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Website Verification**

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MUSC MEDICAL CTR  
CHARLESTON, SC 29425-2248

**Name:** KRISTIN MICHELE RAGER    **Profession:** [MD](#)    **Office Phone:**  
**Basis:**    **School:** [LOU](#)    **Graduation:** 05/09/1998  
**License No:** LL25380    **Date Issued:** 07/01/2000    **Expiration:** 06/30/2001  
**Specialty:** [\\*PD](#)  
**Rx#:**    **Rx Issue Date:**

**Primary Source Verification of Graduation Certified**

**Hospital Affiliation (s):** None

**Credential Status:** Lapsed

No disciplinary action taken by the Board. This certifies that the above licensee was in good standing at the time of expiration of the license.

**Board Public Action History:**[View Orders](#)[View Other License for this Person](#)[No Orders Found](#)**License History:**

No other licenses on record.

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