



BRUCE DESCHERE

License Number: ME119982

Profession	Medical Doctor
License Status	DECEASED/
Year Began Practicing	01/01/1977
License Expiration Date	01/31/2026
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant	
Pain)	

General Information

The practitioner is not obligated to update their profile data.

Primary Practice Address

BRUCE DESCHERE
4375 FAIR LAKES CT
FLOOR 2
FAIRFAX, VA 22033