Florida HEALTH Department of Health

DANIEL JOHN CROFTON

License Number: DN15814

Data As Of 11/25/2026

Profession	Dentist
License	DN15814
License Status	Obligations/Active
Qualifications	General/Deep Sedation
License Expiration Date	2/28/2028
License Original Issue Date	01/25/2002
Address of Record	2075 PINE BLUFF PLACE OVIEDO, FL 32765
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

Address
1095 Town Center
ORANGE CITY, FL 32763

Address
265 Hatteras Ave.
CLERMONT, FL 34711

Address
610 North Mills Ave.
ORLANDO, FL 32803

Sedation Location
2075 Pine Bluff Place
OVIEDO, FL 32765

Sedation Location
265 Hatteras Avenue Suite 1
CLERMONT, FL 34711

Sedation Location
1095 Town Center Drive
ORANGE CITY, FL 32763

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
CROFTON, DANIEL JOHN	15814	DENTIST	OVIEDO	FL	202318484	OBLIGATIONS IMPOSED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
CROFTON, DANIEL JOHN	15814	DENTAL	OVIEDO	FL	202318484	AC FILED

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

Discipline Public Records Request

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:
Division of Medical Quality Assurance
Public Records
4052 Bald Cypress Way, Bin C01
Tallahassee, FL 32399-3251

Please include the following:
1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a $25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

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