DEREK LEE EISNOR

License Number: ME74231

Data As Of 7/4/2025

Profession Medical Doctor
License ME74231
License Status Clear/Active
License Expiration Date 1/31/2027
License Original Issue Date 09/25/1997

Address of Record Sacred Heart Hospital 5151 North 9th Avenue

PENSACOLA, FL 32504

No

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

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 |
|---------------------------|---------------------------------|---------------------|------------------------|
| ALI, MOHAMED SYAD | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9104732 7/6/2023 |
| BASTIN, JOHN PATRICK PA-C | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9110037 7/6/2023 |
| BERRY, RANAE SHANNON | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9103545 7/6/2023 |

| Name | Relationship | Profession | License | Effective Date |
|------------------------------|---------------------------------|---------------------|---------|----------------|
| BURNS, AMANDA MICHELLE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9116653 | 7/6/2023 |
| CASANOVA, JUDITH | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9105079 | 7/6/2023 |
| GLARDON, CHRISTIAN GEORGES | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9105689 | 7/6/2023 |
| HANDT, TYLER JASON | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9116177 | 7/6/2023 |
| HORN, JOHN A | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 2200 | 3/15/2017 |
| JOHNSON, MICHAEL | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9111371 | 7/6/2023 |
| LANGDON, PHILLIP NEIL | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9109345 | 7/6/2023 |
| LEONIDES, ROCIO | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9111441 | 7/6/2023 |
| MORRIS, SCOTT KIMBERLY | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 2885 | 7/6/2023 |
| NAYEEM, NAZMUL HASAN | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9117106 | 7/6/2023 |
| PITTMAN, ANNA ELIZABETH CORY | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9108780 | 7/6/2023 |
| PITTMAN, CARLOS TERRELL | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9107816 | 7/6/2023 |
| SALAS, JENNIFER LYNNE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9104807 | 7/6/2023 |
| SIDUN, NICHOLAS | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9116132 | 7/6/2023 |
| SMIT, MARIA VALENTI | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9105510 | 7/6/2023 |
| WALKER, DANIELLE LINDSEY | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9103745 | 7/6/2023 |
| WILEY, AMY HELEN | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9111747 | 7/6/2023 |
| WILSON, SHERENE NASHARA | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9106036 | 7/6/2023 |

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