

**Company Name**

New U Med Spa Orlando

**City**

Orlando

**State**

FL

**Contact Name (First and Last)**

Dr J MD

**Email**

[raza.nextlevel360@gmail.com](mailto:raza.nextlevel360@gmail.com)

**Phone**

(407) 853-2676

**Website**

<https://newumedspaorlando.com/botox/>

**Do you have a UF Supplier ID?**

No

**Is the owner a UF alum?**

No

**General Description of Services**

- Healthcare or Medical Research Experimentation Services