



JEFFREY LLOYD KATZELL

License Number: ME50379

Data As Of 4/26/2026

Profession	Medical Doctor
License	ME50379
License Status	Obligations/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	04/27/1987
Address of Record	5589 Okeechobee Blvd SUITE 102 WEST PALM BEACH, FL 33417
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint Alerts	Yes Enforcement Alert 3/21/2001 10:58:13 AM This licensee has the following permanent restriction on his license "shall examine female patients only in the presence of a female chaperone". This permanent restriction is imposed by Final Order Case Number 93-03966; 92-14422; 92-03917, filed 9/19/95. For more information, contact the Client Services Unit.

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
KATZELL, JEFFREY LLOYD	50379	MEDICAL DOCTOR	WEST PALM BEACH	FL	199203917	SUSPENSION
KATZELL, JEFFREY LLOYD	50379	MEDICAL DOCTOR	WEST PALM BEACH	FL	199214422	SUSPENSION
KATZELL, JEFFREY LLOYD	50379	MEDICAL DOCTOR	WEST PALM BEACH	FL	199303966	SUSPENSION

Public Complaints

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KATZELL, JEFFREY LLOYD	50379	MEDICAL DOCTOR	WEST PALM BEACH	FL	199214422	AC FILED
KATZELL, JEFFREY LLOYD	50379	MEDICAL DOCTOR	WEST PALM BEACH	FL	199203917	AC FILED

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.

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.

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