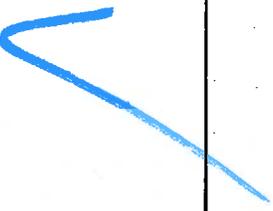


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Singleton</i>	DATE <i>1-17-08</i>
------------------------	------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000372</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			



South Carolina Department of Labor, Licensing and Regulation

Mark Sanford
Governor

Adrienne Riggins Youmans
Director

South Carolina Board of Dentistry

110 Centerview Drive
Post Office Box 11329
Columbia, SC 29211-1329
Phone: (803) 896-4599
FAX: (803) 896-4596
www.llr.state.sc.us

*Log. Singleton
N/A*

RECEIVED

JAN 17 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

TO: INTERESTED PARTIES
FROM: SOUTH CAROLINA STATE BOARD OF DENTISTRY
RE: EDMUND L. KARESH, DMD
DATE: JANUARY 16, 2008

Enclosed please find a copy of the public orders of the South Carolina State Board of Dentistry in the above referenced matter.

KPB/kp
Enclosures



South Carolina Department of Labor, Licensing and Regulation
South Carolina Board of Dentistry

Mark Sanford
Governor
Adrienne Riggins Youmans
Director

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Post Office Box 11329
Columbia, SC 29211-1329
Phone: (803) 896-4599
FAX: (803) 896-4596
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January 14, 2008

CERTIFIED MAIL-RETURN RECEIPT

Edmund L. Karesh, DMD
26 Indigo Point Drive
Charleston, SC 29407

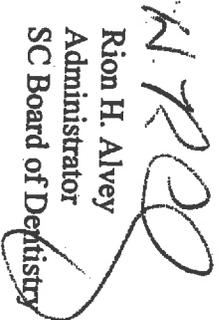
RE: Dental License #2875

Dear Dr. Karesh:

Enclosed you will find your copy of the executed **AGREEMENT TO RELINQUISH LICENSE TO PRACTICE DENTISTRY** signed as accepted by the Board President. Please be advised Dr. Karesh that you can no longer practice Dentistry in the State of South Carolina and you are required to return your wall certificate to the Board office. Upon receipt of this Agreement please return your wall certificate to: LLR- Board of Dentistry, Attn: Rion Alvey, 110 Centerview Drive, Post Office Box 11329, Columbia, South Carolina 29211-1329.

Should you have any questions, please contact me at (803) 896-4599.

Sincerely,


Rion H. Alvey
Administrator
SC Board of Dentistry

RHAKp
Enclosure

cc: Dr. J. Douglas Snowden, Board President
Pat Hanks, Assistant General Counsel
SC Dept. of Labor, Licensing & Regulation

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION
BEFORE THE STATE BOARD OF DENTISTRY**

In the Matter of:

**EDMUND L. KARESH, D.M.D.,
License # 2875**

OIE # 2007-79
OGC # 08-0008

Respondent.

**AGREEMENT TO RELINQUISH LICENSE TO
PRACTICE DENTISTRY**

WHEREAS, the State Board of Dentistry (the Board) has received a request to Relinquish a license to practice dentistry with respect to Edmund L. Karesh, DMD, (Respondent). Such requests are pursuant to Respondent being declared permanently and totally disabled (see Exhibit A); and

WHEREAS, Respondent has advised that he wishes to cease the practice of dentistry immediately, waive further proceedings, and give up forevermore the right to practice dentistry in South Carolina; and

WHEREAS, Respondent understands that he has the right to a hearing and to be represented by counsel in this matter. Respondent understands and agrees that by entering into this Agreement he voluntarily relinquishes any right to judicial review. Respondent freely, knowingly, and voluntarily waives any and all such rights and further proceedings in this matter. Respondent understands and agrees that he will not be eligible to reapply for a license to practice dentistry in this State in the future. Respondent understands and agrees that, once signed, this Agreement is irrevocable on his part and shall not be subject to judicial review; and

WHEREAS, it is understood and agreed that, pursuant to the South Carolina Freedom of Information Act, this is a public document.

THEREFORE, Respondent does hereby agree to relinquish permanently his right to practice dentistry in South Carolina, effective immediately upon acceptance by the Board.

AND IT IS SO AGREED.

WE AGREE

RESPONDENT

12/20/07
Date

ATTORNEY FOR RESPONDENT

12/20/2007
Date

~~ATTORNEY for the S.C. Department
of Labor, Licensing & Regulation~~

1/7/2008
Date

SOUTH CAROLINA BOARD OF DENTISTRY

ACCEPTED by the Board this
11th day of JAN.

BY: G. Douglas Snowden, D.M.D.
President of the Board



South Carolina Department of Labor, Licensing and Regulation

South Carolina Board of Dentistry

Mark Sanford
Governor
Adrienne Riggins Youmans
Director

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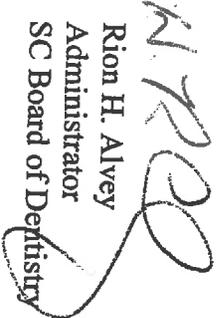
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Sincerely,


Rion H. Alvey
Administrator
SC Board of Dentistry

RHA/kp
Enclosure

cc: Dr. J. Douglas Snowden, Board President
Pat Hanks, Assistant General Counsel
SC Dept. of Labor, Licensing & Regulation

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION
BEFORE THE STATE BOARD OF DENTISTRY**

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**EDMUND L. KARESH, D.M.D.,
License # 2875**

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AND IT IS SO AGREED.

WE ACKEEE

RESPONDENT

12/20/07
Date

ATTORNEY FOR RESPONDENT

12/20/2007
Date

ATTORNEY for the S.C. Department
of Labor, Licensing & Regulation

1/7/2008
Date

SOUTH CAROLINA BOARD OF DENTISTRY

ACCEPTED by the Board this
11th day of JAN.

BY: D. Douglas Snowden, D.M.D.
President of the Board