CARLOS REYDELL MEDINA MD

License Number: ME106831

Profession Medical Doctor
License Status Clear/Active
Year Began Practicing 06/20/2003
License Expiration 01/31/2026

Date

General Information

Primary Practice Address

CARLOS REYDELL MEDINA MD 21110 BISCAYNE BLVD SUITE 201 AVENTURA, FL 33180

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 |
|---------------------------------|-------|---------|
| KENDALL REGIONAL MEDICAL CENTER | MIAMI | FLORIDA |

Email Address

Please contact at: medivivas@gmail.com

Other State Licenses

This practitioner has indicated the following additional state licensure:

| State | Profession |
|---------|----------------|
| GEORGIA | 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 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 CENTRAL DEL CARIBE | MD | 7/1/1999 - 6/1/2003 | 06/01/2003 |

Other Health Related Degrees

This practitioner has completed the following other health related degrees:

| School/University | City | State/Country | Dates Attended y From | Dates Attended To | Degree Title |
|------------------------------|-------------|----------------|--------------------------|----------------------|-----------------------------|
| UNIVERSITY OF PUERTO RICO | SAN JUAN | PUERTO RICO | 08/20/1994 | 05/30/1999 | BS - BACHELOR OF SCIENCE |

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 |
|-------------------------------|-----------------|---------------------------|----------------------------|--------------|---------------------|---------------------------|-------------------------|
| TEMPLE UNIVERSITY HOSPITAL | RESIDENCY | GS - SURGERY | | PHILADELPHIA | PENNSYLVANIA | 06/01/2003 | 06/01/2008 |
| TEMPLE UNIVERSITY HOSPITAL | FELLOWSHIF | P PS - PLASTIC SURGERY | | PHILADELPHIA | PENNSYLVANIA | 07/01/2008 | 07/01/2010 |

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 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 SURGERY | GS - SURGERY | 09/01/2008 |
| AMERICAN BOARD OF PLASTIC SURGERY | PS - PLASTIC 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

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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:

2008 INFECTION CONTROL COMMITTEE TEMPLE UNIVERSITY HOSPITAL

2006 SYSTEM EFFICACY COMMITTEE TEMPLE UNIVERSITY HOSPITAL

2005 RESIDENCY REVIEW COMMITTEE VISIT

2002 MEDICAL STUDENT COMMITTEE FOR LCGME VISIT

Professional or Community Service Awards

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

| Community Service/Award/Honor | Organization |
|-------------------------------|------------------------------------------------------------|
| PRESIDENT 2002-2003 | ALPHA OMEGA ALPHA GAMMA CHAPTER |
| 2002 MEMBER | WHO'S WHO AMONG STUDENTS IN AMERICAN UNIVERSITIES COLLEGES |
| 2003 MEMBER | WHO'S WHO AMONG STUDENTS IN AMERICAN UNIVERSITIES COLLEGES |

| Community Service/Award/Honor | Organization |
|-------------------------------------------------------|------------------------------------------------------------|
| MEMBER | ALPHA OMEGA ALPHA MEDICAL HONOR SOCIETY |
| 2001 EXCELLENCY IN MEDICAL EDUCATION AWARD | UCC SCHOOL OF MEDICINE |
| 2002 EXCELLENCY IN MEDICAL EDUCATION AWARD | UCC SCHOOL OF MEDICINE |
| 2003 EXCELLENCY IN MEDICAL EDUCATION AWARD | UCC SCHOOL OF MEDICINE |
| MAGNA CUM LAUDE | UCC SCHOOL OF MEDICINE |
| MOSES MEMORIAL ENDOWED AWARD FOR OUTSTANDING TEACHING | DEPARTMENT OF SURGERY TEMPLE UNIVERSITY SCHOOL OF MEDICINE |
| 2007 TO 2008 CHIEF RESIDENT | SURGERY DEPARTMENT TEMPLE UNIVERSITY SCHOOL OF MEDICINE |
| 2009 TO 2010 CHIEF RESIDENT | PLASTIC SURGERY DIVISION TEMPLE UNIVERSITY |

Publications

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

| Title | Publication | Date |
|--------------------------------------------------------------|--------------------------------------------------------------|------------|
| SURGERY A COMPETENCY-BASED COMPANION | 424-432 1ST EDITION PHILADELPHIA PENNSYLVANIA SAUNDERS-EL | 01/01/2008 |
| FOLLOW-UP AFTER ASYMPTOMATIC PENETRATING THORACIC INJURY 3 | J TRAUMA 2008 SEP 65 3 549-53 | 09/01/2008 |
| GIANT SUBMENTAL LIPOMA CASE REPORT AND REVIEW OF THE LITERA | CAN J PLAST SURG 2007 WINTER 15 4 219-22 | 12/01/2007 |
| ENDOVASCULAR TREATMENT OF AN ABDOMINAL AORTIC PSEUDOANEURYSM | J VASC SURG 2006 JUN 43 6 1278-82 | 06/01/2006 |
| THE USE OF AN INNOVATIVE DEVICE FOR WOUND CLOSURE AFTER UPPE | HAND N Y 2008 JUN 3 2 146-51 EPUB 2007 DEC 1 | 12/01/2007 |
| INCREASED PREVALENCE OF COMMUNITY-ACQUIRED METHICILLIN-RESIS | PLAST RECONSTR SURG 2006 JUL 118 1 161-6 DISCUSSION 167-9 | 07/01/2006 |

Professional Web Page

www.medinaplasticsurgery.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.

SPANISH

Other Affiliations

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