



## PUBLIC VERIFICATION / PHYSICIAN PROFILE

### INSTITUTIONAL PERMIT

**NAME:** L DARREL JORDAN MD

**DATE:** 02/24/2016

**THE INFORMATION IN THIS BOX HAS BEEN VERIFIED  
BY THE TEXAS MEDICAL BOARD**

**Date of Birth:** 1960  
**Permit Number:** 24732  
**Permit Type:** INSTITUTIONAL PERMIT  
**Permit Status:** TERMINATED  
**Permit Status Date:** 2/21/2007  
**Begin Date:** 08/27/1995  
**Expiration Date:** 08/27/1996  
**End Date:** 6/30/1996  
**Terminated Date:**

**Board Action (includes all actions regardless of license/permit type)**  
NONE

**THE INFORMATION IN THIS BOX WAS REPORTED BY THE LICENSEE AND  
HAS NOT BEEN VERIFIED BY THE TEXAS MEDICAL BOARD**

**Gender:** MALE

**Current Primary Practice Address:**  
7424 GREENVILLE AVE., #206  
DALLAS , TX 75231

#### Education

**Graduation Year:** 1994  
**Medical School:** UNIV OF TEXAS MED SCHOOL AT SAN ANTONIO, SAN ANTONIO, TX

**Program Type:** RESIDENT  
**Training Institution:** ST PAUL HOSPITAL  
**Program Specialty:** OBSTETRICS AND GYNECOLOGY

### Summary of all License/Permit Types

<b>Issue Date:</b>	<b>Type:</b>
08/27/1995	<a href="#"><u>INSTITUTIONAL PERMIT</u></a>
12/08/1995	<a href="#"><u>LICENSED PHYSICIAN</u></a>

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