### **GEORGE MONIR MD**

### License Number: ME69603

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/1994
License Expiration Date 01/31/2027

Controlled Substance Prescriber (for the Yes

Treatment of Chronic Non-malignant

Pain)

# General Information

# **Primary Practice Address**

GEORGE MONIR MD ADVENT HEALTH MEDICAL GROUP 1613 N. MILLS AVENUE ORLANDO, FL 32803

#### 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
FLORIDA HOSPITAL - ORLANDO	ORLANDO	FLORIDA

#### **Email Address**

Please contact at: gmonir@gmail.com

#### **Other State Licenses**

This practitioner has indicated the following additional state licensure:

State	Profession
	MD
	MD
CALIFORNIA	MD

## 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**

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Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIVERSITY OF ALEXANDRIA	MD	1/1/1976 - 1/1/1982	01/01/1982
UNIVERSITY OF ALEXANDRIA			

## **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
ALEXANDRIA UNIVERSITY HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		***	EGYPT	03/01/1983	12/01/1987
ST FRANCIS HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		EVANSTON	ILLINOIS	07/01/1992	06/01/1995
UNIVERSITY OF SOUTH FLORIDA	FELLOWSHIP	IM - CARDIOVASCULAR DISEASE		TAMPA	FLORIDA	07/01/1995	06/01/1998
UNIVERSITY OF OKLAHOMA	FELLOWSHIP	OTHER	CARDIAC ELECTROPHYSIOLOGY		OKLAHOMA	07/01/1998	06/01/1999

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

Title	Institution	City	State
ASSISTANT PROFESSOR OF MEDIC	CINE UNIVERSITY OF CENTRAL FLORIDA COLLEGE OF	MEDICINE ORI AND	O FI ORIDA

# **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 - CARDIOVASCULAR DISEASE	
AMERICAN BOARD OF INTERNAL MEDICINE	IM - CLINICAL CARDIAC ELECTROPHYSIOLOGY	

# 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 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 authored the following publications in peer-reviewed medical literature within the previous ten years:

Title	Publication	Date
PERIOPERATIVE CARE OF THE PATIENT WITH A PACEMAKER	IN PERIOPERATIVE CARE: ANESTHESIA, SURGERY AND MEDICINE	

Title	Publication	Date
THE MEANING OR DISMEANING OF LIFE WITH CARDIAC PACEMAKERS	JOURNAL OF DISABILITY	01/01/1996
HEART RATE VARIABILITY: CYCLE LENGTH DEPENDENCY OF POWER	JOURNAL OF AMERICAN COLLEGE OF CARDIOLOGY	01/01/1993
HEART RATE VARIABILITY: FREQUENCY DOMAIN ANALYSIS	CARDIOLOGY CLINICS	01/01/1992
HEART RATE VARIABLILITY: FOCUS ON DEFINED CYCLE LENGTH	JOURNAL OF AMERICAN COLLEGE OF CARDIOLOGY	01/01/1992
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS		
CONTACT FORCE GUIDED CATHETER ABLATION SIGNIFICANTLY REDUCES	HEART RHYTHM JOURNAL	05/15/2013
PULMONARY VEIN ISOLATION USING A PACE-AND- ABLATE VERSUS AN A	HEART RHYTHM JOURNAL	05/15/2013
AUTOMATED VULNERABILITY TESTING IDENTIFIES PATIENTS WITH INA	CIRCULATION ARRHYTHMIA ELECTROPHYSIOLOGY	12/01/2012
FEASIBILITY AND SAFETY OF DABIGATRAN VERSUS WARFARIN FOR PE	JACC	03/27/2012
DETECTION OF INADVERTENT CATHETER MOVEMENT INTO THE CORONARY	JOURNAL INTERVENTIONAL CARDIAC ELECTROPHYSIOLOGY	03/01/2012

# **Professional Web Page**

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