



DANA P RICHARD

License Number: OS5435

Data As Of 8/4/2025

Profession	Osteopathic Physician
License	OS5435
License Status	Null And Void/
License Expiration Date	3/31/2018
License Original Issue Date	03/28/1988
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

Address

1500 Congress Avenue #9
BOYNTON BEACH, FL 33435

Address

1647 SW 27TH AVENUE
MIAMI, FL 33145

Address

529 SE PALM BEACH RD SUITE 102
STUART, FL 34994

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
RICHARD, DANA P	5435	OSTEOPATHIC PHY	WEST PALM BEACH	FL	201319070	OBLIGATION(S) SATISFIED
RICHARD, DANA P	5435	OSTEOPATHIC PHY	WEST PALM BEACH	FL	201313469	RESTRICTED FROM PRACTICE
RICHARD, DANA P	5435	OSTEOPATHIC PHY	WEST PALM BEACH	FL	201401449	RESTRICTED FROM PRACTICE
RICHARD, DANA P	5435	OSTEOPATHIC PHY	WEST PALM BEACH	FL	201418179	RESTRICTED FROM PRACTICE
RICHARD, DANA P	5435	OSTEOPATHIC PHY	WEST PALM BEACH	FL	200009111	PROBATION

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
RICHARD, DANA P	5435	OSTEOPATHIC PHYSICIAN	WEST PALM BEACH	FL	201313469	AC FILED
RICHARD, DANA P	5435	OSTEOPATHIC PHYSICIAN	WEST PALM BEACH	FL	201319070	AC FILED

Name	License	Profession	City	State	Case #	Action Taken
RICHARD, DANA P	5435	OSTEOPATHIC PHYSICIAN	WEST PALM BEACH	FL	201401449	AC FILED
RICHARD, DANA P	5435	OSTEOPATHIC PHYSICIAN	WEST PALM BEACH	FL	201418179	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.