

Details

## LICENSE DETAILS

**License #:** MEDS7717

**Program:** Medical

**Type:** Physician

**Status:** Active

**Issue Date:** 07/23/2013

**Effective Date:** 12/06/2018

**Expiration Date:** 12/31/2020

**Mailing Address:** ANCHORAGE, AK, UNITED STATES

### Owners

Owner Name	Entity Number
KARA LANE CADWALLADER	

### Relationships

No Relationships Found

### Designations

Type	Group
Family Practice	Specialties

### Agreements/Actions/Accusations

No Agreements/Actions/Accusations Found

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