

AIM

Association of State Medical Board Executive Directors

Oklahoma Board of Medical Licensure and Supervision

Licensee Name	IMAN MAHDI ALSADEN
License Type	MD
Status	ACTIVE
Practice Address	NORTHWESTERN OB TRIAGE
Practice Address	250 E. SUPERIOR
Practice City	CHICAGO
Practice State	IL
Practice Zipcode	60611
Practice County	NOT OKLAHOMA
Practice Phone	(312)926-2000
Month/Year of Birth	6/1987
City of Birth	CHICAGO
State of Birth	IL
Birth Count	UNITED STA
Gender	Female
Ethnicity	Caucasian
License Number	34299
License Issue Date	11/28/18
License Expire Date	11/01/20
Last Medical School Name	Univ Of Il Coll Of Med, Chicago Il 60680
Last Medical School City/State/Country	Chicago/IL/United States of America
SPECIALTY	Obstetrics & Gynecology

The date of this file is 11/28/19

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