### RAYMOND DEAN HAUTAMAKI MD

### License Number: ME59585

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/1997
License Expiration Date 01/31/2026

Controlled Substance Prescriber (for the Yes

Treatment of Chronic Non-malignant

Pain)

# General Information

### **Primary Practice Address**

RAYMOND DEAN HAUTAMAKI MD 1843 FLOYD STREET SARASOTA, FL 34239

#### **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
SARASOTA MEDICAL HOSPITAL	SARASOTA	FLORIDA
HEALTHSOUTH SURGERY CNTR. OF SARASOTA	SARASOTA	FLORIDA

### **Email Address**

Please contact at: sharon@pp-srq.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
UNIVERSITY OF FLORIDA	BS		

### **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
UNIV OF FL COLL OF	RESIDENCY	GS - SURGERY	GENERAL	GAINESVILLE	FLORIDA	07/01/1989	01/31/1992
BARNES- JEWISH HOSP	RESIDENCY	IM - INTERNAL MEDICINE			MISSOURI	07/01/1992	06/30/1994
BARNES- JEWISH HOSP	FELLOWSHIP	M - PULMONARY DISEASE AND CRITICAL CARE			MISSOURI	07/01/1994	06/30/1997

# **Academic Appointments**

### **Graduate Medical Education**

The practitioner did not provide this mandatory information.

# **Academic Appointments**

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
CLINICAL INSTRUCTOR		BRADENTON	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 INTERNAL MEDICINE	IM - INTERNAL MEDICINE	
AMERICAN BOARD OF INTERNAL MEDICINE	IM - PULMONARY DISEASE AND CRITICAL CARE	

# 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:

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 an affiliation with the following committees:

EDUCATION COMMITTEE/SARASOTA MEDICAL HOSPITAL/SARASOTA, FL

INFECTIOUS DISEASE COMM./DOCTORS HOSPITAL OF SARASOTA, FL

CRITICAL CARE COMMITTEE/SARASOTA MEMORIAL HOSPITAL/FLORIDA

BOARD MEMBER/AMERICAN LUNG ASSOCIATION/GULF COAST DIVISION

PULMONARY ADVISORY COUNCIL/DOCTORS HOSPITAL/SARASOTA, FL

THORACIC CARE COMM./SARASOTA MEMORIAL HOSPITAL/SARASOTA,FL

#### **Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
SCHOLARSHIP - 1991	AMERICAN COLLEGE OF SURGERY RESEARCH

INTERNAL MEDICINE BOOK AWARD - 1994

#### **Publications**

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

Title	Publication	Date
EFFECTS OF SLOW COOLING IN SITU AND FREEZE- THAW PROCEDURES	BIOCHEM PHARMACOL	
EFFECTS OF OVARIECTOMY AND ESTRADIOL BENZOATE ON HIGH AFFI	BRAIN RESEARCH	
ORAL GLUTAMINE REDUCES BACTERIAL TRANSLOCATION FOLLOWING	J SURG RES	
PROPHYLACTIC GLUTAMINE PROTECTS THE INTESTINAL MUCOSA FROM	CANCER	
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS	2	
GLUTAMINE-ENRICHED TOTAL PARENTERAL NUTRITION SUPPORTS GUT	SURG FORUM	

# **Professional Web Page**

H2MD.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 COLLEGE OF CHEST PHYSICIANS

AMERICAN THORACIC SOCEITY