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**License Number**

MD18452

**First Name**

STEPHEN

**Last Name**

VOLIN

**Profession**

MEDICINE

**Type**

MEDICINE AND SURGERY

**Status**

Inactive

**From State/Prov:**

DC

**Issue Date:**

1990-04-26

**Expiration Date:**

2001-12-31

Temp. Issue Date:

Temp.Expire Date:

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<b>Discipline Information from 1996 to Present - Please click item(s) below to view public orders</b>
<b>Practitioner Profile - Unless otherwise indicated, this information has been self-reported and has not been verified by the Board of Medicine.</b>

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