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

FILED

APR - 4 2008

STATE OF OKLAHOMA	) OKLAHOMA STATE BOARD OF
EX REL. THE OKLAHOMA BOARD	) MEDICAL LICENSURE & SUPERVISION
OF MEDICAL LICENSURE	)
AND SUPERVISION,	)
	)
Plaintiff	)
•	)
V.	) Case No. 08-03-3460
HERBERT WAIN LINDLEY, M.D.,	)
LICENSE NO. 13390,	)
	)
Defendant.	)

## **CITATION**

YOU ARE HEREBY NOTIFIED that on the day of April, 2008, 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 OAC 435: 10-7-4 (31). A copy of the Complaint is attached hereto and made a part thereof.

On May 15-16, 2008, 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.

SENDER: COMPLETE THIS SECTION  Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.	A. Signature  X Agent  Addressee  B. Received by (Printed Name)  D. Is delivery address different from item 1?   Yes  If YES, enter delivery address below:
Ilmlullumlilluml Linda Scoggins 204 N. Robinson Suite 3100 Oklahoma City, OK 73102	3. Service Type  ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.  4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 71 7108	2133 3934 2387 3218



## RETURN OF SERVICE BY AGENT

Received the attached and foregoing Citation and Scheduling Order
in the investigation of HERBERT WAIN LINDLEY, MD, at
Oklahoma City, Oklahoma, on theday of,,,,
and on the day of day o
.M. served it on the within named by delivering a copy to
HERBERT WAIN LINDLEY, MD  (Name of person served)
At (address): LINDA SCOGGINS
204 N. ROBINSON, SUITE 3100
OKLAHOMA CITY, OK 73102
Served by: Mayla Michael
$\Rightarrow$
Subscribed and sworn to before me on this day of April,
Hotary Public Notary Public
My Commission expires:
CASE NAME:
CASE#: