



PUBLIC VERIFICATION / PHYSICIAN PROFILE

INSTITUTIONAL PERMIT

NAME: DIEGO MENDEZ MD

DATE: 03/26/2016

**THE INFORMATION IN THIS BOX HAS BEEN VERIFIED
BY THE TEXAS MEDICAL BOARD**

Date of Birth: 1954

Permit Number: 11612

Permit Type: INSTITUTIONAL PERMIT

Permit Status: TERMINATED

Permit Status Date: 2/21/2007

Begin Date: 07/13/1987

Expiration Date: 07/13/1989

End Date: 6/30/1990

Terminated Date:

Board Action (includes all actions regardless of license/permit type)

NONE

**THE INFORMATION IN THIS BOX WAS REPORTED BY THE LICENSEE AND
HAS NOT BEEN VERIFIED BY THE TEXAS MEDICAL BOARD**

Gender: MALE

Current Primary Practice Address:

2227 NILES POINT STREET

BAKERSFIELD , CA 93306

Education

Graduation Year: 1982

Medical School: UNIV AUTONOMA DE GUADALAJARA, GUADALAJARA, JALISCO

Program Type: RESIDENT
Training Institution: DRISCOLL FNDD CHILDREN'S HOSP
Program Specialty: PEDIATRICS

Summary of all License/Permit Types

Issue Date:	Type:
07/13/1987	INSTITUTIONAL PERMIT
03/04/1994	LICENSED PHYSICIAN
12/23/1993	PHYSICIAN TEMPORARY LICENSE

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