

<b>Physician - Permanent Details</b>		
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## Personal Information

First Name	Mary
Middle Name	Ruth
Last Name	Doyle
Other Names Used	Doyle
Birth Year	1953

## License Information

License Type	Physician - Permanent
License Number	MD-26963
Status	Active
Basis for Application	Endorsement
State of Principal License (if licensed via IMLC)	
Original Issue Date	Feb 9 1989 12:00AM
Expiration Date	07/01/2021
Renewal Date	05/27/2019
Relinquished Date	
Status at time of Relinquishment	
Public Charges and/or Public Discipline	No

## Public Documents

## Practice Information

Primary Specialty	General Practice
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**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	4631
Street Prefix	
Street Name	KANSAS
Street Type	Avenue
Street Direction	SW
Unit Type	
Unit Number	
City	Iowa City
State	Iowa
Zip Code	52240-8578
Country	
Phone	3196833314

## Education History

Medical or Acupuncture School	University Of Iowa College Of Medicine
Graduation Date	1987
Degree Received	MD

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