

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

STATE OF OKLAHOMA, *ex rel.*,)
 THE OKLAHOMA STATE BOARD)
 OF MEDICAL LICENSURE AND)
 SUPERVISION,)
)
 Plaintiff,)
)
 vs.)
)
 BRYAN LEE, M.D.,)
 LICENSE NO. MD 29559,)
)
 Defendant.)

FILED

AUG 27 2015

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Case No. 14-10-5055

CITATION

YOU ARE HEREBY NOTIFIED that on the 27th day of August, 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(8), (12), (16), (18), (20), and Okla. Admin. Code § 435:10-7-4(1), (2), (6), (9), (11), (27), (30), (36), (38), (41), (44), (49), and 63 O.S. § 2-312.

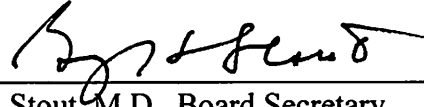
On **May 12, 2016** the Board will be in regular session at **9:00 o’clock a.m.**, at its offices located at **101 N.E. 51st Street, Oklahoma City, Oklahoma 73105**, at which time your Complaint will be considered by the Board, and a hearing will be held pursuant to the Oklahoma Administrative Procedures 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 27th day of August, 2015.



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

FILED

OCT 26 2015

PROOF OF SERVICE

CPS Inc.

Terry L. Laflin

P.O. Box 690322 - Tulsa, Ok. 74169-0322

OKLAHOMA STATE BOARD OF MEDICAL LICENSURE & SUPERVISION

Board of Medical Licensure

Case No. 14-10-5055

Documents served: I, being duly sworn, certify that on 10-5-15 I, received the forgoing, to wit:

- X Citation, filed August 27, 2015
X Scheduling Order, May 12, 2016 Board Hearing
X Complaint, filed August 27, 2015
X OSBMLS Information Upon Receiving A Complaint A Citation
X Letter by John Wiggins to Licensee and Counsel
X OSBMLS Policy Statement on the Taxation of Costs for Certain Disciplinary Actions
X 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: BRYAN Lee M.D. at: McAlester Regional Hospital Date: 10-5-15 Time: 3:50 p.m. McAlester, OK.

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.
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.

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:

Served at work.

AFFIDAVIT

I, ALFRED L. Buller, 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 5th Day of October, 2015 Notary Public
Notary Public State of Oklahoma CHERYL LYNN LAFLIN License # PSS-2014-1

FILED
OCT 28 2012

BOARD OF PHYSICIAN

P.O. Box 890312 - Tulsa, OK 74108-0312
Ferry L. Latta
CPS Inc.
Board of Medical Licensure
MEDICAL LICENSURE & SUPERVISION
Tulsa, Oklahoma
Phone No: 918-581-5155

Examinations were held at the Tulsa Board of Medical Licensure & Supervision on 10-25-12. I received the following to wit:

1. [Name] - [Address] - [City, State, Zip] - [Phone] - [Date of Exam] - [Result] - [Comments]

2. [Name] - [Address] - [City, State, Zip] - [Phone] - [Date of Exam] - [Result] - [Comments]

3. [Name] - [Address] - [City, State, Zip] - [Phone] - [Date of Exam] - [Result] - [Comments]

4. [Name] - [Address] - [City, State, Zip] - [Phone] - [Date of Exam] - [Result] - [Comments]

5. [Name] - [Address] - [City, State, Zip] - [Phone] - [Date of Exam] - [Result] - [Comments]

6. [Name] - [Address] - [City, State, Zip] - [Phone] - [Date of Exam] - [Result] - [Comments]

7. [Name] - [Address] - [City, State, Zip] - [Phone] - [Date of Exam] - [Result] - [Comments]

8. [Name] - [Address] - [City, State, Zip] - [Phone] - [Date of Exam] - [Result] - [Comments]

9. [Name] - [Address] - [City, State, Zip] - [Phone] - [Date of Exam] - [Result] - [Comments]

10. [Name] - [Address] - [City, State, Zip] - [Phone] - [Date of Exam] - [Result] - [Comments]

11. [Name] - [Address] - [City, State, Zip] - [Phone] - [Date of Exam] - [Result] - [Comments]

12. [Name] - [Address] - [City, State, Zip] - [Phone] - [Date of Exam] - [Result] - [Comments]