Letter of Surrender I am waiving my right to contest any charges that would issue from Panel A's investigative findings 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 to circuit court.

I understand that the Board will advise the Federation of State Medical Boards, and the National Practitioner Data Bank of this Permanent Letter of Surrender. I also understand that in the event I would apply for licensure in any form in any other state or jurisdiction that this Letter of Surrender 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. Code Ann., Gen. Prov. §§ 4-101 *et seq.*, and that this Permanent Letter of Surrender constitutes a disciplinary action by Panel A.

I affirm that I will provide access to and copies of medical records to my patients in compliance with Title 4, subtitle 3 of the Health General Article. I also agree to surrender my Controlled Dangerous Substance Registration to the Office of Controlled Substances Administration.

I further recognize and agree that by submitting this Permanent Letter of Surrender, my license will remain permanently surrendered. In other words, I agree that I have no right to reapply and will not reapply for a license to practice medicine in the State of Maryland.

I acknowledge that I may not rescind this Permanent Letter of Surrender in part or in its entirety for any reason whatsoever. Finally, I wish to make clear that I have been advised of my right to be represented by an attorney of my choice throughout proceedings before Panel A, including the right to consult with an attorney prior to signing this Permanent Letter of Surrender. I understand both the nature of Panel A's actions and this Permanent Letter of Surrender fully. I acknowledge that I understand and comprehend the language, meaning and terms and effect of this Permanent Letter of Surrender. I make this decision knowingly and voluntarily.

Verv trulv yours.

***Signature on file***

Dennis Kutzer, M.D.

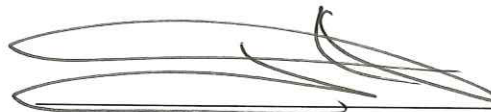
NOTARY

STATE OF Maryland  
CITY/COUNTY OF Baltimore

I HEREBY CERTIFY that on this 16 day of August, 2025 before me, a Notary Public of the City/County aforesaid, personally appeared Dennis Kutzer, M.D., and declared and affirmed under the penalties of perjury that the signing of this Permanent Letter of Surrender was voluntary.

AS WITNESS my hand and Notarial seal.



  
Notary Public

ACCEPTANCE

On behalf of Disciplinary Panel A, on this 10th day of September, 2025, I, Christine A. Farrelly, accept the **PUBLIC SURRENDER** of Dennis Kutzer, M.D.'s license to practice medicine in the State of Maryland.

*Signature on file*

Christine A. Farrelly, Executive Director  
Maryland Board of Physicians