# THOMAS KAVANAUGH DUDENHOEFFER

## License Number: ME65379

Data As Of 5/22/2025	
Profession	Medical Doctor
License	ME65379
License Status	DECEASED/
License Expiration Date	1/31/2020
License Original Issue Date	11/29/1993
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595.
Controlled Substance Prescriber	Yes
(for the Treatment of Chronic Non-	
malignant Pain)	
Discipline on File	Yes
Public Complaint	Yes
Alerts	Enforcement Alert
	9/10/2018 4:19:16 PM
	An Order of Emergency Restriction of License was filed on September 10, 2018.

# 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
DUDENHOEFFER, THOMAS KAVANAUGH	65379	MEDICAL DOCTOR	SARASOTA	FL	201807155	SUBJECT DECEASED
DUDENHOEFFER, THOMAS KAVANAUGH	65379	MEDICAL DOCTOR	SARASOTA	FL	201801690	SUBJECT DECEASED

## **Public Complaints**

Name	License	Profession	City	State	Case #	Action Taken
DUDENHOEFFER, THOMAS KAVANAUGH	65379	MEDICAL DOCTOR	SARASOTA	FL	201807155	AC FILED
DUDENHOEFFER, THOMAS KAVANAUGH	65379	MEDICAL DOCTOR	SARASOTA	FL	201801690	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.