



## KRISTEN NICOLE GIORDANO

### License Number: PA9106324

Data As Of 1/12/2026

Profession	Physician Assistant
License	PA9106324
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2028
License Original Issue Date	11/14/2011
Address of Record	8375 Dix Ellis Trail Suite 20 JACKSONVILLE, FL 32256
Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain)	No
Discipline on File	No
Public Complaint	No

## Secondary Locations

### Address

14550 ST. AUGUSTINE RD BAPTIST MEDICAL CENTER- SOUTH  
JACKSONVILLE, FL 32258

### Address

3599 UNIVERSITY BLVD., S. BROOKS REHABILITATION HOSPITAL  
JACKSONVILLE, FL 32216

### Address

1350 13TH AVENUE SOUTH BAPTIST MEDICAL CENTER-BEACHES  
JACKSONVILLE BEACH, FL 32250

### Address

800 PRUDENTIAL DRIVE BASPTIST MEDICLAL CENTER  
JACKSONVILLE, FL 32207

### Address

1250 SOUTH 18TH STREET BAPTIST MEDICAL CENTER-NASSAU  
FERNANDINA BEACH, FL 32034

### Address

2001 KINGSLEY AVENUE ORANGE PARK MEDICAL CENTER  
ORANGE PARK, FL 32073

### Address

4901 RICHARD STREET SPECIALTY HOSPITAL JACKSONVILLE  
JACKSONVILLE, FL 32207

## 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	Effective License	Date
ALSAHLI, HAITHAM	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	140232	08/28/2019
BEARDSLEY, SHANNON LEE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	70257	07/18/2022
CUNNINGHAM, JAMES CHRISTOPHER	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	10705	08/28/2019
JOHN, CHRISTOPHER M	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	15940	08/28/2019
JOHNSON, CHARLES EDWARD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	110710	10/28/2022
LAHIJI, KIAN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	136700	11/09/2018
MAKAR, RYAN AZIZ	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	100244	09/08/2016
PARIKH, PANKIT TUSHAR	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	128791	02/06/2019
TERHAAR, KENNETH	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	134708	03/18/2019
TUTTLE, MITCH CHRISTOPHER	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	141405	11/27/2019

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

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