# EDWARD F CARLSTROM

# License Number: ME46678

Data As Of 4/28/2025	
Profession	Medical Doctor
License	ME46678
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	07/11/1985
Address of Record	2650 Bahia Vista Street SUITE 207 2650 Bahia Vista street, SUITE 207 SARASOTA, FL 34239
Controlled Substance Prescriber	No
(for the Treatment of Chronic Non- malignant Pain)	
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
CARLSTROM, EDWARD F	46678	MEDICAL DOCTOR	SARASOTA	FL	200708470	OBLIGATION(S) SATISFIED
CARLSTROM, EDWARD F	46678	MEDICAL DOCTOR	SARASOTA	FL	201414512	PROBATION SATISFIED

# **Public Complaints**

Name	License	Profession	City	State	Case #	Action Taken
CARLSTROM, EDWARD F	46678	MEDICAL DOCTOR	SARASOTA	FL	200708470	AC FILED
CARLSTROM, EDWARD F	46678	MEDICAL DOCTOR	SARASOTA	FL	201414512	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.

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