



## Department of Health



VEENOD LACHU CHULANI

License Number: ME88776

*Data As Of 3/19/2018*

<b>Profession</b>	Medical Doctor
<b>License</b>	ME88776
<b>License Status</b>	NULL AND VOID/
<b>License Expiration Date</b>	1/31/2016
<b>License Original Issue Date</b>	09/23/2003
<b>Address of Record</b>	If further information is needed, please contact the Department of Health at (850) 488-0595. UNITED STATES
<b>Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)</b>	No
<b>Discipline on File</b>	No
<b>Public Complaint</b>	No

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