

Physician - Permanent Details

Personal Information

First Name Leroy
 Middle Name Harrison
 Last Name Carhart
 Other Names Used Carhart
 Birth Year 1941

License Information

License Type Physician - Permanent
 License Number MD-23312
 Status Active
 Basis for Application Endorsement
 State of Principal License (if licensed via IMLC)
 Original Issue Date Oct 15 1982 12:00AM
 Expiration Date 10/01/2019
 Renewal Date 09/13/2017
 Relinquished Date
 Status at time of Relinquishment
 Public Discipline On File No

Public Documents

Practice Information

Primary Specialty General Practice
 Surgery

Physician License Information Only: Please note that a physician's specialty information is self-reported and is not verified by this board.
 NPI

Location (Work Address - 1)

Address Type Work
 Business / Organization
 Bldg/House Number 1002
 Street Prefix
 Street Name W. MISSION AVENUE
 Street Type
 Street Direction
 Unit Type
 Unit Number
 City Bellevue
 State Nebraska
 Zip Code 68005
 Country
 Phone 4022924164

Education History

Medical or Acupuncture School Hahnemann Medical College of Philadelphia
 Graduation Date 1973
 Degree Received MD

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