RUSSELL DARREN WEISZ

License Number: ME82067

Data As Of 10/25/2025

Profession Medical Doctor
License ME82067
License Status Clear/Active

Qualifications STATE OF PRINCIPAL LICENSURE

License Expiration Date 1/31/2026
License Original Issue Date 03/19/2001

Address of Record 17196 Courtland Lane
BOCA RATON, FL 33496

Controlled Substance Prescriber No.

(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:

- ${\it 1. Full name and license number of the practitioner};\\$
- 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 | Effective License Date |
|-----------------------|------------------------------------|---------------------|---------------------------|
| BARTL, JUSTIN MICHAEL | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9104893 7/27/2018 |

| Name | Relationship | Profession | License | Effective Date |
|------------------------------|------------------------------------|---|---------|-------------------|
| GUAMAN, EDISSON ANDRES MR | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9110396 | 11/17/2017 |
| PREWITT, JOSHUA BRAS | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9113173 | 8/3/2020 |
| SOUTH PALM ORTHOPEDICS PA | HCCE | HEALTH CARE CLINIC ESTABLISHMENT PERMIT | 698 | 12/30/2008 |

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

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