## **EDUARDO E LOPEZ DEL CASTILLO**

## License Number: ME138536

Data As Of 9/8/2025

Profession Medical Doctor
License ME138536
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2027 License Original Issue Date 11/28/2018

Address of Record 2623 SW 147TH AVE MIAMI, FL 33185

Controlled Substance Prescriber Yes

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

8840 Bird Road MIAMI, FL 33165

## Address

14660 SW 8th Street MIAMI, FL 33184

#### Address

8750 SW 144th Street MIAMI, FL 33176

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### Address

13001 N Kendall Drive MIAMI, FL 33186

#### Address

11805 S Dixie Highway MIAMI, FL 33156

### Address

13500 SW 152nd Street

MIAMI, FL 33177

#### Address

14661 SW 56th St MIAMI, FL 33175

# Discipline/Admin Action

### **Emergency Actions**

No Emergency Actions Found

## **Discipline Cases**

No Discipline Found

## **Public Complaints**

No Public Complaint Found

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
VELAZCO, CORINA CRISTINA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116383 9/14/2022

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

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