HERBERT RICHARD SLAVIN

License Number: ME36889

Data As Of 9/9/2025

Profession Medical Doctor
License ME36889
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2027 License Original Issue Date 06/18/1980

Address of Record 7200 W COMMERCIAL BLVD.

SUITE #210

Yes

LAUDERHILL, FL 33319

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File Yes
Public Complaint Yes

Secondary Locations

Address

105 e palmetto park rd suite b BOCA RATON, FL 33432

Address

2061 nw 2 ave suite 201 BOCA RATON, FL 33431

Address

101 PLAZA REAL S BOCA RATON, FL 33432

Address

****** *** CONFIDENTIAL *** *** CONFIDENTIAL *** *** CONFIDENTIAL *** *** CONFIDENTIAL ***. ** ******

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

| Name | License | Profession | City | State | Case # | Action Taken |
|----------------------------|---------|-------------------|------------|-------|-----------|--------------|
| SLAVIN, HERBERT RICHARD | 36889 | MEDICAL DOCTOR | LAUDERHILL | FL | 199105473 | FINE |

Public Complaints

| Name | License | Profession | City | State | Case# | Action Taken |
|-----------------|---------|------------|------------|-------|-----------|--------------|
| SLAVIN, HERBERT | 36889 | MEDICAL | LAUDERHILL | FL | 199105473 | AC FILED |
| RICHARD | | DOCTOR | | | | |

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:

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.

Subordinate Practitioners

| Name | Relationship | Profession | License | Effective Date |
|--------------------|---------------------------------|---------------------|---------|----------------|
| IAROSSEVITCH, OLGA | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9104365 | 6/28/2021 |

Click on the License Number to view License Details for that Practitioner

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.