



KATHERINE M. LENS

License Number: OS13762

Data As Of 3/14/2026

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|--|--------------------------------------|
| Profession | Osteopathic Physician |
| License | OS13762 |
| License Status | Clear/Active |
| Qualifications | Dispensing Practitioner |
| License Expiration Date | 3/31/2028 |
| 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](#)

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

[Address](#)

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

[Address](#)

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

[Address](#)

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

[Address](#)

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

[Address](#)

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

[Address](#)

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

[Address](#)

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

[Address](#)

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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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