

Ronald Reichart, D.D.S.

13816 Manor Glen Road
Baldwin, Maryland 21013

October 9, 2007

President
Board of Dental Examiners
Spring Grove Hospital Center
Benjamin Rush Building
Wade Avenue
Baltimore, MD 21228

Dear Members of the Board,

Please be advised that I have decided to surrender my license to practice dentistry in the State of Maryland, License Number 4574, effective, October 17, 2007. I understand that I may not give dental advice or treatment to any individual, with or without compensation, cannot prescribe medications, cannot own, operate or manage a dental practice, or otherwise engage in the practice of dentistry as it is defined in the Maryland Dentistry Act (the "Act"), Md. Health Occ. Code Ann. §§ 4-101, *et seq.* 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.

I understand that this Letter of Surrender is a PUBLIC DOCUMENT.

My decision to surrender my license to practice dentistry in Maryland has been prompted by a medical condition which makes me unable to practice hands-on clinical dentistry, to terminate the terms and conditions contained in the April 5, 2004 Consent Order, and for other personal reasons.

I wish to make it clear that I have voluntarily, knowingly and freely chosen to submit this Letter of Surrender.

I hereby affirm that on or before the effective date of this Letter, I terminated my dental practice and I agree that it will remain terminated. I hereby affirm that I have no other privileges of any kind at any other hospital, outpatient facility, nursing home, or other health care facility in the State of Maryland. I also affirm that I no longer hold any ownership interest in any dental practice.

I affirm that on or before the effective date of this Letter, I must present to the Board my Maryland dental license and any renewal certificates.

David Williams, D.D. S. and Members of the Board

RE: Ronald Reichart, D.D.S.

Letter of Surrender

Page 2

I acknowledge that I have previously surrendered my: 1) Maryland Controlled Dangerous Substances Certificate; 2) all prescription forms or pads in my possession or practice; 3) any prescription forms or pads on which my name and DEA number are imprinted; 4) any controlled dangerous substances in my possession or practice; and 5) my Drug Enforcement Administration Registration Card.

I understand that the Board will advise the National Practitioner Data Bank, the Healthcare Integrity and Protection Databank, and any other entities to whom the Board reports of this Letter of Surrender, and in response to any inquiry, that I have surrendered my license due to a medical condition and in order to terminate the conditions contained in the April 2004 Consent Order. 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 along with all underlying investigative documents may be released to the requesting governmental or licensing body.

I further recognize and agree that by agreeing to this Letter of Surrender that my license will remain surrendered permanently in the State of Maryland. In other words, I agree never to seek reinstatement or new licensure in this State.

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 consult with an attorney before signing this Letter of Surrender and I have been advised by Brian West, Esquire in relation to this matter. 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 make this decision knowingly and voluntarily.

Sincerely,


Ronald Reichart, DDS

David Williams, D.D. S. and Members of the Board
RE: Ronald Reichart, D.D.S.
Letter of Surrender
Page 3

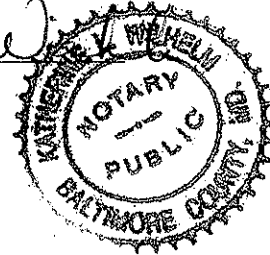
NOTARY

STATE OF MARYLAND
CITY/COUNTY OF BALTIMORE

I HEREBY CERTIFY that on this 9th day of October, 2007, before me, a Notary Public of the City/County aforesaid, personally appeared Ronald Reichart, D.D.S., 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.

Kimberly S. Cammarata
Notary Public



My commission expires: 7/14/2011

ACCEPTANCE

On behalf of the Maryland Board of Dental Examiners, this 17 day of October, 2007, I, Barry Lyon DDS, ~~David Williams, D.D.S.~~, accept Ronald Reichart's LETTER OF SURRENDER of his license to practice dentistry in the State of Maryland.

Barry Lyon DDS
~~David Williams, D.D.S., President~~
Maryland Board of Dental Examiners
Barry Lyon DDS
Secretary-Treasurer

cc: Kimberly S. Cammarata, Assistant Attorney General