



Medical Quality Assurance (MQA) Services

Practitioner Profile

[Back to License Verification](#)

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DUMITRU-DAN TEODORESCU MD

LICENSE NUMBER: **ME27145**

Profession: **Medical Doctor**
 Year Began Practicing: **11/1/1966**
 Expiration Date: **1/31/2016**
 Status: **CLEAR/ACTIVE**

Controlled Substance Prescriber: **YES**

- General Information
- Education and Training
- Academic Appointments
- Specialty Certification
- Financial Responsibility
- Proceedings and Actions
- Optional Information

Information in this profile has been verified by the practitioner.

Primary Practice Address

DUMITRU-DAN TEODORESCU MD
 1110 E GIBSON ST.
 ARCADIA, FL 34266
 UNITED STATES

Medicaid

This practitioner **does** participate in the Medicaid program.

Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	DESOTO MEMORIAL HOSPITAL
City	ARCADIA
State	FLORIDA

E-Mail Address

Please contact at: **DRDUMITRUDAN@GMAIL.COM**

Other State Licensure

This practitioner has indicated the following additional state licensure:

State	FLORIDA
Profession	MEDICAL DOCTOR

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