B. B. B.

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Monday, November 13, 2017

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Physicians

License Number: 12583 License Date: 1/5/2005

Name: MOORE, ARTHUR V. MD

Address: 11 CROCKETT DR, BOW, NH 03304

Specialty: IM Board Certified: IM

School and Year of Graduation: CORNELL UNIVERSITY, NEW

YORK NY 1983

Internship and Year: ROGER WILLIAMS GENERAL HOSP, PROVIDENCE RI 1984

Residency and Year: ROGER WILLIAMS GENERAL HOSP,

PROVIDÉNCE RI 1985 License Expiration Date: 6/30/2013

License Number: 10589 License Date: 6/2/1999 Name: MOORE, BRAD R. MD

Address: 103 PELICAN PLACE, BRANDON, MS 39047

Specialty: GP

School and Year of Graduation: UNIV OF MISSISSIPPI SCH OF

MED - JACKSON, MS 1994

Internship and Year: MEDICAL UNIV OF SOUTH CAROLINA - CHARLESTON, SC 1995

Residency and Year: FLETCHER ALLEN HEALTH CARE -

BURLINGTON, VT 1996

License Expiration Date: 6/30/2000

License Number: 11761 License Date: 10/2/2002 Name: MOORE, CHERYL C. MD

Address: 300 SLIGO RD, ROLLINSFORD, NH 03869

Phone: 603-335-8195 Specialty: PTH Board Certified: PTH

School and Year of Graduation: GEORGETOWN UNIVERSITY,

WASHINGTON DC 1987

Internship and Year: WALTER REED ARMY MEDICAL CTR,

WASHINGTON DC 1988

Residency and Year: WALTER REED ARMY MEDICAL CTR, WASHINGTON DC 1991

License Expiration Date: 6/30/2018

License Number: 7749 License Date: 12/2/1987 Name: MOORE, LOIS A. MD

Address: 243 ELM ST, CLAREMONT, NH 03743-2005

Phone: 603-543-3409 Specialty: DR Board Certified: DR

School and Year of Graduation: UNIV OF VIRGINIA SCH MED-

CHARLOTTESVILLE, VA 1969

Internship and Year: VANDERBILT UNIV HOSPITAL - NASHVILLE,

TN 1970

Residency and Year: VANDERBILT UNIV HOSPITAL - NASHVILLE,

TN 1973

License Expiration Date: 6/30/2002

License Number: 3638 License Date: 9/17/1963

Name: MOORE, MICHAEL J. MD

Address: EMERSON HOSPITAL -JOHN, CUMING BLDG STE 720,

CONCORD, MA 01742 Phone: 617-259-0803 Specialty: N Board Certified: N

School and Year of Graduation: NORTHWESTERN UNIV MEDICAL

SCHOOL - CHICAGO, IL 1962

Internship and Year: BOSTON CITY HOSPITAL - BOSTON, MA

1963

Residency and Year: BOSTON CITY HOSPITAL - BOSTON, MA

1963

License Expiration Date: 6/30/1999

License Number: 6537 License Date: 5/6/1982

Name: MOORE, MICHELE C. MD

Address: 34 PLEASANT ST, PO BOX 248, ALSTEAD, NH 03602-

0248

Specialty: GPM

School and Year of Graduation: ROYAL COLLEGE OF PHYSICIANS 1974

Internship and Year: ST JOSEPH'S HOSPITAL - SYRACUSE, NY

1976

Residency and Year: ST JOSEPH'S HOSPITAL - SYRACUSE, NY

1976

License Expiration Date: 6/30/2016

License Number: 16838 License Date: 11/6/2014 Name: MOORE, NICOLA L. MD

Address: 24 PENNACOOK ST, MANCHESTER, NH 03104

Phone: 800-287-8188 Specialty: FP Board Certified: FP

School and Year of Graduation: ALBERT EINSTEIN COLLEGE OF

MED OF YESHIVA UNIV 1999

Internship and Year: HIGHLAND FAMILY MEDICINE CENTER -

ROCHESTER, NY 2000

Residency and Year: HIGHLAND FAMILY MEDICINE CENTER -

ROCHESTER, NY 2002

License Expiration Date: 6/30/2018

License Number: 2192 License Date: 9/14/1939

Name: MOORE, RAYMOND E. MD

Address: 13 EMERSON AVE, PO BOX 159, HAMPSTEAD, NH

03841-

Phone: 603-329-6911 Specialty: FP Board Certified: FP

School and Year of Graduation: TUFTS MEDICAL SCHOOL 1937 Internship and Year: RHODE ISLAND HOSPITAL- PROVIDENCE, RI

1938

Residency and Year: RHODE ISLAND HOSPITAL - PROVIDENCE,

RI 1939

License Expiration Date: 6/30/1998 Remarks: Deceased 10/19/05

License Number: 17639 License Date: 6/1/2016

Name: MOORE, RICHARD A. MD

Address: CATHOLIC MEDICAL CENTER, 100 MCGREGOR ST,

MANCHESTER, NH 03102 Phone: 603-668-8700 Specialty: IM

School and Year of Graduation: WAYNE STATE UNIVERSITY

SCHOOL OF MEDICINE 1989

Internship and Year: ROGER WILLIAMS MEDICAL CENTER -

PROVIDENCE, RI 1990

Residency and Year: ROGER WILLIAMS MEDICAL CENTER -

PROVIDÉNCE, RI 1992

License Expiration Date: 6/30/2018

License Number: 9493 License Date: 7/5/1995

Name: MOORE, STEPHEN B. MD

Address: ASSOCIATES IN MEDICINE, 224 ELM ST, CLAREMONT,

NH 03743-Phone: 603-542-9563 Specialty: IM Board Certified: IM

School and Year of Graduation: UNIVERSITY OF WESTERN ONTARIO 1969

Internship and Year: MONTREAL GENERAL HOSPITAL MONTREAL CANADA 1970
Residency and Year: UNIVERSITY OF TORONTO MEDICAL
SCHOOL - TORONTO CANADA 1975
License Expiration Date: 6/30/2003

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