



PUBLIC VERIFICATION / PHYSICIAN PROFILE

INSTITUTIONAL PERMIT

NAME: DALLAS WAYNE JOHNSON MD

DATE: 03/18/2020

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

Date of Birth: 1946

Permit Number: 14199

Permit Type: INSTITUTIONAL PERMIT

Permit Status: TERMINATED

Permit Status Date: 2/21/2007

Begin Date: 07/01/1988

Expiration Date: 07/01/1989

End Date: 6/30/1991

Terminated Date:

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: MALE

Current Primary Practice Address:

4600 GULF FREEWAY

HOUSTON , TX 77023

Education

Graduation Year: 1987

Medical School: TEXAS TECH UNIV HLTH SCI CTR, LUBBOCK

Program Type: RESIDENT

Training Institution: TEXAS TECH UNIV HSC/PAUL L FOSTER SCH OF MED (EL PASO)

Program Specialty: OBSTETRICS AND GYNECOLOGY

Summary of all License/Permit Types

Issue Date:

07/01/1988

Type:

[INSTITUTIONAL PERMIT](#)

12/06/1988

[LICENSED PHYSICIAN](#)

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