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Person Information			
Name: JULIE A JOHNSTON, MD			
Address Information			
Address: JOAN G LOVERING HEALTH CENTER		PO BOX 456, 559 PORTSMOUTH AVE	City: GREENLAND Zip: 038400456 State: NH
Phone: 6034367588			
License Information			
License No: 16515		Profession: Medicine License Type: Physician	
License Status: Current Issue Date: 3/5/2014 Expiration Date: 6/30/2020			
Additional Information			
Specialty:		Family Practice/Family Medicine	
Board Certification Information			
Board Certified	Certification	Expiration	ABMS Board Specialties
Yes	AMERICAN BOARD OF FAMILY MEDICINE	Sep 9 9999 12:00AM	FAMILY MEDICINE
Medical Education Information			
Type	Facility Name	Country	Year
Medical School	THE WARREN ALPERT MEDICAL SCHOOL OF BROWN UNIV	USA	2004
Internship	GREATER LAWRENCE FAMILY HEALTH CENTER - LAWRENCE,		2005
Residency	GREATER LAWRENCE FAMILY HEALTH CENTER - LAWRENCE,		2007
Remarks			
No Related Documents			
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