



ADNAN ZUBAIR

License Number: PO4570

|                         |                     |
|-------------------------|---------------------|
| Profession              | Podiatric Physician |
| License Status          | Clear/Active        |
| Year Began Practicing   | Not Provided        |
| License Expiration Date | 03/31/2026          |

## General Information

### Primary Practice Address

ADNAN ZUBAIR  
2014 S. ORANGE AVENUE  
SUITE 100  
ORLANDO, FL 32806

### Medicaid

The practitioner did not indicate if he/she participates in the Medicaid program.

### Staff Privileges

This practitioner currently holds staff privileges at the following hospital/medical/health institutions:

| Institution Name | City     | State      |
|------------------|----------|------------|
|                  | VOORHEES | NEW JERSEY |

### Email Address

Please contact at: [a.z.ahmad@gmail.com](mailto:a.z.ahmad@gmail.com)

### Other State Licenses

This practitioner has not indicated any additional state licensures.

## Education and Training

### Education and Training

| Institution Name                               | Degree Title | Dates of Attendance | Graduation Date |
|--|--------------|---------------------|-----------------|
| TEMPLE UNIVERSITY SCHOOL OF PODIATRIC MEDICINE | DPM          | 8/1/2010 - 5/1/2014 | 05/01/2014      |

### Other Health Related Degrees

The practitioner did not provide this mandatory information.

### Professional and Postgraduate Training

The practitioner did not provide this mandatory information.

## 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

The practitioner did not provide this mandatory information.

# Financial Responsibility

## Financial Responsibility 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.

The practitioner did not provide this mandatory information.

#### 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:

The practitioner did not provide this mandatory information pertaining to final disciplinary action taken by a specialty board within the last 10 years

#### 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 \$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 not provided any professional or community service activities, honors, or awards.

### 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 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 not provided any national, state, local, county, or professional affiliations.

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