# **CHRISTOPHER DURANT STONE**

# License Number: ME128552

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/1994
License Expiration 01/31/2028

Date

# **General Information**

# **Primary Practice Address**

CHRISTOPHER DURANT STONE 13494 E 600 ROAD INOLA, OK 74036

#### Medicaid

This practitioner DOES participate in the Medicaid program.

# **Staff Privileges**

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

Institution Name	City	State
UNITED HOSPITAL AT KENOSHA MEDICAL CENTER	KENOSHA	WISCONSIN
COLUMBIA ST MARYS HOSPITAL OZAUKEE	MEQUON	WISCONSIN
ST FRANCIS HOSPITAL WHEATON FRANCISCAN HEALTHCARE	MILWAUKEE	WISCONSIN
FRANKLIN HOSPITAL WHEATON FRANCISCAN HEALTHCARE	FRANKLIN	WISCONSIN
WAUKESHA HOSPITAL PROHEALTH CARE	WAUKESHA	WISCONSIN
COMMUNITY MEMORIAL	MENOMONEE FALLS	WISCONSIN
COLUMBIA ST MARYS HOSPITAL MILWAUKEE	MILWAUKEE	WISCONSIN
ST JOSEPH HOSPITAL WHEATON FRANCISCAN HEALTHCARE	MILWAUKEE	WISCONSIN
THE WISCONSIN HEART HOSPITAL	WAUWATOSA	WISCONSIN
LARGO MEDICAL CENTER	LARGO	FLORIDA

### **Email Address**

Please contact at: chrisstonemd@gmail.com

# **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
MARYLAND	MEDICAL DOCTOR
GEORGIA	MEDICAL DOCTOR
MISSOURI	MEDICAL DOCTOR
WISCONSIN	MEDICAL DOCTOR
ILLINOIS	MEDICAL DOCTOR
COLORADO	MEDICAL DOCTOR
MICHIGAN	MEDICAL DOCTOR

State	Profession
MISSISSIPPI	MEDICAL DOCTOR
WEST VIRGINIA	MEDICAL DOCTOR
ALABAMA	MEDICAL DOCTOR
INDIANA	MEDICAL DOCTOR
IOWA	MEDICAL DOCTOR
OKLAHOMA	MEDICAL DOCTOR
TENNESSEE	MEDICAL DOCTOR
TEXAS	MEDICAL DOCTOR
ARKANSAS	MEDICAL DOCTOR
CALIFORNIA	MEDICAL DOCTOR
LOUISIANA	MEDICAL DOCTOR
NORTH CAROLINA	MEDICAL DOCTOR
PENNSYLVANIA	MEDICAL DOCTOR
SOUTH CAROLINA	MEDICAL DOCTOR
VIRGINIA	MEDICAL DOCTOR

## 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 has submitted payment of the assessment.

# **Education and Training**

## **Education and Training**

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF OKLAHOMA COLLEGE OF MEDICINE	MD	8/1/1980 - 6/10/1984	05/31/1984

## **Other Health Related Degrees**

This practitioner does not hold any additional health related degrees.

## **Professional and Postgraduate Training**

This practitioner has completed the following graduate medical education:

Program Name	Program Type	Specialty Area	Other Specialty Area	City	State or Country	Dates Attended From	Dates Attended To
THE JOHNS HOPKINS HOSPITAL	RESIDENCY	GS - SURGERY		BALTIMORE	MARYLAND	07/01/1984	06/30/1987
THE NATIONAL INSTITUTE OF HEALTH	RESIDENCY	CARDIAC SURGERY		BALTIMORE	MARYLAND	07/01/1987	06/30/1989
THE JOHNS HOPKINS HOSPITAL	RESIDENCY	GS - SURGERY		BALTIMORE	MARYLAND	12/01/1989	06/30/1991
THE JOHNS HOPKINS HOSPITAL	RESIDENCY	CARDIAC SURGERY		BALTIMORE	MARYLAND	07/01/1991	06/30/1992
THE JOHNS HOPKINS HOSPITAL	RESIDENCY	TS - THORACIC SURGERY		BALTIMORE	MARYLAND	01/01/1993	06/30/1993
THE JOHNS HOPKINS HOSPITAL	RESIDENCY	CARDIAC SURGERY		BALTIMORE	MARYLAND	07/01/1993	06/30/1994

# **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 BOARD OF SURGERY	GS - SURGERY	06/03/1992
AMERICAN BOARD OF THORACIC SURGERY	TS - THORACIC SURGERY	01/01/1995

# Financial Responsibility

#### **Financial Responsibility**

I have hospital staff privileges and I have professional liability coverage in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), F. S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of self insurance as provided in s.627.357, F.S.

# **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 not indicated any committees on which they serve for any health entity with which they are affiliated.

#### **Professional or Community Service Awards**

This practitioner has not provided any professional or community service activities, honors, or awards.

#### **Publications**

This practitioner has not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

#### **Professional Web Page**

This practitioner has not provided any professional web page information.

#### **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.