ROBERT JOSEPH MORGENTHAL

License Number: ME86083

Data As Of 9/16/2025

Profession Medical Doctor
License ME86083
License Status Disc Relinquish/
License Expiration Date 1/31/2017
License Original Issue Date 09/24/2002

Address of Record If further information is needed, please contact the Department of Health at (850) 488-

0595. No

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File Yes
Public Complaint Yes

Secondary Locations

Address

STATE OF FLORIDA DEPARTMENT OF CORRECTIONS ZEPHYRHILLS, FL 33541

Address

STATE OF FLORIDA ZEPHYHILLS CORRTION INSTITION ZEPHYRHILLS, FL 33541

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

| Name | License | Profession | City | State | Case# | Action Taken |
|------------------------------|---------|-------------------|--------|-------|-----------|------------------------|
| MORGENTHAL, ROBERT JOSEPH | 86083 | MEDICAL DOCTOR | BARTOW | FL | 201315235 | VOLUNTARY SURRENDER |
| MORGENTHAL, ROBERT JOSEPH | 86083 | MEDICAL DOCTOR | BARTOW | FL | 201530747 | VOLUNTARY SURRENDER |

Public Complaints

| Name | License | Profession | City | State | Case# | Action Taken |
|------------------------------|---------|-------------------|--------|-------|-----------|--------------|
| MORGENTHAL, ROBERT JOSEPH | 86083 | MEDICAL DOCTOR | BARTOW | FL | 201530747 | AC FILED |
| MORGENTHAL, ROBERT JOSEPH | 86083 | MEDICAL DOCTOR | BARTOW | FL | 201315235 | 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.

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.