

EDWARD J FRANKOSKI

License Number: OS5476

Data As Of 4/29/2025

Profession Osteopathic Physician

License OS5476
License Status CLEAR/Active

Qualifications Dispensing Practitioner

License Expiration Date 3/31/2026 License Original Issue Date 06/25/1988

Address of Record 6000 NORTH FEDERAL HWY FT LAUDERDALE, FL 33308

Controlled Substance Prescriber Yes

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

No secondary locations found.

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;
- $2. \ \mbox{Name}$ 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	o Profession	License	Effective Date
INTERVENTIONAL REHABILITATION OF SOUTH F	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	2174	1/21/2009

Name	Relationship	o Profession	License	Effective Date
SPINE AND REHAB CENTER	HCCE	HEALTH CARE CLINIC ESTABLISHMENT		12/14/2010
		PERMIT		

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

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