Florida HEALTH Department of Health

JULIO A CLAVIJO-ALVAREZ

License Number: ME146248

Data As Of 11/20/2026

Profession	Medical Doctor
License	ME146248
License Status	Obligations/Active
License Expiration Date	1/31/2028
License Original Issue Date	07/01/2020
Address of Record	8400 SW 8th Street MIAMI, FL 33144
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
CLAVIJO-ALVAREZ, JULIO A	146248	MEDICAL DOCTOR	MIAMI	FL	202131607	OBLIGATIONS IMPOSED
CLAVIJO-ALVAREZ, JULIO A	146248	MEDICAL DOCTOR	MIAMI	FL	202221726	OBLIGATIONS IMPOSED
CLAVIJO-ALVAREZ, JULIO A	146248	MEDICAL DOCTOR	MIAMI	FL	202244121	OBLIGATIONS IMPOSED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
CLAVIJO-ALVAREZ, JULIO A	146248	MEDICAL DOCTOR	MIAMI	FL	202131607	AC FILED
CLAVIJO-ALVAREZ, JULIO A	146248	MEDICAL DOCTOR	MIAMI	FL	202508345	AC FILED
CLAVIJO-ALVAREZ, JULIO A	146248	MEDICAL DOCTOR	MIAMI	FL	202221726	AC FILED
CLAVIJO-ALVAREZ, JULIO A	146248	MEDICAL DOCTOR	MIAMI	FL	202222865	AC FILED
CLAVIJO-ALVAREZ, JULIO A	146248	MEDICAL DOCTOR	MIAMI	FL	202244121	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.

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