Details Page 1 of 2

# Licensee Details

Please see below for details for the licensee you selected.

Name: Kara L. Cadwallader Designation: MD Lic #: 80596 Profession: Physician Subtype: Full Status: Active Issued: 5/22/2018 Expires: 7/31/2021 Specialties Specialty/Subspecialty Certifying Board Primary Specialty? Family Medicine **Disclaimer:** Please note that many valid certifying specialty boards do not participate in the American Board of Medical Specialties (1-866-ASK-ABMS or www.abms.org) and actual verification of a physician's board certification is best accomplished by contacting the individual certifying specialty board.

Practice Address

Street Address: 2001 East Madison St.

SEATTLE WA 98122

County:

**United States** Country:

Related Licenses

Relationship/Name Dates License Details

**Public Documents** 

No public documents to display

# **Physician Profile**

Disclaimer: This information has been provided by the physician and has not been verified by the Board. The Patient Right to Know Act requires physicians licensed to practice in the State of Georgia to provide certain information to the Board that is to be made available to the public. The Board relies upon information provided by the physicians to be true and correct, as required by statute. It is an act of unprofessional conduct for a licensee to provide erroneous information to the Board. The Board makes no warranty or guarantee concerning the accuracy or completeness of physician profiles.

For sections where there is no data, the Physician has not provided any information pertaining to that section.

	Date of Brofile Submission or Latest Undate
	Date of Profile Submission of Latest Opdate
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- 1	

## **Initial Licensure**

Initial License State	Initial License Issue Date	Malpractice Coverage
	03/10/2010	

## **Practice Location History**

City	State/Province	Country	From	То

# Medicaid/Medicare

Currently Accepting Medicaid Patients? Currently Accepting Medicare Patients?	Currently Accepting Medicaid Patients?	Currently Accepting Medicare Patients?
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## **Medical Education and Training**

### **Education/Certifications**

School Type	From	То	Graduated	School Name
Medical School			06/11/1995	University of CA, San Francisso

### **Graduate Medical Education**

Program Type/Specialty	GME/Hospital Name	From	То	City/State/Zip	Country	Graduated

Details Page 2 of 2

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