



HELEN ELIZABETH WATT

License Number: ME46320

Data As Of 7/8/2025

Profession	Medical Doctor
License	ME46320
License Status	Revoked/
License Expiration Date	1/31/2025
License Original Issue Date	04/30/1985
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
WATT, HELEN ELIZABETH	46320	MEDICAL DOCTOR	PHOENIX	AZ	200908548	OBLIGATION(S) SATISFIED
WATT, HELEN ELIZABETH	46320	MEDICAL DOCTOR	PHOENIX	AZ	201003679	OBLIGATION(S) SATISFIED
WATT, HELEN ELIZABETH	46320	MEDICAL DOCTOR	PHOENIX	AZ	201805182	RESTRICTED FROM PRACTICE
WATT, HELEN ELIZABETH	46320	MEDICAL DOCTOR	PHOENIX	AZ	201910231	SUSPENSION
WATT, HELEN ELIZABETH	46320	MEDICAL DOCTOR	PHOENIX	AZ	202351035	REVOCATION

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
WATT, HELEN ELIZABETH	46320	MEDICAL DOCTOR	PHOENIX	AZ	201003679	AC FILED
WATT, HELEN ELIZABETH	46320	MEDICAL DOCTOR	PHOENIX	AZ	200908548	AC FILED
WATT, HELEN ELIZABETH	46320	MEDICAL DOCTOR	PHOENIX	AZ	202351035	AC FILED
WATT, HELEN ELIZABETH	46320	MEDICAL DOCTOR	PHOENIX	AZ	201910231	AC FILED
WATT, HELEN ELIZABETH	46320	MEDICAL DOCTOR	PHOENIX	AZ	201805182	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.

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