



## MANUEL MICHAEL LAM

License Number: ME135096

Data As Of 4/24/2026

Profession	Medical Doctor
License	ME135096
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	01/26/2018
Address of Record	7200 NW 7ST SUITE 202 MIAMI DADE, FL 33126
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

### Secondary Locations

[Address](#)

7200 NW 7th St Suite 202  
MIAMI, FL 33126

[Address](#)

900 W 49th Street Suite 101  
HIALEAH, FL 33012

[Address](#)

900 W 49th Street Suite 308  
HIALEAH, FL 33012

[Address](#)

1149 SW 27th Avenue  
MIAMI, FL 33135

[Address](#)

11825 SW 26th Street  
MIAMI, FL 33175

[Address](#)

10980 SW 184th Street  
MIAMI, FL 33157

[Address](#)

4767 NW 183rd Street  
MIAMI GARDENS, FL 33055

[Address](#)

4218 E 4th Avenue  
HIALEAH, FL 33013

### 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
DIAZ, JASON LEE	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115038	6/7/2023
DIAZ, JASON LEE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115038	6/7/2023
ROQUE, NORMA B	DISPENSING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108145	1/2/2020
ROQUE, NORMA B	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9108145	1/2/2020
WOLAK, DANNY	PHARMACIST	PHARMACIST	63826	9/11/2023

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

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