BEFORE THE
NORTH CAROLINA MEDICAL BOARD

In re:	)	
	)	
Orrin Abraham Walker, M.D.,	)	ACCEPTANCE OF SERVICE
	)	
Respondent.	)	

I, Alan Schneider, hereby state that I am the Attorney for Respondent for the NOTICE OF HEARING ON LICENSE DENIAL AND NOTICE OF PRE-HEARING CONFERENCE dated November 8, 2024, and that I accept service and acknowledge receipt of same.

This the 8 day of November, 2024.

Alan Schneider
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