

# IOWA BOARD OF MEDICINE

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## Physician - Permanent Details

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### Personal Information

First Name	Cassim
Middle Name	
Last Name	Igram
Other Names Used	Igram
Birth Year	1956

### License Information

License Type	Physician - Permanent
License Number	DO-02144
Status	Relinquished
Basis for Application	Endorsement
State of Principal License (if licensed via IMLC)	
Original Issue Date	01/28/1986
Expiration Date	03/01/2014
Renewal Date	
Relinquished Date	2019-03-01
Status at time of Relinquishment	Inactive
Public Charges and/or Public Discipline	Yes

### Public Documents

<a href="#">Press Release - 04-09-2003.pdf</a>
<a href="#">Press Release - 12-26-2001.pdf</a>
<a href="#">Legal Documents - Igram,Cassim D.O..03-1999-717.PDF</a>

### Practice Information

Primary Specialty	
<b>Physician License Information Only:</b> Please note that a physician's specialty information is self-reported and is not verified by this board.	
NPI	

### Location (Work Address - 1)

Address Type	Work
Business / Organization	
Bldg/House Number	230
Street Prefix	
Street Name	NORTHGATE
Street Type	Street
Street Direction	
Unit Type	UNIT
Unit Number	83
City	Lake Forest
State	Illinois
Zip Code	60045-5604
Country	
Phone	8476273733

### Education History

Medical or Acupuncture School	University Of Osteopathic Medicine and Health Sciences
Graduation Date	1984
Degree Received	DO

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