



DONALD JOE PERRY

License Number: ME132109

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	Not Provided
License Expiration Date	01/31/2027

General Information

Primary Practice Address

DONALD JOE PERRY
601 E ROLLINS ST
ORLANDO, FL 32803

Medicaid

This practitioner does NOT participate in the Medicaid program.

Staff Privileges

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

Institution Name	City	State
FLORIDA HOSPITAL - ORLANDO	ORLANDO	FLORIDA
FLORIDA HOSPITAL-APOPKA	APOPKA	FLORIDA
WINTER PARK MEMORIAL HOSPITAL	WINTER PARK	FLORIDA
ADVENT HEALTH WINTER PARK, FL.	ORLANDO	FLORIDA
FLORIDA HOSPITAL WATERMAN	WATERMAN	FLORIDA
FLORIDA HOSPITAL-ALTAMONTE	ALTAMONTE	FLORIDA
FLORIDA HOSPITAL-KISSIMMEE	KISSIMMEE	FLORIDA
FLORIDA HOSPITAL-EAST ORLANDO	ORLANDO	FLORIDA
FLORIDA HOSPITAL-CELEBRATION HEALTH	CELEBRATION	FLORIDA
	NEW SMYRNA	FLORIDA
FLORIDA HOSPITAL FISH MEMORIAL	FISH	FLORIDA

Email Address

Please contact at: donald.perry.md@flhosp.org

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	PHYSICIAN'S AND SURGEON LICENSE
WASHINGTON	PHYSICIAN (LIMITED)
WASHINGTON	PHYSICIAN-MD

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 WASHINGTON-SEATTLE	MD	7/1/2007 - 6/30/2011	06/30/2011

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
PROVIDENCE SACRED HEART MEDICAL CENTER	INTERNSHIP	GS - SURGERY	MEDICINE	SPOKANE	WASHINGTON	07/01/2011	06/30/2012
UNIVERSITY OF WASHINGTON MEDICAL CENTER	RESIDENCY	DR - DIAGNOSTIC RADIOLOGY		SEATTLE	WASHINGTON	07/01/2012	06/30/2016
UNIVERSITY OF WASHINGTON MEDICAL CENTER	FELLOWSHIP	DR - VASCULAR AND INTERVENTIONAL RADIOLO		SEATTLE	WASHINGTON	07/01/2016	06/30/2017

Academic Appointments

Graduate Medical Education

This practitioner has had the responsibility for graduate medical education within the last 10 years.

Academic Appointments

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
ASSISTANT PROFESSOR	UNIVERSITY OF CENTRAL FLORIDA SCHOOL OF MEDICINE	ORLANDO	FLORIDA

Specialty Certification

Specialty Certification

This practitioner does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

Financial Responsibility

Financial Responsibility

I have hospital staff privileges and I have established an irrevocable letter of credit or escrow account in an amount of \$250,000/\$750,000, in accordance with Chapter 675, F. S., for a letter of credit and s. 625.52, F. S., for an escrow account.

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:
Society of Interventional Radiology

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 QUALITY PHYSICIAN RECOGNITION AWARD	ADVENTHEALTH APOPKA

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 indicated that the following languages other than English are used to communicate with patients, or that a translation service is available for patients, at his/her primary place of practice.

RUSSIAN

Other Affiliations

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