



## THOMAS LEWIS TZIKAS

License Number: ME70709

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	07/01/1992
License Expiration	01/31/2026
Date	

## General Information

### Primary Practice Address

THOMAS LEWIS TZIKAS  
526 SE 5TH AVENUE  
DELRAY BCH, FL 33483

### 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
NORTH BROWARD MEDICAL CENTER	DEERFIELD BEACH	FLORIDA

### Email Address

Please contact at: [tzikasmd@gmail.com](mailto:tzikasmd@gmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
NEW YORK	MEDICINE

### 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
GEORGETOWN UNIVERSITY	MD	8/1/1981 - 5/25/1985	05/25/1985

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
ST VINCENT'S MEDICAL CENTER	INTERNSHIP	GS - SURGERY		BRIDGEPORT	CONNECTICUT	07/01/1985	06/30/1986
WALTER REED ARMY MEDICAL CENTER	RESIDENCY	GS - SURGERY		WASHINGTON	DISTRICT OF COLUMBIA	07/01/1988	06/30/1989
WALTER REED ARMY MEDICAL CENTER	RESIDENCY	OTO - OTOLARYNGOLOGY		WASHINGTON	DISTRICT OF COLUMBIA	07/01/1989	06/30/1992
WALTER REED ARMY MEDICAL CENTER			HEAD AND NECK SURGERY			01/01/0001	01/01/0001

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 OTOLARYNGOLOGY	OTO - OTOLARYNGOLOGY	
AMERICAN BOARD OF OTOLARYNGOLOGY	OTO - OTOLARYNGOLOGY	03/31/1993
AMERICAN BOARD OF FACIAL PLASTIC & RECON	PLASTIC SURGERY WITHIN THE HEAD AND NECK	09/27/1996

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

Community Service/Award/Honor	Organization
HONOR SOCIETY	ALPHA EPSILON DELTA
HEALTH PROFESSIONS SCHOLARSHIP AWARD	U S ARMY
CITATION OF HONOR	BOSTON DEPARTMENT OF HEALTH
ARMY SERVICE MEDAL/ARMY COMMENDATION MEDAL	CERTIFIED/AMERICAN BOARD FACIAL PLASTIC/RECONSTR SURGERY

Publications

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

Title	Publication	Date
SOFT TISSUE FILLERS FOR FACIAL AUGMENTATION BOOK CHAPTER	MINIMALLY INVASIVE AND OFFICE-BASED PROCEDURES IN FACIAL PLA	08/01/2013
FACIAL FAT INJECTION	ADVANCE THERAPY IN FACIAL PLASTIC & RECONSTRUCTIVE SURGERY	01/01/2010
FAT GRAFTING VOLUME RESTORATION TO THE BROW AND TEMPORAL REGIONS	FACIAL PLASTIC SURGERY-OFFICAL JOURNAL OF THE EUROPEAN ACADEMY OF FACIAL PLASTIC SURGERY	05/01/2018
FAT GRAFTING: DISCUSSION AND DEBATE	FACIAL PLASTIC SURGERY CLINICS OF NORTH AMERICA-TECHNIQUES IN FACIAL PLASTIC SURGERY: DISCUSSION AND DEBATE (VOLUME 20 #3)	08/01/2012
LIPOGRAFTING: AUTOLOGOUS FAT GRAFTING FOR TOTAL FACIAL REJUVENATION	FACIAL PLASTIC SURGERY-SOFT TISSUE AUGMENTATION WITH FACIAL FILLERS (VOLUME 20 #2)	05/01/2004

### Professional Web Page

[www.5thavenueplasticsurgery.com](http://www.5thavenueplasticsurgery.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.

GREEK

### Other Affiliations

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

Affiliation
AMERICAN ACADEMY OF COSMETIC SURGERY
AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD & NECK SURGERY
AMERICAN ACADEMY OF FACIAL, PLASTIC & RECONSTRUCTIVE SURGER
FLORDA SOCIETY OF FACIAL PLASTIC & RECONSTRUCTIVE SURGERY