



OM PARKASH KAPOOR MD

License Number: ME101418

Data As Of 2/19/2026

Profession	Medical Doctor
License	ME101418
License Status	Retired/
License Expiration Date	1/31/2024
License Original Issue Date	04/10/2008
Address of Record	No current practice location in Florida - 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)	Yes
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

Name	License	Profession	City	County	State	Case #	Action Taken	Action Date
KAPOOR, OM	101418	MEDICAL DOCTOR	JACKSONVILLE	DUVAL	FL	201723491	ERO ISSUED	02/01/2018

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
KAPOOR, OM PARKASH	101418	MEDICAL DOCTOR	JACKSONVILLE	FL	202027287	SUSPENSION

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
KAPOOR, OM PARKASH	101418	MEDICAL DOCTOR	JACKSONVILLE	FL	202027287	AC FILED
KAPOOR, OM PARKASH	101418	MEDICAL DOCTOR	JACKSONVILLE	FL	202236686	AC FILED
KAPOOR, OM PARKASH	101418	MEDICAL DOCTOR	JACKSONVILLE	FL	201723491	AC FILED
KAPOOR, OM PARKASH	101418	MEDICAL DOCTOR	JACKSONVILLE	FL	201723491	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.

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 enforcement database.
