Department of Health

CARLOS ANTONIO AZAR

License Number: ME40448

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	Not Provided
License Expiration Date	01/31/2026

General Information

Primary Practice Address

CARLOS ANTONIO AZAR
8940 N KENDALL DR.,
SUITE 705 E
MIAMI, FL 33176

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
BAPTIST HOSPITAL	MIAMI	FLORIDA
HIALEAH HOSPITAL	MIAMI	FLORIDA
BAPTIST HOSPITAL OF MIAMI	MAIMI	FLORIDA

Email Address

Please contact at: **carlosazarmd@gmail.com**

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
ARGENTINA	MEDICAL
MAINE	MEDICAL
NEW YORK	MEDICAL
OHIO	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
UNIVERSIDAD NACIONAL CORDOBA	MD	1/1/1967 - 1/1/1973	01/01/1973

Other Health Related Degrees

The practitioner did not provide this mandatory information.

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
CLEVELAND CLINIC FOUNDATION	FELLOWSHIP	GS - HAND SURGERY		CLEVELAND	OHIO	07/01/1980	08/30/1982
UNIVERSIDAD NACIONAL DE CORDOBA	RESIDENCY	ORS - ORTHOPAEDIC SURGERY		CORDOBA	ARKANSAS	01/01/1973	01/01/1976
EPISCOPAL HOSPITAL DE CORDOBA	INTERNSHIP	GS - SURGERY		PHILADELPHIA	PENNSYLVANIA	01/01/1976	01/01/1977
BROOKDALE HOSPITAL MEDICAL CENTER	RESIDENCY	ORS - ORTHOPAEDIC SURGERY		BROOKLYN	NEW YORK	01/01/1977	01/01/1980

Academic Appointments

Graduate Medical Education

The practitioner did not provide this mandatory information.

Academic Appointments

The practitioner did not provide this mandatory information.

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 ORTHOPAEDIC SURGERY	ORS - HAND SURGERY	01/01/1989

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

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

Community Service/Award/Honor	Organization
EMANUEL B. KAPLAN AWARD 1982	AMERICAN SOCIETY FOR SURGERY OF THE HAND
EMANUEL B. KAPLAN AWARD 1982	NEW YORK HAND SOCIETY

Publications

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

Title	Publication	Date
BLOOD SUPPLY OF THE FLEXOR POLLICIS LONGUS TENDON	THE JOURNAL OF HAND SURGERY	01/01/1983

Title	Publication	Date
DYNAMIC ANATOMY OF THE FLEXOR PULLEY SYSTEM OF THE FINGER	RESEARCH JOURNAL OF CLEVELAND CLINIC FOUNDATION	09/01/1981
THE ACCUTE EFFECTS OF DEXON AND NYLON SUTURES IN EXPERIMEN	THE JOURNAL OF HAND SURGERY	01/01/1983
DYNAMIC ANATOMY OF THE FLEXOR PULLEY SYSTEM OF THE FINGERS	THE JOURNAL OF HAND SURGERY	01/01/1984

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 ACADEMY OF ORTHOPAEDIC SURGERY
AMERICAN SOCIETY FOR SURGERY OF THE HAND
DADE COUNTY MEDICAL ASSOCIATION
FLORIDA MEDICAL ASSOCIATION
FLORIDA SOCIETY FOR SURGERY OF THE HAND
INTERNATIONAL FEDERATION OF SOCIETY FOR SURGERIES OF HAND
MIAMI ORTHOPAEDIC SOCIETY