



## WADE B HARROUFF

## License Number: DN10761

Data As Of 8/14/2025

Profession	Dentist
License	DN10761
License Status	Obligations/Active
License Expiration Date	2/28/2026
License Original Issue Date	02/21/1986
Address of Record	6390 W INDIANTOWN RD #32 JUPITER, FL 33458
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
HARROUFF, WADE B	10761	DENTIST	JUPITER	FL	199510773	FINE
HARROUFF, WADE B	10761	DENTIST	JUPITER	FL	200203298	OBLIGATION(S) SATISFIED
HARROUFF, WADE B	10761	DENTIST	JUPITER	FL	200720150	OBLIGATION(S) SATISFIED
HARROUFF, WADE B	10761	DENTIST	JUPITER	FL	200906199	RESTRICTED FROM PRACTICE
HARROUFF, WADE B	10761	DENTIST	JUPITER	FL	201404348	SUSPENSION- PENALTY STAYED
HARROUFF, WADE B	10761	DENTIST	JUPITER	FL	201415343	SUSPENSION- PENALTY STAYED

## Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
HARROUFF, WADE B	10761	DENTAL	JUPITER	FL	200720150	AC FILED
HARROUFF, WADE B	10761	DENTAL	JUPITER	FL	202301603	AC FILED
HARROUFF, WADE B	10761	DENTAL	JUPITER	FL	200203298	AC FILED
HARROUFF, WADE B	10761	DENTAL	JUPITER	FL	201404348	AC FILED
HARROUFF, WADE B	10761	DENTAL	JUPITER	FL	200906199	AC FILED
HARROUFF, WADE B	10761	DENTAL	JUPITER	FL	201415343	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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