



Oregon Medical Board
1500 SW 1st Ave, Ste 620
Portland, OR 97201-5847
971-673-2700
www.oregon.gov/omb

CERTIFICATE OF REGISTRATION FOR MD License
LICENSE NUMBER: MD23079
PROFESSION: Doctor of Medicine
LICENSE STATUS: Active

GUANG FAN, MD
4959 HARTFORD PL
LAKE OSWEGO, OR 97035

EXPIRATION DATE: 12/31/2027
EFFECTIVE DATE: 01/01/2026
DISPENSING: No

**MUST BE POSTED IN A
CONSPICUOUS PLACE**
NON TRANSFERABLE



For verification of license, please visit the Board's website at www.oregon.gov/OMB or call 971-673-2700.

Active status is granted to you as a licensee who practices within the State of Oregon or one of its approved border towns. This license must be renewed by the expiration date above.

Licensees must notify the Oregon Medical Board within 30 days of changing a practice, home or mailing address. Address changes may be made on the Board's website at www.oregon.gov/OMB; clicking Online Services on the home page will allow you to log in and make updates. If you need assistance, please contact the Licensing Call Center at 971-673-2700.

A licensee who ceases practice in the State of Oregon will be placed at **Inactive** status. The licensee must then reactivate to Active status before returning to practice in Oregon. The reactivation process takes approximately 4-6 weeks.

State of Oregon
OREGON MEDICAL BOARD

This certifies that having fulfilled all the requirements of the Laws of the State of Oregon and possessing the prescribed qualifications, the following person is hereby licensed as a MD Licensee in the State of Oregon.

GUANG FAN, MD
MD23079
Original Issue Date: 07/13/2001
Effective Date: 01/01/2026
Expiration Date: 12/31/2027
License Status: Active

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1500 S.W. 1st Avenue, Suite 620
Portland, Oregon 97201-5847
(971) 673-2700

- * Furnish your OREGON license number when contacting the Board.
- * Reactivation is required to change to ACTIVE status from **INACTIVE** or any other practicing status.
- * ALWAYS keep the Board informed of your correct MAILING ADDRESS. Failure to do so may result in discipline.

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