

BEFORE THE GEORGIA COMPOSITE MEDICAL BOARD

STATE OF GEORGIA

IN THE MATTER OF:

ROBERT JOSEPH MORGENTHAL, M.D.  
License No. 052221,  
Respondent.

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GEORGIA COMPOSITE  
MEDICAL BOARD

JAN 17 2017

DOCKET NUMBER:  
20170006

VOLUNTARY SURRENDER

I, ROBERT MORGENTHAL, holder of License No. 052221 to practice medicine in the State of Georgia pursuant to O.C.G.A. Ch. 34, T. 43, as amended, hereby freely, knowingly and voluntarily surrender said license to the Georgia Composite Medical Board. I hereby acknowledge that this surrender shall be considered to be and have the same effect as a revocation of my license, and I knowingly forfeit and relinquish all right, title and privilege of practicing medicine in the State of Georgia, unless and until such time as my license may be reinstated, in the sole discretion of the Board.

I acknowledge that I have read and understand the contents of this Voluntary Surrender.

I understand that I have a right to a hearing in this matter, and I hereby freely, knowingly and voluntarily waive such right. I also understand that should the Board entertain any request for reinstatement, the Board shall have access to any investigative or medical information regarding me. I further understand that upon applying for reinstatement, it shall be incumbent upon me to demonstrate to the satisfaction of the Board that I am able to practice medicine with reasonable skill and safety to patients, and that the Board may investigate my conduct since the time of the surrender of my license. I understand and agree that any reinstatement of my license to practice medicine is a matter in the sole discretion of the Board and that the Board may deny any such reinstatement without identifying a reason for said denial.

This surrender shall become effective upon acceptance and docketing by the Board. I understand that this document will be considered to be a public record evidencing disciplinary action, and that this action shall be considered to be and may be disseminated as a final order of

the Board.

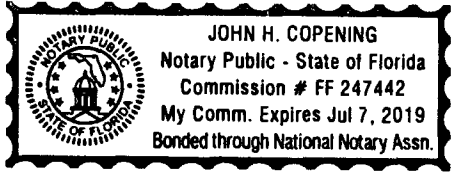
[As to Respondent's signature:]

Sworn to and subscribed before

me 9<sup>th</sup> day of January, 2016.

ROBERT J. MORGENTHAL, M.D.  
Respondent

NOTARY PUBLIC  
My commission expires: 7-7-19



**ACCEPTANCE OF SURRENDER**

The voluntary surrender of License No. 052221 is hereby accepted by the  
Georgia Composite Medical Board, this 17<sup>th</sup> day of Jan, 2016.

**GEORGIA COMPOSITE MEDICAL BOARD**

(BOARD SEAL)

BY:

JOHN ANTALIS, M.D.  
Chairperson

State of Florida  
County of Orange  
Sworn to (or affirmed) and subscribed before me  
this 9 day of JANUARY, 2016, by  
Robert Morgenthal  
Name of Notary  
Personally know \_\_\_\_\_ and identification ✓  
Type of identification produced FL OR License

ATTEST:   
ROBERT JEFFERY  
Executive Director