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Person Information			
Name: NICOLA L MOORE, MD			
Address Information			
Address: 24 PENNACOOK ST City: MANCHESTER Zip: 03104 State: NH			
Phone: 8002878188			
License Information			
License No: 16838		Profession: Medicine	
License Status: Expired		License Type: Physician	
Issue Date: 11/6/2014		Expiration Date: 6/30/2018	
Additional Information			
Specialty: Family Practice/Family Medicine			
Board Certification Information			
Board Certified	Certification	Expiration	ABMS Board Specialties
Yes	FP		
Medical Education Information			
Type	Facility Name	Country	Year
Medical School	ALBERT EINSTEIN COLLEGE OF MED OF YESHIVA UNIV	USA	1999
Internship	HIGHLAND FAMILY MEDICINE CENTER - ROCHESTER, NY		2000
Residency	HIGHLAND FAMILY MEDICINE CENTER - ROCHESTER, NY		2002
Remarks			
No Related Documents			
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