

NORTH CAROLINA MEDICAL BOARD VOLUNTARY SURRENDER FORM

Name: Gregory Dill
Address: 825 W. Linebaugh Ave.
Tampa, FL 33612
Phone #: 828-230-7667

License #: 200300462
Date of Birth: 5/6/1963

I hereby surrender my license to practice medicine issued by the Board effective upon receipt of this document by the Board or its agent.

I understand that I may not give medical advice or treatment to any person, with or without compensation; may not prescribe drugs; and may not otherwise engage in the practice of medicine within the meaning of N.C. Gen. Stat. §90-18. Once tendered, this decision to surrender my license may not be withdrawn. I understand that the surrender of my license does not preclude the Board from bringing charges against me at a later date.

I understand that I have obligations to patients that continue beyond the surrender of my license including, but not limited to, winding up my practice in an orderly fashion, assisting patients in ensuring continuity of their care, and preserving patient records and access thereto.

I understand that this document is a public document within the meaning of Chapter 132 of the North Carolina General Statutes and shall be subject to public inspection and dissemination pursuant to the provisions thereof. Additionally, it may be reported to persons, entities, agencies, and clearinghouses as required by and permitted by law including, but not limited to, the Federation of State Medical Boards, the National Practitioner's Data Bank, and the Healthcare Integrity and Protection Data Bank.

I understand my right to and I have been given the opportunity to consult with an attorney, at my own expense, before tendering this surrender of my license. I have made the decision to surrender my license to practice medicine knowingly, voluntarily, and of my own free will.

I agree to return my license and registration certificates to the Board as promptly as possible. Any failure on my part to do so does not in any way affect the validity of this surrender of my license.

Date: 1/18/11

Signature: Gregory Dill

Witness: [Signature]



**NORTH CAROLINA
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Executive Director

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PERSONAL AND CONFIDENTIAL

January 19, 2011

Dr. Gregory Oran Dill
27 Chateau Pl
Asheville, NC 28805-1712

Re: License Surrender

Dear Dr. Dill:

This will acknowledge receipt of your Voluntary Surrender Form of January 18, 2011. The surrender of your license to practice medicine (license number 200300462) issued by the North Carolina Medical Board becomes a public record according to North Carolina law. You are required to reapply if you wish to reinstate your license.

Should you have questions regarding this matter, please feel free to call.

Sincerely,

R. David Henderson
Executive Director

RDH:jo

BEFORE THE
NORTH CAROLINA MEDICAL BOARD

In re:)	
)	
Gregory Oran Dill, M.D.)	CONSENT ORDER
)	
Respondent.)	

This matter is before the North Carolina Medical Board ("Board") concerning Gregory Oran Dill, M.D. ("Dr. Dill"). Dr. Dill admits, and the Board finds and concludes, that:

Whereas, the Board is a body duly organized under the laws of North Carolina and is the proper party to bring this proceeding under the authority granted it in Article 1 of Chapter 90 of the North Carolina General Statutes and the rules and regulations promulgated thereto; and

Whereas, Dr. Dill is a physician first licensed by the Board on May 15, 2003, license number 2003-00462; and

Whereas, Dr. Dill has been under contract with the North Carolina Physicians Health Program ("NCPHP") since 2006 for his substance abuse and dependence related issues; and

Whereas, on September 13, 2010, Dr. Dill admitted to a NCPHP representative that he had twice used methamphetamine during the year 2010; and

Whereas, Dr. Dill thereafter stopped practicing medicine and entered a residential drug treatment and rehabilitation facility in September 2010; and

Whereas, Dr. Dill thereafter voluntarily surrendered his North Carolina license to practice medicine on January 18, 2011, as a result of his substance abuse; and

Whereas, Dr. Dill admits that his use and abuse of illicit substances constitutes Dr. Dill being unable to practice medicine with reasonable skill and safety to patients by reason of use of alcohol, drugs, chemicals or any other type of material or by reason of any physical or mental abnormality within the meaning of N.C. Gen. Stat. § 90-14(a)(5) and grounds exist for the Board to suspend, revoke or limit Dr. Dill's license or to deny any application he might make in the future; and

Whereas, Dr. Dill acknowledges and agrees that the Board has jurisdiction over him and over the subject matter of this proceeding; and

Whereas, Dr. Dill knowingly waives his right to any hearing and to any judicial review or appeal in this case; and

Whereas, Dr. Dill acknowledges that he has read and understands this Consent Order and enters into it voluntarily; and

Whereas, the Board has determined that it is in the public interest to resolve this matter as set forth below.

NOW, THEREFORE, with Dr. Dill's consent, it is ORDERED that:

1. Dr. Dill's license to practice medicine in North Carolina is hereby SUSPENDED INDEFINITELY.
2. Dr. Dill shall obey all laws and he shall obey all regulations related to the practice of medicine.
3. Dr. Dill shall notify the Board in writing of any change in his addresses within ten (10) days of the change.
4. Dr. Dill shall meet with the Board or members of the Board for an informal interview at such times as requested by the Board.
5. If Dr. Dill fails to comply with any of the terms of this Consent Order, that failure shall constitute unprofessional conduct within the meaning of N.C. Gen. Stat. § 90-14(a)(6) and shall be grounds, after any required notice and hearing, for the Board to annul, suspend, revoke, condition or limit Dr. Dill's license to practice medicine or to deny any application he might make in the future or then have pending for a license.
6. This Consent Order shall take effect immediately upon its execution by both Dr. Dill and the Board and it shall

continue in effect until specifically ordered otherwise by the Board.

7. Dr. Dill hereby waives any requirement under law or rule that this Consent Order be served upon him.

8. Upon execution by Dr. Dill and the Board, this Consent Order shall become a public record within the meaning of Chapter 132 of the North Carolina General Statutes and shall be subject to public inspection and dissemination pursuant to the provisions thereof. Additionally, it will be reported to persons, entities, agencies and clearinghouses as required by and permitted by law including, but not limited to, the Federation of State Medical Boards, the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank.

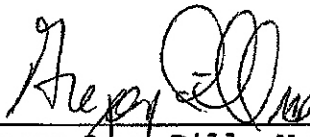
By Order of the North Carolina Medical Board this the

12th day of April, 2011.

NORTH CAROLINA MEDICAL BOARD

By: Janice E. Huff MD
Janice E. Huff, M.D.
President

Consented to this the 11th day of April, 2011.



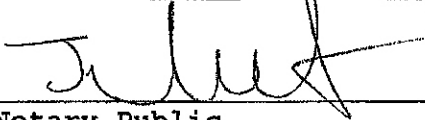
Gregory Oran Dill, M.D.

State of ~~North Carolina~~ Florida

County of Hillsborough

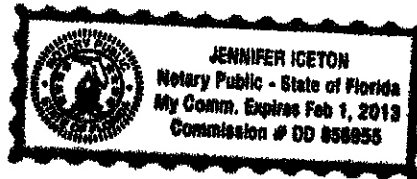
I, Jennifer Icton, a Notary Public for the
above named State and County, do hereby certify that Gregory
Oran Dill, M.D., personally appeared before me this day and
acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal
this the 11th day of April, 2011.



Notary Public

(SEAL)



My Commission expires: 2/1/13