



Department of Health



Practitioner Profile

Printer Friendly Version

ROBERT LOUIS SLACKMAN

License Number: ME38639

Profession

Medical Doctor

License Status

CLEAR/ACTIVE

Year Began Practicing

01/01/1980

License Expiration Date

01/31/2021

General Information	Education & Training	Academic Appointments	Specialty Certification	Financial Responsibility	Proceedings & Actions
Optional Information	License Information				

The practitioner has not verified the information contained in this profile.

Primary Practice Address

ROBERT LOUIS SLACKMAN
 736 CENTRAL AVENUE
 PLANNED PARENTHOOD OF SW & CENTRAL FL
 SARASOTA, FL 34236
 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	City	State
OUT OF STATE	ROANOKE	VIRGINIA

Email Address



Contact at: bs0604@yahoo.com

Department of Health State Licenses



This practitioner has indicated the following additional state licensure:

State	Profession
VIRGINIA	MD

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