

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

**FILED**

DEC 03 2004

STATE OF OKLAHOMA  
EX REL. THE OKLAHOMA BOARD  
OF MEDICAL LICENSURE  
AND SUPERVISION,

Plaintiff,

v.  
DANIEL PHILIP LOGAN, M.D.,

LICENSE NO. 14217

Defendant.

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

Case No. 04-05-2816

**CITATION**

YOU ARE HEREBY NOTIFIED that on the 2 day of December, 2004, 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 (4), (8), (9), (11), (12), (13), (15) and (16), OAC 435:10-7-4 (2), (3), (5), (6), (8), (11), (17), (18), (19), (24), (26), (27), (31), (39) and (40). A copy of the Complaint is attached hereto and made a part thereof.

On January 27-29, 2005, 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 2 day of December, 2004 at 9<sup>05</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 and Scheduling Order in the investigation of Daniel P. Logan MD, at Oklahoma City, Oklahoma, on the \_\_\_\_\_ day of \_\_\_\_\_, 2004, and on the 3 day of Dec, 2004, at \_\_\_\_\_ o'clock \_\_\_\_\_ M. served it on the within named defendant by delivering a copy to: \_\_\_\_\_ (name of person served)

at (address):

Daniel P. Logan, MD  
9708 W. 118<sup>th</sup> Terr #5  
Overland Park KS 66210

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

Subscribed and sworn to before me on this 3 day of Dec, 2004.



Janet Swindle  
Notary Public

My Commission expires 8-22-06

**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.

1. Article Addressed to:

DANIEL P. LOGAN, MD  
9708 W. 118TH TERR #5  
OVERLAND PARK, KS 66210

14217  
Comp cit

2. Article Number

(Transfer from service)

91 7108 2133 3930 9199 7636

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

Daniel Logan

Agent

Addressee

B. Received by (Printed Name)

Daniel Logan

C. Date of Delivery

12/9/04

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes