



## MALLORY ALLYSON GAYTAN-PANDA

### License Number: PA9108079

Data As Of 7/26/2025

Profession	Physician Assistant
License	PA9108079
License Status	Clear/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	08/04/2014
Address of Record	1401 West Seminole Blvd SANFORD, FL 32771
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes
Discipline on File	No
Public Complaint	No

### Secondary Locations

#### Address

1401 WEST SEMINOLE BLVD. CENTRAL FLORIDA REGIONAL  
SANFORD, FL 32771

#### Address

8300 RED BUG LAKE RD. OVIEDO MEDICAL CENTER  
OVIEDO, FL 32765

#### Address

380 Rinehart Rd  
LAKE MARY, FL 32746

#### Address

4525 INTERNATIONAL PARKWAY HEATHROW ER - DIVISION OF CFRH  
SANFORD, FL 32771

#### Address

555 SOUTH SEMINOLE HOSPITAL WEST STATE ROAD 434  
LONGWOOD , FL 32750

### 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

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
MIZELLE, HOWARD LELAND	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	82040	01/01/2025

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

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