



AGREEMENT

In lieu of proceeding to an adjudicatory hearing, the Licensee, the Board and the Department of Attorney General agree to the following:

1. The Licensee agrees to voluntarily surrender his license to practice medicine in the State of Maine.
2. The Licensee has carefully considered his decision and is aware of the consequences of this decision.
3. The Licensee waives his right to a hearing before the Board or in a court or in any court regarding all findings, terms and conditions of this agreement.
4. The Licensee is aware of his right to be represented by counsel.

I, DINO T. CACIOPPO, M.D., HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT. I UNDERSTAND THAT BY SIGNING IT, I WAIVE CERTAIN RIGHTS. I SIGN THIS CONSENT AGREEMENT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND, VERBAL, WRITTEN OR OTHERWISE.

DATED:

1/26/98

Dino T. Cacioppo MD  
DINO T. CACIOPPO, M.D.

STATE OF MAINE

\_\_\_\_\_, S.S.

Personally appeared before me the above-named Dino T. Cacioppo, M.D., and swore to the truth of the foregoing based upon his own personal knowledge, or upon information and belief, and so far as upon information and belief, he believes it to be true.

DATED: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

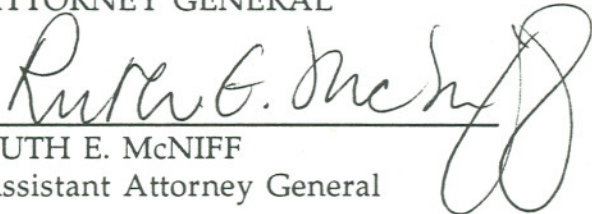
STATE OF MAINE  
BOARD OF LICENSURE IN MEDICINE

DATED: 3/23/99

  
\_\_\_\_\_  
EDWARD DAVID, M.D., Chairman

STATE OF MAINE  
DEPARTMENT OF THE  
ATTORNEY GENERAL

DATED: 3/23/99

  
\_\_\_\_\_  
RUTH E. McNIFF  
Assistant Attorney General

APPROVED  
EFFECTIVE: 3/23/99