## NGOC-TIEN TRUONG

### License Number: ME72117

Data As Of 9/10/2025	
Profession	Medical Doctor
License	ME72117
License Status	Clear/Active
License Expiration Date	1/31/2026
License Original Issue Date	12/30/1996
Address of Record	20201 EAST COUNTRY CLUB DR
	UNIT 2503
	AVENTURA, FL 33180
Controlled Substance Prescriber	No
(for the Treatment of Chronic Non-	
malignant Pain)	
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
TRUONG, NGOC-TIEN	72117	MEDICAL DOCTOR	AVENTURA	FL	200102365	OBLIGATION(S) SATISFIED

### **Public Complaints**

Name	License	Profession	City	State	Case #	Action Taken
TRUONG, NGOC-TIEN	72117	MEDICAL	AVENTURA	FL	200102365	AC FILED
		DOCTOR				

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
FISHER, PAUL JOSEPH III	SUBORDINATE	ANESTHESIOLOGIST ASSISTANTS	152	9/1/2015

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

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