

AIM

Association of State Medical Board Executive Directors

Oklahoma Board of Medical Licensure and Supervision

Licensee Name	JILL LYNELLE MEADOWS
License Type	MD
Status	ACTIVE
Practice Address	PLANNED PARENTHOOD OF THE HEARTLAND INC
Practice Address	1007 S. PEORIA AVE.
Practice City	TULSA
Practice State	OK
Practice Zipcode	74120
Practice County	TULSA
Practice Phone	(918)587-1101
Month/Year of Birth	4/1969
City of Birth	IOWA CITY
State of Birth	IA
Birth Count	UNITED STA
Gender	Female
Ethnicity	Caucasian
License Number	31831
License Issue Date	01/01/16
License Expire Date	01/01/18
Last Medical School Name	Univ of IA Roy J & L Carver COM, Iowa City, IA 52242
Last Medical School City/State/Country	Iowa City/IA/United States of America
Board Certified	AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY
SPECIALTY	Obstetrics & Gynecology
Former Name	JILL L EDWARDS
Name Change Date	
Former Name	JILL L VIBHAKAR
Name Change Date	

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