



HEATHER RENEE WRIGHT

License Number: PA9105944

Data As Of 9/1/2025

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|--|---|
| Profession | Physician Assistant |
| License | PA9105944 |
| License Status | Clear/Active |
| Qualifications | Prescribing |
| License Expiration Date | 1/31/2026 |
| License Original Issue Date | 03/22/2011 |
| Address of Record | 1600 SW ARCHER SHANDS UF HEALTH NORTH TOWER GAINESVILLE, FL 32610 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain) | No |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

10435 SW 170TH PLACE UF HEALTH ORTHOPAEDICS VILLAGES
SUMMERFIELD, FL 34491

Address

3450 HULL RD. UF ORTHOPAEDICS AND SPORTS MEDICINE
GAINESVILLE, FL 32607

Address

1515 S.W. ARCHER RD. SHANDS @ UF HEALTH SOUTH TOWER
GAINESVILLE, FL 32610

Address

3480 HULL RD. FLORIDA SURGICAL CENTER
GAINESVILLE, FL 32607

Address

2846 SW 87TH WAY, SUITE A UF HEALTH ORTHOPAEDICS & SPORTS MEDICINE - HAILE PLANTATION
GAINESVILLE, FL 32608

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 |
|---------------------------|--------------------------------------|----------------|---------|----------------|
| HAGEN, JENNIFER ELIZABETH | SUPERVISING PRESCRIBING PRACTITIONER | MEDICAL DOCTOR | 121794 | 06/11/2024 |

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

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