



## POOJA PRAKASH BAVISKAR

License Number: PA9112760

Data As Of 12/22/2024

Profession	Physician Assistant
License	PA9112760
License Status	CLEAR/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	10/28/2019
Address of Record	931 SW 111th Way DAVIE, FL 33324
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

1228 S Pine Island Road Baptist Medical Plaza @ Plantation  
PLANTATION, FL 33324

#### Address

8400 NW 53 Street Baptist Medical Plaza @ Downtown Duval  
MIAMI, FL 33166

#### Address

4741 South University Drive Baptist Medical Plaza @ Davie  
DAVIE, FL 33328

#### Address

15885 Pines Blvd Baptist Medical Plaza at Pembroke Pines  
PEMBROKE PINES, FL 33027

#### Address

12472 West Sunrise Blvd Baptist Medical Plaza at Sawgrass  
SUNRISE, FL 33323

#### Address

1642 Town Center Circle Baptist Medical Plaza @ Sawgrass  
WESTON, FL 33326

#### Address

1240 South Dixie Highway Baptist Urgent Care @ University  
CORAL GABLES, FL 33146

#### Address

709 Alton Road Baptist Medical Plaza Miami Beach  
MIAMI BEACH, FL 33139

#### Address

14701 NW 77th Avenue Baptist Medical Plaza Mimi Lakes  
MIAMI LAKES, FL 33014

#### Address

9915 NW 41st Street Baptist Medical Plaza at Doral  
DORAL BRANCH, FL 33178

#### Address

10 Giralda Avenue Baptist Medical Plaza at Coral Gables  
CORAL GABLES, FL 33134

### Address

2660 Brickell Avenue Baptist Medical Plaza at Brickell  
MIAMI, FL 33129

## 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.

## Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
KRANICHFELD, WILLIAM HUBERT JR	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	57914	09/21/2021

Click on the License Number to view License Details for that Practitioner

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