

COMMONWEALTH OF MASSACHUSETTS

Middlesex, ss

Board of Registration in Medicine

Adjudicatory No. 2014-051

In the Matter of)
)
)


ROBERT P. LINDEMAN, M.D.)
Registration No. 204186)
)

RESIGNATION

I, ROBERT P LINDEMAN, M.D., being duly sworn, depose and state:

1. I desire to resign my license to practice medicine in the Commonwealth of Massachusetts pursuant to the terms of 243 CMR 1.05(5)(a).
2. My resignation is tendered voluntarily.
3. I realize that this resignation is a final act that deprives me of all privileges of registration and is not subject to reconsideration or judicial review.
4. I am not currently licensed to practice medicine in any other state and will make no attempt to seek licensure elsewhere.
5. I understand that my resignation is a disciplinary action that is reportable to any national data-reporting agency, pursuant to G.L. c. 112, §2.

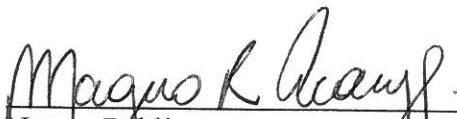
Signed under the penalties of perjury this 9th day of March, 2017.



, M.D.

Then personally appeared before me the above-named, _____, M.D. who signed the foregoing resignation in my presence and acknowledged said resignation to be his free act and deed.

Dated: 3/9/2017



Notary Public
My Commission Expires: May 18, 2018

