### **HEATHER CATHERINE SLAYTON**

## License Number: PA9106900

Data As Of 7/23/2025

Profession Physician Assistant

License PA9106900
License Status Clear/Active
Qualifications Prescribing
License Expiration Date 1/31/2026
License Original Issue Date 10/02/2012

Address of Record 507 DEL PRADO BLVD.

LPG Urology CAPE CORAL

CAPE CORAL, FL 33990

Controlled Substance Prescriber No.

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

## Secondary Locations

#### Address

636 DEL PRODO BLVD. CAPE CORAL HOSPITAL

CAPE CORAL, FL 33990

#### Address

12651 WHITEHALL DRIVE LPG Urology FORT

FORT MYERS, FL 33907

### Address

12631 WHITEHALL DRIVE LPG Urology SURGERY CENTER OF SW FLORIDA

FORT MYERS, FL 33907

### Address

2776 S. CLEVELAND AVE. LEE MEMORIAL HOSPITAL

FT MYERS, FL 33901

### Address

9981 S. HEALTHPARK DR. HEALTHPARK MEDICAL CENTER

FORT MYERS, FL 33908

## 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
BORDEN, JAMES DAVID MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	48356	12/12/2016
BRETTON, PAUL RICHARD MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	57549	12/12/2016
EVANS, BLAKE JOSEPH MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	117404	12/12/2016
RIZZO, JASPER JOHN DO	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	6277	12/12/2016
STRICKLAND, MICHAEL GERARD DO	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	9180	12/12/2016

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

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