



ALBERTO VICTOR PROKOPETZ

License Number: ME94373

Data As Of 7/16/2025

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| Profession | Medical Doctor |
| License | ME94373 |
| License Status | Clear/Active |
| Qualifications | Dispensing Practitioner |
| License Expiration Date | 1/31/2026 |
| License Original Issue Date | 09/19/2005 |
| Address of Record | 5975 Sunset Dr Suite 402 Criticare Clinics Inc SOUTH MIAMI, FL 33143 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain) | Yes |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

2660 Brickell Avenue
MIAMI, FL 33129

Address

10 Giralda Avenue
CORAL GABLES, FL 33134

Address

9915 NW 41st Street
DORAL, FL 33178

Address

14701 NW 77th Avenue
MIAMI LAKES, FL 33014

Address

709 Alton Road
MIAMI BEACH, FL 33139

Address

1240 South Dixie Highway
CORAL GABLES, FL 33146

Address

1642 Town Center Circle
WESTON, FL 33326

Address

12472 West Sunrise Blvd
SUNRISE, FL 33323

Address

15885 Pines Blvd
PEMBROKE PINES, FL 33027

Address

4741 South University Drive
DAVIE, FL 33328

Address

8400 NW 53st
MIAMI, FL 33166

Address

1228 S Pine Island Blvd
PLANTATION, FL 33324

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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