



GEORGE GUNTUR ABANES PUJALTE

License Number: ME121385

Profession	Medical Doctor
License Status	Clear/Active
Year Began Practicing	07/01/2004
License Expiration Date	01/31/2027
Controlled Substance Prescriber (for the	Yes
Treatment of Chronic Non-malignant Pain)	

General Information

Primary Practice Address

GEORGE GUNTUR ABANES PUJALTE
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
	WAYCROSS	GEORGIA
MAYO CLINIC	JACKSONVILLE	FLORIDA

Email Address

Please contact at: Pujalte.George@mayo.edu

Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
ILLINOIS	MEDICAL DOCTOR
MICHIGAN	MEDICAL DOCTOR
PENNSYLVANIA	MEDICAL DOCTOR
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 OF THE PHILIPPINES MANILA	BACHELOR D	6/1/1992 - 3/31/1996	03/31/1996
UNIVERSITY OF THE PHILIPPINES MANILA	MD	6/1/1996 - 4/30/2001	04/30/2001

Other Health Related Degrees

This practitioner does not hold any additional health related degrees.

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
MOUNT SINAI FAMILY PRACTICE RESIDENCY OF CHICAGO	INTERNSHIP	FAMILY MEDICINE		CHICAGO	ILLINOIS	07/01/2004	06/30/2005
MOUNT SINAI FAMILY PRACTICE RESIDENCY OF CHICAGO	RESIDENCY	FAMILY MEDICINE		CHICAGO	ILLINOIS	07/01/2004	06/30/2007
UNIVERSITY OF MICHIGAN SPORTS MEDICINE FELLOWSHIP PROGRAM	FELLOWSHIP	FP - SPORTS MEDICINE		ANN ARBOR	MICHIGAN	07/01/2007	06/30/2009

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 FAMILY MEDICINE	MAYO CLINIC	JACKSONVILLE	FLORIDA
ASSISTANT PROFESSOR OF ORTHOPEDICS	MAYO CLINIC	JACKSONVILLE	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 FAMILY MEDICINE	FP - FAMILY MEDICINE	12/08/2007
AMERICAN BOARD OF FAMILY MEDICINE	FP - SPORTS MEDICINE	12/03/2008

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.

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:

- PUBLICATIONS COMMITTEE
- INTERNATIONAL RELATIONS COMMITTEE
- MEMBERSHIP 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
EXCEPTIONAL EDUCATOR	PENN STATE COLLEGE OF MEDICINE
EXCELLENT ROLE MODEL	PENN STATE COLLEGE OF MEDICINE
INNOVATION AWARD	PENN STATE MILTON S HERSHEY MEDICAL CENTER

Community Service/Award/Honor	Organization
CHAIR AWARD	PENN STATE DEPT OF FAM AND COMM MED

Publications

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

Title	Publication	Date
BILATERAL KNEE AND INTERMITTENT ELBOW PAIN IN A COMPETITIVE	CLIN J SPORT MED	09/01/2014
OSTEOARTHRITIS IN YOUNG ACTIVE AND ATHLETIC INDIVIDUALS	CLIN MED INSIGHTS ARTHRITIS MUSCULOSKELET DISORD	01/01/2014
THE INJURED RUNNER	MED CLIN NORTH AM	07/01/2014
INTERNATIONAL HIKER WITH ACETAZOLAMIDE-INDUCED GLAUCOMA	BR J SPORTS MED	04/01/2014
FAMILY MEDICINE RESIDENTS? PERCEIVED LEVEL OF COMFORT IN TRE	CLIN J SPORTS MED	01/01/2014
RECREATIONAL RUNNER WITH RIGHT SHOULDER PAIN AND CYANOSIS	INT J EXERC SCI CONF PROC	01/01/2014
PREFACE	PRIM CARE	12/01/2013
TICK-BORNE INFECTIONS IN THE UNITED STATES	PRIM CARE	09/01/2013
ADDUCTOR POLLICIS LONGUS STRAIN IN A PROFESSIONAL BASEBALL P	SPORTS HEALTH	07/01/2013
A PRACTICAL GUIDE TO SHOULDER INJURIES IN THE THROWING ATHLE	J FAM PRACT	04/01/2013
DYSPHAGIA SOLITARY SYMPTOM OF A PATIENT WITH WALLENBERG SY	J CASE REP	01/01/2013
CHEST WALL INJURY ? WEIGHTLIFTING	INT J EXERC SCI	01/01/2013
THE RELATIONSHIP BETWEEN EXCLUSIVE BREASTFEEDING DURATION AN	J GLOBAL HEALTH PERSPECT	01/01/2012
STINGERS AND BURNERS	INT J ATHL TRAIN	01/01/2012
SINUS TARSI SYNDROME	THE 5-MINUTE SPORTS MEDICINE CONSULT	01/01/2011
LEAN BODY WEIGHT ASSESSMENT	ENCYCLOPEDIA OF SPORTS MEDICINE	01/01/2012
ALCOHOL AND EXERCISE	ENCYCLOPEDIA OF SPORTS MEDICINE	01/01/2011
SHOULD ULTRASOUND-GUIDED NEEDLE FENESTRATION BE CONSIDERED A	CLIN J SPORT MED	11/01/2010
TAILBONE COCCYX INJURIES	ENCYCLOPEDIA OF SPORTS MEDICINE	01/01/2010
EYE INJURIES IN SPORTS	ATHL THER TODAY	01/01/2010
ELBOW PAIN IN A RECREATIONAL WEIGHTLIFTER	BR J SPORTS MED	01/01/2010
RIB FRACTURES	ESSENTIAL EVIDENCE PLUS	01/01/2009
ARM FRACTURES	ESSENTIAL EVIDENCE PLUS	01/01/2009
MANAGEMENT OF CLAVICLE FRACTURES	CURR SPORTS MED REP	09/01/2008

Professional Web Page

<https://www.mayoclinic.org/biographies/pujalte-george-m-d/bi>

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.

TAGALOG FILIPINO

Other Affiliations

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

Affiliation
AMERICAN COLLEGE OF SPORTS MEDICINE

Affiliation

AMERICAN MEDICAL SOCIETY FOR SPORTS MEDICINE
