

Nalin Patel, D.D.S.  
1640 Powderhorn Drive  
Newton, PA 18940

Jane S. Casper  
President  
Board of Dental Examiners  
Spring Grove Hospital Center  
Benjamin Rush Building  
55 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: 13072. 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. (Repl. Vol. 2005 & Supp. 2008). In other words, as of the date that this Letter of Surrender is accepted by the Board, 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 an investigation by the Board. The Board's investigation revealed that I continued to practice dentistry in Maryland after my license had expired and after I was ordered by the Board to cease and desist the practice of dentistry without a license. The investigation resulted in the Board's issuance of Charges for commission of prohibited acts under the Act. On April 15, 2009, the Board charged me with violating the following provisions of the Act:

H.O. § 4-315. Denials, reprimands, probations, suspensions, and revocations - Grounds.

(a) Subject to the hearing provisions of § 4-318 of this subtitle, the Board may deny a general license to practice dentistry, a limited license to practice dentistry, or a teacher's license to practice dentistry to any applicant, reprimand any licensed dentist, place any licensed dentist on probation, or suspend or revoke the license of any licensed dentist, if the applicant or licensee;

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- (2) Fraudulently or deceptively uses a license;
- (16) Behaves dishonorably or unprofessionally, or violates a professional code of ethics pertaining to the dentistry profession;
- (31) Fails to comply with any Board order.

H.O. § 4-601. Practicing without license; aiding or abetting unauthorized practice.

- (a) Except as otherwise provided in this title, a person may not practice, attempt to practice, or offer to practice dentistry or dental hygiene on a human being in this State unless licensed by the Board ( a copy of the Charged under the Dental Act dated April 15, 2009, are attached hereto and incorporates herein as exhibit A).

I have decided to surrender my license to practice dentistry in Maryland in order to avoid further prosecutorial proceedings of the aforementioned Charges. By virtue of this Letter of Surrender, I waive any right to contest the Charges and allegations contained in the Charges. 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 and to resolve this matter. I understand that by executing this Letter of Surrender I am waiving any right to contest these findings in a formal evidentiary hearing and waiving all other substantive and procedural protections provided by law, including the right to appeal.

I hereby affirm that, on or before the effective date of this Letter, I terminated my dental practice that I had in Maryland and I agree that it will remain terminated. I also affirm that I have no privileges of any kind at any 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 and that I have previously provided to the Board evidence of the sale of my practice to the Board.

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.

I understand that the Board will advise the National Practitioner 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

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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, along with all underlying investigative documents, may be released to the requesting governmental or licensing body.

I further recognize and agree that, by submitting this Letter of Surrender, my license will remain surrendered until such time as I apply for reinstatement and comply with the terms and conditions set forth in this Letter of Surrender and, any additional conditions imposed by the reinstatement panel and/ or the Board, if the Board decides to grant reinstatement. I understand that if I apply for reinstatement, I bear the burden of demonstrating to the Board that I am competent to practice and possess good moral character, as specified in H.O. §4-304. I understand that in the event that I apply for a Maryland dental license, I will approach the Board in the same posture as one whose license has been revoked.

I understand that I will not petition the Board for reinstatement or application for new licensure until at least five years (5) after the execution of this letter. I also understand that the Board will not consider my petition for reinstatement or application for new licensure until I have submitted proof satisfactory to Board that I have: (1) made an anonymous donation to a Board-approved Maryland dental entity in the amount of four thousand dollars (\$4000) and (2) paid a fine to the Board in the amount of one thousand two hundred and fifty dollars (1250). I also understand that, if I apply for reinstatement or new licensure in the State of Maryland, that I bear the burden of demonstrating to the Board that I am competent to practice dentistry and possess good moral character, as specified in the Maryland Dentistry Act.

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 am represented by counsel in this matter, and that I have consulted with my attorney prior to signing this Letter of Surrender. I fully understand the nature and effect of both the Board's actions and this Letter of Surrender. I acknowledge that I understand the language, meaning, terms, and effect of this Letter of Surrender. I make this decision knowingly and voluntarily and without any duress.

Sincerely,

  
Nalin Patel, D.D.S.

Date 9-3-09

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**NOTARY**

STATE OF PA  
CITY/COUNTY OF Bucks

I HEREBY CERTIFY that on this 03 day of Sept, 2009, before me, a Notary Public of the City/County aforesaid, personally appeared Nalin Patel, 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 Baizer*  
Notary Public

My commission expires: 08/21/2011

Notarial Seal  
Kimberly Baizer, Notary Public  
Middletown Twp., Bucks County  
My Commission Expires August 21, 2011

**ACCEPTANCE**

The Maryland Board of Dental Examiners, this 16 day of September, 2009 accepts this letter of surrender signed by Nalin Patel, D.D.S.,

*Jane S. Casper*  
Jane S. Casper, R.D.H., M.A. President  
Maryland Board of Dental Examiners

cc: Sherrai V. Hamm, Assistant Attorney General  
Paul Ishak, Esquire, Counsel to Nalin Patel, D.D.S.