



## VICTORIA MACATANGAY GAUS MD

License Number: ME97569

Data As Of 7/2/2025

Profession	Medical Doctor
License	ME97569
License Status	Null And Void/
License Expiration Date	1/31/2023
License Original Issue Date	12/11/2006
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)	No
Discipline on File	Yes
Public Complaint	Yes
Alerts	Enforcement Alert 6/14/2013 4:23:39 PM (A) Pain Management - Respondent is permanently restricted from owning, operating or practicing in a "Pain Management Clinic," as that term is defined in Section 458.3265, Florida Statutes (2012), and may from time-to-time be redefined in Florida Statutes and/or Florida Administrative Code. (B) Controlled Substances ̈ I. Respondent's practice is restricted in that Respondent may not prescribe any controlled substance until Respondent completes the course, "Prescribing Controlled Drugs: Critical Issues and Common Pitfalls of Misprescribing," sponsored by the University of Florida, or a Board-approved equivalent. ii. Respondent is permanently restricted from prescribing schedule II-III controlled substances and benzodiazepines.

## Secondary Locations

## Address

1130 NW 15th STREET AVANTE AT BOCA RATON  
BOCA RATON, FL 33846

## Discipline/Admin Action

## Emergency Actions

No Emergency Actions Found

## Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
GAUS, VICTORIA MACATANGAY	97569	MEDICAL DOCTOR	MARGATE	FL	200922473	RESTRICTED FROM PRACTICE

## Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
GAUS, VICTORIA MACATANGAY	97569	MEDICAL DOCTOR	MARGATE	FL	200922473	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.

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