



## DAVID GLICKMAN DR

### License Number: OS1485

Data As Of 9/16/2025

Profession	Osteopathic Physician
License	OS1485
License Status	Retired/
License Expiration Date	3/31/2022
License Original Issue Date	07/20/1962
Address of Record	No current practice location in Florida - If further information is needed, please contact the Department of Health at (850) 488-0595.
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint Alerts	Yes
	Enforcement Alert
	7/9/2015 4:11:34 PM
	03-13-2012 Order Lifting Restriction on License - The restriction placed on Respondent's license by Final Order filed March 16, 2011, prohibiting the Respondent from prescribing schedule III and IV controlled substances, is hereby lifted. The permanent practice restriction that respondent may not own, operate or work in a pain management clinic or prescribe or dispense any schedule II controlled substances remains intact.

### 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
GLICKMAN, DAVID	1485	OSTEOPATHIC PHY	DAVIE	FL	201008124	RESTRICTED FROM PRACTICE

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
GLICKMAN, DAVID	1485	OSTEOPATHIC PHYSICIAN	DAVIE	FL	201008124	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	Profession	License	Effective Date
FORT LAUDERDALE PAIN & REHABILITATION CL	PAIN MANAGEMENT CLINIC	PAIN MANAGEMENT CLINIC	116	1/5/2010

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

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.