



## FRANK W BOWDEN III

License Number: ME45751

Profession Medical Doctor  
License Status Clear/Active  
Year Began Practicing 01/01/1988  
License Expiration 01/31/2026  
Date

## General Information

### Primary Practice Address

FRANK W BOWDEN III  
7205 BENTLEY ROAD  
JACKSONVILLE, FL 32256

### 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
BAPTIST MEDICAL CENTER	JACKSONVILLE	FLORIDA
WOLFSON CHILDREN'S HOSPITAL	JACKSONVILLE	FLORIDA

### Email Address

Please contact at: [jana@bowdeneye.com](mailto:jana@bowdeneye.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
MEHARRY MEDICAL COLLEGE	MD	8/1/1975 - 6/1/1979	06/01/1979

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
NAVAL MEDICAL CENTER- SAN DIEGO	INTERNSHIP	TY - TRANSITIONAL YEAR		SAN DIEGO	CALIFORNIA	07/01/1979	06/30/1980
NAVAL MEDICAL CENTER- SAN DIEGO	RESIDENCY	OPH - OPHTHALMOLOGY		SAN DIEGO	CALIFORNIA	07/01/1981	06/30/1984
WILLS EYE HOSPITAL	FELLOWSHIP	OTHER	CORNEA AND EXTERNAL DISEASES	***	PENNSYLVANIA	07/01/1986	07/01/1987

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
COURTESY ASSISTANT CLINICAL PROFESSOR OF OPHTHALMOLOGY	UNIVERSITY OF FLORIDA COLLEGE OF MEDICIN	JACKSONVILLE	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 OPHTHALMOLOGY	OPH - OPHTHALMOLOGY	

Financial Responsibility

Financial Responsibility

I have hospital staff privileges and I have professional liability coverage in an amount not less than \$250,000 per claim, with a minimum annual aggregate of not less than \$750,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), F. S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of self insurance as provided in s.627 .357, 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		12/05/2016	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.

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:

AMERICAN MEDICAL ASSOCIATION  
AMERICAN SOCIETY OF CATARACT AND REFRACTIVE SURGERY  
NATIONAL MEDICAL ASSOCIATION  
AMERICAN COLLEGE OF SURGEONS-FELLOW  
DUVAL COUNTY MEDICAL SOCIETY  
ROMAN BARNES OPHTHALMOLOGY SOCIETY  
PATON CORNEAL SOCIETY  
FLORIDA SOCIETY OF OPHTHALMOLOGY  
AMERICAN ACADEMY OF OPHTHALMOLOGY

### Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
	AMERICAN ACADEMY OF OPHTHALMOLOGY

### Publications

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

Title	Publication	Date
PATTERNS OF LENS CARE PRACTICES & LENS PRODUCT CONTAMINATION		01/01/1998
CORNEAL ULCERATION WITH CONTACT LENSES	NORTH AMERICAN CLINICS OF OPHTHALMOLOGY	01/01/1988
PERFORATED CORNEAL ULCER FOLLOWING PATCHING	AMERICAN JOURNAL OF OPHTHALMOLOGY(SUBMITTED FOR PUBLI)	01/01/1988
ANTERIOR LAMELLAR KERATOPLASTY	INTRALASE USERS MEETING	11/10/2007
REFRACTIVE CATARACT SURGERY IN CORNEAL DISEASE	NATIONAL MEDICAL ASSOCIATION-OPHTHALMOLOGY SECTION	09/01/2010
USE AND PREFERENCE OF ACCOMMODATING INTRAOCULAR LENS IMPLANT	NATIONAL MEDICAL ASSOCIATION-OPHTHALMOLOGY SECTION	09/01/2012
THE USE OF ABERROMETRY TO ENHANCE VISUAL QUALITY IN REFRACTI	FLORIDA SOCIETY OF OPHTHALMOLOGY	10/01/2012
LENTICULAR REFRACTIVE SURGERY OPTIONS IN CLINICAL PRACTICE	FLORIDA SOCIETY IN OPHTHALMOLOGY	06/01/2013

### Professional Web Page

www.BowdenEye.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

### Other Affiliations

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

Affiliation
AMERICAN MEDICAL ASSOCIATION
AMERICAN SOCIETY OF CATARACT AND REFRACTIVE SURGERY
NATIONAL MEDICAL ASSOCIATION