#### PRIYA VIKASH NEGANDHI

### License Number: ME132504

Data As Of 7/5/2025

Profession Medical Doctor
License ME132504
License Status Clear/Active
License Expiration Date 1/31/2027
License Original Issue Date 05/12/2017
Address of Record MHPG Hospital

MHPG Hospitalists 200 Hospital Ave STUART, FL 34994

No

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

No secondary locations found.

## 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.

#### **Subordinate Practitioners**

Name	Relationship	Profession	License	Effective Date
CLIFTON, LESLIE ANN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9105201	1/17/2018
CRUZ, YVETTE LYNN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9104295	1/25/2018
PATEL, HETAL MIHIR	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9103240	3/27/2018

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

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