



CONSTANTINE ANDREAS TOUMBIS

License Number: ME80012

Profession	Medical Doctor
License Status	CLEAR/Active
Year Began Practicing	Not Provided
License Expiration Date	01/31/2026
Controlled Substance Prescriber (for the Treatment of Chronic Non-malignant Pain)	Yes

General Information

Primary Practice Address

CONSTANTINE ANDREAS TOUMBIS
6099 W. GULF TO LAKE HIGHWAY
CITRUS SPINE INSTITUTE
CRYSTAL RIVER, FL 34429

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
CITRUS MEMORIAL HOSPITAL	INVERNESS	FLORIDA
SEVEN RIVERS REGIONAL MEDICAL CENTER	CRYSTAL RIVER	FLORIDA

Email Address

Please contact at: drt@citruspine.com

Other State Licenses

This practitioner has not indicated any additional state licensures.

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
WAYNE STATE UNIVERSITY	MD	8/15/1994 - 5/31/1998	06/04/1998

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
STATE UNIVERSITY OF NEW YORK AT BUFFALO	BUFFALO	NEW YORK	08/01/1987	09/01/1988	MASTERS OF SCIENCE
NEW YORK UNIVERSITY	NEW YORK	NEW YORK	01/01/1984	05/30/1987	BS BIOLOGY
STATE UNIVERSITY OF NEW YORK AT BUFFALO	BUFFALO	NEW YORK	08/01/1988	06/01/1993	PH.D. PATHOLOGY

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 OF FLORIDA	INTERNSHIP	GS - SURGERY		JACKSONVILLE	FLORIDA	06/01/1998	06/30/1999
UNIVERSITY OF FLORIDA	RESIDENCY	ORS - ORTHOPAEDIC SURGERY		JACKSONVILLE	FLORIDA	06/30/1999	01/01/0001

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

Title	Institution	City	State
PRECEPTOR	NOVA SOUTHEASTERN UNIVERSITY	FORT LAUDERDALE	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 ORTHOPAEDIC SURGERY	ORS - ORTHOPAEDIC SURGERY OF THE SPINE	

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 the following criminal offenses:

Description of Offense	Date	State or Jurisdiction	Under Appeal	Status	Date Of Corroboration
SECOND DEGREE ASSAULT	03/27/1989	NEW YORK	NO	NOT CORROBORATED	

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:

NORTH AMERICAN SPINE SOCIETY

FLORIDA ORTHOPAEDIC SOCIETY

FLORIDA WELLCARE ALLIANCE

AMERICAN ACADEMY OF ORTHOPAEDIC 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
TOP DOCTOR 2011-2015	CASTLE CONNELLY MEDICAL
TOP REGIONAL DOCTOR 2012	CASTLE CONNELLY MEDICAL
TOP DOC 2011	OCALA MAGAZINE
TOP DOCTOR	US NEWS AND WORLD REPORT

Publications

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

Title	Publication	Date
ANTEGRADE VERSUS RETROGRADE INTRAMEDULLARY FIXATION OF FEMORAL SHAFT FRACTURES: A BIOMECHANICAL STUDY.	JOURNAL OF THE FLORIDA ORTHOPAEDIC SOCIETY	04/01/2002
STUDY OF ANTIANGIOGENIC AGENTS WITH POSSIBLE THERAPEUTIC APPLICATIONS IN NEOPLASTIC DISORDERS AND MACULAR DEGENERATION.	JOURNAL OF MEDICINE	01/01/2000
TOTAL JOINT ARTHROPLASTY AND THE IMMUNE RESPONSE	SEMINARS IN ARTHRITIS AND RHEUMATISM	08/01/1997
LETTER TO THE EDITOR; INFORMING PATIENTS ABOUT TOTAL HIP ARTHROPLASTY	JAMA	12/18/1996
LETTER TO THE EDITOR; A RIGHT TO MEDICAL EDUCATION?	AMERICAN MEDICAL NEWS	09/16/1996
.: INFLUENCE OF COLD STORAGE ALTERED RED CELL SURFACE ON THE FUNCTION OF PLATELETS	JOURNAL OF MEDICINE	01/01/1995
POTENTIATION OF THROMBOLYTIC THERAPY BY ENZYME COMBINATIONS AND WITH ASPIRIN OR PENTOXIFYLLINE	JOURNAL OF MEDICINE	01/01/1994
PENTOXIFYLLINE AND MECLOFENAMIC ACID TREATMENT REDUCES CLINICAL MANIFESTATIONS IN A MURINE MODEL OF AIDS	THE JOURNAL OF PHARMACOLOGY AND EXPERIMENTAL THERAPEUTICS	01/01/1994
EFFECT OF RED BLOOD CELLS FROM PATIENTS WITH SICKLE CELL DISEASE ON PLATELET FACTOR 3 RELEASE	AMERICAN JOURNAL OF HEMATOLOGY,	01/01/1992
STUDIES ON TUMOR-INDUCED ANGIOGENESIS	JOURNAL OF MEDICINE	01/01/1992
TUMOR INDUCED ANGIOGENESIS. EFFECT OF PLATELET DERIVED GROWTH FACTOR (PDGF), PENTOXIFYLLINE, SODIUM DIETHYLDITHIOCARBAMATE, EPSILON AMINO CAPROIC ACID AND TRANSAXEMIC ACID	ANGIOGENESIS IN HEALTH AND DISEASE	01/01/1992
STUDIES ON TUMOR INDUCED ANGIOGENESIS	PROCEEDINGS OF THE ANGIOGENESIS SYMPOSIUM, ANGIOGENESIS: KEY PRINCIPLES- SCIENCE- TECHNOLOGY-MEDICINE	01/01/1992

Professional Web Page

WWW.CITRUSSPINE.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.

GREEK

Other Affiliations

This practitioner has not provided any national, state, local, county, or professional affiliations.