



- Public Links**
- [About the Board](#)
 - [Announcements](#)
 - [Board Definitions](#)
 - [Board Members](#)
 - [Contact the Board](#)
 - [Directions to the Board](#)
 - [Expiring License List](#)
 - [License Actions](#)
 - [License Statistics](#)
 - [List of Services](#)
 - [Quarterly Newsletter](#)
 - [Recently Licensed](#)
 - [Scheduled Meetings](#)
 - [Search our Directory](#)
 - [Verify a License](#)

License Search Results

[Print OFFICIAL LICENSE VERIFICATION](#)

[New Search](#)

THIS IS NOT AN OFFICIAL LICENSE VERIFICATION

General Information

Name: Bushra Saeed, M.D.
 Primary Specialty: Family Practice

Address Information

Mailing Address: 7004 Shadow Brook
 Address 2:
 City/State/Zip: Texarkana, TX 75503
 Phone: (870) 779-6064
 Fax: (870) 779-6093



License Information

License Number:
 Original Issue Date:
 Expiration Date:
 Basis: Exam
 License Status: Inactive
 License Category: Withdrawn

[Print OFFICIAL LICENSE VERIFICATION](#)

[New Search](#)

THIS IS NOT AN OFFICIAL LICENSE VERIFICATION

Version 3.0.1 Last Layout Update: January 2012

