



## DAVID A CHEESMAN DO

### License Number: OS4187

Data As Of 4/21/2026

Profession	Osteopathic Physician
License	OS4187
License Status	Clear/Active
Qualifications	Volunteer Volunteer
License Expiration Date	3/31/2028
License Original Issue Date	08/23/1980
Address of Record	1985 LONGWOOD LAKE MARY RD LONGWOOD, FL 32750
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Authorized to Order (Medical and Low-THC Cannabis)	Yes
Discipline on File	Yes
Public Complaint	No

### 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
CHEESMAN, DAVID	4187	OSTEOPATHIC PHY	LONGWOOD	FL	53317	FINE AND REPRIMAND

#### 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.

### Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
FLORIDA METROPOLITAN UNIVERSITY	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	4451	6/13/2011
MEDIGLEZ WELLNESS CENTER, INC.	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	2171	4/14/2009
PIERRE, ROCHINE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113162	3/1/2021
TOTAL BODY REHAB AND WEIGHT LOSS MANAGEM	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3931	10/5/2010

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

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