

**Physician - Permanent Details**

Personal Information

First Name Jill  
 Middle Name Lynelle  
 Last Name Meadows  
 Other Names Used Meadows  
 Vibhakar  
 Birth Year 1969

License Information

License Type Physician - Permanent  
 License Number MD-33019  
 Status Active  
 Basis for Application Endorsement  
 State of Principal License (if licensed via IMLC)  
 Original Issue Date Jul 2 1999 12:00AM  
 Expiration Date 04/01/2021  
 Renewal Date 03/05/2019  
 Relinquished Date  
 Status at time of Relinquishment  
 Public Charges and/or Public Discipline No

Public Documents

Practice Information

Primary Specialty Obstetrics & Gynecology

**Physician License Information Only:** Please note that a physician's specialty information is self-reported and is not verified by this board.

NPI

Location (Work Address - 1)

Address Type Work  
 Business / Organization  
 Bldg/House Number 1000  
 Street Prefix E  
 Street Name ARMY POST  
 Street Type  
 Street Direction E  
 Unit Type  
 Unit Number  
 City Des Moines  
 State Iowa  
 Zip Code 50315-5939  
 Country USA  
 Phone 5152852651

Education History

Medical or Acupuncture School University Of Iowa College Of Medicine  
 Graduation Date 1995  
 Degree Received MD

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