NICHOLAS JOHN MANDALAKAS

License Number: ME143033

Data As Of 8/5/2025

Profession Medical Doctor
License ME143033
License Status Clear/Active
Qualifications NICA Exempt

Dispensing Practitioner

License Expiration Date 1/31/2026
License Original Issue Date 10/30/2019

Address of Record 1113 S. State Street

Suite 100 Dover

No

DOVER, DE 19901

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

201 North Main Street SMYRNA, DE 19977

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
ALLISON, KRISTIN GRIMM	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113102	6/1/2020

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

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