



SAMUEL WALDMAN

License Number: ME18641

Profession	Medical Doctor
License Status	Null And Void/
Year Began Practicing	Not Provided
License Expiration Date	12/31/1985

General Information

Currently the practitioner does not have a profile available.

Primary Practice Address

SAMUEL WALDMAN
269-14 H GRAND CENTRAL PKY
FLORAL PARK, NY 11005

Email Address

Not Provided