

# Ghazaleh Moayed

License Number:	6926
Legal Last Name:	Moayed
Legal First Name:	Ghazaleh
Previous or Other Name(s):	
Level of Licensure:	Osteopathic Physician and Surgeon
License Status:	✓ Active
Initial License Date:	Jun-11-2020
Expiration Date:	Jun-30-2023

## Disciplinary Actions, Conditions, and Restrictions

Type	Effective Date	Summary	Attachments
No Limits, Conditions or Notices.			

## Place of Practice

Practice Name	Practice Setting	Address	City	State	Phone	Status
South Winds Womens Center	Private Practice	1240 SW 44th Street	Oklahoma City	Oklahoma	(405) 429-7940	Active

## Language of Care

Language
Persian
Spanish

## Specialties

Specialty	Board Certified?
Obstetrics & Gynecology	Yes

Hospital Name	Effective Date	End Date
None.		

### Education Information

Education Institution	Degree Type	Graduation Date
UNTHSC	N/A	Jan-01-2012