

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

FILED

STATE OF OKLAHOMA )  
EX REL. THE OKLAHOMA BOARD )  
OF MEDICAL LICENSURE )  
AND SUPERVISION, )  
 )  
Plaintiff, )  
 )  
v. )  
DAVID RAY MITCHELL, M.D., )  
 )  
LICENSE NO. 19340 )  
 )  
Defendant. )

APR - 4 2008

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

Case No. 08-01-3433

CITATION

YOU ARE HEREBY NOTIFIED that on the 4th 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 59 Okla. Stat. §509(8), (13), (15) and (17) and OAC 435:10-7-4(11), (18), (23), (39), (40) and (44). 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.

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 4 day of April, 2008 at 2<sup>30</sup> o'clock.

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

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits. <i>cit.com</i></li></ul>	<p>A. Signature <i>X David Ray Mitchell</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>X David Ray Mitchell 4-9-08</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
1. Article Addressed to:   David Ray Mitchell, MD Sante Center for Healing 914 Country Club Road Argyle, TX 76226	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes  91 7108 2133 3934 2387 3201



**RETURN OF SERVICE BY AGENT**

Received the attached and foregoing Citation and Scheduling Order in the investigation of DAVID RAY MITCHELL, MD, at Oklahoma City, Oklahoma, on the 9 day of April, 2008, and on the 9 day of April, 2008, at \_\_\_\_\_ o'clock PM.M. served it on the within named by delivering a copy to DAVID RAY MITCHELL, MD  
(Name of person served)

At (address):

SANTE CENTER FOR HEALING  
914 COUNTRY CLUB ROAD  
ARGYLE, TX 76226

Served by: Dayla McCommy

Subscribed and sworn to before me on this 9 day of April, 2008

Jamit Swindle  
Notary Public

My Commission expires: 8-22-2010

CASE NAME: \_\_\_\_\_  
CASE #: \_\_\_\_\_