

IOWA BOARD OF MEDICINE

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Physician - Permanent Details

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Personal Information

First Name	Leroy
Middle Name	Harrison
Last Name	Carhart
Other Names Used	Carhart
Birth Year	1941

License Information

License Type	Physician - Permanent
License Number	MD-23312
Status	Active
Basis for Application	Endorsement
State of Principal License (if licensed via IMLC)	
Original Issue Date	Oct 15 1982 12:00AM
Expiration Date	10/01/2019
Renewal Date	09/13/2017
Relinquished Date	
Status at time of Relinquishment	
Public Charges and/or Public Discipline	No

Public Documents

Practice Information

Primary Specialty	General Practice Surgery
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	1002
Street Prefix	
Street Name	W. MISSION AVENUE
Street Type	
Street Direction	
Unit Type	
Unit Number	
City	Bellevue
State	Nebraska
Zip Code	68005
Country	
Phone	4022924164

Education History

Medical or Acupuncture School	Hahnemann Medical College of Philadelphia
Graduation Date	1973
Degree Received	MD



