



WILLIAM E SMOTHERMON MD

License Number: ME21965

Profession	Medical Doctor
License Status	NULL AND VOID/
Year Began Practicing	01/01/1971
License Expiration Date	01/31/2019
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

General Information

The practitioner is not obligated to update their profile data.

Primary Practice Address

WILLIAM E SMOTHERMON MD
1992 POLO LAKE DRIVE E
WELLINGTON, FL 33414-3101