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

STATE OF OKLAHOMA

EX REL. THE OKLAHOMA BOARD

OF MEDICAL LICENSURE

AND SUPERVISION,

Plaintiff

V.

Case No. 03-05-2664

LEE EDWARD BROWN, M.D.,

LICENSE NO. 19232,

Defendant.

## **CITATION**

YOU ARE HEREBY NOTIFIED that on the <u>S</u> day of June, 2003, 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 O.S. §509 (9) and OAC 435: 10-7-4 (11), (17) and (18). A copy of the Complaint is attached hereto and made a part thereof.

On July 17-19, 2003, 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.

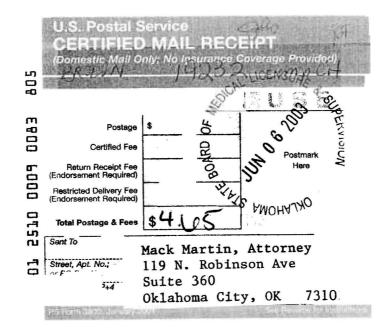
. 🗲	
may be present through your attorney.	
THEREFORE, you are cited to appear at the hearing. If you are not present in person,	you

day of June, 2003 at  $\frac{7}{8}$  o'clock DATED this

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

Licensure and Supervision

PS Form 3811 August 2001 Domestic Ret	rum Receipt 102505-01-M-0391
2. Article Number (Transfer from service label) 7001 251	0 0009 0083 5805
Mack Martin, Attorney 119 N. Robinson Ave Suite 360 Oklahoma City, OK 73102	3. Service Type  Certified Mail Registered Return Receipt for Merchandise C.O.D.  4. Restricted Delivery? (Extra Fee) Yes
1. Article Addressed to: 14232 Compo	D. Is delivery address different from item 1?  If YES, enter delivery address below:  No
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.	X Agent Addressee  (B. Received by (Printed Name)  C. Date of Delivery  C. C. Date of Delivery
■ Complete items 1, 2, and 3. Also complete	A: Sighature
SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY



## RETURN OF SERVICE BY AGENT

Received the attached and f		
investigation of Lee Edi	WARD BROWN ML	, at Oklahoma City,
Oklahoma, on thed		
<u>6</u> day of <u>June</u> , 2003	, ato'clock	.M. served it on the
within named defendant by del	livering a copy to: (name of p	erson served)
at (address):  36-8844  CERTIFIED MAIL  7001 2510 0009 0083 580	Lee Edward MACK MART 119 N. Rob 5 OKC 73102	BROWN MD IN Attorney
Served by:		
Subscribed and sworn to be 2003.	Jant Sw	of June, otary Public
My Commission expires:		
8-22-06		
	CASE NAME	