

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

First Name	Udell
Middle Name	L
Last Name	Bernstein
Other Names Used	Bernstein
Birth Year	1935

## License Information

License Type	Physician - Permanent
License Number	MD-16743
Status	Relinquished
Basis for Application	
State of Principal License (if licensed via IMLC)	
Original Issue Date	08/06/1963
Expiration Date	02/01/1985
Renewal Date	
Relinquished Date	2015-07-01
Status at time of Relinquishment	Inactive
Public Discipline On File	No

## Public Documents

## Practice Information

Primary Specialty	Obstetrics & Gynecology
	Not Specified
	Not Specified

**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	1985
Street Prefix	
Street Name	HUDSON
Street Type	Street
Street Direction	
Unit Type	
Unit Number	
City	Denver
State	Colorado
Zip Code	80220-1458
Country	
Phone	

## Education History

Medical or Acupuncture School	University Of Iowa College Of Medicine
Graduation Date	1962
Degree Received	MD

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