Department of Health

PAUL HENRY WAND MD

License Number: ME41117

Data As Of 11/3/2025

Profession	Medical Doctor
License	ME41117
License Status	Revoked/
License Expiration Date	1/31/2022
License Original Issue Date	10/28/1982
Address of Record	If further information is needed, please contact the Department of Health at (850) 488-0595.
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
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
WAND, PAUL HENRY	41117	MEDICAL DOCTOR	COCONUT CREEK	FL	200218489	DISCIPLINARY CITATION ISSUED
WAND, PAUL HENRY	41117	MEDICAL DOCTOR	COCONUT CREEK	FL	199505340	PROBATION SATISFIED
WAND, PAUL HENRY	41117	MEDICAL DOCTOR	COCONUT CREEK	FL	200923424	PROBATION
WAND, PAUL HENRY	41117	MEDICAL DOCTOR	COCONUT CREEK	FL	202031929	REVOCATION

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
WAND, PAUL HENRY	41117	MEDICAL DOCTOR	COCONUT CREEK	FL	200923424	AC FILED
WAND, PAUL HENRY	41117	MEDICAL DOCTOR	COCONUT CREEK	FL	202031929	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.