

**Physician - Permanent Details**

## Personal Information

First Name Kathryn  
 Middle Name Louise  
 Last Name Eggleston  
 Other Names Used ANZALONE  
 Birth Year 1969

## License Information

License Type Physician - Permanent  
 License Number MD-47063  
 Status Active  
 Basis for Application Endorsement  
 State of Principal License (if licensed via IMLC)  
 Original Issue Date Feb 18 2020 2:59PM  
 Expiration Date 07/01/2023  
 Renewal Date 05/07/2021  
 Relinquished Date  
 Status at time of Relinquishment  
 Public Charges and/or Public Discipline No

## Public Documents

## Practice Information

Primary Specialty Family Medicine

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

NPI 1780689539

## Location (Work Address - 1)

Address Type Work  
 Business / Organization  
 Bldg/House Number  
 Street Prefix  
 Street Name  
 Street Type  
 Street Direction  
 Unit Type  
 Unit Number PO Box 14826  
 City Minneapolis  
 State  
 Zip Code 55414-0826  
 Country United States  
 Phone 6516965520

## Education History

Medical or Acupuncture School Medical College of Wisconsin  
 Graduation Date 05/18/1996  
 Degree Received MD

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