Florida HEALTH Department of Health

SUSAN FRANCES NELSON

License Number: OS6525

Data As Of 10/29/2026

Profession	Osteopathic Physician
License	OS6525
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	3/31/2028
License Original Issue Date	09/14/1992
Address of Record	2004 N. Flamingo Rd PEMBROKE PINES, FL 33028
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	Yes
Public Complaint	Yes

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
DIAZ, SUSAN FRANCES	6525	OSTEOPATHIC PHY	PEMBROKE PINES	FL	200915730	OBLIGATION(S) SATISFIED
NELSON, SUSAN FRANCES	6525	OSTEOPATHIC PHY	PEMBROKE PINES	FL	201215898	OBLIGATION(S) SATISFIED
DIAZ, SUSAN FRANCES	6525	OSTEOPATHIC PHY	PEMBROKE PINES	FL	199608213	OBLIGATIONS IMPOSED
NELSON, SUSAN FRANCES	6525	OSTEOPATHIC PHY	PEMBROKE PINES	FL	199411697	OBLIGATIONS IMPOSED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
DIAZ, SUSAN FRANCES	6525	OSTEOPATHIC PHYSICIAN	PEMBROKE PINES	FL	200915730	AC FILED
NELSON, SUSAN FRANCES	6525	OSTEOPATHIC PHYSICIAN	PEMBROKE PINES	FL	201215898	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.

Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
ESPINOSA, RICARDO RODRIGO	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9100094	7/21/2021
FUENTES SANZ, TOMAS M	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	3620	10/19/2026
LOPEZ, RAMON EMILIO	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9100266	7/21/2021
RABINOVICH, JORGE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	3708	10/16/2026

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

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