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Physician Profile Service

515 North State Street
Chicago, Illinois 60610

Division of Survey and Data Resources
Department of Data Services

Name and Address:

WALTER THOS BOWERS II MD

Phone: UNKNOWN

Birthdate: [REDACTED]

Birthplace: [REDACTED]

Physician's Major Professional Activity: OFFICE BASED PRACTICE

Self Designated Practice Specialties (SDPS):

Primary: OBSTETRICS AND GYNECOLOGY

Secondary: UNSPECIFIED

AMA membership: NOT A MEMBER

Following Data Provided by the Primary Sources

Medical School:

UNIV OF MI MED SCH, ANN ARBOR MI 48109

Year of Graduation: 1975

Current and/or Prior Medical Training or Fellowship:

Institution: UNIV CINCINNATI HOSP
RESIDENT

State: OHIO

(VERIFIED)

Specialty: OBSTETRICS AND GYNECOLOGY

07/01/1976 - 06/30/1979

Institution: UNIV CINCINNATI HOSP
INTERM

State: OHIO

(VERIFIED)

Specialty: OBSTETRICS AND GYNECOLOGY

07/01/1975 - 06/30/1976

Note: Additional information on physicians in graduate medical training is not solicited, nor is it received from the residency program directors. If you feel additional information may be available, contact the program director(s).

National Board Certification Year: MD: 1976

ECFMG Certification:

Number	Certificate Date	Status
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NOT APPLICABLE

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