



## DAVID L HICKS

## License Number: OS4796

Data As Of 8/4/2025

Profession	Osteopathic Physician
License	OS4796
License Status	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 CLEARWATER, FL 33761
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
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	Effective License	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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