



## GUSTAVO G LEON

License Number: ME29633

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	07/01/1981
License Expiration Date	01/31/2026
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

## General Information

### Primary Practice Address

GUSTAVO G LEON  
7481 MILLER DRIVE  
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
KENDALL REGIONAL MEDICAL CENTER	MIAMI	FLORIDA
UNIVERSITY OF MIAMI HOSPITAL	MIAMI	FLORIDA
CORAL GABLES HOSPITAL	CORAL GABLES	FLORIDA
KINDRED HOSPITAL	MIAMI	FLORIDA
MERCY HOSPITAL INC.	MIAMI	FLORIDA
SELECT SPECIALTY HOSPITAL	MIAMI	FLORIDA

### Email Address

Please contact at: [mrabassa@bellsouth.net](mailto:mrabassa@bellsouth.net)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
PUERTO RICO	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
SANTIAGO DE COMPOSTELA	MD	1/1/1967 - 7/30/1973	07/30/1973

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 OF MIAMI, SCHOOL OF MEDICINE	FELLOWSHIP	OTHER	KIDNEY TRANSPLANT	MIAMI	FLORIDA	07/01/1980	06/30/1981
UNIVERSITY OF PUERTO RICO	INTERNSHIP	TY - TRANSITIONAL YEAR			PUERTO RICO	07/01/1974	06/30/1975
UNIVERSITY OF PUERTO RICO	RESIDENCY	OTHER	GENERAL AND THORACIC SURGERY		PUERTO RICO	07/01/1975	06/30/1980
	OTHER PROGRAM	OTHER	LAPAROENDOSCOPIC SURGERY			01/01/1994	01/01/1995
	OTHER PROGRAM	OTHER	ADVANCED TECHNIQUE IN LAPAROENDOSCOPIC SURGERY	***	***	01/01/1996	01/01/1997

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

Title	Institution	City	State
CLINICAL INSTRUCTOR	NOVA SOUTHEASTERN UNIVERSITY	FORT LAUDERDALE	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 ASSOCIATION OF PHYSICIAN SPEC.	GS - 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](#).**

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:

BOARD OF GOVERNORS -AMERICAN ASSOCIATION OF PHYSICIAN SPECIALTIES  
CREDENTIALS COMMITTEE UNIVERSITY OF MIAMI

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
CERTIFICATE OF APPRECIATION FOR OUTSTANDING CONTRIBUTION	DEA
CERTIFICATE OF APPRECIATION	HISTORICAL CULTURAL CENTER
RECIPIENT OF JOSE MARTI CITIZENSHIP AWARD & MERITORIOUS	
CERTIFICATE OF APPRECIATION	CUBA UNITED ORGANIZATION
CERTIFICATTE OF APPRECIATION	AMERICAN ASSOCIATION OF BILIARY TRACT SURGERY
CERTIFICATE OF PROCLAMATION	THE CITY OF MIAMI
CERTIFICATE OF APPRECIATION	MIAMI LIONS CLUB
CENTENNIAL AWARD	THE CITY OF MIAMI
CERTIFICATE OF APPRECIATION	METROPOLITAN DADE COUNTY, FLORIDA
BOARD OF GOVERNORS	AMERICAN ASSOCIATION OF PHYSICIAN SPECIALTIES

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.  
SPANISH

Other Affiliations

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

Affiliation
AMERICAN BOARD OF QUALITY ASSURANCE & UTILIZATION REVIEW
AMERICAN BOARD OF QUALITY ASSURANCE-CERT. RISK MANAGEMENT
AMERICAN MEDICAL ASSOCIATION
AMERICAN SOCIETY OF ABDOMINAL SURGEONS-FELLOW
AMERICAN SOCIETY OF SURGEONS-FELLOW
CUBAN SOCIETY OF SURGERY
DADE COUNTY MEDICAL ASSOCIATION
DIPLOMATE AMERICAN BOARD OF ABDOMINAL SURGERY
MIAMI SURGICAL SOCIETY-FOUNDING MEMBER
SOCIETY OF LAPAROENDOSCOPIC SURGERY