

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. )  
 )  
ABEL JAY SANDS, M.D. ) CASE NO. 88-12-764  
Medical License No. 5560, )  
 )  
Defendant. )

FINAL ORDER

This cause came on for hearing before the Oklahoma Board of Medical Licensure and Supervision on October 26, 1990, at the office of the Oklahoma State Board of Medical Licensure and Supervision, 5104 N. Francis, Suite C, Oklahoma City, Oklahoma, pursuant to notice given as required by law and the rules of the Board.

Daniel J. Gamino, Attorney, appeared for the Plaintiff; and Abel Jay Sands, M.D., Defendant, appeared in person along with C. Merle Gile, Attorney at Law, Oklahoma City, Oklahoma.

The Board of Medical Licensure and Supervision en banc heard the oral argument of counsel, reviewed exhibits, and being fully advised in the premises, the Board of Medical Licensure and Supervision finds as follows:

FINDINGS OF FACT

1. That Defendant, Abel Jay Sands, M.D., holds Oklahoma Medical License No. 5560.
2. That the Oklahoma Board of Medical Licensure and Supervision en banc has jurisdiction over the subject matter herein and that notice has been given in all respects as required by law and the rules of the Board.
3. That before the Board heard any testimony or reviewed any exhibits, that respective counsel announced a proposed disposition of the case wherein the Defendant specifically did not admit or deny any of the allegations of the Amended Complaint, but that the Defendant did agree to a resolution of the case wherein he would serve a five-year probation under certain enumerated terms and conditions.
4. That the Board found that the suggested disposition by the respective counsel was appropriate to protect public health, safety and welfare, and the same should be accepted and adopted.

CONCLUSIONS OF LAW

1. That the Board has jurisdiction over this matter pursuant to the Oklahoma Medical Practice Act, 59 O.S. Supp. 1989, Sec. 481 et seq.
2. That the Board has the discretion and judgment to accept disposition of a case by announcement and specifically finds that action taken herein will protect public health, safety and welfare.

ORDER

IT IS THEREFORE ORDERED by the Oklahoma Board of Medical Licensure and Supervision as follows:

1. That the Defendant, Abel Jay Sands, M.D., holding Oklahoma Medical License No. 5560, should be and is hereby placed on a term of probation to the Oklahoma State Board of Medical Licensure and Supervision for a period of five (5) years beginning on October 26, 1990, under the following terms and conditions:

- (a) Defendant will not prescribe, administer or dispense any Schedule II or Schedule III drugs or controlled dangerous substances.
- (b) During the period of probation Defendant may prescribe, administer or dispense Schedule IV and Schedule V controlled dangerous substances only on serially-numbered, duplicate prescription pads and shall make the copies available to Investigators of the Oklahoma State Board of Medical Licensure and Supervision at their request, to include all dispensing records on CDS to include sample medication.
- (c) Defendant shall maintain patient records to document diagnosis and medical need for any prescriptions of Schedule IV or Schedule V controlled dangerous substances and shall make said patient records available to investigators of the Oklahoma State Board of Medical Licensure and Supervision at their request.
- (d) That Defendant shall present evidence of successful completion of twenty (20) hours of continuing medical education on proper prescription writing or an equivalent amount of counseling by staff of the Oklahoma Board of Medical Licensure and Supervision within two (2) years of October 26, 1990.

During the period of probation Defendant will furnish to the office of the Oklahoma State Board of Medical Licensure and Supervision all current legal addresses and any change of address in writing.

Defendant shall appear before the Board or a designated member thereof whenever requested to do so.

- (g) During the period of probation Defendant will submit to the Investigation Division of the Oklahoma State Board of Medical Licensure and Supervision any required reports and forms on a timely and prompt basis.
- (h) Pursuant to Section 26, H.B. 1478, 1987 Legislature, Defendant shall promptly pay upon receipt of invoice from the Investigation Division of the Board the costs of investigation, prosecution and probation of this case.
- (i) During the period of probation Defendant shall notify any hospital where he holds staff privileges, or clinic, or group where

he practices, of the terms and conditions of this Board Order and supply a copy thereof.

j) That violation of any of the terms and conditions of probation shall be grounds for additional charges to be presented to the Board after notice to the Defendant.

2. That the jurisdiction of the Board in this individual proceeding will continue until the terms and conditions of probation are modified or lifted by the Oklahoma Board of Medical Licensure and Supervision on their own motion or on the motion of the Defendant.

3. The Defendant further agrees that failure to meet any of the above terms of probation will constitute cause for the Board to initiate additional proceedings to suspend or revoke Defendant's Oklahoma Medical License, after additional due notice and hearing.

DATED this 1st day of November, 1990.

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

APPROVED AS TO FORM  
Daniel J. Gamino  
DANIEL J. GAMINO OBA #3227  
Daniel J. Gamino & Associates, P.C.  
3315 NW 63  
Oklahoma City, OK 73116  
(405) 840-3741  
ATTORNEY FOR PLAINTIFF

CERTIFICATE OF MAILING

I hereby certify that a true and correct copy of the above and foregoing instrument was mailed, postage prepaid thereon, this 2 day of November, 1990, to:

C. MERLE GILE  
Attorney at Law  
3150 Liberty Tower  
100 North Broadway  
Oklahoma City, OK 73102

Janet Owens

<p>SENDER: Complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered (Extra charge)</p>	<p>SENDER: Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.</p> <p>1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. (Extra charge)</p> <p>2. <input type="checkbox"/> Restricted Delivery (Extra charge)</p>	
<p>3. Article Addressed to: Abel Jay Sands c/o C. Merle Gile Attorney at Law 3150 Liberty Tower 100 N. Broadway Okla. City, OK</p>	<p>3. Article Addressed to: <u>5560</u>  Abel J. Sands, M.D. 316 S. Midwest Blvd. Midwest City, OK 73110</p>	<p>4. Article Number <u>P323 288 180</u></p>
<p>5. Signature - Addressee <u>X</u></p>	<p>5. Signature - Address <u>X</u></p>	<p>Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p>
<p>6. Signature - Agent <u>X</u> <u>P. Mau</u></p>	<p>6. Signature - Agent <u>X</u> <u>[Signature]</u></p>	<p>Always obtain signature of addressee or agent and DATE DELIVERED.</p>
<p>7. Date of Delivery</p>	<p>7. Date of Delivery <u>11-6-90</u></p>	<p>8. Addressee's Address (ONLY if requested and fee paid)</p>