



SCOTT DAVID YAGGER

License Number: OS6133

Data As Of 7/24/2025

Profession	Osteopathic Physician
License	OS6133
License Status	Clear/Active
License Expiration Date	3/31/2026
License Original Issue Date	07/01/1991
Address of Record	SOUTH FLORIDA BAPTIST HOSPITAL 3202 N. Park Road PLANT CITY, FL 33563
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
YAGGER, SCOTT DAVID	6133	OSTEOPATHIC PHY	PLANT CITY	FL	200101753	FINE AND LETTER OF CONCERN
YAGGER, SCOTT DAVID	6133	OSTEOPATHIC PHY	PLANT CITY	FL	200804612	OBLIGATION(S) SATISFIED
YAGGER, SCOTT DAVID	6133	OSTEOPATHIC PHY	PLANT CITY	FL	201214325	PROBATION SATISFIED
YAGGER, SCOTT DAVID	6133	OSTEOPATHIC PHY	PLANT CITY	FL	201529426	SUSPENSION SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
YAGGER, SCOTT DAVID	6133	OSTEOPATHIC PHYSICIAN	PLANT CITY	FL	201214325	AC FILED
YAGGER, SCOTT DAVID	6133	OSTEOPATHIC PHYSICIAN	PLANT CITY	FL	200804612	AC FILED
YAGGER, SCOTT DAVID	6133	OSTEOPATHIC PHYSICIAN	PLANT CITY	FL	201529426	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.

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.
