



## ROBERT FLOOD

License Number: APRN11008550

Profession	Advanced Practice Registered Nurse
License Status	Clear/Active
Year Began Practicing	Not Provided
License Expiration Date	07/31/2026
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

## General Information

This profile is not publishable pending confirmation by the practitioner.

### Primary Practice Address

ROBERT FLOOD  
10723 LENORE PARK CT  
LAS VEGAS, NV 89166

### Email Address

Please contact at: [robert@simplehealthlimited.com](mailto:robert@simplehealthlimited.com)