



## SCOTT ALLEN SANFORD M.D.

License Number: ME63841

Data As Of 11/22/2024

Profession	Medical Doctor
License	ME63841
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2025
License Original Issue Date	05/10/1993
Address of Record	5550 S. US Hwy 1 FORT PIERCE, FL 34982
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

### Secondary Locations

[Address](#)

1900 SE PORT ST LUCIE BLVD  
PORT SAINT LUCIE, FL 34952

[Address](#)

1730 SW St. Lucie West Blvd  
PORT ST. LUCIE, FL 34986

[Address](#)

1801 NE Jensen Beach Blvd  
JENSEN BEACH, FL 34957

[Address](#)

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

[Address](#)

1730 SW Port St. Lucie Blvd  
PORT ST. LUCIE, FL 34986

[Address](#)

901 Currency Circle Unit 101  
LAKE MARY, FL 32746

[Address](#)

7460 University Blvd  
WINTER PARK, FL 32792

[Address](#)

5102 State Hwy 46  
SANFORD, FL 32771

[Address](#)

4670 Marigold Ave  
POINCIANA, FL 34758

### 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.

## Subordinate Practitioners

Name	Relationship	Profession	License	Effective Date
BURKHARDT, JUSTIN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111497	8/28/2023
CATERINA, NANCY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110277	12/13/2023
GATES, KOURTNEY L	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117719	10/4/2024
HAMANN, JOSHUA ANDREW	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115152	12/13/2023
PATEL, NEHA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110926	11/20/2023
WITTEMAN, ESTEFANIE A PA-C	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109258	11/21/2023
ZIGROSSER, KENNETH EDWARD	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117585	10/23/2023

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

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.