BRIAN ANDREW HANLON

License Number: ME83978

Data As Of 8/4/2025

Profession Medical Doctor
License ME83978
License Status Clear/Active
License Expiration Date 1/31/2026
License Original Issue Date 12/26/2001

Address of Record 1550 BARKLEY CIRCLE FORT MYERS, FL 33907

Controlled Substance Prescriber No

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

1002 Country Club Blvd 708 DEL PRADO BLVD STE 7 CAPE CORAL, FL 33990

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
DENISON, MEGAN RAMBO	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110626	12/8/2017
FINCHER, LAURA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9118094	10/30/2023
MONTGOMERY. KATHERINE LEIGH PA-C	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112508	12/23/2019

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

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