



ALFONS BUCAJ

License Number: DN17124

Data As Of 7/16/2025

Profession	Dentist
License	DN17124
License Status	Obligations/Active
Qualifications	Moderate Sedation
License Expiration Date	2/28/2026
License Original Issue Date	06/10/2005
Address of Record	9140 S Federal Highway PORT SAINT LUCIE, FL 34952
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes
Alerts	Enforcement Alert 1/15/2021 8:18:39 AM Respondent shall not administer or employ the use of moderate sedation or perform or use any form of sedation that is authorized by or through the Respondent's moderate sedation permit. The Restriction shall be lifted when the Respondent passes a sedation inspection pursuant to Chapter 64B5-14, of the Florida Administrative Code.

Secondary Locations

Sedation Location

9140 S Federal Highway
PORT SAINT LUCIE, FL 34952

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
BUCAJ, ALFONS	17124	DENTIST	PORT SAINT LUCIE	FL	201824091	RESTRICTED FROM PRACTICE

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
BUCAJ, ALFONS	17124	DENTAL	PORT SAINT LUCIE	FL	201824091	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.