## 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	) NOV 1 0 2005	
AND SUPERVISION,	OKLAHOMA STATE BOARD OF	
Plaintiff	) MEDICAL LICENSURE & SUPERVISIO	)N
v.	) Case No. 05-11-3018	
GEORGE HAWN WEABER, M.D.,	)	
LICENSE NO. 8634,	)	
Defendant.	)	

## **CITATION**

YOU ARE HEREBY NOTIFIED that on the <u>j</u><sup>o</sup> day of November, 2005, 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 OAC 435: 10-7-4 (31). A copy of the Complaint is attached hereto and made a part thereof.

On January 26-28, 2006, 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 <u>1</u><sup>o</sup> day of November, 2005 at  $8 - \frac{45}{2}$  o'clock.

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

## RETURN OF SERVICE BY AGENT

Received the attached and foregoing Citation and Complaint and Scheduling Order in the investigation of George H. Werber MD O'' have O'he O'' home on th day of 2005. and on the  $\underline{/4}$ o'clock .M. served in on the within named by delivering a copy to: Certified MAIL George Weaber, MD PO BOX 1003 at (address): Fort HARRISON MT 59636-1003 Served by: Subscribed and sworn to before me on this 14 day of Onmly 2005. any Town otary Public COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION My Commission expire: Complete items 1, 2, and 3. Also complete A. Signature item 4 if Restricted Delivery is desired. Agent -22-0(2 X Print your name and address on the reverse C Addressee so that we can return the card to you. ceived by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, JohnHGroenJL or on the front if space permits. Com 0 CI □ Yes D. Is delivery address different from item 1? 1. Article Addressed to: 81.34 No If YES, enter delivery address below: GEORGE HAWN WEABER, MD PO BOX 1003 FORT HARRISON, MT 59636-1003 3. Service Type Certified Mail Express Mail Registered Return Receipt for Merchandise C.O.D. Insured Mail 4. Restricted Delivery? (Extra Fee) □ Yes 2. Article Number 91 7108 2133 3931 8923 8306 (Transfer from service label) PS Form 3811, August 2001 **Domestic Return Receipt** 102595-01-M-0381