

Physician - Permanent Details

Personal Information

First Name Lori
Middle Name Lynn Holst
Last Name Thorndike
Other Names Used LORI LYNN HOLST
Birth Year 1975

License Information

License Type Physician - Permanent
License Number DO-05155
Status Active
Basis for Application Endorsement
State of Principal License (if licensed via IMLC)
Original Issue Date Mar 8 2018 10:10AM
Expiration Date 09/01/2023
Renewal Date 08/30/2021
Relinquished Date
Status at time of Relinquishment
Public Charges and/or Public Discipline No

Public Documents

Practice Information

Primary Specialty ABFM

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

NPI 1477755718

Location (Work Address - 1)

Address Type Work
Business / Organization
Bldg/House Number 1
Street Prefix
Street Name CALIFORNIA
Street Type Street
Street Direction
Unit Type Suite
Unit Number 2300
City San Francisco
State California
Zip Code 94111
Country USA
Phone

Education History

Medical or Acupuncture School University of New England College of Osteopathic Medicine
Graduation Date Jun 5, 2004
Degree Received DO

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