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Person Information			
Name: VIRGINIA A SIEGFRIED, MD			
Address Information			
Address: PLANNED PARENTHOOD 518 GARDEN ST City: SANTA BARBARA Zip: 93101 State: CA			
Phone: 8059632445			
License Information			
License No: 9388 Profession: Medicine License Type: Physician			
License Status: Expired Issue Date: 3/1/1995 Expiration Date: 6/30/2009			
Additional Information			
Specialty: Obstetrics & Gynecology			
Board Certification Information			
Board Certified	Certification	Expiration	ABMS Board Specialties
Yes	OBG		
Medical Education Information			
Type	Facility Name	Country	Year
Medical School	COLUMBIA UNIVERSITY COLL OF PHYS & SURGEONS	USA	1979
Internship	UCLA MEDICAL CENTER - LOS ANGELES CA		1980
Residency	UCLA MEDICAL CENTER - LOS ANGELES CA		1983
Remarks			
No Related Documents			
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