



Texas Medical Board

Texas Physician Assistant Board
Healthcare Provider Verification / Profile

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Physician License

NAME: GHAZALEH MOAYEDI, DO

LICENSE: R6051

INFORMATION CURRENT AS OF: 7/3/2021

CURRENT STATUS: ACTIVE

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

Verified Information

Year of Birth: 1982

License Number: R6051 Physician License

Issuance Date: 02/16/2018

Expiration Date: 02/28/2023

Current Status: ACTIVE as of 02/22/2018

Disciplinary Restrictions: NONE

Non-Disciplinary Restrictions: NONE

Specialties:

School of Graduation:

UNIV OF NORTH TEXAS HLTH SCI CTR, TEXAS COLL OF OSTEO MED, FORT WORTH, TX 2012

Electronic RX Waiver Expiration Date: 12/30/2021

Current Board Action
NONE

Medical Malpractice Investigations

Based on these reviews, the following investigations were conducted with the listed resolutions:
NONE

THE INFORMATION IN THIS BOX WAS REPORTED BY THE LICENSEE AND HAS NOT BEEN VERIFIED BY THE TEXAS MEDICAL BOARD

Self Reported Information

Gender: FEMALE

Place of Birth: OREGON

Race: OTHER

Current Primary Practice Address:

8616 GREENVILLE AVE
#101
DALLAS, TX 75243

Years of Active Practice in the U.S. or Canada:

9 year(s)

Years of Active Practice in Texas:

7 year(s)

Specialty Board Certification

Specialty certifications issued by the American Board of Medical Specialties or the Bureau of Osteopathic Specialists:
NONE

Specialties

Primary Specialty: OBSTETRICS AND GYNECOLOGY

Secondary Specialty: NONE

Education**Name, Location and Graduation Date of All Medical Schools Attended**

Name: UNIV OF NORTH TEXAS HLTH SCI CTR, TEXAS COLL OF OSTEO MED, FORT WORTH

Location:

Graduation Date: 05/2012

Graduate Medical Education In The United States Or Canada

Program Name: Texas Tech Health Sciences Center El Paso

Location: El Paso

Begin Date: 07/2012

End Date: 06/2016

Type: RESIDENCY

Specialty: OB/GYN

Hospital Privileges

The physician reports that he/she has hospital privileges in the following in the State of Texas:
NONE

Utilization Review

The physician reports that he/she **does not** provide utilization review services for a group health plan provided by an insurance company. (This does not include utilization review provided in relation to workers compensation claims.)

— Patient Services

Medicaid Participant: The physician reports that he/she **does not** participate in the Medicaid program.

Practice Address:

8616 GREENVILLE AVE
#101
DALLAS, TX 75243

Accessibility: The physician reports that the patient service area **is** accessible to persons with disabilities.

Language Translation Services: The physician reports that the following language translation services are provided for patients: SPANISH

— Awards, Honors, Publications

Optional Information:
NONE

— Malpractice Information

The physician has the following reportable claims.
NONE

— Criminal History

Self-Reported Criminal Offenses:
NONE

— Non-TMB Disciplinary Actions

The physician reported the following:
NONE

— Physician Assistant Supervision

To obtain physician assistant (PA) information, click name

NONE

— Advanced Practice Nurse Delegation

To obtain advanced practice registered nurse (APRN) information, click name

NONE

— Summary of all Licenses

Issue Date: 02/16/2018

Type: [R6051 Physician License](#)

Issue Date: 07/01/2012

Type: [BP10044667 Physician-in-Training Permit](#)

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