

MEDICAL MALPRACTICE PAYMENT REPORT

Report Number 550000003980742

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A. REPORTING ENTITY

Entity Name: THE HOSPITAL FOR SPECIAL SURGERY
Address: 535 EAST 70TH STREET

City, State, ZIP: NEW YORK, NY 10021

Authorized Submitter's Name: MARION HARE
Authorized Submitter's Title: ASSOCIATE DIRECTOR
Authorized Submitter's Telephone: (212) 606-1236

Type of Report: INITIAL REPORT

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: MOHLER, DAVID

Other Name(s) Used:

Gender:

Organization Name: STANFORD UNIVERSITY
Address: ORTHOPEDIC DEPT 300 PASTEUR DRIVE R144

City, State, ZIP: PALO ALTO, CA 94305
Country:

Home Address:

City, State, ZIP:
Country:

Social Security Numbers (SSN):

Date of Birth: 04/16/1957

Deceased: NO

Professional School(s) & Year(s) of Graduation: CORNELL MEDICAL SCHOOL 1983

Occupation/Field of Licensure (Code): PHYSICIAN (MD) (010)
State License Number, State of Licensure:

G059606, CA

Drug Enforcement Administration (DEA) Numbers: