RICHARD CRESTWELL SMITH

License Number: ME61685

Data As Of 5/13/2025

Profession Medical Doctor
License ME61685
License Status CLEAR/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2027 License Original Issue Date 02/25/1992

Address of Record 7575 DR. PHILLIPS BLVD.

SUITE 370

Yes

Yes

ORLANDO, FL 32819

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Authorized to Order (Medical and

Low-THC Cannabis)

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
SMITH, RICHARD CRESTWELL	61685	MEDICAL DOCTOR	ORLANDO	FL	200708102	OBLIGATION(S) SATISFIED
SMITH, RICHARD CRESTWELL	61685	MEDICAL DOCTOR	ORLANDO	FL	200732171	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case#	Action Taken
SMITH, RICHARD CRESTWELL	61685	MEDICAL DOCTOR	ORLANDO	FL	200708102	AC FILED
SMITH, RICHARD CRESTWELL	61685	MEDICAL DOCTOR	ORLANDO	FL	200732171	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	o Profession	License	Effective Date
FLORIDA CENTER FOR ORTHOPAEDICS INC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT		12/24/2008
FLORIDA CENTER FOR ORTHOPAEDICS INC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT		1/5/2009
FLORIDA CENTER FOR ORTHOPAEDICS INC	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	2457	10/26/2009

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

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