



JEFFREY LLOYD KATZELL

License Number: ME50379

Data As Of 7/14/2025

Profession	Medical Doctor
License	ME50379
License Status	Obligations/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	04/27/1987
Address of Record	5589 Okeechobee Blvd SUITE 102 WEST PALM BEACH, FL 33417
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes
Alerts	Enforcement Alert 3/21/2001 10:58:13 AM This licensee has the following permanent restriction on his license "shall examine female patients only in the presence of a female chaperone". This permanent restriction is imposed by Final Order Case Number 93-03966; 92-14422; 92-03917, filed 9/19/95. For more information, contact the Client Services Unit.

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
KATZELL, JEFFREY LLOYD	50379	MEDICAL DOCTOR	WEST PALM BEACH	FL	199214422	SUSPENSION
KATZELL, JEFFREY LLOYD	50379	MEDICAL DOCTOR	WEST PALM BEACH	FL	199203917	SUSPENSION
KATZELL, JEFFREY LLOYD	50379	MEDICAL DOCTOR	WEST PALM BEACH	FL	199303966	SUSPENSION

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
KATZELL, JEFFREY LLOYD	50379	MEDICAL DOCTOR	WEST PALM BEACH	FL	199303966	AC FILED
KATZELL, JEFFREY LLOYD	50379	MEDICAL DOCTOR	WEST PALM BEACH	FL	199214422	AC FILED
KATZELL, JEFFREY LLOYD	50379	MEDICAL DOCTOR	WEST PALM BEACH	FL	199203917	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.

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