# **BRANDON SCOTT LEHR**

# License Number: PA9115431

Data As Of 12/14/2025

Profession Physician Assistant

License PA9115431
License Status Clear/Active
Qualifications Prescribing
License Expiration Date 1/31/2028
License Original Issue Date 12/22/2021
Address of Record 700 8th Ave West

Suite 101

No

PALMETTO, FL 34221

Controlled Substance Prescriber (for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No Public Complaint No

# **Secondary Locations**

#### Address

5600 Bayshore Road PALMETTO, FL 34221

#### Address

1949 Northgate Blvd

SARASOTA, FL 34234-2143

# Address

37220 Glenwood Avenue

MYAKKA CITY, FL 34251-0008

#### Address

170 N Lime Avenue

SARASOTA, FL 34237

#### Address

12271 US Hwy 301N

PARRISH, FL 34219-8410

#### Address

1312 Manatee Avenue E

BRADENTON, FL 34208-1358

#### Address

1110 E Gibson Street Building A

ARCADIA, FL 34266-5011

#### Address

4805 26th Street West

BRADENTON, FL 34207-1706

#### Address

5325 26th West

BRADENTON, FL 34207-3012

# Discipline/Admin Action

### **Emergency Actions**

No Emergency Actions Found

## **Discipline Cases**

## **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.

# **Supervising Practitioners**

Name	Relationship	Profession	License	Effective Date
RIDER, MONICA RAQUEL	SUPERVISING PRESCRIBING PRACTITIONER	OSTEOPATHIC PHYSICIAN	12222	03/09/2022

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

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