



DALLAS ELLEN SEIDMAN PARKER

License Number: PA9115088

Data As Of 4/24/2026

Profession	Physician Assistant
License	PA9115088
License Status	Clear/Active
Qualifications	Prescribing Dispensing Practitioner
License Expiration Date	1/31/2028
License Original Issue Date	09/29/2021
Address of Record	92 E Mitchell Hammock Rd STE 1 OVIEDO, FL 32765
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

[Address](#)

5102 W SR 46
SANFORD, FL 32771

[Address](#)

901 Currency Cir, Unit 1001
LAKE MARY, FL 32746

[Address](#)

7460 University Blvd, Ste 110
WINTER PARK, FL 32792

[Address](#)

4670 Marigold Ave
POINCIANA, FL 34758

[Address](#)

1328 N Woodland Blvd
DELAND, FL 32720-2203

[Address](#)

8972 Turkey Lake Rd South; Ste
ORLANDO, FL 32819

[Address](#)

5845 Winter Garden Vineland Ro
WINDERMERE, FL 34786

[Address](#)

628 Cagan View Rd; Ste. 3&4
CLERMONT, FL 34714

[Address](#)

805 County Rd 466
LADY LAKE, FL 32159

[Address](#)

2438 S Kirkman Rd
ORLANDO, FL 32811

[Address](#)

13935 Landstar Blvd #150
ORLANDO, FL 32824

[Address](#)

410 E Altamonte Dr #1020
ALTAMONTE SPRINGS, FL 32701

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
YI, DAVID CHANG	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	103801	12/07/2024

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

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