### **ERIC REED WIEPERT**

### License Number: ME108890

Data As Of 5/5/2025

Profession Medical Doctor
License ME108890
License Status CLEAR/Active
License Expiration Date 1/31/2027
License Original Issue Date 01/11/2011

Address of Record 10000 WEST COLONIAL OCOEE, FL 34761

Controlled Substance Prescriber No.

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

## **Secondary Locations**

#### Address

8527 US 441 Leesburg LEESBURG, FL 34788

#### Address

1200 North Central Avenue KISSIMMEE. FL 34746

#### Address

4601 North John Young Parkway ORLANDO, FL 32804

## 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
RG AMBLILANCE SERVICE INC. DRA AMER	ICAN SERVICE PROVIDE	R EMS SERVICE PROVIDER ALS	10020	1/10/2021

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

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