



ORLANDO ALFONSO MD

License Number: ME103044

Data As Of 8/4/2025

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 (for the Treatment of Chronic Non- malignant Pain)	Yes
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
SERRANO, LUIS M	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9102147	6/13/2016

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

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.