

ME 0032956 49 7/80458
PRIVER, DAVID M.
4476 CHAMBERLAIN
BIRMINGHAM

AL 48010

PLEASE PRINT OR TYPE

JUL 1978

NAME: DAVID M. PRIVER, M.D.

ADDRESS: 4476 CHAMBERLAIN
BIRMINGHAM, MICHIGAN 48010

RECEIVED

JUL 5 1978

FLORIDA BOARD OF
MEDICAL EXAMINERS

DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION
STATE BOARD OF MEDICAL EXAMINERS OF FLORIDA

RECEIVED

ENDORSEMENT APPLICATION

MAY 8 1978

Fee of \$100.00 must accompany application. NO FEE REFUNDED.

FLORIDA BOARD OF
MEDICAL EXAMINERS

Answer all questions. If the answer to any question is YES, give details in a notarized affidavit attached to the application.

[Signature]

On the basis of certification by the National Board of Medical Examiners _____ Federation Licensure Examination (FLEX) I hereby, apply for licensure to practice medicine and surgery in Florida, and in support of this submit the following information.

Name in full DAVID MICHAEL PRIVER
(Type or print. Use no initials.)

List all other names you have used. _____

Have you ever legally changed your name? NO If so, enclose certified copy of legal document giving change.

Residence address (at time of filing application) 4476 CHAMBERLAIN, BIRMINGHAM, MICH. 48010

Office address 227.55 GREENFIELD, SOUTHFIELD, MICH. 48075

Permanent address (if different from above) _____

Intended residence UNDETERMINED
(Print street and number, city, state zip code)

Place of birth NEW YORK CITY Date of birth 9-17-43

Are you a citizen of the United States? YES (If foreign born attach proof of citizenship or declaration of intention.)

Did you attend a college or university? WAYNE STATE UNIVERSITY, DETROIT B.A. 6/1966
(Give name, location and dates)

Do you have any degree other than M.D.? NO
(Degree, date, school)

MEDICAL EDUCATION: Be specific. Account for each year.

WAYNE STATE UNIVERSITY, DETROIT from 9 1966 to 6 1970
(Name of medical school, location)

_____ from 19 to 19
(Name of medical school, location)

_____ from 19 to 19
(Name of medical school, location)

_____ from 19 to 19
(Name of medical school, location)

Degree of Doctor of Medicine was obtained from WAYNE STATE UNIVERSITY, DETROIT
(Name of medical school, location)
on JUNE 1970

CERTIFICATE OF MEDICAL EDUCATION (Applicant must submit certified copy of medical diploma. Documents written in language other than English must be accompanied by a notarized translation.)

ACCOUNT FOR ALL TIME FROM DATE OF GRADUATION TO PRESENT.

Training: List chronologically residency or other post-graduate training. Give name and address of hospitals, exact dates, and specify type of training. If currently in training give name of department chief.

7/1/70 - 6/30/71 ROTATING INTERNSHIP, SINAI HOSP. OF DETROIT
~~7/1/71 - 6/30/74~~ OB-GYN RESIDENCY, SINAI HOSPITAL OF DETROIT

List chronologically locations practiced and/or employed. Give addresses, dates, specify type of practice and/or employment.

7/1/74 - PRESENT 24101 NOVI ROAD, N. RIVILLE, MICH 48267 PRIVATE PRACTICE
7/1/74 - 10/16/76 DETROIT } 2ND OFFICE
10/16/76 - PRESENT SOUTHFIELD }

List hospitals where you have staff privileges (Give addresses, dates of service, chief of staff.)

SINAI HOSPITAL OF DETROIT, 6767 W. OUTER DRIVE, DETROIT 48235
CHIEF OF STAFF DR. LLOYD PAUL.

Have you ever been denied staff privileges in any hospital? NO

MILITARY SERVICE: (Attach copy of separation report.)

NONE

(Branch of service, rank, dates)

FOREIGN GRADUATES: ECFMG Standard Certificate No. _____ Issued
after passing examination. (Attach notarized copy of certificate.)

In what states are you licensed? List states giving license number and date of issuance.

MICHIGAN # 30013 6/17/71

Have you ever studied to become, or do you hold a license in any state as a chiropractor, naturopath or osteopath?
NO

Have you ever failed a state board, FLEX or National Board examination? NO

Have you ever been denied an application for a license to practice medicine by any state board or other governmental agency of any state or country? NO

Have you ever been notified to appear before any licensing agency for a hearing on a complaint of any nature, including, but not limited to, a charge of violation of the medical practice act, unprofessional or unethical conduct?
NO

Have you ever had a license to practice medicine and surgery revoked, suspended, or other disciplinary action taken in any state, territory, or country? NO

Are you certified by _____ an American Specialty Board? YES If yes, give name of Board.
(Enclose copy of Board certificate or letter verifying eligibility.)

Have you ever been convicted of a felony? NO A misdemeanor? NO Have any judgments ever been entered against you? NO Have you ever been sued for malpractice? NO

Have you ever had to discontinue practice for any reason for a period of one month or longer? NO

Are you now or have you ever been addicted to or excessively used alcohol, narcotics, barbiturates, or any other medication? _____

Are you now or have you ever been emotionally or mentally ill? _____ Have you ever received psychotherapy? _____

Have you ever voluntarily or otherwise been a patient in an institution for the treatment of mental or emotional illness, drug addiction or abuse, or excessive use of alcohol? _____

Have you ever been treated but not hospitalized? _____

If any of these questions are answered yes, give details including dates, names of and addresses of hospitals and treating physicians on sworn affidavit.

Have you ever been warned or called before the Bureau of Narcotics and Dangerous Drugs? NO Have you ever made an offer to compromise in connection with the Harrison Narcotic Law? NO Have you ever been denied or surrendered a narcotic tax stamp? NO

LIST MEDICAL SOCIETY AFFILIATIONS: State, county, national including dates and complete address (street, city, state).

OAKLAND COUNTY MEDICAL SOCIETY

MICHIGAN STATE MEDICAL SOCIETY

Has any application for medical society membership been rejected? NO

Have you ever been notified to appear before a medical society in regard to charges or complaints filed against you? NO

List civic organizations of which you are or have been a member.

NOVI CHAMBER OF COMMERCE

FLEX Certification: (Applicant must have weighted average of 75% or above on one complete writing of the examination to be eligible for consideration.)

Applicant is responsible for contacting FLEX and having a certified transcript of FLEX grades sent to the Florida Board. The address is: FLEX c/o The Federation of State Medical Boards, 1612 Summit Avenue, Suite 308, Fort Worth, Texas 76102.

CERTIFICATE OF NATIONAL BOARD OF MEDICAL EXAMINERS: Applicant is responsible for contacting the National Boards and having a certified copy of grades and certificate number sent to the Florida Board. The address is: National Board of Medical Examiners, 3930 Chestnut Street, Philadelphia, Pa. 19104.

RECOMMENDATIONS: Give the names and complete addresses of two physicians in each city where you have practiced. If in training or employed give names and addresses of physicians with whom you have worked.

EDUARDO PHILLIPS, M.D. 26206 W. 12 MILE RD. SOUTHFIELD, MICH. 48075
 MERVYN ROSS, M.D. 28707 W. 8 MILE RD. FARMINGTON HILLS, MICH. 48324

AFFIDAVIT OF APPLICANT:

I, DAVID PRIVER, being first duly sworn, depose and say that I am the person referred to in the foregoing application and supporting documents and that the attached photograph is a true likeness of myself.

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), business and professional associates (past and present), and all governmental agencies and instrumentalities (local, state, federal or foreign) to release to the Florida State Board of Medical Examiners any information, files or records requested by the Board in connection with the processing of this application. I further authorize the Florida State Board of Medical Examiners to release to the organizations, individuals and groups listed above any information which is material to my application.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for the denial, suspension or revocation of my license to practice medicine and surgery in the State of Florida.

COUNTY OF Wayne

David Priver
 (Signature of Applicant)

STATE OF Michigan

Subscribed and sworn to before me this 5th day of May, 1978.

Virginia L. Herrema
 VIRGINIA L. HERREMA
 My Commission Expires May 23, 1981
 Notary Public, Wayne County, Mich.
 (NOTARY SEAL)

TO BE COMPLETED BY APPLICANT

Date 5/5/78

Age 34

Height 5' 11" Weight 160

Color of Eyes Brown

Color of Hair Brown

Other means of identification NONE

#33473 J.G. 58-78 #100

FOR USE OF SECRETARY

Oral Examination: Yes No

Date _____

Approved _____ Disapproved _____



License Number 02106

Date Issued 8-1-78

David M Priver
 Name as it appears on license.

Wayne State University

Upon the recommendation of
The Faculty of the School of Medicine

the Board of Governors hereby confers upon

David Michael Uriver

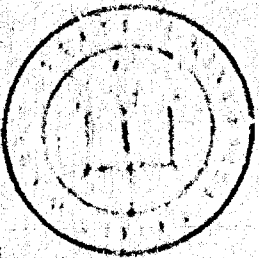
the degree

Doctor of Medicine

in recognition of the achievements
specified for this degree

May 16, 1978

Detroit, Michigan



William R. Keast
President of the University
J. J. [Signature]
Secretary of the Board of Governors

3/22/78

To whom it may concern:

I have known Dr. David Priver as a professional colleague for approximately eight years and recommend him for licensure in the state of Florida.

Sincerely yours,

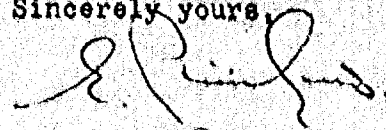
M. B. Ross
MERVIN B. ROSS, M.D.
28700 W 8th RD
Farmington Hills, Mich
48024

3/22/79

To whom it may concern:

I have known Dr. David Priver as a professional colleague for approximately eight years and recommend him for licensure in the state of Florida.

Sincerely yours,

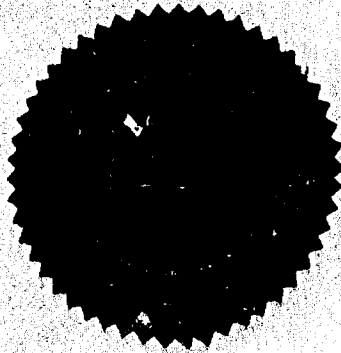


Eduardo Phillips M.D.
26206 W. 12 mile Rd.
Southfield Mi 48075

Sinai Hospital



This is to Certify that
DAVID M. PRIVER
has served Sinai Hospital in the capacity of
Intern
from July 1, 1970 to June 30, 1971
and has honorably and proficiently carried out
the duties of the position.



Eli M. Brown MD

CHIEF OF DIVISION

Hyman S. Deller MD

CHIEF OF MEDICAL STAFF

Morris Rosen

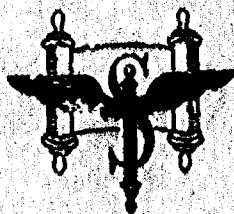
PRESIDENT, BOARD OF TRUSTEES

Julien Priver MD

DIRECTOR OF HOSPITAL

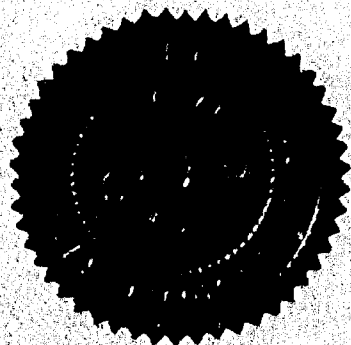
Sinai Hospital

Detroit



Michigan

This is to Certify that
DAVID M. PRIVER
has served Sinai Hospital in the capacity of
Resident in Obstetrics/Gynecology
from July 1, 1971 to June 30, 1974
and has honorably and proficiently carried out
the duties of the position



Alfred J. Sherman
CHAIRMAN OF DEPARTMENT

Ed. W. Brown, MD
CHIEF OF MEDICAL STAFF

William A. Madden
PRESIDENT, BOARD OF TRUSTEES

Julien Priver, MD
DIRECTOR OF HOSPITAL



OAKLAND COUNTY MEDICAL SOCIETY

348 PARK STREET
BIRMINGHAM, MICHIGAN 48009

MIDWEST 8-8400
April 4, 1978

George S. Palmer, M.D., Executive Director
Board of Medical Examiners, State of Florida
220 Oakland Building
2009 Apalachee Parkway
Tallahassee, Florida 32301

Dear Doctor Palmer:

We should like to certify the active membership of David M. Priver, M.D., now practicing in Northville and Southfield, in the Oakland County Medical Society since 1974. He is, also, a member in good standing of the Michigan State Medical Society.

To the best of our knowledge, Dr. Priver has been well received in the community and his professional relationships with his colleagues has been favorable. Not any part of his professional performance has been brought before the Mediation or the Ethics Committees of our society.

We are very glad to recommend Dr. Priver for your consideration.

Sincerely,

Alberta Kazarian
(Miss) Alberta Kazarian
Executive Assistant

ak

AMA PHYSICIAN PROFILE

AMERICAN MEDICAL ASSOCIATION
535 NORTH DEARBORN STREET
CHICAGO, ILLINOIS 60610

SURVEY DATA CENTER
DEPARTMENT OF PHYSICIAN STATISTICS

NAME: PRIVER, DAVID, M.D. MEDICAL EDUCATION NUMBER: 02507700716
ADDRESS: 24101 NOVI RD NORTHVILLE MI 48167
BIRTHPLACE: NEW YORK, NY BIRTHDATE: 09/17/43
MEDICAL EDUCATION (SCHOOL YEAR):
WAYNE STATE UNIVERSITY SCHOOL OF MEDICINE, DETROIT 1970
NATIONAL BOARD CERTIFICATION: NOT REPORTED TO DATE
LICENSES:

MI 1971
PHYSICIAN'S PROFESSIONAL ACTIVITIES:
OFFICE BASED PRACTICE
PRIMARY SPECIALTY: OBSTETRICS AND GYNECOLOGY
SECONDARY SPECIALTY: UNSPECIFIED
TERTIARY SPECIALTY: UNSPECIFIED
SPECIALTY BOARD CERTIFICATION:
AMERICAN BOARD OF OBSTETRICS AND GYNECOLOGY
MEMBER OF AMA: NOT MEMBER
NATIONAL SCIENTIFIC MEDICAL SOCIETIES: NOT REPORTED TO DATE
PROFESSORIAL APPOINTMENT: NOT REPORTED TO DATE
INTERNSHIP:

HOSPITAL: SINAI HOSP DETROIT 48235
DATES OF TRAINING: 07/70-06/71
SPECIALTY:

RESIDENCY:
HOSPITAL: SINAI HOSP DETROIT 48235
DATES OF TRAINING: 07/71-06/74
SPECIALTY: OBSTETRICS AND GYNECOLOGY

COPYRIGHT 1978 AMERICAN MEDICAL ASSOCIATION **AMA FILES CHECKED** SEE REVERSE

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RECEIVED

JUN 2 1978

FLORIDA BOARD OF
MEDICAL EXAMINERS

AMA PHYSICIAN PROFILE (CONTINUED)

IT IS MUTUALLY AGREED BETWEEN THE AMERICAN MEDICAL ASSOCIATION (AMA) AND THE REQUESTING ORGANIZATION THAT THIS PHYSICIAN PROFILE (SEE REVERSE) IS PROVIDED TO THE REQUESTING ORGANIZATION WITH THE UNDERSTANDING THAT (1) THE INFORMATION ON THE PROFILE WILL BE TREATED WITH TOTAL CONFIDENTIALITY; (2) THAT SUCH INFORMATION IS GRANTED SOLELY TO THE REQUESTING ORGANIZATION AND IS GRANTED AS A NON-EXCLUSIVE LIMITED LICENSE, CONSISTENT WITH AND LIMITED TO THE SPECIFIC PURPOSES SET FORTH ON THE PHYSICIAN PROFILE REQUEST FORM; (3) THAT NO PROFILE INFORMATION WILL BE RELEASED, COPIED, EXTRACTED OR OTHERWISE USURPED FOR THE USE BY ANY OTHER PARTY, ENTITY, ORGANIZATION OR GOVERNMENT AGENCY; AND (4) THAT UPON A BREACH OF ANY OF THE FOREGOING COVENANTS OR UPON THE EFFECTIVE DATE OF ANY STATUTE, REGULATION OR COURT DECISION MANDATING ANY DISCLOSURE WHATSOEVER OF SUCH PROFILE INFORMATION BY THE REQUESTING ORGANIZATION, SUCH LICENSE TO USE AND POSSESS THE PROFILE SHALL BE AUTOMATICALLY AND IMMEDIATELY TERMINATED AND THE PROFILE AND ANY INFORMATION OR DATA CONTAINED THEREON OR, IN ANY WAY, DERIVED THEREFROM SHALL BE RETURNED TO THE AMA IMMEDIATELY, BUT, IN NO EVENT, LATER THAN 48 HOURS AFTER SUCH AUTOMATIC TERMINATION.

JULY

DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION
STATE BOARD OF MEDICAL EXAMINERS OF FLORIDA
OAKLAND BUILDING, SUITE 100
1801 APALACHEE PARKWAY
TALLAHASSEE, FLORIDA 32301

JUN 20 1978

JUNE 22, 1978

RECEIVED
JUL 5 1978
FLORIDA BOARD OF
MEDICAL EXAMINERS

TO: MICHIGAN MEDICAL PRACTICE BOARD
1033 SOUTH WASHINGTON AVENUE
LANSING, MICHIGAN 48926

FROM: George S. Palmer, M.D., Executive Director
Florida State Board of Medical Examiners

The following doctor has made application to take the examinations for medical licensure in Florida. He states that he is licensed to practice medicine in your state. Will you please complete the form below and return it to this office at your earliest convenience?
Thank you for your cooperation

Name: DAVID MICHAEL PRIVER, N.D.

Graduated: WAYNE STATE UNIVERSITY, JUNE 1970, ok

License Number: 30013 ok Issued: 6-17-71, ok

By written examination: Lansing Through Reciprocity: _____

License is in good standing: yes

License has been revoked or suspended: _____
Reason: _____

Derogatory Information: _____

Remarks: _____

Signed: [Signature]
SECRETARY

Date: 6/26/78
(If additional space is needed please use back of page)

JULY

DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION
STATE BOARD OF MEDICAL EXAMINERS OF FLORIDA

OAKLAND BUILDING, SUITE 222
1869 APALACHE PARKWAY
TALLAHASSEE, FLORIDA 32301
18 1978

TO: SINAI HOSPITAL OF DETROIT
DETROIT, MICHIGAN

RECEIVED
FLORIDA BOARD OF
MEDICAL EXAMINERS
JUNE 22, 1978

FROM: George S. Palmer, M.D., Executive Director

Please complete the form below and return it to this office at your earliest convenience. This doctor has made application for medical licensure in Florida and is under investigation by this authority.

1. Name DAVID MICHAEL PRIVER, M.D.

2. Internship _____ Residency X From JULY 1, 1971 To JUNE 30, 1974

3. Professional Character (compared to physician of similar experience)

	POOR	FAIR	GOOD	SUPERIOR	DON'T KNOW
a. Basic Medical Knowledge	_____	_____	<u>✓</u>	_____	_____
b. Diagnostic and Clinical Ability	_____	_____	<u>✓</u>	<u>✓</u>	_____
c. Teaching Ability	_____	<u>✓</u>	_____	_____	_____
d. Research Potential	_____	_____	_____	<u>✓</u>	_____
e. Fitness for Clinical Practice	_____	_____	_____	_____	_____

4. Personal Character:

	POOR	FAIR	GOOD	SUPERIOR	DON'T KNOW
a. Motivation	_____	_____	<u>✓</u>	_____	_____
b. Initiative	_____	_____	<u>✓</u>	_____	_____
c. Responsibility	_____	_____	<u>✓</u>	_____	_____
d. Integrity	_____	_____	_____	<u>✓</u>	_____
e. Appearance	_____	_____	_____	<u>✓</u>	_____
f. Knowledge of English	_____	_____	_____	_____	_____

5. Relationships:

	POOR	FAIR	GOOD	SUPERIOR	DON'T KNOW
a. Teaching Staff	_____	_____	<u>✓</u>	<u>✓</u>	_____
b. Colleagues	_____	_____	<u>✓</u>	_____	_____
c. Nursing Staff	_____	_____	<u>✓</u>	_____	_____
d. Patients	_____	_____	<u>✓</u>	_____	_____

6. Physical Handicaps: _____
Comment: Excellent Applicant

7. PERSONALITY PROBLEMS WHICH MIGHT AFFECT PERFORMANCE: _____
Comment: _____

8. Overall Evaluation:

✓ 1. Recommend as outstanding applicant.
 _____ 2. Recommend as qualified and competent.
 _____ 3. Recommend with some reservations.
 _____ 4. Cannot Recommend.

Signed: George S. Palmer
 Position: Div. Research & Education

9. Use back of page for additional information or comment.

JULY

DEPARTMENT OF PROFESSIONAL AND OCCUPATIONAL REGULATION
STATE BOARD OF MEDICAL EXAMINERS OF FLORIDA
OAKLAND BUILDING, SUITE 220
1085 APALACHEE PARKWAY
TALLAHASSEE, FLORIDA 32301

TO: SINAI HOSPITAL OF DETROIT
6767 W. OUTER DRIVE
DETROIT, MICHIGAN 48235

RECEIVED
JUL 18 1978

JUNE 22, 1978

FROM: George S. Palmer, M.D., Executive Director

FLORIDA BOARD OF
MEDICAL EXAMINERS

Will you please complete the form below and return it to this office at your earliest convenience.

The doctor has made application for licensure in Florida and states that he is on the staff of your hospital. If additional space is needed please use back of page for reply.

Thank you for your cooperation.

NAME: **DAVID MICHAEL PRIVER, M.D.**

1. Does he have full staff privileges in his specialty? yes

2. Does he perform competently? yes If no, explain.

3. Has he been regularly reappointed? yes If no, explain.

4. Have any restrictions ever been placed on him beyond the original period of probation?
no

REMARKS:

DATE: July 8, 1978

SIGNED: *Sydney Palmer*
Sydney O. Palmer
Senior Vice President/Medical Affairs

BEFORE THE
STATE OF FLORIDA
DEPARTMENT OF PROFESSIONAL REGULATION
BOARD OF MEDICAL PROFESSIONALS

FILED

DATE

IN RE:

The License to Practice Medicine
as a Physician of:

DAVID M. PRIVER, M.D.

* 2246

ORDER

This matter was on to be heard before the

David M. Priver, M.D.



STATE OF ILLINOIS
DEPARTMENT OF PROFESSIONAL REGULATION
BOARD OF MEDICAL EXAMINERS

IN RE:

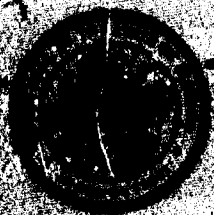
The License to Practice Medicine
as a Physician of:

DAVID N. FEYER, M.D.

NO. 12345

ORDER

Department of Professional Regulation



Secretary
John G. ...
Deputy Secretary
Nancy J. ...

Board of ...
150 N. ...

May 1, 1981

RECEIVED (01/0662)
MAY 11 1981
AL 48010

Travis J. ...
...

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...

...

...

NAME: Charles SEX: M
GRADE: 1 DATE: 1944



Department of Professional Education

THE
STATE OF FLORIDA
DEPARTMENT OF PROFESSIONAL EDUCATION

130 N. MONROE STREET
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF PROFESSIONAL EDUCATION
TALLAHASSEE, FLORIDA

APR 22 1944

OFFICE OF THE
DIRECTOR OF PROFESSIONAL EDUCATION
TALLAHASSEE, FLORIDA

LETTER OF RECOMMENDATION FOR THE
ISSUANCE OF A PROFESSIONAL EDUCATION
CREDENTIAL TO Charles of the
State of Florida, who has been
employed as a Teacher in the
State of Florida for a period of
at least one year and who has
been recommended by the
State Board of Professional Education
for the issuance of a
Professional Education Credential
for the grade of 1 in the
State of Florida.

IT IS HEREBY ORDERED that the
Professional Education Credential
for the grade of 1 in the
State of Florida be issued to
Charles for a period of
three years from the date of
issuance of this credential.

IN WITNESS WHEREOF, I have hereunto
set my hand and the seal of the
Department of Professional Education
at Tallahassee, Florida, this
22nd day of April, 1944.

WALTER C. CLARK, Director
TALLAHASSEE, FLORIDA

Department of Professional Regulation

100 North Main Street
Boston, Massachusetts

130 N. Main Street
Boston, Massachusetts

RECEIVED (81/06-23)
DAVID A. ...
SECRETARY

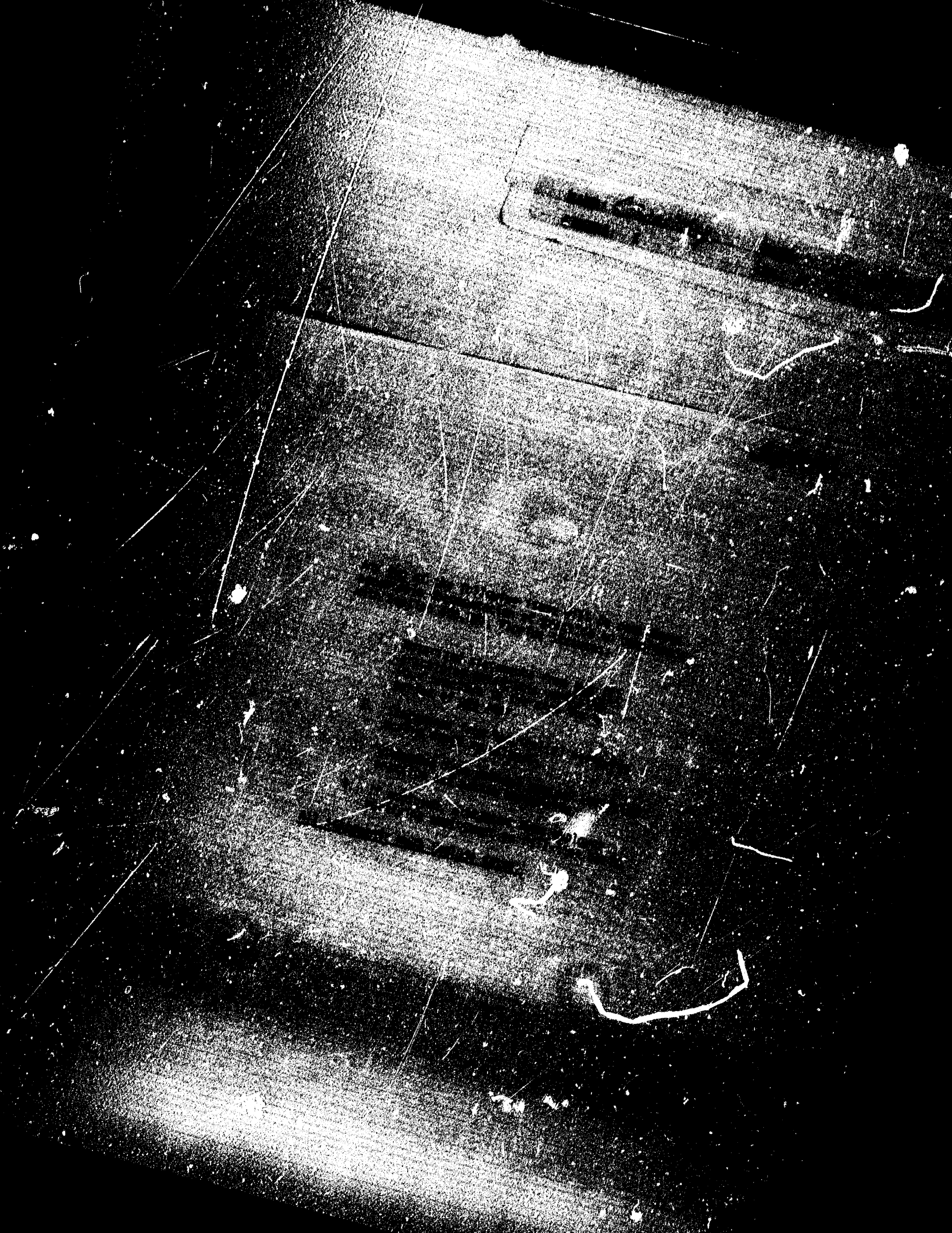
AL 48040

Dorothy J. Faircloth
Executive Director

Medical License
Renewal

NOTICE TO LICENSEE
YOUR LICENSE IS EXPIRING. A LICENSE EXPIRES
ON THE LAST DAY OF THE EXPIRATION MONTH.
IF YOU ARE NOT LICENSED BY THE EXPIRATION DATE,
YOU WILL BE CONSIDERED UNLICENSED AND YOUR
PRACTICE WILL BE UNLAWFUL.
IF YOU WERE LICENSED BY THE EXPIRATION DATE,
YOU MUST COMPLY WITH THE REQUIREMENTS OF THE
REGULATIONS TO MAINTAIN YOUR LICENSE.
IF YOU HAVE NOT COMPLIED WITH THE REQUIREMENTS,
YOUR LICENSE WILL BE REVOKED AND YOUR PRACTICE
WILL BE UNLAWFUL.
IF YOU HAVE NOT COMPLIED WITH THE REQUIREMENTS,
YOUR LICENSE WILL BE REVOKED AND YOUR PRACTICE
WILL BE UNLAWFUL.

- J. Cover Boyd, M.D.
- Ben M. Cole, M.D.
- Richard T. Conrad, M.D.
- Richard J. ...
- Alberto M. Hamander, M.D.
- Robert B. Krums, M.D.
- John N. Sims, M.D.
- John N. ...
- Paul Valdes-Paul
- Clara V. Wallace, M.D.
- John N. ...



1944

1944

1944

CAMERA 1

NAME

Black

DATE

12/9/71

ROLL #

152

32956

PRIVER, DAVID M.

32956

CAMERA I NAME Clark DATE 07 87 ROLL 1000

ME 85 015 DEPT. OF PROFESSIONAL REGULATION 0 31243
NOTICE STATE OF FLORIDA BOARD OF MEDICAL EXAMINERS

IMPORTANT: YOUR FEE
CANNOT BE PROCESSED
WITHOUT THIS CARD.
READ REVERSE SIDE.

HEREBY REQUEST ACTIVE STATUS HEREBY REQUEST INACTIVE STATUS YOUR 1983-85 PHYSICIAN LICENSE

SIGNATURE _____

REPORT ONLY THE CHANGES OF NAME OR ADDRESS

WILL EXPIRE DEC 31, 1985

ME 0032456		
LICENSEE'S NAME	FIRST	MIDDLE INITIAL
STREET ADDRESS		
CITY	STATE	ZIP

REMIT FEE OF \$ 100.00

SEND CHECK OR MONEY ORDER ONLY
*** DO NOT SEND CASH ***

RETURN TO:

PRYER, DAVID H
6476 CHAMBERLAIN
BIRMINGHAM AL 35206

ME DEPARTMENT OF
PROFESSIONAL REGULATION
130 NORTH MONROE STREET
TALLAHASSEE, FL
32301-8289

⑆5000⑈5000⑆ 6181772⑈