



DAVID ROBERT BALDINGER

License Number: ME51144

Data As Of 6/24/2025

Profession	Medical Doctor
License	ME51144
License Status	Obligations/Active
License Expiration Date	1/31/2027
License Original Issue Date	08/07/1987
Address of Record	14171 Metropolis Ave Ste 101 FT MYERS, FL 33912
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	Yes
Public Complaint Alerts	Yes
	Enforcement Alert 4/25/2001 4:16:11 PM Forever Restriction: Shall not enter into any business relationship with providers of health care goods and services, including but not limited to hospitals, nursing homes, clinical laboratories, ambulatory surgical centers or pharmacies unless the Respondent appears before the Board and demonst rates to the Board's satisfaction that such relationship is consistent with all rules, statues and laws.

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
BALDINGER, DAVID ROBERT	51144	MEDICAL DOCTOR	FT MYERS	FL	199302958	PROBATION

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
BALDINGER, DAVID ROBERT	51144	MEDICAL DOCTOR	FT MYERS	FL	199302958	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.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
BALAKRISHNAN, VELUKUTTY	DIRECT SUPERVISING PHYSICIAN	MEDICAL DOCTOR	43309	11/24/1993

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

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