



## MEHDI POUSTCHI-AMIN

License Number: ME83367

Data As Of 4/24/2026

Profession	Medical Doctor
License	ME83367
License Status	Clear/Active
License Expiration Date	1/31/2028
License Original Issue Date	09/05/2001
Address of Record	WATSON CLINIC LLP 1600 LAKELAND HILLS BOULEVARD LAKELAND, FL 33805
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

1335 Sligh Blvd 3rd floor MP164 Orlando Health  
ORLANDO, FL 32806

### Address

1324 Lakeland Hills Blvd Lakeland Regional Health Medical Center  
LAKELAND, FL 33805

## 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
BELL, RALPH CHRISTOPHER	RADIOLOGIST ASSISTANT	RADIOLOGIST ASSISTANT	36	7/19/2010
JONES, WILLIAM FRANCIS	RADIOLOGIST ASSISTANT	RADIOLOGIST ASSISTANT	16	8/1/2004

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

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