



## PUBLIC VERIFICATION / PHYSICIAN PROFILE

### PHYSICIAN IN TRAINING PERMIT

**NAME:** DIANA WU MD

**DATE:** 01/02/2019

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

**Date of Birth:** 1984  
**Permit Number:** BP10054923  
**Permit Type:** PHYSICIAN IN TRAINING PERMIT  
**Permit Status:** PERMIT TERMINATED  
**Permit Status Date:** 12/11/2015  
**Begin Date:** 11/16/2015  
**Expiration Date:** 12/11/2015  
**End Date:** 12/13/2015  
**Terminated Date:** 12/11/2015

**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:** FEMALE

**Current Primary Practice Address:**

8616 GREENVILLE AVE  
STE 101  
DALLAS , TX 75243

#### Education

**Graduation Year:** 2013  
**Medical School:** UNIV OF SOUTHERN CALIFORNIA KECK SCH OF MED, LOS ANGELES, CA 90033  
**Program Type:** RESIDENT  
**Training Institution:** UNIV OF CALIFORNIA - SAN FRANCISCO  
**Program Specialty:** FAMILY MEDICINE

### Summary of all License/Permit Types

Issue Date:	Type:
11/16/2015	<a href="#">PHYSICIAN IN TRAINING PERMIT</a>
09/30/2016	<a href="#">LICENSED PHYSICIAN</a>

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