



HARVEY MONTIJO MD

License Number: ME53688

Data As Of 8/4/2025

Profession	Medical Doctor
License	ME53688
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	07/18/1988
Address of Record	440 N STATE ROAD 7 STE 103 ROYAL PALM BEACH, FL 33411
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

10111 FOREST HILL BLVD STE 171
WELLINGTON, FL 33414

Address

440 N STATE RD 7 STE A
ROYAL PLM BEACH, FL 33411

Address

875 MILITARY TRAIL SUITE 105
JUPITER, FL 33458

Address

582 NW University Blvd Suite 100
PORT SAINT LUCIE, FL 34986

Address

440 N State Rd Ste D
ROYAL PLM BEACH, FL 33411

Address

460 N State Rd 7 Ste 300
ROYAL PLM BEACH, FL 33411

Address

10131 Forest Hill Blvd Ste 206
WELLINGTON, FL 33414

Address

10111 Forest Hill Blvd Ste 151
WELLINGTON, FL 33414

Address

460 N State Rd 7 Ste 303
ROYAL PLM BEACH, FL 33411

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.

Subordinate Practitioners

Name	Relationship	Profession	Effective License Date
CENTER FOR BONE AND JOINT SURGERY	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	1/27/2010

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

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