

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

FILED

APR 15 2004

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

Plaintiff

v.

RALPH AUBREY FORD, M.D.,
LICENSE NO. 19522,

Defendant.

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Case No. 04-03-2785

CITATION

YOU ARE HEREBY NOTIFIED that on the 15th day of April, 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 OAC 435: 10-7-4 (31). A copy of the Complaint is attached hereto and made a part thereof.

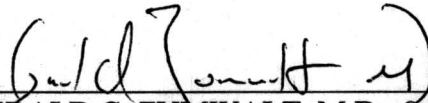
On May 20-22, 2004, the Board will be in regular session at 9:00 o'clock a.m., at its offices located at 5104 N. Francis, Suite C, Oklahoma City, Oklahoma, at which time your Complaint will be considered by the Board, and a hearing will be held pursuant to the Oklahoma Administrative Procedures Act, 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 15 day of April, 2004 at 1 ⁴⁰/₈ 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 Ralph Ford MD, at Oklahoma City,

Oklahoma, on the _____ day of _____, 2004, and on the

5 day of APRIL, 2004, at _____ o'clock ____ M. served it on the

within named defendant by delivering a copy to: _____
(name of person served)

at (address): express MAIL EU 780136936 US

PO Box 599 Salem Memorial Hosp
Licking MO 65542 Highway 72N
Salem MO 65560

certif

ET 783837677US

Served by: _____

Subscribed and sworn to before me on this 15 day of APRIL, 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:

RALPH FORD, MD
PO BOX 599
LICKING, MO 65542

2. Article Number

(Transfer from service label)

EU 780136936US

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Ralph Ford Agent Addressee

B. Received by (Printed Name)

Ralph Ford C. Date of Delivery 4-19-04

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