



IAN ARTHUR DOUGLAS WOODING

License Number: ME65585

Data As Of 4/30/2026

Profession	Medical Doctor
License	ME65585
License Status	Clear/Active
License Expiration Date	1/31/2027
License Original Issue Date	01/25/1994
Address of Record	MEMORIAL HOSPITAL WEST 703 NORTH FLAMINGO ROAD PEMBROKE PINES, FL 33028
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	No

Secondary Locations

No secondary locations found.

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

Name	License	Profession	City	State	Case #	Action Taken
WOODING, IAN ARTHUR DOUGLAS	65585	MEDICAL DOCTOR	PEMBROKE PINES	FL	200203111	SUSPENSION

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
SABATES, JILLIAN NICOLE	SUBORDINATE	ANESTHESIOLOGIST ASSISTANTS	12	10/27/2008

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

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WOODING, IAN ARTHUR	65585	MEDICAL	PEMBROKE PINES	FL	200203111	SUSPENSION
DOUGLAS		DOCTOR				

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