



## GAVRILO LAZOVIC

License Number: ME73593

Profession	Medical Doctor
License Status	CLEAR/Active
Year Began Practicing	01/01/1983
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

## General Information

### Primary Practice Address

GAVRILO LAZOVIC  
6131 LA GORCE DRIVE  
MIAMI BEACH, FL 33140

### 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
MEMORIAL REGIONAL HOSPITAL SOUTH	HOLLYWOOD	FLORIDA

### Email Address

Please contact at: [glazovic@gmail.com](mailto:glazovic@gmail.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
	MEDICAL
	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
UNIVERZITET U SARAJEVO	MD	7/1/1977 - 2/8/1983	02/08/1983

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 SARAJEVO	SARAJEVO	YUGOSLAVIA	04/01/1987	05/01/1991	
UNIVERSITY OF ZAGREB	ZAGREB	YUGOSLAVIA	09/01/1988	12/31/1990	

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 HOSPITAL OF SARAJEVO	RESIDENCY	IM - INTERNAL MEDICINE		SARAJEVO	YUGOSLAVIA	06/01/1987	05/01/1991
UNIVERSITY SCHOOL OF MEDICINE ZAGREB		IM - HEMATOLOGY		ZAGREB	YUGOSLAVIA	09/01/1988	12/01/1989
MCKEESPORT HOSPITAL	RESIDENCY	IM - INTERNAL MEDICINE		MCKEESPORT	PENNSYLVANIA	06/01/1994	06/01/1997

Academic Appointments

Graduate Medical Education

This practitioner has 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 INTERNAL MEDICINE	IM - INTERNAL MEDICINE	

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
BEST RESIDENT OF THE YEAR/1996	MCKEESPORT HOSPITAL, MCKEESPORT, PENNSYLVANIA
ACADEMIC EXCELLENCE AWARD/1982	UNIVERSITY OF SARAJEVO, SARAJEVO, YUGOSLAVIA

### Publications

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

Title	Publication	Date
LEUKOCYTOCLASTIC VASCULITIS	MEDICAL ARCHIVES B AND H	01/01/1992
INTERFERON INHIBITOR FACTOR RESPONSE TO INTERFERON TREATME	INTERNATIONAL SOCIETY FOR INTERFERON RESEARCH	10/24/1993

Title	Publication	Date
INTERFERON INHIBITOR FACTOR PREDICTING RESPONSE TO	JOURNAL OF INTERFERON RESEARCH	12/01/1993
ENHANCEMENT OF TUMOR PRODUCTION BY GM-CSF	AMERICAN SOCIETY OF HEMATOLOGY	01/01/1993
PLASMAPHERESIS COMBINED WITH INTERFERON SUCCESSFUL TREATME	JOURNAL OF CLINICAL APHERESIS	01/01/1994
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.

OTHER

### Other Affiliations

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

Affiliation
ALLEGHENY COUNTY MEDICAL SOCIETY
AMERICAN COLLEGE OF PHYSICIANS
AMERICAN MEDICAL ASSOCIATION
AMERICAN SOCIETY OF INTERNAL MEDICINE
PENNSYLVANIA MEDICAL SOCIETY
SOUTHERN MEDICAL SOCIETY
STAFF PRV/JEFFERSON HOSPITAL, PITTSBURGH, PENNSYLVANIA
STAFF PRV/MCKEESPORT HOSPITAL, MCKEESPORT, PENNSYLVANIA