



## DIMITRI NOVITZKY MD

License Number: ME61367

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	07/01/1970
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	
Authorized to Order (Medical and Low-THC Cannabis)	Yes

## General Information

### Primary Practice Address

DIMITRI NOVITZKY MD  
829 W. DR. MARTIN LUTHER KING  
SUITE #255  
TAMPA, FL 33603

### Medicaid

This practitioner DOES participate in the Medicaid program.

### Staff Privileges

This practitioner has not indicated any staff privileges.

### Email Address

Please contact at: [novitzky@aol.com](mailto:novitzky@aol.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
ILLINOIS	MEDICAL DOCTOR

### 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 NAC DE LA PLATA	MD	3/1/1963 - 6/3/1969	06/03/1969

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
VANCOUVER MEDICAL CENTER	INTERNSHIP	GS - SURGERY		VANCOUVER	CALIFORNIA	06/15/1970	06/30/1972
MAIMONIDES MEDICAL CENTER	RESIDENCY	IM - CARDIOVASCULAR DISEASE			NEW YORK	07/01/1972	09/30/1972
HOSPITAL REGIONAL MEDICAL CENTER	RESIDENCY	GS - SURGERY			ARKANSAS	06/01/1973	04/30/1975
UNIVERSITY OF CAPE TOWN	RESIDENCY	GS - SURGERY			SOUTH AFRICA	02/01/1978	08/31/1981

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
PROFESSOR OF SURGERY COURSE DIRECTOR	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF M	TAMPA	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
	TS - THORACIC SURGERY	

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

### 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:  
CARDIOTHORACIC SURGERY JAMES A HALEY VA HOSPITAL  
FELLOW COLLEGE OF SURGEONS SOUTH AFRICA (FCS)

### Professional or Community Service Awards

This practitioner has not provided any professional or community service activities, honors, or awards.

### Publications

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

Title	Publication	Date
DONOR MANAGEMENT: STATE OF THE ART	TRANSPLANTATION PROCEEDINGS	01/01/1997
DETRIMENTAL EFFECTS OF BRAIN DEATH	TRANSPLANTATION PROCEEDINGS	01/01/1997
ALTERNATIVES TO ORGAN TRANSPLANTATION	TRANSPLANTATION PROCEEDINGS	01/01/1997
CARDIAC AUTOTRANSPLANTATION FOR MITRAL VALVE REPLACEMENT	HEART SURGERY FORUM	06/05/2003
REDUCING THE RISK OF MYOCARDIAL REVASCULARIZATION RELEVANCE	SEMIN CARDIOTHORACIC VASCULAR ANESTHESIA	06/09/2005

### Professional Web Page

novitzky@aol.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

RUSSIAN

RUSSIAN

SPANISH

### Other Affiliations

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

Affiliation
AMERICAN MEDICAL ASSOCIATION
AMERICAN SOCIETY OF TRANSPLANT SURGEONS
ASSOCIATION OF V.A. SURGEONS
FELLOW OF THE AMERICAN COLLEGE OF CARDIOLOGY
FLORIDA MEDICAL ASSOCIATION
FLORIDA PHYSICIANS ASSOCIATION
FLORIDA SOCIETY OF THORACIC & CADIOVASCULAR SURGEONS
HILLSBOROUGH COUNTY MEDICAL ASSOCIATION
SOCIETY OF THORACIC SURGEONS