



JOHN WILLIAM PINNELLA

License Number: ME39619

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	01/01/1981
License Expiration Date	01/31/2028

General Information

Primary Practice Address

JOHN WILLIAM PINNELLA
915 MIDDLE RIVER DR.
2ND FLOOR
FORT LAUDERDALE, FL 33304

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
HOLY CROSS HOSPITAL, INC.	FT. LAUDERDALE	FLORIDA
IMPERIAL POINT MEDICAL CENTER	FT. LAUDERDALE	FLORIDA

Email Address

Please contact at: pinnellacosmetic@gmail.com

Other State Licenses

This practitioner has not indicated any additional state licensures.

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
SUNY AT BUFFALO	MD	7/1/1971 - 6/1/1974	06/01/1974

Other Health Related Degrees

This practitioner has completed the following other health related degrees:

School/University	City	State/Country	Dates Attended From	Dates Attended To	Degree Title
STATE UNIVERSITY OF NEW YORK	BUFFALO	NEW YORK	07/01/1967	06/01/1971	D.D.S. DENTAL

Professional and Postgraduate Training

This practitioner has completed the following graduate medical education:

Program Name	Program Type	Specialty Area	Other Specialty Area	State or City Country	Dates Attended From	Dates Attended To
MARICOPA MEDICAL CENTER	INTERNSHIP	TY - TRANSITIONAL YEAR		ARIZONA	06/25/1974	06/24/1975
UNIVERSITY HOSPITAL-SUNY STONE	RESIDENCY	GS - SURGERY		NEW YORK	07/01/1975	06/30/1978
BAYLOR COLLEGE OF MEDICINE	FELLOWSHIP	OTHER	MICROVASCULAR RESEARCH	TEXAS	01/01/1979	06/30/1979
BAYLOR COLLEGE OF MEDICINE	RESIDENCY	PS - PLASTIC SURGERY		TEXAS	07/01/1979	06/30/1981

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 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:

For instructions on how to order copies of final disciplinary actions, please click [here](#).

[View Discipline Narratives](#)

[View Board Actions](#)

Taken By		Date Of Action	Description of Disciplinary Action	Under Appeal
FLORIDA DEPARTMENT OF HEALTH		03/24/2017	OBLIGATION(S) SATISFIED	NO

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
				\$ 0.00	\$ 0.00

The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.

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.

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

Committees/Memberships

This practitioner has an affiliation with the following committees:
OUT-PATIENT SERVICE COMMITTEE, HOLY CROSS HOSPITAL
CHAIRMAN, OUTPATIENT SERVICES, HOLY CROSS HOSPITAL
CHIEF OF PLASTIC SURGERY, NORTH RIDGE MEDICAL CENTER
MUSEUM OF ART
MUSEUM OF DISCOVERY & SCIENCE
FORT LAUDERDALE PHILHARMONIC SOCIETY

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
FIRST PRIZE OVERALL	MUSEUM OF ART, FORT LAUDERDALE, FLORIDA
VOLUNTEER MEDICAL OVERSEAS MISSIONS	PLASTIC SURGERY PROJECT, LESOTHO, AFRICA
PHYSICIAN'S RECOGNITION AWARD	AMERICAN MEDICAL ASSOCIATION
CHIEF OF PLASTIC SURGERY	HOLY CROSS HOSPITAL
CHIEF OF DEPT OF SURGERY	HOLY CROSS HOSPITAL
CHIEF OF PLASTIC SURGERY	IMPERIAL POINT HOSPITAL

Publications

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

Title	Publication	Date
DECUBITUS ULCER AS A SIGN OF HYPOTHYROIDISM	JOURNAL OF PLASTIC & RECONSTRUCTIVE SURGERY	08/01/1988
TRAM FLAP BREAST RECONSTRUCTION	THE RECORD	03/01/1991
DIRECT MICROVASCULAR MONITORING WITH IMPLANTABLE ULTRA-	JOURNAL OF MICROSURGERY	09/01/1982
LEGAL AND ETHICAL ISSUES FOR HEALTH PROFESSIONALS (2ND EDITION)	JONES AND BARLETT PUBLISHERS	11/20/2009
LEGAL AND ETHICAL ISSUES FOR HEALTH PROFESSIONALS (3RD EDITION)	JONES AND BARLETT PUBLISHERS	11/01/2013
LEGAL AND ETHICAL ISSUES FOR HEALTH PROFESSIONALS (4TH EDITION)	JONES AND BARLETT PUBLISHERS	11/01/2015
FACELIFT IN A PATIENT WITH BENIGN SYMMETRIC LIPOMATOSIS AND HIV FACE LIPOATROPHY	ANNUAL OF PLASTIC SURGERY	12/01/2013

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

Affiliation
AMERICAN SOCIETY OF PLASTIC & RECONSTRUCTIVE SURGERY
BROWARD COUNTY MEDICAL SOCIETY
BROWARD COUNTY SOCIETY OF PLASTIC & RECONSTRUCTIVE SURGEON
DIPLOMAT,NATIONAL BOARD OF DENTAL EXAMINERS
FLORIDA MEDICAL ASSOCIATION
FLORIDA PHYSICIANS ASSOCIATION
INTERNATIONAL COLLEGE OF SURGEONS-FELLOW