



ROBERT BURGER M.D.

License Number: ME12848

Data As Of 9/9/2025

Profession Medical Doctor

License ME12848

License Status DELINQUENT/

License Expiration Date 1/31/2025

License Original Issue Date 12/31/1973

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 No

(for the Treatment of Chronic Non-malignant Pain)

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 |
|----------------|---------|----------------|---------------|-------|-----------|-------------------------|
| BURGER, ROBERT | 12848 | MEDICAL DOCTOR | BOYNTON BEACH | | 200924108 | OBLIGATION(S) SATISFIED |

Public Complaints

| Name | License | Profession | City | State | Case # | Action Taken |
|----------------|---------|----------------|---------------|-------|-----------|--------------|
| BURGER, ROBERT | 12848 | MEDICAL DOCTOR | BOYNTON BEACH | | 200924108 | 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 |
|----------------|--------------|-----------------------------|---------|----------------|
| HYSENAJ, SUELA | SUBORDINATE | ANESTHESIOLOGIST ASSISTANTS | 199 | 5/8/2025 |

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

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