# LORETTA SUZANNE LOFTUS

# License Number: ME83631

Data As Of 8/21/2025		
Profession	Medical Doctor	
License	ME83631	
License Status	Clear/Active	
License Expiration Date	1/31/2026	
License Original Issue Date	11/02/2001	
Address of Record	12902 MAGNOLIA DRIVE	
	TAMPA, FL 33612-9497	
Controlled Substance Prescriber	Yes	
(for the Treatment of Chronic Non-		
malignant Pain)		
Discipline on File	No	
Public Complaint	No	

## **Secondary Locations**

### Address

10920 N. MCKINLEY DRIVE H. LEE MOFITT CANCER CENTER AND RESEARCH INSTITUTE HOSPITAL, INC TAMPA, FL 33612

## 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
BAIR, STEPHANIE JANINE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109418	3/16/2020
MCHODGKINS, CLARISSA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110308	11/4/2021

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

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