



## DANIEL ENRIQUE DOSORETZ MD

License Number: ME38701

Profession Medical Doctor  
License Status Clear/Active  
Year Began Practicing 01/01/1975  
License Expiration 01/31/2026  
Date

## General Information

### Primary Practice Address

DANIEL ENRIQUE DOSORETZ MD  
3080 HARBOR BLVD  
PORT CHARLOTTE, FL 33952

### 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
LEE MEMORIAL HOSPITAL-HEALTHPARK	FORT MYERS	FLORIDA
CAPE CORAL HOSPITAL	CAPE CORAL	FLORIDA
CHARLOTTE REGIONAL MEDICAL CENTER	PUNTA GORDA	FLORIDA
DESOTO MEMORIAL HOSPITAL	ARCADIA	FLORIDA
LEHIGH REGIONAL MEDICAL CENTER	LEHIGH ACRES	FLORIDA
ENGLEWOOD COUMMUNITY HOSPITAL	ENGLEWOOD	FLORIDA
FAWCETT MEMORIAL HOSPITAL	PORT CHARLOTTE	FLORIDA
GULF COAST MEDICAL CENTER	FORT MYERS	FLORIDA
LEE MEMORIAL HOSPITAL	FORT MYERS	FLORIDA
NAPLES COMMUNITY HOSPITAL	NAPLES	FLORIDA
PEACE RIVER REGIONAL MEDICAL CENTER	PORT CHARLOTTE	FLORIDA

### Email Address

Please contact at: [ddosoretz@advocatero.com](mailto:ddosoretz@advocatero.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
MASSACHUSETTS	MEDICAL
MICHIGAN	MEDICAL
NEW YORK	MEDICAL
PENNSYLVANIA	MEDICAL

### 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
UNIVERSIDAD DE BUENOS AIRES	MD		09/27/1975

### 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
SUBURBAN HOSPITAL	INTERNSHIP	TY - TRANSITIONAL YEAR		BETHESDA	MARYLAND	10/01/1976	09/30/1977
MASSACHUSETTS GENERAL HOSPITAL	RESIDENCY	OTHER	THERAPEUTIC RADIOLOGY	BOSTON	MASSACHUSETTS	10/01/1977	09/30/1981
AMERICAN CANCER SOICETY	FELLOWSHIP	RO - RADIATION ONCOLOGY		***	MASSACHUSETTS	01/01/1980	01/01/1981

## 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	RO - RADIATION ONCOLOGY	06/07/1980

## 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
TREASURER	MUSEUM OF MEDICAL HISTORY
FOUNDING MEMBER ACRO BOARD OF DIRECTORS	ACRO
FIRST PRIZE	NATIONAL SCIENCE COMPETITION FOR HIGH SCHOOLS
BEST POSTER PRESENTATION AWARD	29TH ANNUAL INTERNATIONAL SURGICAL SOCIETY, MONTREAUX

Community Service/Award/Honor	Organization
VISITING PROFESSOR	DUKE UNIVERSITY
GOLD MEDAL-BEST MEDICAL GRADUATE	UNIVERSITY OF BUENOS AIRES, SCHOOL OF MEDICINE

## Publications

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

Title	Publication	Date
RADIOTHERAPY IN GASTROINTESTINAL NEOPLASMS	GASTROENTEROLOGY (TEXTBOOK)	01/01/1980
RADIOTHERAPY IN GASTROINTESTINAL MALIGNANCIES	GASTROENTEROLOGIA	
RADIATION THERAPY OF COLORECTAL CANCER	MODERN RADIATION ONCOLOGY	
THE PLACE OF RADIATION THERAPY IN THE MANAGEMENT OF GASTRO	FRONTIERS IN GASTROINTESTINAL CANCER	
PATTERNS OF FAILURE IN TREATMENT OF GASTROINTESTINAL CANCER	PATTERNS OF FAILURE AFTER TREATMENT OF CANCER	
THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS		

## Professional Web Page

www.21co.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

## Other Affiliations

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

Affiliation
AMERICAN BRACHYTHERAPY SOCIETY
AMERICAN COLLEGE OF RADIATION ONCOLOGY
AMERICAN COLLEGE OF RADIOLOGY
AMERICAN SOCIETY FOR THERAPEUTIC RADIOLOGY & ONCOLOGY
AMERICAN SOCIETY OF CLINICAL ONCOLOGY
CERT/AMERICAN BOARD OF RADIOLOGY/THERAPEUTIC RADIOLOGY
CHARLOTTE COUNTY MEDICAL SOCIETY
FLORIDA RADIOLOGICAL SOCIETY
FLORIDA SOCIETY OF CLINICAL ONCOLOGY
INTERNATIONAL STEREOTACTIC RADIOSURGERY SOCIETY
LEE COUNTY MEDICAL SOCIETY