

Details

LICENSE DETAILS

License #: MEDS1992

Program: Medical

Type: Physician

Status: Retired

Issue Date: 11/01/1983

Effective Date: 12/27/2018

Expiration Date: Perpetual

Mailing Address: PALMER, AK, UNITED STATES

Owners

Owner Name	Entity Number
SUSAN MAE LEMAGIE	

Relationships

No Relationships Found

Designations

Type	Group
Obstetrics and Gynecology	Specialties

Agreements/Actions/Accusations

No Agreements/Actions/Accusations Found

Close Details

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