



TERRY E. BRANSTAD, GOVERNOR

BOARD OF MEDICAL EXAMINERS
WILLIAM S. VANDERPOOL, EXECUTIVE DIRECTOR

George W. Huthsteiner, M.D.
4537 Gable Drive
Encino, CA 91316

RE: ACCEPTANCE OF VOLUNTARY SURRENDER OF MEDICAL LICENSE

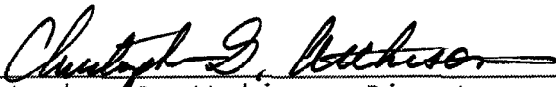
Dear Dr. Huthsteiner:

On December 19, 1991, the Iowa State Board of Medical Examiners considered the acceptance of the voluntary surrender of your medical license which was tendered by you on or about May 4, 1991. Following such consideration and a review of the circumstances from which your voluntary license surrender resulted, the Board voted to accept the voluntary surrender of your license as tendered.

Accordingly, the undersigned Director of Public Health hereby accepts the voluntary surrender of your license to practice medicine and surgery in Iowa, number 14326, which was issued on December 15, 1950, and which is recorded in the permanent records in the office of the Iowa State Board of Medical Examiners.

You are advised that the voluntary surrender of your license has the same force and effect as an order of revocation.

Dated this 26th day of December, 1991.



Christopher G. Atchison, Director
Iowa Department of Public Health
Lucas State Office Building
Des Moines, IA 50319

FILE

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Director of Public Health
Lucas State Office Building
Des Moines, Iowa 50319

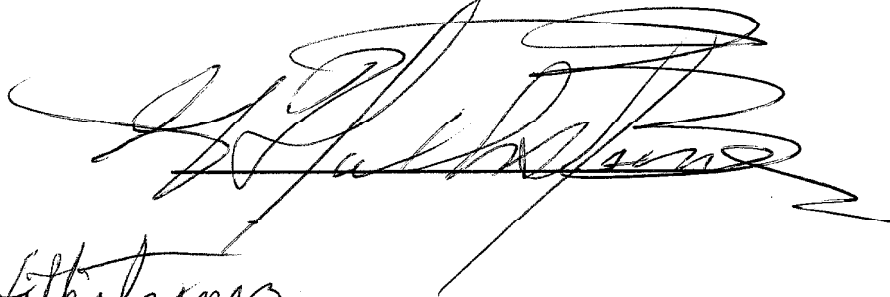
Dear Mr. Atchison:

You are hereby notified that in accordance with the provisions of section 148.8, Code of Iowa this letter shall constitute my written statement of intention to voluntarily surrender the enclosed license to practice medicine and surgery, which was heretofore issued to me on the 15th day of December, 1950, as evidenced by Certificate Number 14326, recorded in Book 3, at Page 681 of the records in the office of the Iowa State Board of Medical Examiners.

You are further notified that I fully understand that upon your acceptance of this voluntary surrender of my license, such acceptance shall have the same force and effect as an order of revocation.

You are further notified that I hereby affirm my decision not to engage in the practice of medicine and surgery in the State of Iowa and I hereby absolve and release the State Department of Health and the State Board of Medical Examiners from any further right, claim, or title to the enclosed certificate of license, and to any of the rights, privileges and honors pertaining thereto.

This written statement of my intention to voluntarily surrender my medical license is being signed by me on this 4 day of May, 1991, as my own voluntary act and deed.

File 02-88-388


WITNESS:
Vernon Wells Hetherington

DATE: 5-6-91

This is the second time I have filled out this form for you
