



## PARUL KAMLESH PATEL

License Number: ME85468

Data As Of 2/27/2026

Profession	Medical Doctor
License	ME85468
License Status	DELINQUENT/
License Expiration Date	1/31/2026
License Original Issue Date	07/12/2002
Address of Record	2121 LAKE AVE FORT WAYNE, IN 46805
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	No
Discipline on File	Yes
Public Complaint	Yes

### 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
PATEL, PARUL KAMLESH	85468	MEDICAL DOCTOR	FORT WAYNE	IN	200427927	OBLIGATION(S) SATISFIED

#### Public Complaints

Name	License	Profession	City	State	Case #	Action Taken
PATEL, PARUL KAMLESH	85468	MEDICAL DOCTOR	FORT WAYNE	IN	200427927	AC FILED

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
CIESLIK, KRZYSZTOF	SUBORDINATE	ANESTHESIOLOGIST ASSISTANTS	126	8/20/2012

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

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