



SCOTT ALLEN SANFORD M.D.

License Number: ME63841

Data As Of 12/2/2024

Profession	Medical Doctor
License	ME63841
License Status	CLEAR/Active
Qualifications	Dispensing Practitioner
License Expiration Date	1/31/2025
License Original Issue Date	05/10/1993
Address of Record	5550 S. US Hwy 1 FORT PIERCE, FL 34982
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	No
Public Complaint	No

Secondary Locations

Address

1900 SE PORT ST LUCIE BLVD
PORT SAINT LUCIE, FL 34952

Address

1730 SW St. Lucie West Blvd
PORT ST. LUCIE, FL 34986

Address

1801 NE Jensen Beach Blvd
JENSEN BEACH, FL 34957

Address

4007 SW Port St. Lucie Blvd
PORT ST. LUCIE, FL 34953

Address

1730 SW Port St. Lucie Blvd
PORT ST. LUCIE, FL 34986

Address

901 Currency Circle Unit 101
LAKE MARY, FL 32746

Address

7460 University Blvd
WINTER PARK, FL 32792

Address

5102 State Hwy 46
SANFORD, FL 32771

Address

4670 Marigold Ave
POINCIANA, FL 34758

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
BUCKALOO, JASON W	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117647	11/11/2024
BURKHARDT, JUSTIN	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9111497	8/28/2023
CATERINA, NANCY	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110277	12/13/2023
GATES, KOURTNEY L	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117719	10/4/2024
HAMANN, JOSHUA ANDREW	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9115152	12/13/2023
PATEL, NEHA	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9110926	11/20/2023
WITTEMAN, ESTEFANIE A PA-C	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9109258	11/21/2023
ZIGROSSER, KENNETH EDWARD	PRESCRIBING PHYSICIAN ASSISTANT	PHYSICIAN ASSISTANT	9117585	10/23/2023

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

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