

## **BENJAMIN G NEWMAN**

## License Number: ME23790

Profession Medical Doctor
License Status DECEASED/
Year Began Practicing 01/01/1972
License Expiration Date 01/31/2025

Controlled Substance Prescriber (for the Yes

Treatment of Chronic Non-malignant

Pain)

## **General Information**

The practitioner is not obligated to update their profile data.

## **Primary Practice Address**

BENJAMIN G NEWMAN 480 ALLISON AVE LONGWOOD, FL 32750