State of Indiana

Demographic Information

Name: Luis G. Martinez

Address Information			
Line 1: Luis G. Ma	rtinez, MD		
Line 2: 1919 STATE STREET STE 360			
City/State/Zip: New Alban	y IN 47150		
County: Floyd			
License Information			
Lic #: 01051291B	Profession: Medical Licensing Board	Type: CSR-Physician	Secondary:
Status: Active	Issued: 8/24/1999	Expiration: 10/31/2019	
Method: Application			
Discipline Information			
Related Licenses	-		
Lic #: 01051291A	Name: Martinez, Luis G.		
License Physician Type:	License Active Status:	Relationship: Same Licensee	
License CSR Information	on		
Drug Schedule 1:	Drug Schedule 2: Yes	Drug Schedule Yes	
Drug Schedule 3: Yes	Drug Schedule Yes 3n:	Drug Schedule 4: Yes	
Drug Schedule 5: Yes			
Documents			
	No Public Documents A	Available	