



BERNARD W HINDMAN

License Number: ME11695

Profession	Medical Doctor
License Status	VOL RELINQ/
Year Began Practicing	Not Provided
License Expiration Date	12/31/1989

General Information

Currently the practitioner does not have a profile available.

Primary Practice Address

BERNARD W HINDMAN
DEPT OF RADIOLOGY
ORTHOPAEDIC HOSPITAL
LOS ANGELES, CA 90099-1151
ATTN: 2400 S FLOWER STREET

Email Address

Not Provided