



ROGER EMIL BASSIN

License Number: ME85585

Data As Of 9/11/2025

Profession	Medical Doctor
License	ME85585
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2026
License Original Issue Date	07/25/2002
Address of Record	1705 BERGLUND LANE SUITE 103 VIERA, FL 32940
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

Secondary Locations

Address

422 S. ALAFAYA TRAIL, STE. 32
ORLANDO, FL 32828

Address

8575 NE 138TH LANE SUITE 103
LADY LAKE, FL 32159

Address

6730 LINEBAUGH AVENUE SUITE 101
TAMPA, FL 33625

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
BASSIN, ROGER EMIL	85585	MEDICAL DOCTOR	VIERA	FL	200809013	OBLIGATION(S) SATISFIED
BASSIN, ROGER EMIL	85585	MEDICAL DOCTOR	VIERA	FL	200916569	DISCIPLINARY CITATION SATISFIED
BASSIN, ROGER EMIL	85585	MEDICAL DOCTOR	VIERA	FL	201023273	OBLIGATION(S) SATISFIED

Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
BASSIN, ROGER EMIL	85585	MEDICAL DOCTOR	VIERA	FL	201023273	AC FILED
BASSIN, ROGER EMIL	85585	MEDICAL DOCTOR	VIERA	FL	200809013	AC FILED

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.

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.