

**NEHA PATEL****License Number: PA9110926***Data As Of 1/12/2026*

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|------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Profession | Physician Assistant |
| License | PA9110926 |
| License Status | Clear/Active |
| Qualifications | 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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