

Physician - Permanent Details		
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Personal Information

First Name	Sarah
Middle Name	Ann
Last Name	Traxler
Other Names Used	
Birth Year	1975

License Information

License Type	Physician - Permanent
License Number	MD-45636
Status	Active
Basis for Application	Endorsement
State of Principal License (if licensed via IMLC)	
Original Issue Date	Sep 20 2018 8:24AM
Expiration Date	05/01/2021
Renewal Date	03/14/2019
Relinquished Date	
Status at time of Relinquishment	
Public Charges and/or Public Discipline	No

Public Documents

Practice Information

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

NPI	1538301650
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Location (Work Address - 1)

Address Type	Work
Business / Organization	Planned Parenthood MN, ND, SD
Bldg/House Number	671
Street Prefix	
Street Name	VANDALIA
Street Type	Street
Street Direction	
Unit Type	
Unit Number	
City	Saint Paul
State	Minnesota
Zip Code	55114
Country	
Phone	6516965534

Education History

Medical or Acupuncture School	Oregon Health and Science University School of Medicine
Graduation Date	06/04/2009
Degree Received	MD

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