



TERRY E. BRANSTAD, GOVERNOR

BOARD OF MEDICAL EXAMINERS
ANN M. MARTINO, PH.D., EXECUTIVE DIRECTOR

Wendell M. Petty, M.D.
849 25 Road
Grand Junction, CO 81505

RE: ACCEPTANCE OF VOLUNTARY SURRENDER OF MEDICAL LICENSE

Dear Dr. Petty:

On August 26, 1993, the Iowa State Board of Medical Examiners considered the surrender of your medical license which was tendered by you on or about August 5, 1993. 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 Executive Director of the Iowa State Board of Medical Examiners hereby accepts the voluntary surrender of your medical license to practice medicine and surgery in Iowa, number 17299, which was issued on July 1, 1966, 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 August, 1993.

IOWA STATE BOARD OF MEDICAL EXAMINERS

Ann M. Martino, Ph.D.
Executive Director
1209 East Court Avenue
Des Moines, IA 50319

Charlotte A. Cleavenger, D.O.
Chairperson
Iowa Board of Medical Examiners
1209 East Court Avenue
Des Moines, IA 50319-0180

Dear Dr. Cleavenger:

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 Iowa license to practice medicine and surgery, which was issued to me on the 1st day of July, 1966, as evidenced by certificate number 17299, recorded in the permanent records in the office of the Iowa Board of Medical Examiners.

You are further notified that I fully understand that upon the Board's 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 as a physician in the State of Iowa and I hereby absolve and release the Iowa Department of Public Health and the Iowa 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 ✓ 3 day of ✓ August, 1993, as my own voluntary act and deed.

✓ [Signature]
Wendell M. Petty, M. D.

WITNESS:

✓ [Signature]
Nancy H. Petty