



THOMAS PAUL POIRIER MD

License Number: ME66130

Data As Of 4/24/2026

Profession	Medical Doctor
License	ME66130
License Status	Clear/Active
License Expiration Date	1/31/2028
License Original Issue Date	05/04/1994
Address of Record	3700 West Sovereigh Path LECANTO, FL 34461
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

1801 SOUTHEAST 32 AVE FLORIDA DEPARTMENT OF HEALTH MARION CO
OCALA, FL 34471

Address

7551 Forest Oaks Blvd
SPRING HILL, FL 34606

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.

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