



IRFAN FAKHARUDDIN SIDDIQUI

License Number: OS10711

Profession	Osteopathic Physician
License Status	CLEAR/Active
Year Began Practicing	12/31/2007
License Expiration Date	03/31/2026
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

General Information

Primary Practice Address

IRFAN FAKHARUDDIN SIDDIQUI
301 EAST PINE STREET
SUITE 1400
ORLANDO, FL 32801

Medicaid

This practitioner DOES participate in the Medicaid program.

Staff Privileges

This practitioner has not indicated any staff privileges.

Email Address

Please contact at: dr.siddiqui@hotmail.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
MICHIGAN	
UTAH	
UTAH	PHYSICIAN

Florida Birth-Related Neurological Injury Compensation Association

If you are a Florida Allopathic (MD) or Osteopathic (DO) Physician, you are required to provide proof of payment of the Florida Birth-Related Neurological Injury Compensation Association (NICA) assessment as required by section 766.314, Florida Statutes. Payment of the initial and annual assessment are required of all Florida Allopathic and Osteopathic Physicians who do not qualify for an exemption as set forth in section 766.314(4)(b)4, Florida Statutes.

This practitioner has indicated that he/she is exempt from paying assessment.

Education and Training

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
NOVA SOUTHEASTERN UNIVERSITY	DO	8/1/1999 - 5/27/2003	05/27/2003

Other Health Related Degrees

This practitioner has completed the following other health related degrees:

School/University	City	State/Country	Dates Attended		Degree Title
			From	To	
NOVA SOUTHEASTERN UNIVERSITY	FT. LAUDERDALE	FLORIDA	08/01/1995	05/25/1999	BS BIOLOGY

Professional and Postgraduate Training

This practitioner has completed the following graduate medical education:

Program Name	Program	Specialty Area	Other Specialty	City	State or	Dates	Dates
	Type		Area		Country	Attended	Attended
PONTIAC REGIONAL MEDICAL CENTER	INTERNSHIP	IM - INTERNAL MEDICINE	AOA APPROVED INTERNSHIP	PONTIAC	MICHIGAN	07/01/2003	06/30/2004
PONTIAC REGIONAL MEDICAL CENTER	RESIDENCY	IM - INTERNAL MEDICINE		PONTIAC	MICHIGAN	07/01/2004	06/30/2006
PONTIAC REGIONAL MEDICAL CENTER	FELLOWSHIP	IM - CARDIOVASCULAR DISEASE		PONTIAC	MICHIGAN	07/01/2006	06/30/2009
UNIVERSITY OF UTAH	FELLOWSHIP	IC - INTERVENTIONAL CARDIOLOGY		SALT LAKE CITY	UTAH	07/01/2009	06/30/2009

Academic Appointments

Graduate Medical Education

This practitioner has not had the responsibility for graduate medical education within the last 10 years.

Academic Appointments

This practitioner does not currently hold faculty appointments at any medical/health related institutions of higher learning.

Specialty Certification

Specialty Certification

This practitioner holds the following certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed:

Specialty Board	Certification	Date Certified
AMERICAN OSTEOPATHIC BOARD OF INTERNAL M	IM - INTERNAL MEDICINE	
AMERICAN OSTEOPATHIC BOARD OF INTERNAL M	IM - CARDIOVASCULAR DISEASE	
AMERICAN OSTEOPATHIC BOARD OF INTERNAL M	IC - INTERVENTIONAL CARDIOLOGY	

Financial Responsibility

Financial Responsibility

I have hospital staff privileges and I have obtained and maintain an unexpired, irrevocable letter of credit, established pursuant to chapter 675 FS, in an amount not less than \$250,000 per claim, with a minimum aggregate availability of credit of not less than \$750,000. The letter of credit shall be payable to the osteopathic physician as beneficiary upon presentment of a final judgment indicating liability and awarding damages to be paid by the osteopathic physician or upon presentment of a settlement agreement signed by all parties to such agreement when such final judgment or settlement is a result of a claim arising out of the rendering of, or the failure to render, medical care and services. Such letter of credit shall be nonassignable and nontransferable. Such letter of credit shall be issued by any bank or savings association organized and existing under the laws of this state or any bank or savings association organized under the laws of the United States that has its principal place of business in this state or has a branch office which is authorized under the laws of this state or of the United States to receive deposits in this state OR I have hospital staff privileges and I have established and maintain an escrow account consisting of cash or assets eligible for deposit in accordance with s.625.52 FS in the per-claim amounts specified above.

Proceedings and Actions

Proceedings & Actions

Criminal Offenses

The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public. Information is verified by the Department at the time of initial licensure and renewal.

This practitioner has indicated that he/she has no criminal offenses required to be published on this profile.

Medicaid Sanctions and Terminations

This practitioner has not been sanctioned or terminated for cause from the Medicaid program.

Final Disciplinary Actions Reported by the Department of Health within the last 10 years:

The information below is self reported by the practitioner.

Final disciplinary action taken by a specialty board within the last 10 years:

This practitioner has indicated that he/she has *NOT* had any final disciplinary action taken against him/her within the last 10 years by a specialty board.

Final disciplinary action taken by a licensing agency within the last 10 years:

This practitioner has indicated that he/she has *NOT* had any final disciplinary action taken against him/her within the last 10 years by a licensing agency.

Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center within the last 10 years:

This practitioner has indicated that he/she has *NOT* had any final disciplinary action taken against him/her within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

The following discipline has been reported as required under 456.041(5), F.S. within the previous 10 years.

Resignation from or non-renewal of medical staff membership or the restriction or revocation of staff privileges within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center in lieu of or in settlement of a pending disciplinary case related to competence or character.

This practitioner has indicated that he/she has *NEVER* been asked to or allowed to resign from or had any medical staff privileges restricted or revoked within the last 10 years by a health maintenance organization, pre-paid health clinic, nursing home, licensed hospital or ambulatory surgical center.

Liability Claims Exceeding \$100,000.00 Within last 10 years.

Settlement of a claim may occur for a variety of reasons that do not necessarily reflect negatively on the professional competence or conduct of the physician. A payment settlement of a medical malpractice action or claim should not be construed as creating a presumption that medical malpractice has occurred.

Additional claims information may have been reported to the Department of Financial Services. To check their web site, please click [here](#).

There have not been any reported liability actions, which are required to be reported under section 456.049, F. S., within the previous 10 years.

Optional Information

Committees/Memberships

This practitioner has an affiliation with the following committees:
American Osteopathic Association

Professional or Community Service Awards

This practitioner has provided the following professional or community service activities, honors, or awards:

Community Service/Award/Honor	Organization
TOP CARDIOLOGIST 2018	TOP PHYSICIANS

Publications

This practitioner has authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
PERCUTANEOUS PATENT FORAMEN OVALE CLOSURE USING HELIZ AND AMPLATZER WITHOUT INTRAPROCEDURAL ECHOCARDIOGRAPHIC GUIDANCE	JOURNAL OF INTERVENTIONAL CARDIOLOGY	11/28/2010

Professional Web Page

Www.myheartdoc.org

Languages Other Than English

This practitioner has not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

Other Affiliations

This practitioner has not provided any national, state, local, county, or professional affiliations.