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## **AIM**

Association of State Medical Board Executive Directors

## Oklahoma Board of Medical Licensure and Supervision

Licensee Name	JUSTIN THOMAS DIEDRICH
License Type	MD
Status	ACTIVE
Practice Address	TRUST WOMEN
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	10/1981
City of Birth	ST. LOUIS
State of Birth	MO
Birth Count	UNITED STA
Gender	Male
Ethnicity	Caucasian
License Number	35046
License Issue Date	06/20/19
License Expire Date	06/01/20
Last Medical School Name	CASE WESTERN RESERVE UNIV SCH OF MED, CLEVELAND OH 44106
Last Medical School City/State/Country	Cleveland/OH/United States of America
Board Certified	AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY
SPECIALTY	Obstetrics & Gynecology

The date of this file is 10/04/19

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