



S ANTHONY WOLFE

License Number: ME18683

Profession Medical Doctor
License Status Deceased/
Year Began Practicing 01/01/1975
License Expiration 01/31/2025
Date

General Information

Primary Practice Address

S ANTHONY WOLFE
3100 SW 62 AVENUE
SUITE 2230
MIAMI, FL 33155

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
UNIVERSITY OF MIAMI HOSPITAL	MIAMI	FLORIDA
MIAMI CHILDREN'S HOSPITAL	MIAMI	FLORIDA
JACKSON MEMORIAL HOSPITAL	MIAMI	FLORIDA
SOUTH MIAMI HOSPITAL	MIAMI	FLORIDA
MERCY HOSPITAL INC.	MIAMI	FLORIDA

Email Address

Please contact at: awolfemd@bellsouth.net

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	MEDICAL

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
HARVARD UNIVERSITY	MD	1/1/1962 - 1/1/1965	01/01/1965

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
UNIVERSITY HOSPITAL OF CLEVELAND	INTERNSHIP	GS - SURGERY		CLEVELAND	OHIO	07/01/1965	06/30/1966
BRIGHAM HOSPITAL	RESIDENCY	GS - SURGERY		BOSTON	MASSACHUSETTS	07/01/1968	06/30/1972
UNIVERSITY OF MIAMI	RESIDENCY	PS - PLASTIC SURGERY		MIAMI	FLORIDA	07/01/1972	06/30/1974
PAUL TESSIER, MD	FELLOWSHIP	PS - CRANIOFACIAL SURGERY		PARIS	FRANCE	07/01/1974	06/30/1975

Academic Appointments

Graduate Medical Education

The practitioner did not provide this mandatory information.

Academic Appointments

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

Title	Institution	City	State
VOLUNTARY PROFESSOR	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE	MIAMI	FLORIDA

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	
AMERICAN BOARD OF PLASTIC SURGERY	PS - PLASTIC SURGERY	

Financial Responsibility

Financial Responsibility

I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), 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](#).

The following liability actions have been reported as required under section 456.049, F. S., within the previous 10 years:

Incident Date	County	Judicial Case	Settlement Date	Amount	Policy Amount
04/29/2011	DADE	13-032430 CA (0	05/24/2023	\$250,000.00	\$250,000.00

Optional Information

Committees/Memberships

This practitioner has an affiliation with the following committees:
INTERVIEWER-S. FL. APPLICATIONS COMMITTEE-AM COLL SURGEONS
FELLOWSHIP ACCREDITATION COMMITTEE-AM SOC OF MAXILLO. SURG
PUBLIC INFORMATION COMMITTEE-AMERICAN CLEFT PALATE ASSOC.
SECRETARY-THE TESSIER SOCIETY
COUNSELOR-FL CLEFT PALATE ASSOCIATION
FL GOVERNOR'S ADV. COUNCIL-CRANIOFACIAL ANOMALIES PROGRAM
BRD OF DIRECTORS-FL CHILDREN'S GENETIC DISEASE FOUNDATION

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
1965 BOYLSTON PRIZE	HARVARD MEDICAL SCHOOL

Publications

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

Title	Publication	Date
THE ANATOMY & CLINICAL APPLICATIONS OF THE BUCCAL FAT PAD	PLASTIC AND RECONSTRUCTIVE SURGERY	01/01/1990
REDISCOVERY OF THE TEMPORAL MUSCLE FLAP FOR ANKYLOSIS	JOURNAL OF ORAL AND MAXILLOFACIAL SURGERY	07/01/1990
THYROTOXIC EXOPHTHALMOS	PLASTIC & RECONSTRUCTIVE SURGERY	07/01/1990
THE POSTAURICULAR WAY-STATION FOR TUBED PEDICLES FROM ...	PLASTIC AND RECONSTRUCTIVE SURGERY	07/01/1990
MALAR AUGMENTATION USING AUTOGENOUS MATERIALS	CLINICS IN PLASTIC SURGERY	01/01/1991
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS		

Professional Web Page

www.wolfemarshall.com

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.

SPANISH
FRENCH

Other Affiliations

This practitioner has provided the following national, state, local, county, and professional affiliations:

Affiliation
AMERICAN ASSOCIATION OF PLASTIC SURGERY
AMERICAN CLEFT PALATE ASSOCIATION
AMERICAN SOCIETY FOR AESTHETIC PLASTIC SURGERY
AMERICAN SOCIETY OF MAXILLOFACIAL SURGERY
AMERICAN SOCIETY OF PLASTIC AND RECONSTRUCTIVE SURGERY
ARGENTINE SOCIETY OF PLASTIC SURGEONS
ASSOCIATION FRANCAISE DES CHIRURGIENS MAXILLOFACIAUX
COLUMBIAN SOCIETY OF PLASTIC MAXILLOFACIAL & HAND SURGERY
DADE COUNTY MEDICAL PROGRAM
ECUADORIAN SOCIETY OF CRANIOFACIAL SURGERY
FELLOW-AMERICAN COLLEGE OF SURGEONS
FELLOW-THE NEW YORK ACADEMY OF MEDICINE
FINNISH SOCIETY OF PLASTIC SURGEONS
FLORIDA CLEFT PALATE ASSOCIATION
FOUNDING MEMBER-INTERNATIONAL SOCIETY OF CRANIOMAX. SURG.
GERMAN SOCIETY OF MAXILLOFACIAL SURGEONS
GREATER MIAMI SOCIETY OF PLASTIC & RECONSTRUCTIVE SURGEONS
SOUTHEASTERN SOCIETY OF PLASTIC RECONSTRUCTIVE SURGERY
THE MILLARD SOCIETY
THE TESSIER SOCIETY

