



FOTIOS DIMITRIOS VRIONIS

License Number: ME78915

Profession	Medical Doctor
License Status	CLEAR/Active
Year Began Practicing	01/01/1990
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

General Information

Primary Practice Address

FOTIOS DIMITRIOS VRIONIS
800 MEADOWS ROAD - MNI
BOCA RATON, FL 33486

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
BOCA REGIONAL HOSPITAL	BOCA RATON	FLORIDA

Email Address

Please contact at: FVrionis@Baptisthealth.net

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
	MEDICAL
	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
UNIVERSITY OF ATHENS	MD	7/1/1977 - 3/1/1984	03/25/1984
DUKE UNIVERSITY	PH.D.	8/1/1986 - 5/1/1990	05/01/1990

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
HARVARD UNIVERSITY	BOSTON	MASSACHUSETTS	09/01/1985	07/30/1986	MPH MASTER OF PUBLIC HEALTH

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
TUFTS NEW ENGLAND MEDICAL CENTER	INTERNSHIP	GS - SURGERY		BOSTON	MASSACHUSETTS	06/01/1990	06/30/1991
TUFTS NEW ENGLAND MEDICAL CENTER	RESIDENCY	NS - NEUROLOGICAL SURGERY		BOSTON	MASSACHUSETTS	07/01/1991	07/30/1997

Academic Appointments

Graduate Medical Education

This practitioner has had the responsibility for graduate medical education within the last 10 years.

Academic Appointments

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

Title	Institution	City	State
ASSOCIATE PROFESSOR OF NEUROSURGERY	FLORIDA ATLANTIC UNIVERSITY	BOCA RATON	FLORIDA

Specialty Certification

Specialty Certification

This practitioner does not hold any certifications from specialty boards recognized by the Florida board which regulates the profession for which he/she is licensed.

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

Recordkeeping & 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](#).

The following liability actions have been reported as required under section 456.049, F. S., within the previous 10 years:

Incident Date	County	Judicial Case	Settlement Date	Amount	Policy Amount
04/21/2017	PALM BEACH		08/20/2020	\$10,000,000.00	\$0.00
08/31/2022	PALM BEACH	50-2023-CA-0168	02/01/2025	\$1,000,000.00	\$1,000,000.00

Optional Information

Committees/Memberships

This practitioner has an affiliation with the following committees:

BocaCare Leadership Committee
OR Committee
Partnership Committee
Research Committee
Medical Staff Advisory Committee
Medical Staff Leadership Committee
MD Integration Committee
Neuroscience Operations Committee
Medical Executive Committee

Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
RECOGNITION AWARD 1993 & 1994	BRAIN TUMOR SOCIETY
RECIPIENT OF 1995 FELLOWSHIP AWARD	CONGRESS OF NEUROLOGICAL SURGEONS
OBTAINED M.P.H. DEGREE WITH HIGHEST HONORS	HARVARD UNIVERSITY; BOSTON, MA
RESEARCH GRANT RECIPIENT 1997	METHODIST RESEARCH FOUNDATION
RESEARCH GRANT RECIPIENT 1997	AMERICAN CANCER SOCIETY
PHYSICIAN RESEARCH GRANT 1997	UTMG

Publications

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

Title	Publication	Date
A NEW GANGLIOSIDE OF THE LACTOTETRA SERIES GALNAC-3'...	J. BIOL. CHEM.; 264:12122-12125	01/01/1989
FIVE NEW EPITOPE-DEFINED MONOCLONAL ANTIBODIES REACTIVE...	CANCER RES.; 49:6645-6651	01/01/1989
ANTI-GM2 MONOCLONAL ANTIBODIES INDUCE NECROSIS IN ...	CANCER RES.; 51:4643-4648	
BYSTANDER TUMORICIDAL EFFECT IN THE TREATMENT OF ...	NEUROSURGERY; 35:1094-1103	01/01/1994
TUMOR CELLS EXPRESSING THE HERPES SIMPLEX VIRUS THYMID...	JOURNAL OF NEUROSURGERY; 84:250-257	01/01/1996

THIS PRACTITIONER HAS AUTHORED SEVERAL OTHER PUBLICATIONS

Professional Web Page

WWW.BRRH.COM/MNI

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.

GREEK

Other Affiliations

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

Affiliation
AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS
AMERICAN CANCER RESEARCH ASSOCIATION
AMERICAN MEDICAL ASSOCIATION
CONGRESS OF NEUROLOGICAL SURGEONS
DUKE ALUMNI ASSOCIATION
HARVARD ALUMNI ASSOCIATION
MASSACHUSETTS MEDICAL SOCIETY
MEMPHIS AND SHELBY COUNTY MEDICAL SOCIETY
NEURO-ONCOLOGY SOCIETY
NORTH AMERICAN SKULL BASE SOCIETY
NORTH AMERICAN SPINE SOCIETY
SUFFOLK DISTRICT MEDICAL SOCIETY