

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

**FILED**

SEP 23 2011

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

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

Plaintiff, )

v. )

Case No. 11-03-4191

RICHARD DOUGLAS RANNE, M.D., )

LICENSE NO. 17126 )

Defendant. )

CITATION

YOU ARE HEREBY NOTIFIED that on the 23 day of September, 2011, 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 (8) and (13) and OAC 435:10-7-4 (8), (11), (19), (37) and (39). A copy of the Complaint is attached hereto and made a part thereof.

On November 3, 2011, the Board will be in regular session at 9:00 o'clock a.m., at its offices located at 101 N.E. 51<sup>st</sup> Street, 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.

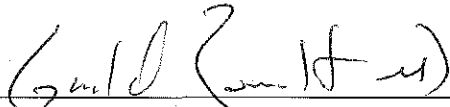
If the Board decides, after considering all the testimony and evidence, that you are guilty as charged, your license to practice as a physician within the State of Oklahoma may be suspended or revoked or other disciplinary action may be taken by the Board as authorized by law, including the assessment 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 23 day of September, 2011 at 7<sup>55</sup> o'clock.

  
\_\_\_\_\_  
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 Richard D. Ranne, MD, at Oklahoma City, Oklahoma, on the 23 day of September, 2011, and on the 26th day of September, 2011, at 10:36 o'clock A.M. served it on the within named by delivering a copy to Richard Ranne, MD

(Name of person served)

At (address):

3013 20th St, Lubbock, TX 79410

4102 22nd Pl, Lubbock Tx 79410

91 7108 2133 3935 1519 1824

91 7108 2133 3935 1519 1817

Served by: certified mail

Subscribed and sworn to before me on this 26 day of Sept, 2011



Janet Swindle

Notary Public

My Commission expires:

8-22-2014

CASE NAME: Richard Ranne, MD

CASE #: 11-03-4191

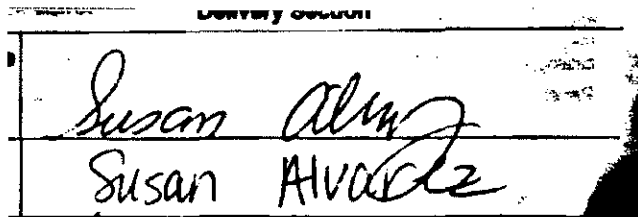


Date: 09/29/2011

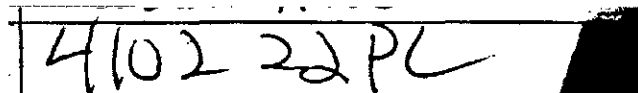
JANA LANE:

The following is in response to your 09/29/2011 request for delivery information on your Certified Mail(TM) item number 7108 2133 3935 1519 1817. The delivery record shows that this item was delivered on 09/26/2011 at 10:36 AM in LUBBOCK, TX 79410. The scanned image of the recipient information is provided below.

Signature of Recipient:



Address of Recipient:



Thank you for selecting the Postal Service for your mailing needs. If you require additional assistance, please contact your local Post Office or postal representative.

Sincerely,

United States Postal Service



Date: 09/29/2011

Jana Lane:

The following is in response to your 09/29/2011 request for delivery information on your Certified Mail(TM) item number 7108 2133 3935 1519 1824. The delivery record shows that this item was delivered on 09/28/2011 at 11:34 AM in LUBBOCK, TX 79410. The scanned image of the recipient information is provided below.

Signature of Recipient:

*Richard Rowe*

*Richard Rowe*

Address of Recipient:

*3013 2012 St.*

Thank you for selecting the Postal Service for your mailing needs. If you require additional assistance, please contact your local Post Office or postal representative.

Sincerely,

United States Postal Service