### **DAVID L HICKS**

### License Number: OS4796

Data As Of 10/19/2025

Profession Osteopathic Physician

License Status OS4796

Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 3/31/2026 License Original Issue Date 12/12/1984

Address of Record 3165 MCMULLEN BOOTH ROAD, #H
WEST COAST FAMILY MEDICAL CARE

Suite H

Yes

CLEARWATER, FL 33761

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

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
HICKS, DAVID L	4796	OSTEOPATHIC PHY	CLEARWATER	FL	200600161	OBLIGATION(S) SATISFIED
HICKS, DAVID L	4796	OSTEOPATHIC PHY	CLEARWATER	FL	200807295	OBLIGATION(S) SATISFIED
HICKS, DAVID L	4796	OSTEOPATHIC PHY	CLEARWATER	FL	200911278	OBLIGATION(S) SATISFIED
HICKS, DAVID L	4796	OSTEOPATHIC PHY	CLEARWATER	FL	201117074	PROBATION SATISFIED

### **Public Complaints**

Name	License	Profession	City	State	Case#	Action Taken
HICKS, DAVID L	4796	OSTEOPATHIC PHYSICIAN	CLEARWATER	FL	200911278	AC FILED
HICKS, DAVID L	4796	OSTEOPATHIC PHYSICIAN	CLEARWATER	FL	201117074	AC FILED
HICKS, DAVID L	4796	OSTEOPATHIC PHYSICIAN	CLEARWATER	FL	200807295	AC FILED
HICKS, DAVID L	4796	OSTEOPATHIC PHYSICIAN	CLEARWATER	FL	200600161	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.

#### **Subordinate Practitioners**

Name	Relationship	Profession	License	Effective Date
HILGART, MATTHEW RYAN	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115349	12/1/2021
HILGART, MATTHEW RYAN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115349	12/1/2021
KAY, JENNIFER	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109890	1/31/2017
KAY, JENNIFER	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109890	9/27/2016
QUANTUM GENESIS , INC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3680	6/15/2010

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

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