TORY LAYNE WEATHERFORD

License Number: ME127556

Data As Of 7/25/2025

Profession Medical Doctor License ME127556 License Status Clear/Active License Expiration Date 1/31/2026 License Original Issue Date 03/23/2016 Address of Record 3090 Caruso Ct.

ORLANDO, FL 32806

No

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

No Discipline on File **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
CHEESEBREW, JOHN FRANKLIN II	SUBORDINATE	MEDICAL DOCTOR	119183	11/15/2020
FALK, JAY L	PRESCRIBING PHYSICIAN ASSISTANT	MEDICAL DOCTOR	57003	7/27/2022
PURRONE, SCOTT	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	3200	8/31/2018
SEILER, CYNTHIA HEATHER	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9101180	7/27/2022

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

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