# DON ANTON DAYANTHA WISIDAGAMA

## License Number: PA9113883

Data As Of 11/27/2025

Profession Physician Assistant

License PA9113883
License Status Clear/Active
Qualifications Prescribing
License Expiration Date 1/31/2028
License Original Issue Date 12/04/2020

Address of Record 2438 S Kirkman Rd ORLANDO, FL 32811

Controlled Substance Prescriber No

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

5102 W SR 46

SANFORD, FL 32771

### Address

901 Currency Cir, Unit 1001 LAKE MARY, FL 32746

#### Address

7460 University Blvd, Ste 110 WINTER PARK, FL 32792

## Address

4670 Marigold Ave

POINCIANA, FL 34758

#### Address

1328 N Woodland Blvd

DELAND, FL 32720

### Address

8972 Turkey Lake Rd South Ste A400

ORLANDO, FL 32819

### Address

5845 Winter Garden Vineland Rd

WINDERMERE, FL 34786

#### Address

628 Cagan View Rd; Ste. 3&4

CLERMONT, FL 34714

### Address

805 County Rd 466

LADY LAKE, FL 32159

### Address

2438 S Kirkman Rd

ORLANDO, FL 32811

## Address

92 E Mitchell Hammock Rd #1006

**OVIEDO, FL 32765** 

Address

13935 Landstar Blvd #150 ORLANDO, FL 32824

#### Address

410 E Altamonte Dr #1020 ALTAMONTE SPRINGS, FL 32701

# 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
GOLGOTIU, ADRIAN DAN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	91383	02/02/2024
GORSTEIN, JAY IRWIN	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	15081	07/01/2023
SANCHEZ-HERRERA, PEDRO JOSE	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	134103	11/01/2025
SANCHEZ-HERRERA, PEDRO JOSE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	134103	10/18/2023

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

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