

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

**FILED**

JUN - 1 2005

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

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

Plaintiff, )

v. )  
DAVID NORMAN DONNELL, M.D., )

Case No. 05-05-2961

LICENSE NO. 17314 )

Defendant. )

**CITATION**

YOU ARE HEREBY NOTIFIED that on the 1 day of June, 2005, 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), (9), (10), (11), (12) and (13), and OAC 435:10-7-4 (11), (19), (24), (27), (31), (36) and (39). A copy of the Complaint is attached hereto and made a part thereof.


On July 21-23, 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 1 day of June, 2005 at 2<sup>45</sup><sub>0-</sub> 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 Complaint and Scheduling Order in the investigation of DAVID DONNELL, MD at Oklahoma City, Oklahoma, on the \_\_\_\_\_ day of \_\_\_\_\_ 2005, and on the 2 day of JUNE, 2005, at \_\_\_\_\_ o'clock \_\_\_\_\_ M. served in on the within named by delivering a copy to:

at (address): DAVID N. DONNELL, MD  
2929 CARLISLE ST. #200  
DALLAS, TX 75204

certified  
MAIL

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



Subscribed and sworn to before me on this 2 day of June, 2005.

Janet Swindle  
Notary Public

My Commission expire 3-22-06

**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:

DAVID N. DONNELL, MD  
2929 CARLISLE ST #200  
DALLAS, TX 75204

2. Article (Transit)

91 7108 2133 3930 9200 6986

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee  
B. Keagy
- B. Received by (Printed Name) Becky Ruiz C. Date of Delivery 6/6/05
- D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes