



## NORMAN LUIS LAMBERTY

License Number: ME90841

Data As Of 6/15/2025

Profession	Medical Doctor
License	ME90841
License Status	NULL AND VOID/
License Expiration Date	1/31/2020
License Original Issue Date	06/24/2004
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
LAMBERTY, NORMAN LUIS	90841	MEDICAL DOCTOR	MONTCLAIR	CA	201612664	RESTRICTED FROM PRACTICE
LAMBERTY, NORMAN LUIS	90841	MEDICAL DOCTOR	MONTCLAIR	CA	201612665	RESTRICTED FROM PRACTICE
LAMBERTY, NORMAN LUIS	90841	MEDICAL DOCTOR	MONTCLAIR	CA	201628099	OBLIGATION(S) SATISFIED

## Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
LAMBERTY, NORMAN LUIS	90841	MEDICAL DOCTOR	MONTCLAIR	CA	201612664	AC FILED
LAMBERTY, NORMAN LUIS	90841	MEDICAL DOCTOR	MONTCLAIR	CA	201612664	AC FILED
LAMBERTY, NORMAN LUIS	90841	MEDICAL DOCTOR	MONTCLAIR	CA	201612664	AC FILED
LAMBERTY, NORMAN LUIS	90841	MEDICAL DOCTOR	MONTCLAIR	CA	201628099	AC FILED
LAMBERTY, NORMAN LUIS	90841	MEDICAL DOCTOR	MONTCLAIR	CA	201612665	AC FILED
LAMBERTY, NORMAN LUIS	90841	MEDICAL DOCTOR	MONTCLAIR	CA	201612665	AC FILED
LAMBERTY, NORMAN LUIS	90841	MEDICAL DOCTOR	MONTCLAIR	CA	201612665	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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