



## ISRAEL RABINSKY

License Number: ME59377

Data As Of 7/17/2025

Profession	Medical Doctor
License	ME59377
License Status	Clear/Active
License Expiration Date	1/31/2026
License Original Issue Date	02/15/1991
Address of Record	6301 NW 5th Way Ste 3300 FT LAUDERDALE, FL 33309
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint Alerts	Yes
	Enforcement Alert 10/15/2012 5:02:54 PM 10/15/12 Restriction: The licensee is hereby immediately restricted to prohibit him from prescribing any controlled substances listed in schedules II through V of section 893.03, Florida Statutes (2012). Restriction: Restricted from operating as a dispensing practitioner for a period of at least one year and until such time as he submits a practice plan to the Board's Probationer's Committee and plan is approved.

## 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
RABINSKY, ISRAEL	59377	MEDICAL DOCTOR	FT LAUDERDALE	FL	199810306	DISCIPLINARY CITATION ISSUED
RABINSKY, ISRAEL	59377	MEDICAL DOCTOR	FT LAUDERDALE	FL	200501668	OBLIGATION(S) SATISFIED
RABINSKY, ISRAEL	59377	MEDICAL DOCTOR	FT LAUDERDALE	FL	201114646	SUSPENSION SATISFIED

## Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
RABINSKY, ISRAEL	59377	MEDICAL DOCTOR	FT LAUDERDALE	FL	200501668	AC FILED
RABINSKY, ISRAEL	59377	MEDICAL DOCTOR	FT LAUDERDALE	FL	201114646	AC FILED

## [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.