

IN AND BEFORE THE OKLAHOMA STATE BOARD  
OF MEDICAL LICENSURE AND SUPERVISION  
STATE OF OKLAHOMA

**FILED**

AUG 30 2007

STATE OF OKLAHOMA )  
EX REL. THE OKLAHOMA BOARD )  
OF MEDICAL LICENSURE )  
AND SUPERVISION, )  
 )  
Plaintiff, )  
 )  
v. )  
ALEXANDER THEODORE, M.D., )  
 )  
LICENSE NO. 11907 )  
 )  
Defendant. )

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

Case No. 05-04-2945

CITATION

YOU ARE HEREBY NOTIFIED that on the 30<sup>th</sup> day of August, 2007, a sworn Complaint was filed with the undersigned Secretary of the Oklahoma State Board of Medical Licensure and Supervision, State of Oklahoma, charging you with violations of the Oklahoma Allopathic Medical and Surgical Licensure and Supervision Act at 59 Okla. Stat. §509 (1), (5), (8), (9), (11), (12), and (16) and OAC 435:10-7-4 (1), (2), (6), (10), (11), (19), (24), and (27). A copy of the Complaint is attached hereto and made a part thereof.

On November 1-3, 2007, the Board will be in regular session at 9:00 o'clock a.m., at its offices located at 5104 N. Francis, Suite C, Oklahoma City, Oklahoma, at which time your Complaint will be considered by the Board, and a hearing will be held pursuant to the Oklahoma Administrative Procedures Act, 75 Okla. Stat. §309, *et seq.*, as amended.

If the Board decides, after considering all the testimony and evidence, that you are guilty as charged, your license to practice as a physician within the State of Oklahoma may be suspended or revoked or other disciplinary action may be taken by the Board as authorized by law, including the assessment of costs and attorney's fees for this action as provided by law.

Under the laws of the State of Oklahoma, you are required to file your written Answer under oath with the Secretary of the Board within twenty (20) days after the Citation is served upon you. Unless your Answer is so filed, you will be considered in default, and the Board may accept the allegations set forth in the complaint as true at the hearing of the complaint. If the charges are deemed sufficient by the Board, your license to practice as a physician in the State of Oklahoma may be suspended or revoked.

THEREFORE, you are cited to appear at the hearing. If you are not present in person, you may be present through your attorney.

DATED this 30 day of August, 2007 at 11<sup>45</sup><sub>am</sub> o'clock.



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GERALD C. ZUMWALT, M.D., Secretary  
Oklahoma State Board of Medical  
Licensure and Supervision

**RETURN OF SERVICE BY AGENT**

Received the attached and foregoing Citation, Complaint and Scheduling Order in the investigation of Alexander Theodore, at Oklahoma City, Oklahoma, on the 30 day of Aug, 2007, and on the \_\_\_ day of \_\_\_\_\_, 2007, at \_\_\_ o'clock \_\_\_ M. served it on the within named defendant by delivering a copy to: \_\_\_\_\_  
 (name of person served)

at (address):

Alexander Theodore, MD  
PO Box 902048  
Sandy UT 84090

Served by: \_\_\_\_\_

Subscribed and sworn to before me on this 30 day of August, 2007



Janet Swindle  
 Notary Public

My Commission expires  
8-22-2010

<b>SENDER: C</b>		<b>CERTIFIED MAIL</b>	<b>DELIVERY</b>
1. Article Addressed to: <u>SNSP</u>  Alexander Theodore, MD PO Box 902048 Sandy, UT 84090-2048		A. Signature <input checked="" type="checkbox"/> Signature B. Received by (Printed Name) <u>D. Swindle</u> C. Date of Delivery <u>8/30/07</u>	<input type="checkbox"/> Agent <input type="checkbox"/> Address <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Article Number (Transfer from service label) 91 7108 2133 3934 2367 1272		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes