

Robert Sack, M.D.

October 31, 2012

Andrea Mathias, M.D., Chair  
Maryland Board of Physicians  
4201 Patterson Avenue, 4<sup>th</sup> Floor  
Baltimore, MD 21215

RE: Surrender of License to Practice Medicine  
Robert Sack, M.D.  
License Number: D35265  
MBP Case Number: 2012-0482

Dear Dr. Mathias and Members of the Board,

Please be advised that I have decided to **PERMANENTLY SURRENDER** my license to practice medicine in the State of Maryland, License Number D35265, 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"), Md. Health Occ. Code Ann., §§ 14-101 *et seq.* (2005 Repl. Vol. and 2008 Supp.) and other applicable laws. In other words, as of the effective date of this 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 on the Board's acceptance, becomes a **FINAL ORDER** of the Board.

My decision to permanently surrender my license to practice medicine in the State of Maryland has been prompted by the Board's investigation into allegations that I violated H.O. §14-404 (a)(3)(ii).

I have decided to permanently surrender my license to practice medicine in the State of Maryland in lieu of further investigation and in lieu of further prosecution of the allegations pending before the Board.

I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender to avoid prosecution of the aforementioned Charges under the Act, in order to resolve this matter, and because of my planned retirement from the

practice of medicine. I acknowledge that if the case proceeded, the Board would submit evidence to support the allegations made in this case. I acknowledge that for all purposes relevant to medical licensure, the investigative allegations will be treated as if proven. I admit that those investigative allegations constitute a violation of Md. Health Occ. Code Ann. § 14-404(a)(3)(ii).

I understand that by executing this Letter of Surrender I am waiving any right to contest any charges that would issue from the Board's investigative findings and its vote to issue 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.

I do not wish to contest these allegations. I wish to make clear that I have voluntarily, knowingly, and freely chosen to submit this Letter of Surrender as part of the Board's disciplinary action to resolve this matter without further investigation and/or any further proceeding as part of the process as determined by the Maryland Medical Practice Act and the Health Occupations Article.

I understand that the Board will advise the Federation of State Medical Boards and the National Practitioners' Data Bank and the Healthcare Integrity and Protection Databank of this Letter of Surrender, and in response to any inquiry, that I have surrendered my license in lieu of further disciplinary action under the Act. 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. State Gov't Code Ann. § 10-611 *et seq.* (2004 Repl. Vol. and 2008 Supp.), and that this Letter of Surrender shall constitute a disciplinary action by the Board.

I affirm that as of the date of this Letter of Surrender, I will present to the Board my original Maryland medical license number D35265, and my most recent wallet-sized renewal card. I acknowledge that on or before the date the Board accepts this Letter of Surrender, I shall deliver to the Board: (1) any and all Medical Assistance prescription forms in my possession; (2) any prescription forms and pads in my possession; (3) any prescription forms or pads on which my name and Drug Enforcement Administration Registration Number are imprinted; and (4) any controlled dangerous substances in my possession, other than those prescribed by a licensed physician for me.

I acknowledge that as of the date of this letter I have not renewed my Maryland Controlled Dangerous Substances Certificate # M59089 which expired on September 30,

Andrea Mathis, M.D. and Members of the Board

RE: Robert Sack, M.D.

Permanent Letter of Surrender

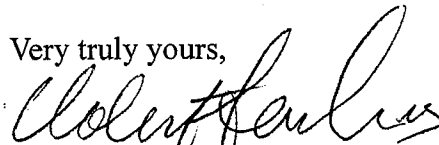
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2012; and that I will allow my Drug Enforcement Administration Registration Card # AS2296362 to expire on or about February 28, 2015.

I further recognize and agree that by tendering this Letter of Surrender that my license will remain permanently surrendered. In other words, I agree that I have no right to reapply for a license to practice medicine in the State of Maryland. I further agree that the Board is not obligated to consider any application for licensure that I might file at a future date and that I waive any hearing rights that I might possess regarding any such application.

I acknowledge that I may not rescind this 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 the attorney of my choice throughout proceedings before the Board, including the right to counsel with an attorney prior to signing this Letter of Surrender. I understand both the nature of the Board's actions and this Letter of Surrender fully. I acknowledge that I understand and comprehend the language, meaning and terms and effect of this Letter of Surrender. I voluntarily choose to surrender my Maryland license to practice medicine pursuant to the terms and conditions set out herein. I make this decision knowingly and voluntarily.

Very truly yours,



Robert Sack, M.D.

Andrea Mathis, M.D. and Members of the Board

RE: Robert Sack, M.D.

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**NOTARY**

STATE OF Maryland

CITY/COUNTY OF Baltimore

I HEREBY CERTIFY that on this 10th day of Sept., 2012 before me, a Notary Public of the City/County aforesaid, personally appeared Robert Sack, M.D., and declared and affirmed under the penalties of perjury that the signing of this Letter of Surrender was his voluntary act and deed.

AS WITNESS my hand and Notarial seal.

Heather McLaughlin  
Notary Public

My commission expires: 12/20/2012.

**ACCEPTANCE**

On behalf of the Maryland Board of Physicians, on this 31 day of October, 2012, I, Andrea Mathias, M.D., accept Robert Sack M.D.'s **PERMANENT SURRENDER** of his license to practice medicine in the State of Maryland.

Andrea Mathias

Andrea Mathias, M.D., Chair  
Maryland Board of Physicians