



NEHA PATEL

License Number: PA9110926

Data As Of 4/20/2026

Profession	Physician Assistant
License	PA9110926
License Status	Clear/Active
Qualifications	Dispensing Practitioner Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	11/14/2017
Address of Record	1801 NE Jensen Beach Blvd JENSEN BEACH, FL 34957
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

1730 SW St. Lucie W. Blvd
PORT SAINT LUCIE, FL 34986

[Address](#)

1900 SE Port St. Lucie Blvd
PORT SAINT LUCIE, FL 34952

[Address](#)

5550 S US Hwy 1
FORT PIERCE, FL 34982

[Address](#)

3275 SW Darwin Blvd
PORT SAINT LUCIE, FL 34953

[Address](#)

2498 S 35th st
FORT PIERCE, FL 34981

[Address](#)

1150 US Hwy 1,
VERO BEACH, FL 32960

[Address](#)

640 21st Street,
VERO BEACH, FL 32960

[Address](#)

10650 SW Tradition Pkwy
PORT SAINT LUCIE, FL 34987

[Address](#)

5000 Okeechobee Rd.
FORT PIERCE, FL 34947

[Address](#)

4007 SW. Port St. Lucie Blvd
PORT SAINT LUCIE, FL 34953

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.

Supervising Practitioners

Name	Relationship	Profession	License	Effective Date
SANFORD, SCOTT ALLEN M D	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	63841	11/01/2025
SANFORD, SCOTT ALLEN M D	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	63841	11/20/2023

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

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