

Physician - Permanent Details		
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Personal Information

First Name Luke
Middle Name Richard
Last Name Wenzel
Other Names Used
Birth Year 1986

License Information

License Type Physician - Permanent
License Number DO-06059
Status Active
Basis for Application Endorsement
State of Principal License (if licensed via IMLC)
Original Issue Date 04/23/2022
Expiration Date 05/01/2024
Renewal Date
Relinquished Date
Status at time of Relinquishment
Public Charges and/or Public Discipline No

Public Documents

Practice Information

Primary Specialty Obstetrics & Gynecology

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

NPI 1669823571

Location (Work Address - 1)

Address Type Work
Business / Organization
Bldg/House Number 1900
Street Prefix
Street Name SOUTH
Street Type Avenue
Street Direction
Unit Type
Unit Number
City La Crosse
State Wisconsin
Zip Code 54601
Country USA
Phone

Education History

Medical or Acupuncture School Des Moines University Osteopathic Medical Center
Graduation Date 05/28/2016
Degree Received DO

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