DEREK JAMES RACHELLI

License Number: PA9104016

Data As Of 11/27/2025

Profession Physician Assistant

License PA9104016
License Status Clear/Active
Qualifications Prescribing

Dispensing Practitioner

License Expiration Date 1/31/2028
License Original Issue Date 11/16/2006

Address of Record Orlando Health-EPCF

3090 Caruso Court ORLANDO, FL 32806

Controlled Substance Prescriber Yes

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

Orlando Health South Lake Hospital 1900 Don Wickham Drive CLERMONT, FL 34711

Address

Orlando Health Reunion Village ED 8011 Osceola Polk Line Road

DAVENPORT, FL 33896

Address

2555 S. Kirkman Rd. ORLANDO, FL 32811

Address

3840 FL-436 #1000 APOPKA, FL 32703

Address

512 E. Altamonte Dr. #1000 ALTAMONTE SPRINGS, FL 32701

Address

7751 Kingspointe Pkwy #114 ORLANDO, FL 32819

Address

10959 W. Colonial Dr. #6 & #8

OCOEE, FL 34761

Address

Orlando Health Health Central Hospital 10000 W. Colonial Dr.

OCOEE, FL 34761

Address

Orlando Health Horizon West 17000 Porter Road

WINTER GARDEN, FL 34787

Address

Carespot Urgent Care 2323 S. Orange Ave

ORLANDO, FL 32806

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
LOPEZ, ROBERT JEFFREY	SUPERVISING DISPENSING PRACTITIONER	MEDICAL DOCTOR	102974	09/13/2018
LOPEZ, ROBERT JEFFREY	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	102974	09/13/2018

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

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