



KATHERINE M. LENS

License Number: OS13762

Data As Of 9/15/2025

Profession	Osteopathic Physician
License	OS13762
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	3/31/2026
License Original Issue Date	01/26/2016
Address of Record	3100 SW 62 AVENUE MIAMI, FL 33155
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

***** *** CONFIDENTIAL *** *** CONFIDENTIAL *** *** CONFIDENTIAL ***

*** CONFIDENTIAL *** , ** *****

Address

3100 SW 62 AVENUE NICKLAUS CHILDREN'S MAIN CAMPUS URGENT CARE
MIAMI, FL 33155

Address

3601 NW 107 AVENUE NICKLAUS CHILDREN'S DORAL OUTPATIENT CENTER
DORAL, FL 33178

Address

3915 BISCAYNE BOULEVARD NICKLAUS CHILDREN'S MIDTOWN OUTPATIENT
MIAMI, FL 33137

Address

11310 LEGACY AVENUE NICKLAUS CHILDREN'S PALM BEACH GARDENS OUTPATIENT CENTER
PALM BEACH GARDENS, FL 33410

Address

12246 MIRAMAR PARKWAY NICKLAUS CHILDREN'S MIRAMAR OUTPATIENT CENTER
HOLLYWOOD, FL 33025

Address

15025 NW 77 AVENUE NICKLAUS CHILDREN'S MIRAMAR OUTPATIENT CENTER
MIAMI LAKES, FL 33014

Address

13400 SW 120 ST. SUITE 100, NICKLAUS CHILDREN'S WEST KENDALL OUTPATIENT
WEST KENDALL, FL 33186

Address

17615 SW 97 AVENUE NICKLAUS CHILDREN'S PALMETTO BAY OUTPATIENT CENTER
PALMETTO BAY, FL 33157

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
CANNATA, ALEXA LEE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108165	8/13/2023
CARDONA, JESSICA	PRESCRIBING PHYSICIAN ASSISTANT	MEDICAL DOCTOR	126532	8/13/2023
CARTAS, IDALBERTO	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9101443	8/13/2023
CHAVARRIA, JESSICA SUSANA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111858	8/13/2023
FERNANDEZ, ELINA MARIA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103529	8/13/2023
RAY, LISA MARIE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103854	8/13/2023

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

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