

**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,)**

AUG 26 2005

OKLAHOMA STATE BOARD OF
MEDICAL LICENSURE & SUPERVISION

Plaintiff)

v.)

Case No. 05-08-2983

**RALPH EDWIN ADAMS, M.D.,)
LICENSE NO. 9148,)**

Defendant.)

CITATION

YOU ARE HEREBY NOTIFIED that on the 26th day of August, 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 November 3-5, 2005, 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 26th day of August, 2005 at 1:00 o'clock.



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 and Complaint and Scheduling Order in the investigation of Ralph E. Adams, MD, at Oklahoma City, Oklahoma, on the _____ day of _____ 2005, and on the 29 day of August, 2005, at _____ o'clock _____ M. served in on the within named by delivering a copy to:

at (address)

Ralph E. Adams MD
3506 Cherokee Dr South
Salem OR 97302

Served by: _____

Subscribed and sworn to before me on this 29 day of Aug, 2005.



Janet Swindle
Notary Public

My Commission expires 8-22-06

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: 9148 Compct

RALPH E. ADAMS, MD
3506 CHEROKEE DR SOUTH
SALEM, OR 97302

2. Article Number
(Transfer from service label)

PS Form 3811, August 2001

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
 X [Signature]

B. Received by (Printed Name)
Ralph E. Adams, MD

C. Date of Delivery
9/6/05

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

91 7108 2133 3931 8884 5055

Domestic Return Receipt

102595-01-M-0381