

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, )

FEB 21 2003

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

Plaintiff, )  
)

v. )  
ALFRED ESTIN AVERY, M.D., )

Case No. 02-05-2517

LICENSE NO. 22650 )

Defendant. )

CITATION

YOU ARE HEREBY NOTIFIED that on the 21<sup>st</sup> day of February, 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 Okla. Stat. §509 (5), (9), (10), (11), (14) and (16), OAC 435:10-7-4 (3), (5), (8), (11), (19), (26), (27), (39) and (40), OAC 475:30-1-3, and 63 O.S. §2-402 and §2-407. A copy of the Complaint is attached hereto and made a part thereof.


On May 8-10, 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.

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 21 day of February, 2003 at 9<sup>00</sup> o'clock.

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

**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: 22650

ALFRED AVERY, MD  
2951 N. SLOPE TRAIL  
BILLINGS, MT 59102-0800

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Avery  Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 3/3/03

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7001 2510 0009 0083 6246

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

Comp Cut 22650

**7001 2510 0009 0083 6246**

Postage	\$	OKLAHOMA STATE BOARD OF PROFESSIONAL LICENSURE & SUPERVISION FEB 27 2003 OKLAHOMA STATE BOARD OF PROFESSIONAL LICENSURE & SUPERVISION
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$ 4.50</b>	Postmark Here

Sent To  
 Street, Apt. No., or PO Box No. ALFRED AVERY, MD  
2951 N. SLOPE TRAIL  
 City, State, Zip+4 BILLINGS, MT 59102-0800

PS Form 3800