CYNTHIA HEATHER SEILER

License Number: PA9101180

Data As Of 8/21/2025

Profession Physician Assistant

License PA9101180
License Status Clear/Active
Qualifications Prescribing

Dispensing Practitioner

License Expiration Date 1/31/2026
License Original Issue Date 01/19/2000

Address of Record 3090 Caruso Court, Suite 20

ORLANDO REGIONAL HEALTHCARE/ EMERGENCY PHYSICIANS OF CENTRAL FL

ORLANDO, FL 32806

No

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

2323 S Orange Avenue ORLANDO, FL 32806

Address

2250 Lee Road Suite 98 WINTER PARK, FL 32789

Address

1615 East State Highway 50 Suite 200

CLERMONT, FL 34711

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
WEATHERFORD, TORY LAYNE	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	127556	07/27/2022

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

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