# LOUISE M FORTE

## License Number: PA3113

| Data As Of 8/10/2025               |                           |  |
|------------------------------------|---------------------------|--|
| Profession                         | Physician Assistant       |  |
| License                            | PA3113                    |  |
| License Status                     | Clear/Active              |  |
| Qualifications                     | Prescribing               |  |
|                                    | Dispensing Practitioner   |  |
| License Expiration Date            | 1/31/2026                 |  |
| License Original Issue Date        | 06/10/1996                |  |
| Address of Record                  | 4714 OKEECHOBEE BLVD      |  |
|                                    | WEST PALM BEACH, FL 33417 |  |
| Controlled Substance Prescriber    | No                        |  |
| (for the Treatment of Chronic Non- |                           |  |
| malignant Pain)                    |                           |  |
| Discipline on File                 | No                        |  |
| Public Complaint                   | No                        |  |
|                                    |                           |  |

## Secondary Locations

## Address

2502 N FEDERAL HWY NOW MEDICAL CENTERS LIGHTHOUSE POINT, FL 33064

#### Address

12555 C BISCAYNE BLVD NOW MEDICAL CENTERS MIAMI, FL 33181

## Address

11551 SOUTHERN BLVD NOW MEDICAL CENTER ROYAL PALM BEACH, FL 33411

## Address

6868 FOREST HILL BLVD NOW MEDICAL CENTER GREEN ACRES, FL 33413

#### Address

1770 NE MIAMI GARDENS DR NOW MEDICAL CENTER FORT LAUDERDALE, FL 33317

#### Address

4570 LANTAN RD NOW MEDICAL CENTER LAKE WORTH, FL 33463

#### Address

18851 S DIXIE HWY NOW MEDICAL CENTERS CUTLER BAY, FL 33157

## Address

4036 W HILLSBORO W HILLSBORO BLVD DEERFIELD BEACH, FL 33442

#### Address

9971 W FLAGLER NOW MEDICAL CENTERS MIAMI, FL 33174

#### Address

2502 N STATE RD 7 HWY 441 NOW MEDICAL CENTERS

## HOLLYWOOD, FL 33021 Address

5216 N FEDERAL HWY NOW MEDICAL CENTER FORT LAUDERDALE, FL 33308

### Address

601 LINTON BLVD NOW MEDICAL CENTER DELRAY BEACH. FL 33444

#### Address

6300 N ANDREW AVE NOW MEDICAL CENTERS FORT LAUDERDALE, FL 33309

#### Address

3470 NW 62ND AVE NOW MEDICAL CENTERS MARGATE, FL 33063

#### Address

2272 N CONGRESS AVE NOW MEDICAL CENTERS BOYNTON BEACH, FL 33426

#### Address

9650 PINES BLVD NOW MEDICAL CENTER PEMBROKE PINES, FL 33024

#### Address

6699 W BOYNTON BLVD BEACH NOW MEDICAL CENTERS BOYNTON BEACH, FL 33437

#### Address

10081 W. OAKLAND PARK NOW MEDICAL CENTER SUNRISE, FL 33351

#### Address

2007 PALM BEACH LAKES BLVD NOW MEDICAL CENTERS

WEST PALM BEACH, FL 33409

### Address

9060 N MILITARY TRAIL NOW MEDICAL CENTER PALM BEACH GARDENS, FL 33410

#### Address

7036 BERACASA WAY NOW MEDICAL CENTERS BOCA RATON, FL 33433

#### Address

415 E HALLANDALE BEACH RD NOW MEDICAL CENTERS HALLANDALE BEACH, FL 33009 Address

#### Address

6570 royal palm blvd apt 308 MARGATE, FL 33063

## 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 |
|------------------------|--------------------------------------|----------------|---------|----------------|
| GELINAS, ROCHEL GASTON | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 81349   | 01/30/2024     |
| HENDRIX, TIMOTHY WAYNE | SUPERVISING DISPENSING PRACTITIONER  | MEDICAL DOCTOR | 65142   | 09/21/2021     |

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

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