



JULIO CESAR ORTIZ

License Number: PO3258

Data As Of 8/5/2025

Profession	Podiatric Physician
License	PO3258
License Status	Clear/Active
Qualifications	Dispensing
License Expiration Date	3/31/2026
License Original Issue Date	06/26/2006
Address of Record	7730 W. BOYNTON BEACH BLVD SUITE 7 BOYNTON BEACH, FL 33437
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

1521 FOREST HILL BLVD SUITE 4
WEST PALM BEACH, FL 33406

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

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.

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