DAVID LEON WILSON MD

License Number: ME97268

Data As Of 11/27/2025

Profession Medical Doctor
License ME97268
License Status Clear/Active
License Expiration Date 1/31/2027
License Original Issue Date 10/18/2006

Address of Record 9401 Summit Centre Way
ORLANDO, FL 32810

No

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

No secondary locations found.

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	License	Effective Date
KOBY, ADAM HENRY	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	147313	07/24/2021

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Name	Relationship	Profession	License	Effective Date
DUNSMORE, JOANN J	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103204	5/6/2016
HORN, JOHN A	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	2200	4/14/2016
POST, CYNTHIA SUE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	3617	2/6/2017

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