



## DAVID DUKE BURDETTE

License Number: ME95699

Profession Medical Doctor  
License Status Clear/Active  
Year Began Practicing 06/01/1990  
License Expiration 01/31/2026  
Date

## General Information

### Primary Practice Address

DAVID DUKE BURDETTE  
3600 MINNESOTA DRIVE, STE 800  
EDINA, MN 55435

### 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
BETHESDA MEMORIAL HOSPITAL		FLORIDA
SACRED HEART HOSPITAL		FLORIDA
TWIN CITIES HOSPITAL		FLORIDA

### Email Address

Please contact at: [david.burdette.rad@vrad.com](mailto:david.burdette.rad@vrad.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
ALABAMA	MD
ARIZONA	MD
CONNECTICUT	MD
GEORGIA	MD
HAWAII	MD
IOWA	MD
IDAHO	MD
ILLINOIS	MD
KANSAS	MD
KENTUCKY	MD
LOUISIANA	MD
MASSACHUSETTS	MD
MICHIGAN	MD
MINNESOTA	MD

State	Profession
MISSOURI	MD
NORTH CAROLINA	MD
NEBRASKA	MD
NEW JERSEY	MD
NORTH DAKOTA	MD
NEW YORK	MD
OKLAHOMA	MD
OREGON	MD
PENNSYLVANIA	MD
SOUTH DAKOTA	MD
TENNESSEE	MD
TEXAS	MD
VIRGINIA	MD
WASHINGTON	MD
WISCONSIN	MD
WEST VIRGINIA	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
UNIVERSITY OF MICHIGAN MD	MD	8/25/1986 - 5/25/1990	05/25/1990

### 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
HOPE COLLEGE	HOLLAND	MICHIGAN	08/28/1982	05/02/1986	BA - BIOLOGY

### 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 MICHIGAN HOSPITALS	RESIDENCY	DR - DIAGNOSTIC RADIOLOGY		ANN ARBOR	MICHIGAN	06/24/1990	06/30/1994
UNIVERSITY OF NEBRASKA MEDICAL CENTER	FELLOWSHIP	DR - MUSCULOSKELETAL RADIOLOGY		OMAHA	NEBRASKA	10/01/1998	06/30/1999

## 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 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 RADIOLOGY	DR - DIAGNOSTIC RADIOLOGY	

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:

For instructions on how to order copies of final disciplinary actions, please click [here](#).

View Discipline Narratives

View Board Actions

Taken By		Date Of Action	Description of Disciplinary Action	Under Appeal
FLORIDA DEPARTMENT OF HEALTH		09/14/2017	OBLIGATION(S) SATISFIED	NO

Type	Imposed	Due	Completed	Amt Due	Amt Recvd
				\$ 0.00	\$ 0.00

The information below is self reported by the practitioner. For Florida health care practitioner discipline, see information listed above.

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 had final disciplinary action taken against him/her within the last 10 years by a licensing agency.

Taken By	Date Of Action	Description of Disciplinary Action	Under Appeal
COLORADO MEDICAL BOARD	02/22/2016	LETTER OF ADMONITION	NO
MEDICAL BOARD OF CALIFORNIA	05/18/2016	LETTER OF REPRIMAND	NO
TEXAS MEDICAL BOARD	12/02/2016	REPRIMAND	NO
MICHIGAN BOARD OF MEDICINE	05/17/2017	CONSENT AGREEMENT AND FINE	NO
ILLINOIS DEPARTMENT OF FINANCIAL AND PROFESSIONAL REGULATION	07/18/2016	REPRIMAND	NO
PENNSYLVANIA STATE BOARD OF MEDICINE	10/31/2017	CONSENT AGREEMENT	NO

### 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 not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

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

