



WILTON R KANE

License Number: ME7902

Profession	Medical Doctor
License Status	DECEASED/
Year Began Practicing	01/01/1956
License Expiration Date	01/31/2019
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

WILTON R KANE
817 LAKE RIDGE DR.
TALLAHASSEE, FL 32312