

Physician - Permanent Details		
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Personal Information

First Name Veronika
 Middle Name E B
 Last Name Kolder
 Other Names Used Kolder
 Birth Year 1957

License Information

License Type Physician - Permanent
 License Number MD-30557
 Status Active
 Basis for Application Endorsement
 State of Principal License (if licensed via IMLC)
 Original Issue Date May 22 1995 12:00AM
 Expiration Date 03/01/2019
 Renewal Date 02/06/2017
 Relinquished Date
 Status at time of Relinquishment
 Public Discipline On File 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

Location (Work Address - 1)

Address Type Work
 Business / Organization UIHC - OB/GYN
 Bldg/House Number 200
 Street Prefix
 Street Name HAWKINS
 Street Type Drive
 Street Direction
 Unit Type Room
 Unit Number 51221 PFP
 City Iowa City
 State Iowa
 Zip Code 52242-1009
 Country USA
 Phone 3193848640

Education History

Medical or Acupuncture School University Of Iowa College Of Medicine
 Graduation Date 1983
 Degree Received MD

Back