

## ORLANDO ALFONSO MD

## License Number: ME103044

Data As Of 10/25/2025

Profession Medical Doctor
License ME103044
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2027 License Original Issue Date 10/10/2008

Address of Record 7800 NW 25th Street Suite #4

MIAMI, FL 33122

Controlled Substance Prescriber Yes

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

2650 Brickell Ave. Baptist Medical Plaza at Brickell

MIAMI, FL 33129

### Address

10 Giralda Ave. Baptist Medical Plaza at Coral Gables

CORAL GABLES, FL 33134

#### Address

9915 NW 41st St. Baptist Medical Plaza at Doral

MIAMI, FL 33178

## Address

14701 NW 77th Ave. Baptist Medical Plaza at Miami Lakes

MIAMI LAKES, FL 33014

# Address

709 Alton RD Baptist Medical plaza at Miami Beach

MIAMI BEACH, FL 33139

### Address

1240 South Dixie Highway Baptist Medical Plaza at University

CORAL GABLES, FL 33146

## Address

1642 Town Center Circle Baptist Medical Plaza at Weston

WESTON, FL 33326

#### Address

12472 West Sunrise Boulevard Baptist Medical Plaza at Sawgrass

SUNRISE, FL 33323

#### Address

15885 Pines Blvd. Baptist Medical Plaza at Pembroke Pines

PEMBROKE PINES, FL 33027

### Address

4741 South University Dr. Baptist Medical Plaza at Davie

DAVIE, FL 33328

## Address

8400 NW 53 St. Baptist Medical Plaza at Downtown Doral

MIAMI, FL 33166

# 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.

## **Subordinate Practitioners**

Name	Relationship	Profession	License	Effective Date
DANGELO, RILEY OLIVIA	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9119279	9/12/2025
SERRANO, LUIS M	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9102147	6/13/2016

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

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