



## RAFIK DIB

License Number: DN22644

Data As Of 1/31/2026

Profession	Dentist
License	DN22644
License Status	Clear/Active
Qualifications	Moderate Sedation
License Expiration Date	2/28/2026
License Original Issue Date	06/05/2017
Address of Record	7341 W Sand Lake Rd Suite 1065 ORLANDO, FL 32819
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

## Secondary Locations

### Address

110 S. Orlando Ave, Suite 10  
ORLANDO, FL 32819

### Address

110 S. Orlando Ave, Suite 10  
ORLANDO, FL 32801

### Address

1188 W Osceola Pkwy  
KISSIMMEE, FL 34741

### Address

13250 Narcoossee Rd #103  
ORLANDO, FL 32832

### Sedation Location

110 S. Orlando Ave, Suite 10  
WINTER PARK, FL 32789

### Sedation Location

7341 W Sand lake Rd Suite 1065  
ORLANDO, FL 32819

### Sedation Location

404 E Central Blvd ste 100  
ORLANDO, FL 32801

### Sedation Location

1188 W Osceola Pkwy  
KISSIMMEE, FL 34741

## Discipline/Admin Action

## Emergency Actions

No Emergency Actions Found

## Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
DIB, RAFIK	22644	DENTIST	ORLANDO	FL	202023663	OBLIGATION(S) SATISFIED

## Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
DIB, RAFIK	22644	DENTAL	ORLANDO	FL	202023663	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.