



CHRISTOPHER ARTHUR ROY WALKER

License Number: ME86897

Data As Of 12/22/2024

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| Profession | Medical Doctor |
| License | ME86897 |
| License Status | SUSPENDED/ |
| Qualifications | Dispensing Practitioner |
| License Expiration Date | 1/31/2025 |
| License Original Issue Date | 01/29/2003 |
| Address of Record | 801 N. ORANGE AVE STE 710 ORLANDO, FL 32801 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain) | No |
| Discipline on File | Yes |
| Public Complaint | Yes |

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

| Name | License | Profession | City | County | State | Case # | Action Taken | Action Date |
|---------------------|---------|----------------|---------|--------|-------|-----------|--------------|-------------|
| WALKER, CHRISTOPHER | 86897 | MEDICAL DOCTOR | ORLANDO | ORANGE | FL | 202102203 | ERO ISSUED | 03/16/2021 |

Discipline Cases

| Name | License | Profession | City | State | Case # | Action Taken |
|--------------------------------|---------|----------------|---------|-------|-----------|--------------|
| WALKER, CHRISTOPHER ARTHUR ROY | 86897 | MEDICAL DOCTOR | ORLANDO | FL | 202329518 | SUSPENSION |

Public Complaints

| Name | License | Profession | City | State | Case # | Action Taken |
|--------------------------------|---------|----------------|---------|-------|-----------|--------------|
| WALKER, CHRISTOPHER ARTHUR ROY | 86897 | MEDICAL DOCTOR | ORLANDO | FL | 201920935 | AC FILED |
| WALKER, CHRISTOPHER ARTHUR ROY | 86897 | MEDICAL DOCTOR | ORLANDO | FL | 202332823 | AC FILED |
| WALKER, CHRISTOPHER ARTHUR ROY | 86897 | MEDICAL DOCTOR | ORLANDO | FL | 202329518 | AC FILED |
| WALKER, CHRISTOPHER ARTHUR ROY | 86897 | MEDICAL DOCTOR | ORLANDO | FL | 202111002 | AC FILED |
| WALKER, CHRISTOPHER ARTHUR ROY | 86897 | MEDICAL DOCTOR | ORLANDO | FL | 202102203 | AC FILED |

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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