

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, )  
 )  
Plaintiff, )  
 )  
v. )  
GILBERT ROLAND PARKS, M.D., )  
 )  
LICENSE NO. 25246 )  
 )  
Defendant. )

FEB 08 2007

OKLAHOMA STATE BOARD OF  
MEDICAL LICENSURE & SUPERVISION

Case No. 07-01-3230

CITATION

YOU ARE HEREBY NOTIFIED that on the 8 day of February, 2007, 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(8) and (13), and OAC 435:10-7-4 (8), (11), (19), (31), (33) and (39). A copy of the Complaint is attached hereto and made a part thereof.

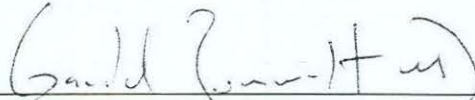
On March 22-24, 2007, the Board will be in regular session at 9:00 o'clock a.m., at its offices located at 5104 N. Francis, Suite C, Oklahoma City, Oklahoma, at which time your Complaint will be considered by the Board, and a hearing will be held pursuant to the Oklahoma Administrative Procedures Act, 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 8 day of February, 2007 at 11<sup>00</sup> am o'clock.



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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, Complaint and Scheduling Order in the investigation of Gilbert Parks MD, at Oklahoma City, Oklahoma, on the 15 day of Feb, 2007, and on the 15 day of Feb, 2007, at \_\_\_\_\_ o'clock mailed .M. served it on the within named defendant by delivering a copy to: \_\_\_\_\_  
(name of person served)

at (address):

Express  
mail  
return receipt

Gilbert R. Parks, MD  
629 SE Quincy #205  
Topeka KS 66603

Served by: \_\_\_\_\_

Subscribed and sworn to before me on this 14 day of Feb, 2007.



Janet Swindle  
Notary Public

My Commission expires 8-22-2010

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece or on the front if space permits.</li> </ul>	<p>A. Signature <u>Gilbert R. Parks</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Gilbert R. Parks</u> C. Date of Delivery <u>2-16-07</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to: <u>comp cit</u></p>	<p>3. Service Type  <input type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>GILBERT R. PARKS, MD 629 SE QUINCY #205 TOPEKA, KS 66603</p> <p><u>MD 25246</u></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p align="center"><b>EU 780136560 US</b></p>