

Physician - Permanent Details

Personal Information

First Name Diane
Middle Name Joy
Last Name Horvath
Other Names Used COSPER
HORVATH COSPER
Birth Year 1978

License Information

License Type Physician - Permanent
License Number MD-48396
Status Active
Basis for Application Interstate Compact
State of Principal License (if licensed via IMLC) Maryland
Original Issue Date 03/26/2021
Expiration Date 12/01/2022
Renewal Date
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 1346432788

Location (Work Address - 1)

Address Type Work
Business / Organization
Bldg/House Number
Street Prefix
Street Name P.O. BOX 2520
Street Type
Street Direction
Unit Type
Unit Number
City ELLICOTT CITY
State Maryland
Zip Code 21043
Country USA
Phone 4432221899

Education History

Medical or Acupuncture School UNIVERSITY OF TOLEDO COLLEGE OF MEDICINE
Graduation Date 6/4/2006
Degree Received MD

[Back](#)