

## N ALLISON NIST

## License Number: ME50067

Profession Medical Doctor
License Status DECEASED/
Year Began Practicing 01/01/1981
License Expiration Date 01/31/2022

Controlled Substance Prescriber (for the Yes

Treatment of Chronic Non-malignant

Pain)

## **General Information**

The practitioner is not obligated to update their profile data.

## **Primary Practice Address**

N ALLISON NIST FL DEPT HEALTH COLLIER COUNTY 3339 TAMIAMI TRAIL EAST NAPLES, FL 34112