



TODD M HUSTY D.O.

License Number: OS4503

Data As Of 12/14/2025

Profession	Osteopathic Physician
License	OS4503
License Status	Clear/Active
License Expiration Date	3/31/2026
License Original Issue Date	03/05/1983
Address of Record	3040 S TUSKAWILLA RD OVIEDO, FL 32765
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

421 N. Woodland Blvd Unit 8415
DELAND, FL 32723

[Address](#)

626 Dunmar Circle
WINTER SPRINGS, FL 32708

[Address](#)

301 W. Warren Ave
LONGWOOD, FL 32750

[Address](#)

150 Eslinger Way Seminole Cournty Fire/Rescue
SANFORD, FL 32773

[Address](#)

95 Triplet Lake Drive Casselberry Fire Department
CASSELBERRY, FL 32707

[Address](#)

911 Wallace Court Lake Mary Fire Department
LAKE MARY, FL 32746

[Address](#)

205 South Milwee Street Longwood Fire Department
LONGWOOD, FL 32750

[Address](#)

100 Bush Blvd. Seminole County SO/SWAT
SANFORD, FL 32773

[Address](#)

1776 Independence Lane Maitland Fire Department
MAITLAND, FL 32751

[Address](#)

735 S. Central Ave Oviedo Fire Department
OVIEDO, FL 32765

[Address](#)

1303 William Clark Ave Sanford Fire Department
SANFORD, FL 32771

[Address](#)

1126 East SR 434 Winter Springs PD/SWAT

WINTER SPRINGS, FL 32708

Address

1607 Cherrywood lane
LONGWOOD, FL 32750

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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
LAKE MARY FIRE DEPARTMENT	SERVICE PROVIDER	EMS SERVICE PROVIDER ALS	5909	6/13/2002
LONGWOOD FIRE DEPARTMENT	SERVICE PROVIDER	EMS SERVICE PROVIDER ALS	5903	11/20/2019
MAITLAND FIRE RESCUE DEPARTMENT	SERVICE PROVIDER	EMS SERVICE PROVIDER ALS	4806	7/25/2005
OVIEDO FIRE DEPARTMENT	SERVICE PROVIDER	EMS SERVICE PROVIDER ALS	5904	7/27/2020
SANFORD FIRE DEPARTMENT	SERVICE PROVIDER	EMS SERVICE PROVIDER ALS	5905	12/19/2019
SEMINOLE COUNTY FIRE DEPARTMENT	SERVICE PROVIDER	EMS SERVICE PROVIDER ALS	5907	7/8/2021
WECHSLER, MARK HENRY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9102030	4/1/2002

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

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