



## JACQUES-PIERRE FONTAINE

License Number: ME108852

Data As Of 7/26/2025

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| Profession   | Medical Doctor   |
| License  | ME108852   |
| License Status   | Clear/Active   |
| License Expiration Date  | 1/31/2027  |
| License Original Issue Date  | 01/06/2011   |
| Address of Record  | 12902 USF MAGNOLIA DRIVE<br>DEPARTMENT OF THORACIC ONCOLOGY<br>MOFFIT CANCER CENTER<br>TAMPA, FL 33612 |
| Controlled Substance Prescriber<br>(for the Treatment of Chronic Non-malignant Pain) | No   |
| 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 |
|-------------------------|---------------------------------|---------------------|---------|----------------|
| DE LA CRUZ, DIANA       | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9114460 | 7/3/2024       |
| GRUBBS, DEANNA MUSSER   | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9102760 | 7/1/2021       |
| MOODIE, CARLA CHRISTINA | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9104191 | 7/1/2021       |

| Name                    | Relationship                    | Profession          | License | Effective Date |
|-------------------------|---------------------------------|---------------------|---------|----------------|
| POWER, LINDSAY PAULINA  | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9117643 | 7/3/2024       |
| RABON, PATRICIA DO VALE | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9109565 | 7/1/2021       |
| SMITH, KARIN LYNN       | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9113464 | 7/1/2021       |
| TEW, JENNA RAE          | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9106196 | 7/1/2021       |

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