



LUCIO NAVARRO GORDAN M.D.

License Number: ME73675

Profession	Medical Doctor
License Status	CLEAR/Active
Year Began Practicing	01/01/1994
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

General Information

Primary Practice Address

LUCIO NAVARRO GORDAN M.D.
2890 CENTER POINTE DRIVE
FORT MYERS, FL 33916

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
NORTH FLORIDA REGIONAL MEDICAL CENTER	GAINESVILLE	FLORIDA

Email Address

Please contact at: Licensing@flcancer.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
ALABAMA	PHYSICIAN
ARKANSAS	PHYSICIAN
ARIZONA	PHYSICIAN
GEORGIA	PHYSICIAN
IOWA	
IDAHO	
ILLINOIS	
INDIANA	
KENTUCKY	
LOUISIANA	
MICHIGAN	
MISSOURI	
MISSISSIPPI	
NORTH CAROLINA	
NEBRASKA	

State	Profession
NEW JERSEY	
NEVADA	
OHIO	
PENNSYLVANIA	
TEXAS	
UTAH	
VIRGINIA	
WASHINGTON	

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
FUNDACAO UNIV. ESTADUAL DE LON	MD	1/1/1988 - 12/30/1993	02/07/1994

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
UNIVERSITY OF FLORIDA HEMATOLOGY-ONCOLOGY FELLOWSHIP	FELLOWSHIP	IM - HEMATOLOGY AND ONCOLOGY		GAINESVILLE	FLORIDA	11/06/2000	11/06/2003
UNIV IOWA HOSPS & C	RESIDENCY	IM - INTERNAL MEDICINE		***	IOWA	08/01/1994	06/30/1997

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 INTERNAL MEDICINE	IM - ONCOLOGY	
AMERICAN BOARD OF INTERNAL MEDICINE	IM - HEMATOLOGY	

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:
FLASCO CANCER TRIALS NETWORK
BOARD OF TRUSTEES OF BOYS AND GIRLS CLUB OF ALACHUA COUNTY
IRB HCA-NORTH FL REGIONAL MEDICAL CENTER

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
FIRST-PLACE AWARD-CLINICAL PRESENTATION	AMERICAN COLLEGE OF PHYSICIANS
SECOND-PLACE AWARD-CLINICAL PRESENTATION	AMERICAN COLLEGE OF PHYSICIANS
TRAVEL AWARD-ORAL PRESENTATION	MAYO CLINIC 13TH ANNUAL HEMATOLOGYREVIEWS
TRAVEL AWARD-METHODS IN CLINICAL RESEARCH WORKSHOP	AACR-ASCO
TRAVEL AWARD-ABSTRACT	ISHAGE
TRAVEL AWARD-ABSTRACT	MAYO CLINIC ONCOLOGY

Publications

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

Title	Publication	Date
CORRELATION OF EARLY LYMPHOCYTE RECOVERY AND PROGRESSION..	BONE MARROW TRANSPLANTATION	01/01/2003
CASE OF LATE ONSET OF MELAS	ARCH-NEUROL	05/01/1998
A PHASE II TRIAL OF INDIVIDUALIZED PHARMACOKINETIC DOSIN..	JCO	01/01/2004
POOR MOBILIZATION OF PERIPHERAL BLOOD STEM CELLS IS A RI..	LEUKEMIA & LYMPHOMA	01/01/2003
SUCCESSFUL USE OF ARGATROBAN AS AN ANTICOAGULANT IN BURN..	THROMBOSIS & HEMOSTASIS	12/01/2001

Professional Web Page

www.flcancer.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
PORTUGUESE

Other Affiliations

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

Affiliation
ALACHUA COUNTY MEDICAL SOCIETY
AMERICAN SOCIETY OF CLINICAL ONCOLOGY
AMERICAN SOCIETY OF HEMATOLOGY
FLORIDA ASSOCIATION CLINICAL ONCOLOGY
FLORIDA MEDICAL ASSOCIATION
INTERNATIONAL ONCOLOGY NETWORK
SARAH CANON RESEARCH INSTITUTE

