



JANET S PETTYJOHN DO

License Number: OS3595

Data As Of 7/4/2025

Profession	Osteopathic Physician
License	OS3595
License Status	Disc Relinquish/
License Expiration Date	3/31/2024
License Original Issue Date	06/30/1975
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595.
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
PETTYJOHN, JANET S	3595	OSTEOPATHIC PHY	TAMPA	FL	201318131	OBLIGATIONS IMPOSED
PETTYJOHN, JANET S	3595	OSTEOPATHIC PHY	TAMPA	FL	201808911	OBLIGATIONS IMPOSED
PETTYJOHN, JANET S	3595	OSTEOPATHIC PHY	TAMPA	FL	202233142	VOLUNTARY SURRENDER
PETTYJOHN, JANET S	3595	OSTEOPATHIC PHY	TAMPA	FL	202331788	VOLUNTARY SURRENDER
PETTYJOHN, JANET S	3595	OSTEOPATHIC PHY	TAMPA	FL	202350553	VOLUNTARY SURRENDER

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
PETTYJOHN, JANET S	3595	OSTEOPATHIC PHYSICIAN	TAMPA	FL	201808911	AC FILED
PETTYJOHN, JANET S	3595	OSTEOPATHIC PHYSICIAN	TAMPA	FL	201318131	AC FILED
PETTYJOHN, JANET S	3595	OSTEOPATHIC PHYSICIAN	TAMPA	FL	202233142	AC FILED
PETTYJOHN, JANET S	3595	OSTEOPATHIC PHYSICIAN	TAMPA	FL	202350553	AC FILED
PETTYJOHN, JANET S	3595	OSTEOPATHIC PHYSICIAN	TAMPA	FL	202331788	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.