



## BRANDON SCOTT LEHR

License Number: PA9115431

Data As Of 4/12/2025

|  |   |
|--|---|
| Profession   | Physician Assistant                                 |
| License  | PA9115431   |
| License Status   | CLEAR/Active  |
| Qualifications   | Prescribing   |
| License Expiration Date  | 1/31/2026   |
| License Original Issue Date  | 12/22/2021  |
| Address of Record  | 700 8th Ave West<br>Suite 101<br>PALMETTO, FL 34221 |
| Controlled Substance Prescriber<br>(for the Treatment of Chronic Non-malignant Pain) | No  |
| Discipline on File   | No  |
| Public Complaint   | No  |

### Secondary Locations

[Address](#)

170 N Lime Avenue  
SARASOTA, FL 34237

[Address](#)

12271 US Hwy 301N  
PARRISH, FL 34219-8410

[Address](#)

1312 Manatee Avenue E  
BRADENTON, FL 34208-1358

[Address](#)

1110 E Gibson Street Building A  
ARCADIA, FL 34266-5011

[Address](#)

4805 26th Street West  
BRADENTON, FL 34207-1706

[Address](#)

5325 26th West  
BRADENTON, FL 34207-3012

[Address](#)

5600 Bayshore Road  
PALMETTO, FL 34221

[Address](#)

1949 Northgate Blvd  
SARASOTA, FL 34234-2143

[Address](#)

37220 Glenwood Avenue  
MYAKKA CITY, FL 34251-0008

### 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 |
|----------------------|--------------------------------------|-----------------------|---------|----------------|
| RIDER, MONICA RAQUEL | SUPERVISING PRESCRIBING PRACTITIONER | OSTEOPATHIC PHYSICIAN | 12222   | 03/09/2022     |

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

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