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Website Verification**

BEAUFORT MEM HOSP
BEAUFORT, SC 29901-1068

Name: JUDY CHARMANE WASHINGTON **Profession:** [MD](#) **Office Phone:**
Basis: **School:** [MEH](#) **Graduation:** 05/29/1983
License No: LL25857 **Date Issued:** 10/03/1989 **Expiration:** 06/30/1990
Specialty: [FP](#)
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:**

Limited License Number: LL1048

Limited License Issue Date: 10/03/1989

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