## PIPER LYNN SQUIRE

## License Number: ME91808

Data As Of 7/17/2025

Profession Medical Doctor
License ME91808
License Status Clear/Active
License Expiration Date 1/31/2027
License Original Issue Date 10/26/2004

Address of Record 1919 NE 45th Street

Suite 117

Yes

Yes

FORT LAUDERDALE, FL 33308

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Authorized to Order (Medical and

Low-THC Cannabis)

Discipline on File Yes
Public Complaint Yes

# **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               |
|--------------------|---------|-------------------|--------------------|-------|-----------|----------------------------|
| SQUIRE, PIPER LYNN | 91808   | MEDICAL<br>DOCTOR | FORT<br>LAUDERDALE | FL    | 200556781 | OBLIGATIONS<br>IMPOSED     |
| SQUIRE, PIPER LYNN | 91808   | MEDICAL<br>DOCTOR | FORT<br>LAUDERDALE | FL    | 202127160 | OBLIGATION(S)<br>SATISFIED |
| SQUIRE, PIPER LYNN | 91808   | MEDICAL<br>DOCTOR | FORT<br>LAUDERDALE | FL    | 202127160 | OBLIGATION(S)<br>SATISFIED |

#### **Public Complaints**

| Name               | License | Profession        | City               | State | Case#     | Action Taken |
|--------------------|---------|-------------------|--------------------|-------|-----------|--------------|
| SQUIRE, PIPER LYNN | 91808   | MEDICAL<br>DOCTOR | FORT<br>LAUDERDALE | FL    | 200556781 | AC FILED     |
| SQUIRE, PIPER LYNN | 91808   | MEDICAL<br>DOCTOR | FORT<br>LAUDERDALE | FL    | 202127160 | AC FILED     |

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

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.

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