## FRED ALLAN LIEBOWITZ

### License Number: ME60344

Data As Of 8/25/2025	
Profession	Medical Doctor
License	ME60344
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	07/25/1991
Address of Record	6150 Diamond DIAMOND CENTRE CT
	#700-1
	FORT MYERS, FL 33912-4365
Controlled Substance Prescriber	Yes
(for the Treatment of Chronic Non-	
malignant Pain)	
Authorized to Order (Medical and	Yes
Low-THC Cannabis)	
Discipline on File	Yes
Public Complaint	Yes
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# 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
LIEBOWITZ, FRED ALLAN	60344	MEDICAL DOCTOR	FORT MYERS	FL	200923088	RESTRICTION SATISFIED
LIEBOWITZ, FRED ALLAN	60344	MEDICAL DOCTOR	FORT MYERS	FL	201002186	RESTRICTION SATISFIED
LIEBOWITZ, FRED ALLAN	60344	MEDICAL DOCTOR	FORT MYERS	FL	201004931	RESTRICTION SATISFIED
LIEBOWITZ, FRED ALLAN	60344	MEDICAL DOCTOR	FORT MYERS	FL	201107030	RESTRICTION SATISFIED

### **Public Complaints**

Name	License	Profession	City	State	Case #	Action Taken
LIEBOWITZ, FRED ALLAN	60344	MEDICAL DOCTOR	FORT MYERS	FL	201002186	AC FILED
LIEBOWITZ, FRED ALLAN	60344	MEDICAL DOCTOR	FORT MYERS	FL	201002186	AC FILED
LIEBOWITZ, FRED ALLAN	60344	MEDICAL DOCTOR	FORT MYERS	FL	201107030	AC FILED
LIEBOWITZ, FRED ALLAN	60344	MEDICAL DOCTOR	FORT MYERS	FL	201107030	AC FILED

Name	License	Profession	City	State	Case #	Action Taken
LIEBOWITZ, FRED ALLAN	60344	MEDICAL DOCTOR	FORT MYERS	FL	200923088	AC FILED
LIEBOWITZ, FRED ALLAN	60344	MEDICAL DOCTOR	FORT MYERS	FL	200923088	AC FILED
LIEBOWITZ, FRED ALLAN	60344	MEDICAL DOCTOR	FORT MYERS	FL	200923088	AC FILED
LIEBOWITZ, FRED ALLAN	60344	MEDICAL DOCTOR	FORT MYERS	FL	200923088	AC FILED
LIEBOWITZ, FRED ALLAN	60344	MEDICAL DOCTOR	FORT MYERS	FL	201004931	AC FILED
LIEBOWITZ, FRED ALLAN	60344	MEDICAL DOCTOR	FORT MYERS	FL	201004931	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
FRED A. LIEBOWITZ, M.D. P.A.	PAIN MANAGEMENT CLINIC	PAIN MANAGEMENT CLINIC	291	1/5/2010
FRED A. LIEBOWITZ, M.D. P.A.	PAIN MANAGEMENT CLINIC	PAIN MANAGEMENT CLINIC	291	1/13/2010

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

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