



DEBRA KAY ROGGOW

License Number: OS6278

Data As Of 4/4/2025

Profession	Osteopathic Physician
License	OS6278
License Status	OBLIGATIONS/Active
License Expiration Date	3/31/2026
License Original Issue Date	03/17/1992

Address of Record This practitioner does not have an address of record on file with the department. If you have any questions, please contact the department at (850) 488-0595.

Address of Record NOT PRACTICING

Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) Yes

Discipline on File Yes

Public Complaint Yes

Alerts Enforcement Alert
3/12/2015 8:43:50 AM
3/15/13 order permits respondent, if works for or contracts with a hospice organization, to prescribe schedule II controlled substances as appropriate to patients in that hospice care. Permanent Practice Restriction: Respondent may not own, operate or work in a Pain Management Clinic as defined by Section 459.005, Florida Statutes. Furthermore, Respondent is permanently prohibited from prescribing or dispensing any schedule II controlled substance as defined by Chapter 893, Florida Statutes; however, Respondent may petition the Board to lift the schedule II controlled substance restriction and the Board reserves jurisdiction to set terms and conditions of lifting the restriction at that time. Also, if the Respondent works for or contracts with a hospice organization, Respondent is permitted to prescribe schedule II controlled substances as appropriate only to patients in that hospice care."

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
ROGGOW, DEBRA KAY	6278	OSTEOPATHIC PHY			200922381	SUSPENSION

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
ROGGOW, DEBRA KAY	6278	OSTEOPATHIC PHYSICIAN			200922381	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.
