# **BRETT ROBINSON BOLHOFNER**

### License Number: ME38574

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 01/01/1981
License Expiration Date 01/31/2026

Controlled Substance Prescriber (for the Yes

Treatment of Chronic Non-malignant

Pain)

# General Information

# **Primary Practice Address**

BRETT ROBINSON BOLHOFNER 603 7TH STREET SOUTH SUITE 450 SAINT PETERSBURG, FL 33701

#### **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
BAYFRONT MEDICAL CENTER	ST PETERSBURG	FLORIDA

### **Email Address**

Please contact at: jdickins@floridaortho.com

#### **Other State Licenses**

This practitioner has not indicated any additional state licensures.

## 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 SOUTH FLORIDA	MD	7/1/1977 - 6/1/1980	06/01/1980

## **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
UNITED STATES PUBLIC HEALTH SERVICE	INTERNSHIP	TY - TRANSITIONAL YEAR		NEW ORLEANS	LOUISIANA	07/01/1980	06/30/1982
UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE	RESIDENCY	ORS - ORTHOPAEDIC SURGERY		TAMPA	FLORIDA	07/01/1982	06/30/1986
ASSOCIATION FOR THE STUDY OF INTERNAL FIXATION	Y FELLOWSHIF	ORS - ORTHOPAEDIC TRAUMA		BERN	SWITZERLAND	08/01/1986	12/31/1986

# **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
CLINICAL ASSISTANT PROFESSOR OF ORTHOPAEDIC SURGERY	UNIVERSITY OF SOUTH FLORIDA COLLEGE OF M	TAMPA	FLORIDA

# **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 ORTHOPAEDIC SURGERY	ORS - ORTHOPAEDIC SURGERY	

# 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**

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#### **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:

TRUSTEE, AO RESEARCH INSTITUTE

#### **Professional or Community Service Awards**

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

Community Service/Award/Honor	Organization
THE BEST DOCTORS IN AMERICA	WOODWARD/WHITE, INC
WHO'S WHO AMONG RISING YOUNG AMERICANS	
THE BEST DOCTORS IN AMERICA, SOUTHEAST REGION	WOODWARD/WHITE, INC
CERTIFICATE OF RECOGNITION	FLORIDA MEDICAL ASSOCIATION

# **Publications**

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

Title	Publication	Date
FRACTURES OF THE FOOT, ORTHOPAEDIC UPDATE SERIES		01/01/1984
KIENBOCK'S DISEASE: CURRENT CONCEPTS IN DIAGNOSIS & MGT	CONTEMPORARY ORTHOPAEDICS	08/01/1981
FRACTURES OF DISTAL RADIUS: CURRENT CONCEPTS & TREATMENTS	S ORTHOPAEDIC SURGERY	01/01/1986
PREVENTION OF MEDICAL COMPLICATIONS OF ORTHOPAEDIC TRAUMA	ORTHOPAEDICS & RELATED RESEARCH	09/01/1987
SUBTROCHANTERIC FRACTURES OF THE FEMUR: RESULTS OF TREAT-	CLINICAL ORTHOPAEDICS & RELATED RESEARCH	01/01/1989

THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS

# **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:

This production has provided the following national, state, recall, state, reconstruct animations.
Affiliation
AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS-FELLOW
FLORIDA MEDICAL ASSOCIATION
FLORIDA ORTHOPAEDIC SOCIETY
ORTHOPAEDIC RESEARCH & EDUCATION FOUNDATION
ORTHOPAEDIC TRAUMA ASSOCIATION