



LORENZ CARL SPENGLER III

License Number: OS7416

Data As Of 4/23/2026

Profession	Osteopathic Physician
License	OS7416
License Status	Null And Void/
License Expiration Date	3/31/2020
License Original Issue Date	03/28/1997
Address of Record	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)	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
SPENGLER, LORENZ CARL	7416	OSTEOPATHIC PHY	BROKEN ARROW	OK	200101765	OBLIGATIONS IMPOSED
SPENGLER, LORENZ CARL	7416	OSTEOPATHIC PHY	BROKEN ARROW	OK	200408939	OBLIGATION(S) SATISFIED
SPENGLER, LORENZ CARL	7416	OSTEOPATHIC PHY	BROKEN ARROW	OK	200551355	OBLIGATION(S) SATISFIED
SPENGLER, LORENZ CARL	7416	OSTEOPATHIC PHY	BROKEN ARROW	OK	201932791	VOLUNTARY SURRENDER

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
SPENGLER, LORENZ CARL	7416	OSTEOPATHIC PHYSICIAN	BROKEN ARROW	OK	200408939	AC FILED
SPENGLER, LORENZ CARL	7416	OSTEOPATHIC PHYSICIAN	BROKEN ARROW	OK	201932791	AC FILED
SPENGLER, LORENZ CARL	7416	OSTEOPATHIC PHYSICIAN	BROKEN ARROW	OK	200551355	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

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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Division of Medical Quality Assurance
Public Records
4052 Bald Cypress Way, Bin C01
Tallahassee, FL 32399-3251

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