#### TIFFANY LEE BERKSHIRE DO

## License Number: OS7645

Data As Of 7/26/2025

Profession Osteopathic Physician

License OS7645
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 3/31/2026 License Original Issue Date 06/09/1998

Address of Record 14550 Biscayne Blvd

NORTH MIAMI BEACH, FL 33181

Yes

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File Yes
Public Complaint No

# **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
FRAZER, TIFFANY	7645	OSTEOPATHIC	NORTH MIAMI	FL	199962456	FINE
BERKSHIRE		PHY	BEACH			

## **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.

## **Subordinate Practitioners**

Name	Relationship	Profession	License	Effective Date
POLERA, CATHERINE BEATRICE	SUBORDINATE	OSTEOPATHIC PHYSICIAN	11336	4/1/2021

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

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