# **BRIAN JASON SCHIRO**

### License Number: ME103087

Data As Of 5/6/2025			
Profession	Medical Doctor		
License	ME103087		
License Status	CLEAR/Active		
License Expiration Date	1/31/2027		
License Original Issue Date	10/17/2008		
Address of Record	8900 N. KENDALL DR.		
	MCVI 2nd Floor		
	MIAMI, FL 33176		
Controlled Substance Prescriber	Yes		
(for the Treatment of Chronic Non-			
malignant Pain)			
Discipline on File	No		
Public Complaint	No		

# Secondary Locations

No secondary locations found.

## Discipline/Admin Action

### **Emergency Actions**

No Emergency Actions Found

#### **Discipline Cases**

No Discipline Found

### **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
WILLIAMS-HAYE, ERICKA CHANTISA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	3750	1/11/2016

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

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Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.