#### PAULDEEP BAHRA

### License Number: ME117591

Data As Of 6/22/2025

Profession Medical Doctor
License ME117591
License Status Clear/Active
License Expiration Date 1/31/2026
License Original Issue Date 09/16/2013

Address of Record 1902 Windsor Place, Suite 102 FORT WORTH, TX 76110

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               |
|-----------------|---------|-------------------|------------|-------|-----------|----------------------------|
| BAHRA, PAULDEEP | 117591  | MEDICAL<br>DOCTOR | FORT WORTH | TX    | 202105465 | OBLIGATION(S)<br>SATISFIED |

### **Public Complaints**

| Name            | License | Profession        | City       | State | Case#     | Action Taken |
|-----------------|---------|-------------------|------------|-------|-----------|--------------|
| BAHRA, PAULDEEP | 117591  | MEDICAL<br>DOCTOR | FORT WORTH | TX    | 202105465 | 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.

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.

