

**Anil Sanghera, M.D.
3 Bargate Court
Baltimore, Maryland 21212**

November 14, 2007

C. Irving Pinder, Jr., Executive Director
Maryland Board of Physicians
4201 Patterson Avenue
Baltimore, MD 21215

Dear Mr. Pinder and Members of the Board:

Please be advised that I have decided to **SURRENDER** my license to practice medicine in the State of Maryland, License Number D24722, effective immediately. I understand that upon surrender of my license, I may not give medical advice or treatment to any individual, with or without compensation, and cannot prescribe medications or otherwise engage in the practice of medicine in the State of Maryland as it is defined in the Maryland Medical Practice Act (the "Act"), Md. Health Occ. Code Ann. ("HO"), §§ 14-101 *et seq.* (2005 Repl. Vol.) and other applicable laws. In other words, as of the effective date of this Letter of Surrender, *i.e.*, the date the Board accepts this Letter of Surrender, I understand that the surrender of my license means that I am in the same position as an unlicensed individual in the State of Maryland.

I understand that this Letter of Surrender is a **PUBLIC DOCUMENT** and on the Board's acceptance, becomes a **FINAL ORDER** of the Board.

My decision to surrender my license to practice medicine in the State of Maryland has been prompted by an investigation of my license by the Maryland Board of Physicians (the "Board") and the Office of the Attorney General. The investigation resulted in the Board's issuance of disciplinary charges under Board Case Number 2005-0915. These disciplinary charges are attached hereto and incorporated herein. **[Attachment A]**

I have decided to surrender my license to practice medicine in the State of Maryland to avoid further prosecution on the disciplinary charges now pending before the Board. I acknowledge that the Board initiated an investigation of this matter, and that on May 21, 2007, issued disciplinary charges under HO §§ 14-404(a)(3), (22) and (40). Specifically, the Board charged me with: unprofessional conduct in the practice of medicine, in violation of HO § 14-404(a)(3); failing to meet appropriate standards as determined by appropriate peer review for the delivery of quality medical and surgical care, in violation of HO § 14-404(a)(22); and failing to keep adequate medical records as determined by appropriate peer review, in violation of HO § 14-404(a)(40). The Board's disciplinary charges were

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based on information the Board obtained during its investigation that involved allegations pertaining to my prescribing practices and conduct with patients.

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 disciplinary charges under the Act in order to resolve this matter. I acknowledge that if the case proceeded to an evidentiary hearing, the Board would submit evidence to support the allegations in the May 21, 2007, charging document. I acknowledge that for all purposes relevant to medical licensure, those allegations will be treated as if proven. I admit to the allegations contained in the Board's Charges under Case Number 2005-0915, and admit that those allegations constitute violations of HO §§ 14-404(a)(3), (22) and (40).

I understand that by executing this Letter of Surrender I am waiving any right to contest the disciplinary charges and the investigative findings in a formal evidentiary hearing at which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf and all other substantive and procedural protections provided by law, including the right to appeal.

I hereby affirm that as a condition of the Board's acceptance of this Letter of Surrender, I agree not to apply or in any way seek reinstatement of my medical license in Maryland for at least five years, to commence as of the date the Board accepts this Letter of Surrender.

I understand that the Board will advise the Federation of State Medical Boards and the National Practitioners' 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 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, including the Charges attached hereto and incorporated herein, may be released or published by the Board to the same extent as a final order that would result from disciplinary action, pursuant to Md. State Gov't Code Ann. § 10-611 *et seq.* (2004), and that this Letter of Surrender shall constitute a disciplinary action by the Board.

I affirm that as of the date of this Letter of Surrender, I will present to the Board my original Maryland medical license number D17463, and my most recent wallet-sized renewal card. I acknowledge that on or before the effective date of this Letter of Surrender, I shall deliver to the Board: (1) any and all Medical Assistance prescription forms in my possession; (2) any prescription forms and pads in my possession; (3) any prescription forms or pads on which

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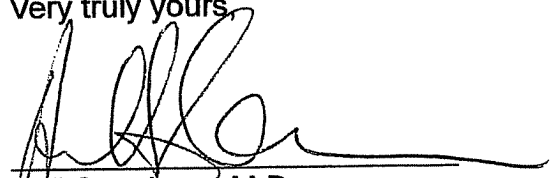
my name and Drug Enforcement Administration Registration Number are imprinted; (4) any prescribed substances in my possession, other than those prescribed by a licensed physician for me; and (5) any controlled dangerous substances in my possession, other than those prescribed by a licensed physician for me.

I acknowledge that on or before the effective date of this Letter of Surrender, I shall deliver to Georgette Zoltani, Chief, or any successor, Division of Drug Control, 4102 Patterson Avenue, 4th Floor, Baltimore, Maryland 21214, my Maryland Controlled Dangerous Substances Certificate #07870; and my Drug Enforcement Administration Registration Card # BV1725677 (expiration date 05/31/2007), to Walter Staples, or any successor, Diversion Supervisor, Drug Enforcement Administration, 200 Saint Paul Place, 22nd Floor, Baltimore, Maryland, 21202.

I further recognize and agree that by tendering this Letter of Surrender that my license will remain surrendered for at least five years. In other words, I agree that I have no right to reapply for a license prior to the expiration of five-year period after which the Board accepts this Letter of Surrender.

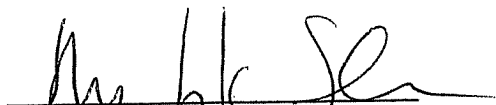
I acknowledge that I may not rescind this Letter of Surrender in part or in its entirety for any reason whatsoever. Finally, I wish to make clear that I have been advised that I have consulted with counsel prior to signing this Letter of Surrender. I understand both the nature of the Board's actions 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.

Very truly yours,



Anil Sanghera, M.D
Respondent

Read and approved:



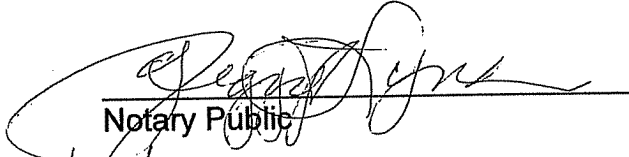
Nancy Lark Schülze, Esquire
Counsel for Dr. Sanghera

NOTARY

STATE OF MARYLAND
CITY/COUNTY OF Baltimore

I HEREBY CERTIFY that on this 16 day of Nov, 2007, before me, a Notary Public of the City/County aforesaid, personally appeared Anil Sanghera, M.D., and declared and affirmed under the penalties of perjury that the signing of this Letter of Surrender was her voluntary act and deed.


AS WITNESS my hand and Notarial seal.


Notary Public

My commission expires: 3/13/2010.

ACCEPTANCE

On behalf of the Maryland Board of Physicians, on this 28th day of November, 2007, I, C. Irving Pinder, Jr., accept Anil Sanghera, M.D.'s **SURRENDER** of her license to practice medicine in the State of Maryland.


C. Irving Pinder, Jr., Executive Director
Maryland Board of Physicians

cc: Robert J. Gilbert, Assistant Attorney General
Patricia C. Bramlet, MBP, Lead Compliance Analyst
Nancy Lark Schulze, Esquire, counsel for Dr. Sanghera

STATE OF MARYLAND

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AFFIDAVIT OF

COUNTY OF BALTIMORE

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ANIL SANGHERA, M.D.

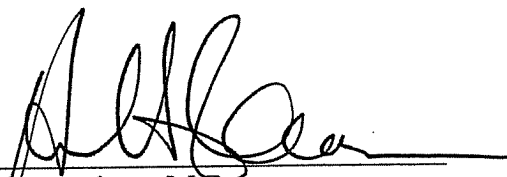
Personally appeared before me the undersigned, Anil Sanghera, MD, being first duly sworn, deposes and says:

I am an adult over the age of eighteen years and am competent to make this affidavit.

I have determined to surrender by license to practice medicine in the State of Maryland and am submitting this affidavit together with my Letter of Surrender dated November 1, 2007.

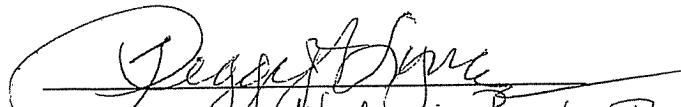
I am unable to locate my original Maryland medical license dated D17463. Accordingly, and notwithstanding the statement to the contrary in my Letter of Surrender, I am unable to enclose my original license. I am enclosing my most recent wallet-sized renewal card.

FURTHER, AFFIANT SAYETH NOT.



Anil Sanghera, M.D.

SWORN TO before me on this 16
day of November 2007 .



Notary Public for Wachovia Bank, Baltimore, MD.

My Commission Expires: 2/13/2010