

Physician - Permanent Details		
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Personal Information

First Name Mary
Middle Name Kathleen
Last Name Mahoney
Other Names Used DISCHINGER
Birth Year 1966

License Information

License Type Physician - Permanent
License Number MD-46945
Status Active
Basis for Application Endorsement
State of Principal License (if licensed via IMLC)
Original Issue Date Jan 8 2020 8:42AM
Expiration Date 03/01/2024
Renewal Date 01/08/2022
Relinquished Date
Status at time of Relinquishment
Public Charges and/or Public Discipline No

Public Documents

Practice Information

Primary Specialty Ob/GYN

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

NPI 1386727857

Location (Work Address - 1)

Address Type Work
Business / Organization Planned Parenthood North Central States
Bldg/House Number 67
Street Prefix
Street Name VANDAILA
Street Type Street
Street Direction
Unit Type
Unit Number
City St Paul
State Minnesota
Zip Code 55114
Country
Phone 8778117526

Education History

Medical or Acupuncture School University of Minnesota Medical School - Minneapolis
Graduation Date 06/14/1997
Degree Received MD

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