NABILA IMTIYAZ PATEL

License Number: OS20637

Data As Of 12/13/2025

Profession Osteopathic Physician

License Status OS20637

Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 3/31/2026
License Original Issue Date 11/09/2023

Address of Record 2510 W. Waters Ave. TAMPA, FL 33614

Controlled Substance Prescriber Yes

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

No secondary locations found.

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:

- ${\it 1. Full name and license number of the practitioner};\\$
- 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 |
|-------------------------|---------------------------------|---------------------|---------|----------------|
| BERGER, JASON ALEXANDER | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9109265 | 10/28/2025 |
| DAVIS, KYLE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9120635 | 9/9/2025 |
| DOSS, AARON MARSHALL | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9120038 | 4/15/2025 |

| Name | Relationship | Profession | License | Effective Date |
|-----------------|---------------------------------|---------------------|---------|----------------|
| JOSEPH, STANLEY | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9120163 | 5/23/2025 |
| ROBINSON, HOLLY | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9120421 | 6/30/2025 |

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.