

# TEXAS MEDICAL BOARD



## PUBLIC VERIFICATION / PHYSICIAN PROFILE

### PHYSICIAN

**NAME:** RACHEL LOUISE BEDDARD MD

**DATE:** 06/10/2020

**THE INFORMATION IN THIS BOX HAS BEEN VERIFIED  
BY THE TEXAS MEDICAL BOARD**

**Date of Birth:** [REDACTED]

**License Number:** M3904 Full Medical License

**Issuance Date:** 08/25/2006

**Expiration Date of Physician's Registration Permit:** 05/31/2022

**Registration Status:** ACTIVE

**Registration Date:** 09/08/2006