

## SHALINI CHALIKI

## License Number: ME145769

Profession **Medical Doctor** License Status **NULL AND VOID/** Year Began Practicing Not Provided License Expiration Date 01/31/2022 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**

SHALINI CHALIKI 1120 S DOBSON BUILDING B, SUITE 225 CHANDLER, AZ 85286