



Physician Profile

May 21, 2001

Acorn

Andy

Y.

| | | | | | |
|--|--|---------------|--|-------------------------------------|--|
| Last Name | | First Name | | Middle Name or Initial | |
| London, England | | 09/15/1957 | | G46658 12/31/2001 | |
| Place of Birth | | Date of Birth | | ST Medical Licenses # Expiration | |
| 432135465 | | 12/31/2002 | | 549668798 WG46658 | |
| DEA # | | Expiration | | SSN Medicare # | |
| Albany Medical College of Union, Albany, NY, | | | | Cantonese, French, Spanish, Russian | |
| Medical School (Name/City/State) | | | | Languages Spoken | |

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|--------------------------------|--|-------------------|--|---------------|--|
| 1977-1981 | | Internal Medicine | | MD | |
| Dates of Attendance/Graduation | | Specialty | | Degree ECFMG# | |

Internships:

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|---------------------|-----------|
| UCLA Medical Center | 1981-1982 |
|---------------------|-----------|

Residencies:

| | |
|--------------------|-----------|
| USC Medical Center | 1982-1984 |
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Fellowships/Post Graduate Training:

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|---|-----------|
| UCLA-University of California Los Angeles | 1984-1986 |
| | 1986-1990 |

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|-------------------------------------|-----------------|------------------|----------------|
| American Board of Internal Medicine | X11354 | 01/01/1990 | 01/01/2000 |
| Board Certification (Board Name) | Certificate No. | Certificate Date | Recertify Date |

Hospitals and Priviledges:

| | | |
|--------------------------------|-------------|--------------|
| Sharp Memorial Hospital, San | Active | 1989-present |
| Scripps Memorial Hospital - La | Active | 1990-present |
| Abington Memorial | Provisional | 2000-present |

Malpractice Insurance: AON Risk Services Policy #: AL5465465
Expiration: 12/31/2000

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|--------------------------------|--------------|
| Acorn Medical Group, Inc. | 858-274-7777 |
| Primary Office: Group/IPA Name | Office Phone |

| | | |
|----------------------|-----------------------|--------------------|
| Office Hours: | Monday 09:00-05:00 | Friday 09:00-05:00 |
| | Tuesday 09:00-05:00 | Saturday : - : |
| | Wednesday 09:00-05:00 | Sunday |
| | Thursday 09:00-05:00 | |

| | | |
|-----------------------|----------------|----------|
| 22301 N. Prairie Ave. | Inglewood | CA 90301 |
| Street Address | City/State/Zip | |

Practice Type: MSMG

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|-------------------------------------|
| none |
| Secondary Office Address/Telephone# |

Professional Memberships, Medical Specialty Societies:

LACMA
AMA
CMA

Other Groups/IPAs Affiliated With: