



## DEIRDRE MARGARET MARSHALL MD

License Number: ME64150

Profession	Medical Doctor
License Status	CLEAR/Active
Year Began Practicing	Not Provided
License Expiration Date	01/31/2026
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

## General Information

### Primary Practice Address

DEIRDRE MARGARET MARSHALL MD  
6360 SUNSET DRIVE  
SOUTH MIAMI, FL 33143

### 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
	MIAMI	FLORIDA
KENDALL REGIONAL MEDICAL CENTER	MIAMI	FLORIDA

### Email Address

Please contact at: [dm@marshallcosmetique.com](mailto:dm@marshallcosmetique.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
CALIFORNIA	PHYSICIAN AND SURGEON

### 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
STANFORD UNIVERSITY MD		6/1/1987 - 9/1/1993	06/01/1987

## 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:

## 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 PLASTIC SURGERY	PS - PLASTIC 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:  
PHI BETA KAPPA SOCIETY

**Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
FELLOW	AMERICAN COLLEGE OF SURGEONS
FOUNDING MEMBER	ASPRS WOMENS CAUCUS
AWARD FOR WOMEN IN MEDICINE	KATHERINE M. MCCORMICK FOUNDATION (1987)
RESEARCH HONORS AWARD OF RESEARCH IN PLASTIC & RECON SURG	STANFORD UNIVERSITY SCHOOL OF MEDICINE (1987)
INTERPLAST-BENEVOLENT ORGANIZATION	PLASTIC SURGERY IN UNDERDEVELOPED COUNTRIES
ATTENDING PHYSICIAN OF THE YEAR	MIAMI CHILDREN'S HOSPITAL NURSES ASSOCIATION (1994)
1997 OUTSTANDING YOUNG WOMAN OF AMERICA AWARD	OUTSTANDING YOUNG AMERICANS

**Publications**

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

Title	Publication	Date
ABNORMAL HEAD SHAPE IN INFANTS	INTERNATIONAL PEDIATRICS:THE JOURNAL OF MIAMI CHILDREN'S H	01/01/1997
BILATERAL TRAM FLAPS FOR THE RECONSTRUCTION OF THE POST...	AESTHETIC PLASTIC SURGERY	01/01/1996
ANTERIOR SMAS PLICATION FOR THE TREATMENT OF PROMINENT...	PLASTIC AND RECONSTRUCTIVE SURGERY	11/01/1995

Title	Publication	Date
SUTURELESSNERVE REPAIR AT THE FASCICULAR LEVEL USING...	JOURNAL OF REHABILITATION RESEARCH AND DEVELOPMENT	01/01/1989

### Professional Web Page

www.marshallcosmetique.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

FRENCH

### Other Affiliations

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

Affiliation
AMERICAN SOCIETY OF PLASTIC AND RECONSTRUCTIVE SURGEONS
CERTIFIED IN CLINICAL USE OF CO2 LASER
CERTIFIED:CRANIOPLASTY BANDING TREATMENT FOR PEDIATRIC SKU
CERTIFIED:USE OF ULTRASONIC ASSISTED LIPOPLASTY
DADE COUNTY MEDICAL ASSOCIATION
FLORIDA MEDICAL ASSOCIATION
GREATER MIAMI SOCIETY OF PLASTIC AND RECONSTRUCTIVE SURGEO
SOCIEDAD CUBANA DE CERUGIA PLASTICA Y CAUMATOLOGIA
ZEDPLAST-STANFORD UNIVERSITY PLASTIC SURGERY ALUMNI ASSOC