#### **NIPUN ARORA**

## License Number: ME110269

Data As Of 7/30/2025

Profession Medical Doctor
License ME110269
License Status Clear/Active
License Expiration Date 1/31/2027
License Original Issue Date 06/14/2011

Address of Record 251 MAITLAND AVE.

SUITE 116

Yes

ALTAMONTE SPRINGS, FL 32701

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

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
DRUMM, MEGAN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9112899	2/8/2021

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

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of

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