

TEXAS MEDICAL BOARD	
IDENTIFICATION CARD	
LICENSE/PERMIT NUMBER	EXPIRATION DATE
M3904	05/31/2020
RACHEL LOUISE BEDDARD, MD	
[REDACTED]	
PHYSICIAN FULL PERMIT	

TEXAS MEDICAL BOARD	
P.O. BOX 2029 • AUSTIN, TEXAS 78768-2029	
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RACHEL LOUISE BEDDARD, MD	
[REDACTED]	
THIS CERTIFIES THAT THE LICENSEE/PERMIT HOLDER NAMED AND NUMBERED HEREON HAS PROVIDED THIS BOARD THE INFORMATION REQUIRED AND HAS PAID THE FEE FOR REGISTRATION FOR THE PERIOD INDICATED ABOVE	
PLEASE KEEP THIS BOARD NOTIFIED OF CHANGE OF ADDRESS	