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## Physician - Permanent Details

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## Personal Information

First Name	Deborah
Middle Name	Ann
Last Name	Turner
Other Names Used	Turner
Birth Year	1950

## License Information

License Type	Physician - Permanent
License Number	MD-22422
Status	Active
Original Issue Date	Apr 6 1981 12:00AM
Expiration Date	10/01/2018
Renewal Date	09/14/2016
Public Discipline On File	No

## Public Documents

## Practice Information

Primary Specialty	Obstetrics & Gynecology
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**Physician License Information Only:** Please note that a physician's specialty information is self-reported and is not verified by this board.

NPI

## Location (Work Address - 1)

Address Type	Work
Business / Organization	
Bldg/House Number	411
Street Prefix	
Street Name	LAUREL
Street Type	Street
Street Direction	
Unit Type	STE
Unit Number	3300
City	Des Moines
State	Iowa
Zip Code	50314-3027
Country	
Phone	5156436400

## Education History

Medical or Acupuncture School	University Of Iowa College Of Medicine
Graduation Date	1978
Degree Received	MD