



VINCENT DOLCE DMD

License Number: DN10027

Data As Of 6/15/2025

Profession	Dentist
License	DN10027
License Status	NULL AND VOID/
License Expiration Date	2/28/2022
License Original Issue Date	08/08/1984
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595.
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
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
DOLCE, VINCENT	10027	DENTIST	DENVER	CO	200705853	SUSPENSION SATISFIED
DOLCE, VINCENT	10027	DENTIST	DENVER	CO	200711031	SUSPENSION SATISFIED
DOLCE, VINCENT	10027	DENTIST	DENVER	CO	201101904	OBLIGATION(S) SATISFIED
DOLCE, VINCENT	10027	DENTIST	DENVER	CO	201918265	SUSPENSION
DOLCE, VINCENT	10027	DENTIST	DENVER	CO	199013484	FINE AND REPRIMAND
DOLCE, VINCENT	10027	DENTIST	DENVER	CO	199818481	DISCIPLINARY CITATION ISSUED
DOLCE, VINCENT	10027	DENTIST	DENVER	CO	200004838	OBLIGATION(S) SATISFIED
DOLCE, VINCENT	10027	DENTIST	DENVER	CO	200208475	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
DOLCE, VINCENT	10027	DENTAL	DENVER	CO	200208475	AC FILED
DOLCE, VINCENT	10027	DENTAL	DENVER	CO	201101904	AC FILED
DOLCE, VINCENT	10027	DENTAL	DENVER	CO	201918265	AC FILED
DOLCE, VINCENT	10027	DENTAL	DENVER	CO	200004838	AC FILED
DOLCE, VINCENT	10027	DENTAL	DENVER	CO	200705853	AC FILED

Name	License	Profession	City	State	Case #	Action Taken
DOLCE, VINCENT	10027	DENTAL	DENVER	CO	200711031	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.

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