



POOJA PRAKASH BAVISKAR

License Number: PA9112760

Data As Of 12/2/2024

Profession	Physician Assistant
License	PA9112760
License Status	CLEAR/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	10/28/2019
Address of Record	931 SW 111th Way DAVIE, FL 33324
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

1228 S Pine Island Road Baptist Medical Plaza @ Plantation
PLANTATION, FL 33324

Address

8400 NW 53 Street Baptist Medical Plaza @ Downtown Duval
MIAMI, FL 33166

Address

4741 South University Drive Baptist Medical Plaza @ Davie
DAVIE, FL 33328

Address

15885 Pines Blvd Baptist Medical Plaza at Pembroke Pines
PEMBROKE PINES, FL 33027

Address

12472 West Sunrise Blvd Baptist Medical Plaza at Sawgrass
SUNRISE, FL 33323

Address

1642 Town Center Circle Baptist Medical Plaza @ Sawgrass
WESTON, FL 33326

Address

1240 South Dixie Highway Baptist Urgent Care @ University
CORAL GABLES, FL 33146

Address

709 Alton Road Baptist Medical Plaza Miami Beach
MIAMI BEACH, FL 33139

Address

14701 NW 77th Avenue Baptist Medical Plaza Mimi Lakes
MIAMI LAKES, FL 33014

Address

9915 NW 41st Street Baptist Medical Plaza at Doral
DORAL BRANCH, FL 33178

Address

10 Giralda Avenue Baptist Medical Plaza at Coral Gables
CORAL GABLES, FL 33134

Address

2660 Brickell Avenue Baptist Medical Plaza at Brickell
MIAMI, FL 33129

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.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
KRANICHFELD, WILLIAM HUBERT JR	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	57914	09/21/2021

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

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