ARTURO E ESPINAL MD

License Number: ME63751

Data As Of 7/17/2025	
Profession	Medical Doctor
License	ME63751
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	04/15/1993
Address of Record	185851 s dixie hwy
	CUTLER RIDGE, FL 33157
Controlled Substance Prescriber	Yes
(for the Treatment of Chronic Non-	
malignant Pain)	
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

1501 NW 42ND AVENUE MIAMI, FL 33126 Address 3470 NW 62ND AVENUE MARGATE, FL 33063 Address 6300 N. ANDREWS AVENUE FT LAUDERDALE, FL 33309 Address 18851 S. DIXIE HIGHWAY CUTLER BAY, FL 33157 Address 6699 W. BOYNTON BEACH BLVD. BOYNTON BEACH, FL 33437 Address 2272 N. CONGRESS AVENUE BOYNTON BEACH, FL 33437 Address 10081 W. OAKLAND PARK BLVD. SUNRISE, FL 33351 Address 601 LINTON BLVD. DELRAY BEACH, FL 33444 Address 2007 PALM BEACH LAKES BLVD. WEST PALM BEACH, FL 33409 Address 9060 N. MILITARY TRAIL PALM BEACH GARDENS, FL 33410 Address 12555 C BISCAYNE BLVD. NORTH MIAMI, FL 33181

Address

9771 W. FLAGLER STREET MIAMI, FL 33174

Address

5216 N. FEDERAL HIGHWAY FT LAUDERDALE, FL 33308

Address

6240 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33076

Address

7035 BERACASA WAY BOCA RATON, FL 33433

Address

9971 W. FLAGLER STREET MIAMI, FL 33174

Address

6868 FOREST HILL BLVD. GREENACRES, FL 33413

Address

4036 W. HILLSBORO BLVD. DEERFIELD BEACH, FL 33442

Address

7007 W. BROWARD BLVD. PLANTATION, FL 33317

Address

150 NW 42ND AVENUE MIAMI, FL 33126

Address

190 NW LEJEUNE ROAD MIAMI, FL 33126 Address 14085 SW 88TH ST MIAMI, FL 33186

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

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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