

LAUREN BAHL

License Number: PA9110535

Data As Of 9/7/2025

Profession Physician Assistant

License PA9110535
License Status Clear/Active
Qualifications Prescribing
License Expiration Date 1/31/2026
License Original Issue Date 08/07/2017

Address of Record Florida Hospital Medical Group

2600 Westhall Lane

4th floor

No

MAITLAND, FL 32751

Controlled Substance Prescriber

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

Secondary Locations

Address

7727 Lake Underhill Rd. ORLANDO, FL 32822

Address

200 North Lakemont Ave WINTER PARK, FL 32792

Address

601 E. Altamonte Dr.

ALTAMONTE SPRINGS, FL 32701

Address

2450 North Orange Blossom Tr

KISSIMMEE, FL 34744

Address

601 East Rollins St

ORLANDO, FL 32803

Address

2100 Ocoee Apopka Rd

APOPKA, FL 32703

Address

400 Celebration Place

CELEBRATION, FL 34747

Address

1000 Waterman Way

TAVARES, FL 32778

Address

1000 Waterman Way AdventHealth Waterman

TAVARES, FL 32778

Address

2450 N Orange Blossom Tr AdventHealth Kissimmee

KISSIMMEE, FL 34744

Address

200 N Lakemont Avenue AdventHealth Winter Park

WINTER PARK, FL 32792

Address

2100 Ocoee Apopka Rd AdventHealth Apopka

APOPKA, FL 32703

Address

601 E Altamonte Drive AdventHealth Altamonte

ALTAMONTE SPRINGS, FL 32701

Address

400 Celebration Place AdventHealth Celebration

CELEBRATION, FL 34747

Address

7727 Lake Underhill Road AdventHealth East Orlando

ORLANDO, FL 32833

Address

601 E Rollins Street AdventiHealth Orlando

LAKE MARY, FL 32746

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;
- $2. \ \mbox{Name}$ 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
OLIVEIRA, EDUARDO C CAMACHO MD	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	R 81926	12/13/2021

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

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