



## AHMED FAKHRY OSMAN MD

License Number: ME89666

Data As Of 5/23/2026

Profession	Medical Doctor
License	ME89666
License Status	Clear/Active
License Expiration Date	1/31/2028
License Original Issue Date	02/20/2004
Address of Record	1841 NE 45TH Street FORT LAUDERDALE, FL 33308
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

2825 N STATE RD 7 SUITE 303  
MARGATE, FL 33063

#### Address

350 NW 84th Avenue SUITE 110  
PLANTATION, FL 33324

#### Address

1925 NE 45TH Street  
FT LAUDERDALE, FL 33308

### Discipline/Admin Action

#### Emergency Actions

No Emergency Actions Found

#### Discipline Cases

No Discipline Found

#### Public Complaints

No Public Complaint Found

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

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