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

FILED

STATE OF OKLAHOMA	)	FEB 2 1 2003
OF MEDICAL LICENSURE AND SUPERVISION,	)	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 Act he 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.

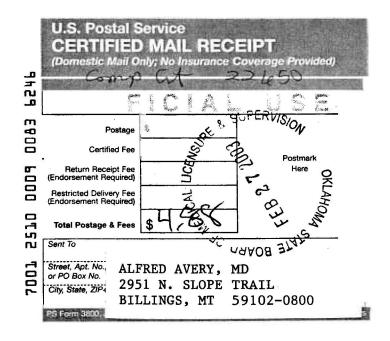
THEREFORE, you are cited to appear	ar at the hearing.	. If you are not presen	nt in person, you	u
may be present through your attorney.				

DATED this 21 day of February, 2003 at 9° 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** Complete items 1, 2, and 3. Also complete A. Signature item 4 if Restricted Delivery is desired. ☐ Agent X Print your name and address on the reverse ☐ Addressee so that we can return the card to you. B. Received by ( Frigted Name) Date of Delivery Attach this card to the back of the mailpiece, 3/03 or on the front if space permits. D. Is delivery address different from item 1? ☐ Yes 1. Article Addressed to: 22650 If YES, enter delivery address below: ☐ No ALFRED AVERY, MD 2951 N. SLOPE TRAIL 59102-0800 BILLINGS, MT 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 7001 2510 0009 0083 6246 (Transfer from service label) PS Form 3811, August 2001 Domestic Return Receipt



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