#### IAN ARTHUR DOUGLAS WOODING

#### License Number: ME65585

Data As Of 10/29/2025

Profession Medical Doctor
License ME65585
License Status Clear/Active
License Expiration Date 1/31/2027
License Original Issue Date 01/25/1994

Address of Record MEMORIAL HOSPITAL WEST 703 NORTH FLAMINGO ROAD

PEMBROKE PINES, FL 33028

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File Yes
Public Complaint No

# **Secondary Locations**

No secondary locations found.

## Discipline/Admin Action

#### **Emergency Actions**

No Emergency Actions Found

#### **Discipline Cases**

| Name                | License | Profession | City           | State | Case#     | Action Taken |
|---------------------|---------|------------|----------------|-------|-----------|--------------|
| WOODING, IAN ARTHUR | 65585   | MEDICAL    | PEMBROKE PINES | FL    | 200203111 | SUSPENSION   |
| DOUGLAS             |         | DOCTOR     |                |       |           |              |

#### **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 |
|-------------------------|--------------|-----------------------------|---------|----------------|
| SABATES, JILLIAN NICOLE | SUBORDINATE  | ANESTHESIOLOGIST ASSISTANTS | 12      | 10/27/2008     |

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

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