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Website Verification**

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KNOX CENTER FOR REPRO HEALTH  
1547 CLINCH AVE  
KNOXVILLE, TN 37916

**Name:** RICHARD OLIVER MANNING **Profession:** [MD](#) **Office Phone:** (865) 637-3861

**Basis:** [72](#) **School:** [BG](#) **Graduation:** 05/29/1972

**License No:** 13803 **Date Issued:** 05/04/1988 **Expiration:** 06/30/2021

**Specialty:** [GYN\\*](#) [OBG\\*](#) [OBG\\*](#)

**Rx#:**

**Rx Issue Date:**

**Primary Source Verification of Graduation Certified**

**Hospital Affiliation (s):** None

**Credential Status:** Active In Renewal

No disciplinary action taken by the Board. This certifies that the above licensee is in good standing.

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

Temporary License Number: OT0302

Temporary License Issue Date: 02/11/1988

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