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

FILED

STATE OF OKLAHOMA SEP 1 8 2003) EX REL. THE OKLAHOMA BOARD) OKLAHOMA STATE BOARD OF OF MEDICAL LICENSURE) MEDICAL LICENSURE & SUPERVISION AND SUPERVISION,) **Plaintiff**) v. Case No. 03-07-2686 CHARLES RAY PHELPS, M.D., LICENSE NO. 20149, Defendant.

CITATION

YOU ARE HEREBY NOTIFIED that on the 17 day of September, 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 OAC 435: 10-7-4 (31). A copy of the Complaint is attached hereto and made a part thereof.

On November 20-22, 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.
DATED this 17 day of September, 2003 at 4 o'clock.
6-11 Cont w
GERALD C. ZUMWALT, M.D., Secretary
Oklahoma State Board of Medical
Licensure and Supervision

THEREFORE, you are cited to appear at the hearing. If you are not present in person, you

DATE RECEIVED IN OFFICE 9-24-03 FILE NUMBER MD 20149

RECEIVED

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OK STATE BOARD OF MEDICAL LICENSURE AND SUPERVISION

SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, 4a, and 4b. Print your name and address on the reverse of this form so that card to you. Attach this form to the front of the mailpiece, or on the back if a permit. Write "Return Receipt Requested" on the mailpiece below the a Diffe Return Receipt will show to whom the article was delivered delivered.	pace does not 2. Addressee's Address article number: d and the date
CHARLES RAY PHELPS, MD 123 NORTH CROCKETT #400 SHERMAN, TX 75090	4b. Service Type Registered Certified Express Mail Insured Return Receipt for Merchandise COD
	7. Date of Delivery 92203
6. Signature (Sovjeggee or Agent)	Addressee's Address (Only if requested and fee is paid)
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