ALLYSON MARIE CAMPUZANO

License Number: PA9112923

Data As Of 4/29/2025	
Profession	Physician Assistant
License	PA9112923
License Status	CLEAR/Active
Qualifications	Prescribing
License Expiration Date	1/31/2026
License Original Issue Date	01/13/2020
Address of Record	15955 SW 96 Street
	Suite 401
	MIAMI, FL 33196
Controlled Substance Prescriber	No
(for the Treatment of Chronic Non-	
malignant Pain)	
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

8940 North Kendall Drive 602E Miami Orthopedics Sports Med Inst MIAMI, FL 33176

Address

8900 North Kendall Dr. Baptist Hospital of Miami KENDALL, FL 33176

Address

5000 University Drive Doctors Hospital CORAL GABLES, FL 33146

Address

6200 SW 73 Streeet South Miami Hospital SOUTH MIAMI, FL 33143

Address

9555 SW 162 Avenue West Kendall Hospital MIAMI, FL 33196

Address

1150 Campo Sano Ave #400 Miami Orthopedics & Sports Medicine Sur CORAL GABLES, FL 33146

Address

6200 Sunset Drive, Suite 200 Medical Arts Surgery Center at South Mia MIAMI, FL 33143

Address

6200 SW 72nd Street Suite 602 Miami Orthopedics Sports Med SOUTH MIAMI, FL 33143

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

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.

The information on this page is a secure, primary source for license verification provided by the Florida Department of Health, Division of Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.