### KARISSA EICKHOFF

## License Number: PA9115876

Data As Of 7/31/2025

Profession Physician Assistant

License Status Clear/Active
Qualifications Prescribing
License Expiration Date 1/31/2026
License Original Issue Date 04/14/2022

Address of Record 2169 W State Road 234 FORTVILLE, IN 46040

Controlled Substance Prescriber Yes

(for the Treatment of Chronic Non-

malignant Pain)

Discipline on File No 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;
- $2. \ \mbox{Name}$  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
SUGAR, DAVID ALLEN	SUPERVISING PRESCRIBING PRACTITIONER	MEDICAL DOCTOR	73607	07/18/2023

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

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Medical Quality Assurance. This website is maintained by Division staff and is updated immediately upon a change to our licensing and enforcement database.	