RANDALL L. MCKISSACK

License Number: ME96715

Data As Of 6/21/2025

Profession Medical Doctor
License ME96715
License Status Clear/Active
License Expiration Date 1/31/2027
License Original Issue Date 08/16/2006

Address of Record 999 MAR WALT DRIVE

SURGERY DEPARTMENT

WHITE-WILSON MEDICAL CENTER FORT WALTON BEACH, FL 32547

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File Yes
Public Complaint Yes

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

| Name | License | Profession | City | State | Case# | Action Taken |
|--------------------------|---------|-------------------|----------------------|-------|-----------|-------------------------|
| MCKISSACK, RANDALL L. | 96715 | MEDICAL DOCTOR | FORT WALTON BEACH | FL | 201208846 | OBLIGATION(S) SATISFIED |

Public Complaints

| Name | License | Profession | City | State | Case# | Action Taken |
|--------------------|---------|------------|-------------|-------|-----------|--------------|
| MCKISSACK, RANDALL | 96715 | MEDICAL | FORT WALTON | FL | 201208846 | AC FILED |
| L. | | DOCTOR | BEACH | | | |

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. | |
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