## **ASHISH KUMAR SAHAI**

## License Number: ME100842

Data As Of 4/24/2025

Profession Medical Doctor
License ME100842
License Status CLEAR/Active

Qualifications Dispensing Practitioner

License Expiration Date 1/31/2026
License Original Issue Date 01/23/2008

Address of Record 280 SW NATURA AVENUE DEERFIELD BEACH, FL 33441

Yes

Yes

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**

#### Address

9325 Glades Rd Suite #205 BOCA RATON, FL 33434

# Discipline/Admin Action

#### **Emergency Actions**

No Emergency Actions Found

## **Discipline Cases**

Name	License	Profession	City	State	Case#	Action Taken
SAHAI, ASHISH KUMAR	100842	MEDICAL DOCTOR	DEERFIELD BEACH	FL	201904808	OBLIGATION(S) SATISFIED

## **Public Complaints**

Name	License	Profession	City	State	Case#	Action Taken
SAHAI, ASHISH KUMAR	100842	MEDICAL DOCTOR	DEERFIELD BEACH	l FL	201904808	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

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
DOMINGUEZ, CHRISTOPHER ALEJANDRO	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9113025	2/13/2024
FERRELL, GRANT CARLYLE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9116386	2/13/2024
HYLAND, MICHELLE	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112696	5/7/2024
PENA, RUBI O	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117613	8/15/2024
SALEH, SARA HUSSEIN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111268	5/30/2024
SPECIALTY ORTHOPEDIC CTR	HCCE	HEALTH CARE CLINIC ESTABLISHMENT PERMIT	3099	11/19/2009

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

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