



## PHILIP F ADLER DPM

License Number: PO690

Profession Podiatric Physician  
License Status Clear/Active  
Year Began Practicing 01/01/1974  
License Expiration 03/31/2028  
Date

## General Information

### Primary Practice Address

PHILIP F ADLER DPM  
3636 UNIVERSITY BLVD S  
BUILDING C  
JACKSONVILLE, FL 32216-4210

### 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
MEMORIAL HOSPITAL JACKSONVILLE	JACKSONVILLE	FLORIDA

### Email Address

Please contact at: [padler47@gmail.com](mailto:padler47@gmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
FLORIDA	PODIATRY

## Education and Training

## Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
OHIO COLLEGE OF PODIATRIC MEDI	DPM	9/1/1969 - 6/1/1973	06/01/1973

## 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
PARKVIEW HOSPITAL	INTERNSHIP	OTHER	PODIATRIC SURGERY	PHILADELPHIA	PENNSYLVANIA	06/01/1973	06/30/1974

## 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 PODIATRIC SURGERY	ORS - FOOT AND ANKLE ORTHOPAEDICS	08/09/1980

## Financial Responsibility

### Financial Responsibility

I have obtained and will maintain professional liability coverage in an amount not less than \$50,000 from an authorized insurer as defined under section 624.09, F.S., from an eligible surplus lines insurer as defined under s. 629.914(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:

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.

### 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 \$5,000.00 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
	PI DELTA NATIONAL PODIATRY HONOR SOCIETY

### Publications

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

Title	Publication	Date
QUALITY CARE IN THE HEALTH PROFESSIONS	JOURNAL OF THE COLLEGES OF PODIATRICS MEDICINE	01/01/1973
CUTANEOUS PRESSURE PLETHYSOMOGRAPHY: AN ACCURATE METHOD FO	JOURNAL OF THE AMERICAN PODIATRY ASSOCIATION	11/01/1984
ASSESSING THE EFFECTS OF PENTOXIFYLLINE (TRENTAL) ON DIAB	THE JOURNAL OF FOOT SURGERY	01/01/1991
PERCUTANEOUS TREATMENT OF CHRONIC VENOUS DISORDERS	FOOT AND ANKLE QUARTERLY	11/01/2011

### Professional Web Page

[www.adlerpodiatry.com](http://www.adlerpodiatry.com)

### 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 PODIATRIC MEDICAL ASSOCIATION
FLORIDA PODIATRIC MEDICAL ASSOCIATION