Florida HEALTH Department of Health

SUMIT SAWHNEY MD

License Number: ME72890

Data As Of 11/14/2026

Profession	Medical Doctor
License	ME72890
License Status	Clear/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2027
License Original Issue Date	04/23/1997
Address of Record	3080 NW 99th Avenue Second Floor CORAL SPRINGS, FL 33065
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

Secondary Locations

No secondary locations found.

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
ONCOLOGY & HEMATOLOGY ASSOICATES OF WEST	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	1458	1/12/2009

Name	Relationship	Profession	License	Effective Date
SOUTH FLORIDA ONCOLOGY AND HEMATOLOGY CO	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3727	7/20/2010

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

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