



DAVID NEAL BUCHALTER

License Number: ME56979

Data As Of 4/20/2026

Profession	Medical Doctor
License	ME56979
License Status	Clear/Active
License Expiration Date	1/31/2027
License Original Issue Date	02/15/1990
Address of Record	4800 LINTON BLDG A STE 201 DELRAY BEACH, FL 33445
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
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
BUCHALTER, DAVID NEAL	56979	MEDICAL DOCTOR	DELRAY BEACH	FL	200807950	OBLIGATION(S) SATISFIED
BUCHALTER, DAVID NEAL	56979	MEDICAL DOCTOR	DELRAY BEACH	FL	201903477	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
BUCHALTER, DAVID NEAL	56979	MEDICAL DOCTOR	DELRAY BEACH	FL	200807950	AC FILED
BUCHALTER, DAVID NEAL	56979	MEDICAL DOCTOR	DELRAY BEACH	FL	201903477	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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
BARTL, JUSTIN MICHAEL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9104893	7/27/2018
GUAMAN, EDISSON ANDRES MR	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110396	11/17/2017
PREWITT, JOSHUA BRAS	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113173	8/3/2020

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

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.

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
BUCHALTER, DAVID NEAL	56979	MEDICAL DOCTOR	DELRAY BEACH	FL	200807950	OBLIGATION(S) SATISFIED
BUCHALTER, DAVID NEAL	56979	MEDICAL DOCTOR	DELRAY BEACH	FL	201903477	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
BUCHALTER, DAVID NEAL	56979	MEDICAL DOCTOR	DELRAY BEACH	FL	200807950	AC FILED
BUCHALTER, DAVID NEAL	56979	MEDICAL DOCTOR	DELRAY BEACH	FL	201903477	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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
BARTL, JUSTIN MICHAEL	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9104893	7/27/2018
GUAMAN, EDISSON ANDRES MR	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110396	11/17/2017

Name	Relationship	Profession	License	Effective Date
PREWITT, JOSHUA BRAS	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113173	8/3/2020

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

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.