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The first three businesses in your list are displayed below.

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Standard Record

First Name:Carolyn L	Sales Volume:\$500,000 to \$1 Million
Last Name:Augart	Primary SIC Code:801101
Title:MD	Primary SIC Description:Physicians & Surgeons
Gender:Female	Year First Appeared:2005
Business Name:Augart, Carolyn L MD	Franchise Code:
Address:34 Haverhill St	Franchise Description 1:
City/State/Zip+4:Lawrence , MA 01841-2884	Franchise Description 2:
County Name:Essex	ABI Number:361312093
MSA Name:Boston, MA-NH	Size of Practice:017
Population Code:50,000 - 99,999	Primary Specialty:Family Practice
Phone Number:(978) 686-0090	Secondary Specialty:
Employee Size:1 to 4	Type of Practice:Office Based

Enhanced Record (Standard Record + additional data elements below) (Where Available)

Office Manager First Name:	Fishing Activity:
Office Manager Last Name:	Golfing Activity:
Industry Specific Code:	Skiing Activity:
Board Certified Indicator:	Tennis Activity:
Age:	Hospital Number:
Year of Graduation:	Number of Nurses:
Medical School Code:	Number of Nurse Practitioners:
Patients Seen Weekly:	Number of Physicians Assistants:
Prescriptions per Week:	Number of Dental Hygienists:
Financial Investment Activity:	Number of Chairs:
Boating Activity:	Years of Residency:

Additional Elements (Where Available)

Fax Number:	License Reinstate Date:
License Number:	Expiration Date:
State of License:	Disciplinary Action:
Issue Date:	License Board Type:
DEA Number:BA8055685	UPIN Number:

Standard Record

First Name:David A
 Last Name:Avila
 Title:DO
 Gender:Male
 Business Name:Pediatric Professional Assoc
 Address:413 Broadway
 City/State/Zip+4:Methuen , MA 01844-2022
 County Name:Essex
 MSA Name:Boston, MA-NH
 Population Code:25,000 - 49,999
 Phone Number:(978) 683-1974
 Employee Size:1 to 4

Sales Volume:\$500,000 to \$1 Million
 Primary SIC Code:801101
 Primary SIC Description:Physicians & Surgeons
 Year First Appeared:1987
 Franchise Code:T9
 Franchise Description 1:Pediatrics
 Franchise Description 2:Osteopathy (D.O.)
 ABI Number:567445358
 Size of Practice:004
 Primary Specialty:Pediatrics
 Secondary Specialty:
 Type of Practice:Office Based

Enhanced Record (Standard Record + additional data elements below) (Where Available)

Office Manager First Name:Leeann
 Office Manager Last Name:Castro
 Industry Specific Code:
 Board Certified Indicator:Y
 Age:55
 Year of Graduation:1976
 Medical School Code:Univ Of Osteopathic Med-Health
 Science
 Patients Seen Weekly:90
 Prescriptions per Week:75 to 150
 Financial Investment
 Activity:
 Boating Activity:Yes

Fishing Activity:Yes
 Golfing Activity:Yes
 Skiing Activity:
 Tennis Activity:
 Hospital Number:Holy Family Hosp & Med
 Ctr
 Number of Nurses:2
 Number of Nurse Practitioners:3
 Number of Physicians
 Assistants:
 Number of Dental Hygienists:
 Number of Chairs:
 Years of Residency:0

Additional Elements (Where Available)

Fax Number:(978) 689-9710
 License Number:45602
 State of License:MA
 Issue Date:
 DEA Number:AA9253270

License Reinstate Date:
 Expiration Date:
 Disciplinary Action:
 License Board Type:DO
 UPIN Number:D88219

Standard Record

First Name:Evan
 Last Name:Brodie
 Title:MD
 Gender:Male
 Business Name:Child Health Ctr Inc
 Address:59 Lawrence St # 3
 City/State/Zip+4:Methuen , MA 01844-4492
 County Name:Essex
 MSA Name:Boston, MA-NH
 Population Code:25,000 - 49,999
 Phone Number:(978) 685-0977
 Employee Size:1 to 4

Sales Volume:\$500,000 to \$1 Million
 Primary SIC Code:801101
 Primary SIC Description:Physicians & Surgeons
 Year First Appeared:1984
 Franchise Code:T
 Franchise Description 1:Pediatrics
 Franchise Description 2:
 ABI Number:567445697
 Size of Practice:002
 Primary Specialty:Pediatrics
 Secondary Specialty:
 Type of Practice:Office Based

Enhanced Record (Standard Record + additional data elements below) (Where Available)

Office Manager First Name:	Fishing Activity:Yes
Office Manager Last Name:	Golfing Activity:Yes
Industry Specific Code:	Skiing Activity:Yes
Board Certified Indicator:Y	Tennis Activity:Yes
Age:62	Hospital Number:Lawrence General Hospital
Year of Graduation:1968	Number of Nurses:
Medical School Code:Univ Of Rochester School Of Medicine	Number of Nurse Practitioners:
Patients Seen Weekly:100	Number of Physicians Assistants:
Prescriptions per Week:26 to 74	Number of Dental Hygienists:
Financial Investment Activity:	Number of Chairs:
Boating Activity:Yes	Years of Residency:0

Additional Elements (Where Available)

Fax Number:(978) 685-4394	License Reinstate Date:
License Number:35420	Expiration Date:
State of License:MA	Disciplinary Action:
Issue Date:	License Board Type:MD
DEA Number:AB5541265	UPIN Number:E03044

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