

AIM

Association of State Medical Board Executive Directors

Oklahoma Board of Medical Licensure and Supervision

Licensee Name	ANDREA HARRELL CHIAVARINI
License Type	MD
Status	ACTIVE
Practice Address	TRUST WOMEN SOUTHWIND WOMENS CENTER
Practice Address	1240 SW 44TH ST
Practice City	OKLAHOMA CITY
Practice State	OK
Practice Zipcode	73109
Practice County	OKLAHOMA
Practice Phone	(405)429-7940
Month/Year of Birth	10/1974
City of Birth	DENVER
State of Birth	CO
Birth Count	UNITED STA
Gender	Female
Ethnicity	Caucasian
License Number	32430
License Issue Date	08/04/16
License Expire Date	08/01/19
Last Medical School Name	OR HLTH SCI UNIV SCH OF MED, PORTLAND OR 97201
Last Medical School City/State/Country	Portland/OR/United States of America
Board Certified	AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY
SPECIALTY	Obstetrics & Gynecology
Former Name	ANDREA L HARRELL
Name Change Date	

The date of this file is 11/10/18

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