

AIM

Association of State Medical Board Executive Directors

Oklahoma Board of Medical Licensure and Supervision

Licensee Name	GILLIAN SCHIVONE
License Type	MD
Status	ACTIVE
Practice Address	WASHINGTON UNIVERSITY SCHOOL OF MEDICINE
Practice Address	660 S EUCLID AVE #8064
Practice City	SAINT LOUIS
Practice State	MO
Practice Zipcode	63110-1010
Practice County	NOT OKLAHOMA
Practice Phone	(314)362-4211
Month/Year of Birth	3/1983
City of Birth	SAINT PAUL
State of Birth	MN
Birth Count	UNITED STA
Gender	Female
Ethnicity	Caucasian
License Number	33337
License Issue Date	10/02/17
License Expire Date	10/01/19
Last Medical School Name	UNIV OF MN MED SCH, MINNEAPOLIS MN 55455
Last Medical School City/State/Country	Minneapolis/MN/United States of America
SPECIALTY	Obstetrics & Gynecology

The date of this file is 06/06/19

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