



JOHN ANDREW ODELL

License Number: ME70692

Profession	Medical Doctor
License Status	Null And Void/
Year Began Practicing	01/01/1974
License Expiration Date	01/31/2017
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

General Information

Primary Practice Address

JOHN ANDREW ODELL
MAYO CLINIC JACKSONVILLE
4500 SAN PABLO ROAD
JACKSONVILLE, FL 32224

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
MAYO CLINIC	JACKSONVILLE	FLORIDA

Email Address

Please contact at: odell.john@mayo.edu

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
MINNESOTA	MEDICAL DOCTOR
ARIZONA	MEDICAL DOCTOR
WISCONSIN	MEDICAL DOCTOR

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 not indicated whether 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 CAPE TOWN	MBCHB	1/1/1968 - 12/1/1973	12/01/1973
FACULTY OF MEDICINE, UNIVERSIT			

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
ROYAL COLLEGE OF SURGEONS	EDINBURGH	UNITED KINGDOM	07/01/1980	06/30/1981	MEMBER OF ROYAL COLLEGE OF PHYSICIANS

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
MAYO GRADUATE SCHOOL	RESIDENCY	AN - ANESTHESIOLOGY		ROCHESTER	MINNESOTA	04/01/1993	06/30/1996
ROYAL INFIRMARY	RESIDENCY	OTHER	CARDIOTHORACIC SURGERY	***	***	07/01/1980	07/01/1981
KING EDWARD VIII HOSPITAL	RESIDENCY	GS - SURGERY		***	***	07/01/1979	06/01/1980
WENTWORTH HOSPITAL	RESIDENCY	OTHER	CARDIOTHORACIC SURGERY	***	***	01/01/1974	06/30/1976
ADDINGTON HOSPITAL	INTERNSHIP	OTHER			SOUTH AFRICA	01/01/1974	06/30/1976

Academic Appointments

Graduate Medical Education

The practitioner did not provide this mandatory information.

Academic Appointments

This practitioner currently holds faculty appointments at the following medical/health related institutions of higher learning:

Title	Institution	City	State
PROFESSOR OF SURGERY	MAYO MEDICAL SCHOOL	ROCHESTER	MINNESOTA

Specialty Certification

Specialty Certification

The practitioner did not provide this mandatory information.

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 an affiliation with the following committees:

FEATURE EDITOR ANNALS OF THORACIC SURGERY

UNOS DIRECTOR HEART AND LUNG TRANSPLANTATION

Professional or Community Service Awards

This practitioner has not provided any professional or community service activities, honors, or awards.

Publications

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

Title	Publication	Date
TRAUMATIC RUPTURE OF THE DESCENDING THORACIC AORTA	A AFR MEDICAL J, 3:177-180	01/01/1991
DONOR HEART CORONARY SINUS OSTIUM ATRESIA IN A SUCCESSFUL	ANN THORAC SURG, 53:1096-7	01/01/1992
SUCCESSFUL MANAGEMENT OF AORTO-ESOPHAGEAL FISTULA DUE TO A	ANNALS OF THORACIC SURGERY, 80:434-436	01/01/1991

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
CO CHAIR CARDIOVASCULAR PRACTICE TEAM, ST LUKES HOSPITAL
STAFF PRV/MAYO HOSPITAL, PHOENIX, ARIZONA
STAFF PRV/ST. MARY'S HOSPITAL, ROCHESTER, MINNESOTA