#### SIDHARTH PANCHAMIA MD

#### License Number: ME106682

Data As Of 8/14/2025

Profession Medical Doctor
License ME106682
License Status Clear/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2026 License Original Issue Date 03/23/2010

Address of Record 3140 S Falkenburg Rd

Ste 205

Yes

RIVERVIEW, FL 33578-2594

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File Yes
Public Complaint Yes

## **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               |
|---------------------|---------|-------------------|-----------|-------|-----------|----------------------------|
| PANCHAMIA, SIDHARTH | 106682  | MEDICAL<br>DOCTOR | RIVERVIEW | FL    | 201620287 | OBLIGATION(S)<br>SATISFIED |

### **Public Complaints**

| Name                | License | Profession        | City      | State | Case #    | Action Taken |
|---------------------|---------|-------------------|-----------|-------|-----------|--------------|
| PANCHAMIA, SIDHARTH | 106682  | MEDICAL<br>DOCTOR | RIVERVIEW | FL    | 201620287 | AC FILED     |

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<br>Date |
|---|------------------------------------|---------------------------|---------|-------------------|
| GOMEZ, KRISTINE NICOLE                      | PRESCRIBING PHYSICIAN<br>ASSISTANT | PHYSICIAN ASSISTANT       | 9107236 | 4/17/2018         |
| GRIBBIN, THERESA ROSANNA                    | PRESCRIBING PHYSICIAN<br>ASSISTANT | PHYSICIAN ASSISTANT       | 9102943 | 1/24/2020         |
| GULF-TO-BAY ANESTHESIOLOGY<br>ASSOCIATES, L | PAIN MANAGEMENT CLINIC             | PAIN MANAGEMENT<br>CLINIC | 1442    | 4/16/2012         |
| NEAL, CHRISTOPHER GOFF                      | PRESCRIBING PHYSICIAN<br>ASSISTANT | PHYSICIAN ASSISTANT       | 9104543 | 4/19/2018         |
| NG, CINDY Y                                 | PRESCRIBING PHYSICIAN<br>ASSISTANT | PHYSICIAN ASSISTANT       | 9108731 | 4/19/2018         |

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

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