MALLORY ALLYSON GAYTAN-PANDA

License Number: PA9108079

Data As Of 10/30/2025

Profession Physician Assistant

License PA9108079
License Status Clear/Active
Qualifications Prescribing
License Expiration Date 1/31/2026
License Original Issue Date 08/04/2014

Address of Record 1401 West Seminole Blvd

SANFORD, FL 32771

Controlled Substance Prescriber Yes

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

1401 WEST SEMINOLE BLVD. CENTRAL FLORIDA REGIONAL

SANFORD, FL 32771

Address

8300 RED BUG LAKE RD. OVIEDO MEDICAL CENTER

OVIEDO, FL 32765

Address

380 Rinehart Rd

LAKE MARY, FL 32746

Address

4525 INTERNATIONAL PARKWAY HEATHROW ER - DIVISION OF CFRH

SANFORD, FL 32771

Address

555 SOUTH SEMINOLE HOSPITAL WEST STATE ROAD 434

LONGWOOD, FL 32750

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 |
|------------------------|--------------------------------------|----------------|---------|----------------|
| MIZELLE, HOWARD LELAND | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 82040 | 01/01/2025 |

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

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