IRVING BERNARD DAVID

License Number: ME58563

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing Not Provided
License Expiration 01/31/2026

Date

General Information

Primary Practice Address

IRVING BERNARD DAVID 3310 NE 58TH STREET CARDIOVASCULAR AND THORACIC SURGERY FT LAUDERDALE, FL 33308

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
HOLY CROSS HOSPITAL, INC.	FT LAUDERDALE	FLORIDA

Email Address

Please contact at: idavidmd@gmail.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
	MD
	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 TORONTO	MD		06/14/1979

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 TORONTO	TORONTO	ONTARIO	09/01/1973	05/01/1975	BS 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
TORONTO GENERAL HOSPITAL	INTERNSHIP	TY - TRANSITIONAL YEAR		TORONTO	ONTARIO	07/01/1979	06/30/1980
UNIVERSITY OF TORONTO AFFILIATED HOSPITALS	RESIDENCY	TS - THORACIC SURGERY	CARDIOVASCULAR AND THORACIC SURGERY	TORONTO	ONTARIO	07/01/1984	06/30/1986
UNIVERSITY OF TORONTO AFFILIATED HOSPITALS	RESIDENCY	GS - SURGERY		TORONTO	ONTARIO	07/01/1980	06/30/1984
TORONTO WESTERN HOSPITAL	FELLOWSHIP	OTHER	CARDIOVASCULAR SURGERY	TORONTO	ONTARIO	07/01/1986	02/01/1988

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

VOLUNTARY ASSISTANT CLINICAL PROFESSOR OF SURGERY UNIVERSITY OF MIAMI SCHOOL OF MEDICINE MIAMI 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 SURGERY	GS - SURGERY	
AMERICAN BOARD OF THORACIC SURGERY	TS - THORACIC SURGERY	

Financial Responsibility

Financial Responsibility

I have elected not to carry medical malpractice insurance however, I agree to satisfy any adverse judgments up to the minimum amounts pursuant to s. 458.320(5) (g)1, F. S. I understand that I must either post notice in a sign prominently displayed in my reception area or provide a written statement to any person to whom medical services are being provided that I have decided not to carry medical malpractice insurance. I understand that such a sign or notice must contain the wording specified in s. 458.320(5) (g), 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: COUNCIL OF CARDIOVASCULAR SURGERY, AMERICAN HEART ASSOCIATI SOCIETY OF THORACIC SURGEONS

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
FELLOW	AMERICAN COLLEGE OF CHEST PHYSICIANS
FELLOW	ROYAL COLLEGE OF SURGEONS OF CANADA

Publications

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

Title	Publication	Date
REDO CARDIAC SURGERY IN A PATIENT WITH SEVER PERIPHERAL V	RE THE JOURNAL OF EXTRA-CORPEAL TECHNOLOGY	03/01/1999
SHOULD UNIPOLAR PACEMAKER LEADS BE BANNED LESSONS FROM PA	PACE 20:PART I	02/01/1997
COST AND LENGTH OF HOSPITAL STAY: COMPARISIONS BETWEEN NON	PACE 18: PART II	01/01/1995
SIMPLIFIED SUBXIPHOID PLACEMENT OF IMPLANTAB CARDIOVERTE	LE ANNALS OF THORACIC SURGERY	01/01/1994
ORAL CLOFILIUM PRODUCES SUSTAINED LOWERING OF DEFIBRILLATI	G CIRCULATION	01/01/1991

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 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.

RUMANIAN

Other Affiliations

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

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Affiliat	tion
BROW	/ARD COUNTY MEDICAL ASSOCIATION
FLORI	DA MEDICAL ASSOCIATION
FLORI	DA SOCIETY OF THORACIC AND CARDIOVASCULAR SURGEONS
LICENT	TIATE OF THE MEDICAL COUNCIL OF CANADA
SPECIA	ALIST CERTIFICATE IN CARDIOVASCULAR AND THORACIC SURG
SPECIA	ALIST CERTIFICATE IN SURGERY