

Physician - Permanent Details

Personal Information

First Name Phil
 Middle Name Anthony
 Last Name Mathias
 Other Names Used Mathias
 Birth Year 1941

License Information

License Type Physician - Permanent
 License Number MD-22689
 Status Relinquished
 Basis for Application Endorsement
 State of Principal License (if licensed via IMLC)
 Original Issue Date 08/19/1981
 Expiration Date 07/01/2003
 Renewal Date Jul 31, 2001
 Relinquished Date 2015-07-01
 Status at time of Relinquishment Inactive
 Public Charges and/or Public Discipline No

Public Documents

Practice Information

Primary Specialty Obstetrics & Gynecology
 Not Specified
 Not Specified

Physician License Information Only: Please note that a physician's specialty information is self-reported and is not verified by this board.

NPI

Location (Work Address - 1)

Address Type Work
 Business / Organization
 Bldg/House Number 1422
 Street Prefix
 Street Name PO BOX
 Street Type
 Street Direction
 Unit Type
 Unit Number
 City Perry
 State Georgia
 Zip Code 31069-1422
 Country
 Phone 4789872245

Education History

Medical or Acupuncture School Oregon Health & Science University School of Medicine
 Graduation Date 1968
 Degree Received MD

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