



ALFONSO RAMIREZ MD

License Number: ME83873

Data As Of 4/20/2026

Profession	Medical Doctor
License	ME83873
License Status	Emerg Suspens/
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	12/10/2001
Address of Record	2800 NW 90 St MIAMI, FL 33147
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	Yes
Public Complaint	Yes
Alerts	Enforcement Alert 3/2/2026 12:54:52 PM 3.2.2026 - Order of Emergency Suspension of License. Permanent restriction on practice imposed by DOH Case No. 200566848 filed December 19, 2007.

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

Name	License	Profession	City	County	State	Case #	Action Taken	Action Date
RAMIREZ, ALFONSO	83873	MEDICAL DOCTOR	MIAMI	MIAMI-DADE	FL	202561919	ESO ISSUED	03/02/2026

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
RAMIREZ, ALFONSO	83873	MEDICAL DOCTOR	MIAMI	FL	200566848	PROBATION

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
RAMIREZ, ALFONSO	83873	MEDICAL DOCTOR	MIAMI	FL	202561919	AC FILED
RAMIREZ, ALFONSO	83873	MEDICAL DOCTOR	MIAMI	FL	200566848	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.

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