



## TREVOR ORVILLE GREENE

License Number: ME89472

Profession Medical Doctor  
License Status Clear/Active  
Year Began Practicing 07/01/1982  
License Expiration 01/31/2026  
Date

## General Information

### Primary Practice Address

TREVOR ORVILLE GREENE  
3550 UNIVERSITY BLVD S  
SUITE 302  
JACKSONVILLE, FL 32216

### 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
MEMORIAL HOSPITAL JACKSONVILLE	JACKSONVILLE	FLORIDA
FLAGLER EAST HOSPITAL (ST. AUGUSTINE)	ST AUGUSTINE	FLORIDA

### Email Address

Please contact at: [tog13@aol.com](mailto:tog13@aol.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
NEW JERSEY	MD
MASSACHUSETTS	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

Education and Training

Institution Name	Degree Title	Dates of Attendance	Graduation Date
UNIV OF THE WEST INDIES	MBBS	7/1/1977 - 6/1/1982	06/01/1982

Other Health Related Degrees

This practitioner has completed the following other health related degrees:

School/University	City State/Country	Dates Attended From	Dates Attended To	Degree Title
UNIVERSITY OF THE WEST INDIES		01/01/1976	01/01/1977	BA NATURAL SCIENCES/MATHEMATICS

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 MEDICINE AND DENTISTRY OF NEW JERSEY	RESIDENCY	IM - INTERNAL MEDICINE		NEWARK	NEW JERSEY	07/01/1985	06/30/1988
UNIVERSITY OF MEDICINE AND DENTISTRY OF NEW JERSEY	FELLOWSHIP	IM - CARDIOVASCULAR DISEASE		NEWARK	NEW JERSEY	07/01/1988	06/30/1990
UNIVERSITY OF MASSACHUSETTS	FELLOWSHIP		CARDIAC ELECTROPHYSIOLOGY AND PACING	WORCESTER	MASSACHUSETTS	07/01/1990	06/30/1991

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
ASSOCIATE PROFESSOR	UNIVERSITY OF MASSACHUSETTS MEDICAL SCHO	WORCESTER	MASSACHUSETTS

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	09/12/1989

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

Community Service/Award/Honor	Organization
PERSON OF DISTINCTION AWARD 2000	THE BOSTON AND VICINITY CLUB OF THE NAT ASSN OF NEGRO BUS
CADET OF THE YEAR 1976	HARRISON COLLEGE
SIR WINSTON SCOTT MEM SHIELD MOST OUSTANDING STUDENT 1976	HARRISON COLLEGE
GOLD MEDAL-OUTSTANDING STUDENT OF THE CLASS 1982	UNIVERSITY OF THE WEST INDIES
1ST PRIZE-RESIDENT RESEARCH PROJECT 1990	UNIV OF MED AND DENTISTRY OF NEW JERSEY

## Publications

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

Title	Publication	Date
SKS:MONITORING OF BASELINE IMPEDANCE RISE DURING RADIOFREQ	PACE 17:833	01/01/1994
SKS:USE OF DOUBLE VENTRICULAR EXTRASTIMULATION TO SYSTEMIC	PACE 2041-2052	01/01/1995
JD:CARDIOVASCULAR COMPLICATIONS FOLLOWING RADIOFREQUENCY	AM J CARDIOL 74:615-617	01/01/1994
EPITOME OF MYOCARDITIS	CIRCULATION 94:113	01/01/1996
MYOCARDITIS MASQUERADING AS ACUTE MYOCARDIAL INFARCTION	CIRCULATION 91:1886-1887	01/01/1995

## Professional Web Page

This practitioner has not provided any professional web page information.

## 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 provided the following national, state, local, county, and professional affiliations:

Affiliation
MEMBER NATIONAL MEDICAL ASSOCIATION
MEMBER, AMERICAN MEDICAL ASSOCIATION
MEMBER, MASSACHUSETTS MEDICAL SOCIETY
MEMBER, N AM SOCIETY OF PACING AND ELECTROPHYSIOLOGY
MEMBER, NORTH JERSEY HYPERTENSION SOCIETY