

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

STATE OF OKLAHOMA, *ex rel.*,)
OKLAHOMA STATE BOARD)
OF MEDICAL LICENSURE)
AND SUPERVISION,)
)
Plaintiff)
)
v.)
)
RAJESH MALHOTRA, M.D.,)
LICENSE NO. MD 21122,)
)
Defendant.)

FILED
DEC 07 2015
OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Case No. 14-06-4980

CITATION

YOU ARE HEREBY NOTIFIED that on the 7th day of December, 2015, a sworn Verified Complaint was filed with the undersigned Board Secretary of the Oklahoma State Board of Medical Licensure and Supervision, State of Oklahoma ("Board"), charging you with violations of the Medical Practice Act, at 59 O.S. 2011 § 509(7),(8),(9), and Okla. Admin. Code § 435:10-7-4(1),(11),(27),(31).

On **July 21, 2016** the Board will be in regular session at **9:00 o'clock a.m.**, at its offices located at **101 N.E. 51st Street, Oklahoma City, Oklahoma 73105**, 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 O.S. § 250, *et seq.*

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 set forth above. If you are not present in person, you may be present through your attorney.

Dated this 7th day of December, 2015.



Billy H. Stout, M.D., Board Secretary
OKLAHOMA STATE BOARD OF MEDICAL
LICENSURE AND SUPERVISION

FILED

JAN 11 2016

**OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION**

PROOF OF SERVICE

CPS Inc.

Terry L. Laflin
P.O. Box 690322 – Tulsa, Ok. 74169-0322

**OK Board of Medical Licensure
Case No. 14-06-4980**

Documents served: I, being duly sworn, certify that on 12/24/15 I, received the forgoing, to wit:

- Certified Copy of Original Citation, filed 12/7/2015
- Scheduling Order, July 21, 2016 Board Hearing
- Certified Copy of Original Complaint, filed 12/7/15
- Information Upon Receiving A Complaint A Citation
- Policy Statement on the Taxation of Costs for Certain Disciplinary Actions
- Policy for Conduct of Disciplinary Proceedings

METHOD OF SERVICE: Answered the same according to law in the following manner, to wit:

PERSONAL SERVICE:

By delivering a true copy of said process personally to RAJESH MALHOTRA, MD
at: 17001 E LARKSPUR LN #3 Date: 12/29/15 Time: 10:42 A.M.

INDEPENDENCE, JACKSON CO, MISSOURI

USUAL PLACE OF RESIDENCE:

- By leaving a copy of said process for _____ with: _____
a resident/family member, fifteen years of age or older, at _____
which is his/her usual place of residence. Date: _____ Time: _____
- By leaving a copy of said process for _____ with _____
a resident/family member, fifteen years of age or older, at _____
which is his/her usual place of residence. Date: _____ Time: _____

CORPORATION/PARTNERSHIP:

By delivering a true copy of said process to _____ he/she being the
Service Agent, Agent in Charge, an Officer or Partner of said Entity, to wit: _____
at _____ Date: _____ Time: _____

POSTED SERVICE:

By affixing a true copy of said process to the premises located at _____
which is in possession of the defendant, to wit: _____ Date: _____

NOT FOUND:

Said process was not served on the following named for the reasons stated: _____

OTHER INFORMATION:

AFFIDAVIT

I, MICHAEL A PUDERBAUGH, the undersigned, do under oath, say that I served this summons and
made return thereon, according to law & that I am duly authorized to make this affidavit, so help me God.



Subscribed and sworn to before me: _____
On this _____ Day of _____, 2015 Notary Public

DEC 28 2015

Michael A. Puderbaugh
Process Server - License # PSS- _____

Tammie C. Burdette