



## ROBERT L ROTHBARD

License Number: ME53549

Profession Medical Doctor  
License Status CLEAR/Active  
Year Began Practicing Not Provided  
License Expiration 01/31/2027  
Date

## General Information

### Primary Practice Address

ROBERT L ROTHBARD  
2320 N ORANGE AVE  
ORLANDO, FL 32804-5552

### 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
ADVENT HEALTH WINTER PARK, FL.	ORLANDO	FLORIDA
WINTER PARK MEMORIAL HOSPITAL	WINTER PARK	FLORIDA
LUCERNE MEDICAL CENTER	ORLANDO	FLORIDA

### Email Address

Please contact at: [rothbrdr@aol.com](mailto:rothbrdr@aol.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

State	Profession
NEW YORK	MD

### 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 ROCHESTER	MD		01/01/1975

## 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
COLGATE UNIVERSITY	HAMILTON	NEW YORK	01/01/0001	01/01/1971	BS BIOLOGY

## 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
THE NEW YORK HOSPITAL/CORNELL UNIVERSITY MEDICAL CENTER	INTERNSHIP	TY - TRANSITIONAL YEAR		NEW YORK	NEW YORK	07/01/1975	06/30/1976
THE NEW YORK HOSPITAL/CORNELL UNIVERSITY MEDICAL CENTER	RESIDENCY	OTHER	JUNIOR ASSOCIATE RESIDENT IN MEDICINE	NEW YORK	NEW YORK	07/01/1976	06/30/1977
THE NEW YORK HOSPITAL/CORNELL UNIVERSITY MEDICAL CENTER	RESIDENCY	OTHER	SENIOR ASSOCIATE RESIDENT IN MEDICINE	NEW YORK	NEW YORK	07/01/1977	06/30/1978
STRONG MEMORIAL HOSPITAL/UNIVERSITY OF ROCHESTER MEDICAL C	FELLOWSHIP	OTHER	INSTRUCTOR AND FELLOW	ROCHESTER	NEW YORK	07/01/1978	06/30/1981

## Academic Appointments

### Graduate Medical Education

The practitioner did not provide this mandatory information.

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The practitioner did not provide this mandatory information.

## Specialty Certification

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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	
AMERICAN BOARD OF INTERNAL MEDICINE	IM - CARDIOVASCULAR DISEASE	

## 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.**

The practitioner did not provide this mandatory information.

#### 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:

The practitioner did not provide this mandatory information pertaining to final disciplinary action taken by a specialty board within the last 10 years

#### 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:  
CLINICAL CARDIOLOGY COUNCIL, AMERICAN HEART ASSOCIATION  
BOARD OF DIRECTORS, FLORIDA HEART INSTITUTE  
THROMBOSIS COUNCIL, AMERICAN HEART ASSOCIATION

RADIOLOGY COUNCIL, AMERICAN HEART ASSOCIATION  
BASIC SCIENCE COUNCIL, AMERICAN HEART ASSOCIATION  
SUBSPECIALTY DELEGATE FROM THE ACC TO FMA

### Professional or Community Service Awards

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

Community Service/Award/Honor	Organization
USPHS RESEARCH FELLOW IN CARDIOLOGY, JULY 1979- JUNE 1980	
VISITING LECTURER	NEW YORK STATE CHAPTER OF AMERICAN COLLEGE OF PHYSICIANS
"MEET THE EXPERTS" PROGRAM	36TH ANNUAL SESSION OF AMERICAN COLLEGE OF CARDIOLOGY 3-87
FELLOW	AMERICAN COLLEGE OF PHYSICIANS
FELLOW	AMERICAN COLLEGE OF CARDIOLOGY
FELLOW	AMERICAN COLLEGE OF CHEST PHYSICIANS

### Publications

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

Title	Publication	Date
TOLERANCE AND COMPLICATIONS IN A MULTICENTER TRIAL OF INTR	CLINICAL CARDIOLOGY	01/01/1990
RELATION OF PLASMA D-DIMER CONCENTRATIONS TO CORONARY ARTE	AMERICAN JOURNAL OF CARDIOLOGY	01/01/1989
EFFECT OF REPERFUSION ON ELECTROCARDIOGRAPHIC ENZYMATIC IN	AMERICAN HEART JOURNAL	01/01/1988
MULTICENTER REPERFUSION TRIAL OF INTRAVENOUS ANISOYLATED P	JOURNAL OF THE AMERICAN COLLEGE OF CARDIOLOGY	01/01/1988
STUDIES IN HEALTHY VOLUNTEERS AND IN PATIENTS WITH ACUTE M	DRUGS	01/01/1987
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 not indicated that any languages other than English are used to communicate with patients, or that any translation service is available for patients, at his/her primary place of practice.

### Other Affiliations

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

Affiliation
AMERICAN FEDERATION OF CLINICAL RESEARCH
AMERICAN HEART ASSOCIATION
AMERICAN MEDICAL ASSOCIATION
AMERICAN SOCIETY OF NUCLEAR CARDIOLOGY
FLORIDA MEDICAL ASSOCIATION
LAENNEC SOCIETY
ORANGE COUNTY MEDICAL SOCIETY
SOUTHERN MEDICAL ASSOCIATION
THE SOCIETY OF CARDIAC ANGIOGRAPHY AND INTERVENTIONS
THE SOCIETY OF NUCLEAR MEDICINE

