

## GLENN WILLIAM STAMBO

License Number: ME76556

|                                          |                |
|------------------------------------------|----------------|
| Profession                               | Medical Doctor |
| License Status                           | Clear/Active   |
| Year Began Practicing                    | 01/01/1991     |
| License Expiration Date                  | 01/31/2027     |
| Controlled Substance Prescriber (for the | Yes            |
| Treatment of Chronic Non-malignant Pain) |                |

## General Information

### Primary Practice Address

GLENN WILLIAM STAMBO  
7171 N DALE MABRY HIGHWAY  
TAMPA, FL 33614

### 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   |
|---------------------------------|--------------------|---------|
| ST. JOSEPH'S HOSPITAL           | TAMPA              | FLORIDA |
| PALMS OF PASADENA HOSPITAL      | ST PETERSBURG      | FLORIDA |
| ST. ANTHONYS HOSPITAL           | ST PETERSBURG      | FLORIDA |
| MEMORIAL HOSPITAL OF TAMPA      | TAMPA              | FLORIDA |
| PALM BEACH LAKES SURGERY CENTER | PALM BEACH GARDENS | FLORIDA |
| BETHESDA MEMORIAL HOSPITAL      | BOYNTON BEACH      | FLORIDA |
| SANTA ROSA MEDICAL CENTER       | MILTON             | FLORIDA |
| NORTH OKALOOSA MEDICAL CENTER   | CRESTVIEW          | FLORIDA |
| TWIN CITIES HOSPITAL            | NICEVILLE          | FLORIDA |
| MONROE COUNTY HOSPITAL          | MONROEVILLE        | ALABAMA |
| SOUTH BALDWIN MEDICAL CENTER    | FOLEY              | ALABAMA |

### Email Address

Please contact at: [gstambo64@yahoo.com](mailto:gstambo64@yahoo.com)

### Other State Licenses

This practitioner has indicated the following additional state licensure:

| State    | Profession |
|----------|------------|
| ALABAMA  | MD         |
| GEORGIA  | MD         |
| 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 |
|----------------------|--------------|---------------------|-----------------|
| HAHNEMANN UNIVERSITY | MD           | 9/1/1987 - 6/1/1991 | 06/01/1991      |

### 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 |
|----------------------------------------------|--------------|------------------------------------------|----------------------|------------|------------------|---------------------|-------------------|
| UNIVERSITY OF CONNECTICUT SCHOOL OF MEDICINE | INTERNSHIP   | IM - INTERNAL MEDICINE                   |                      | FARMINGTON | CONNECTICUT      | 07/01/1991          | 06/30/1992        |
| HARTFORD HOSPITAL                            | RESIDENCY    | RADIOLOGY                                |                      | HARTFORD   | CONNECTICUT      | 07/01/1993          | 06/30/1997        |
| UNIVERSITY OF MASSACHUSETTS MEDICAL CENTER   | FELLOWSHIP   | DR - VASCULAR AND INTERVENTIONAL RADIOLO |                      | WORCESTER  | MASSACHUSETTS    | 07/01/1997          | 06/30/1998        |

## 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 RADIOLOGY | DR - VASCULAR AND INTERVENTIONAL RADIOLO | 11/01/1999     |
| AMERICAN BOARD OF RADIOLOGY | DR - DIAGNOSTIC RADIOLOGY                | 11/03/1997     |

## 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](#).

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  |
|---------------|--------------|---------------|-----------------|--------------|----------------|
| 09/06/2016    | HILLSBOROUGH | 17-CA-009856  | 02/01/2018      | \$500,000.00 | \$1,000,000.00 |

## Optional Information

### Committees/Memberships

This practitioner has not indicated any committees on which they serve for any health entity with which they are affiliated.

### Professional or Community Service Awards

This practitioner has not provided any professional or community service activities, honors, or awards.

## Publications

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

| Title                                                        | Publication                                        | Date       |
|--------------------------------------------------------------|----------------------------------------------------|------------|
| ANGIOGRAPHIC EMBOLIZATION OF VISCERAL ARTERY PSEUDO          | ANNALS OF VASCULAR SURGERY                         | 09/01/1996 |
| PERCUTANEOUS DRAINAGE OF DIVERTICULAR ABSCESES               | DIVERTICULAR DISEASE MANAGEMENT                    | 10/01/1997 |
| UTILIZATION OF THORACOCENTESIS FOR PLEURAL EFFUSIONS         | SUBMITTED TO DEPARTMENT OF RADIOLOGY, HARTFORD, CT | 05/01/1994 |
| GLOMERULAR AND TUBULAR A1- AND A2 ADRENOCEPTORS IN THE RAT   | JOURNAL OF CARDIOVASCULAR PHARMACOLOGY             | 01/01/1989 |
| COIL EMBOLIZATION OF HEPATIC ANEURYSMS IN PAN                | JOURNAL OF VASCULAR SURGERY                        | 05/20/2004 |
| TRANSHEPATIC PORTAL VEIN THROMBOLYSIS WITH PULSE SPRAY THROM | AMERICAN JOURNAL OF ROENTGENOLOGY                  | 03/20/2005 |
| ENDOVASCULAR TREATMENT OF VENA CAVA OBSTRUCTION WITH STENTS  | SOUTHERN MEDICAL JOURNAL                           | 10/17/2006 |
| HEPATIC ANGIOSARCOMA PRESENTING A A BLEED TREATED WITH TACE  | SARCOMA                                            | 10/25/2007 |
| ENDOVASCULAR TREATMENT OF IVC OBSTRUCTION FROM HCC WITH STEN | RADIOGRAPHY                                        | 05/10/2008 |
| ENDOVASCULAR TREATMENT OF RUPTURED ABDOMINAL AORTA FROM TUMO | ANNALS OF VASCULAR SURGERY                         | 07/09/2008 |
| DRUG ELUTING BEADS FOR HEPATIC NEOPLASMS                     | FIRE AND ICE TUMOR ABLATION                        | 08/18/2007 |
| BIL EKOS CATHETER THROMBOLYSIS OF BIL PE                     | SOUTHERN MEDICAL JOURNAL                           | 05/01/2010 |
| ENDOVASCULAR TREATMENT OF CHRONICALLY OCCLUDED LIMB OF ENDOG | RADIOLOGY                                          | 02/01/2011 |
| CATHETER DIRECTED TENECTEPLASE                               | VASCULAR DISEASE MANAGEMENT                        | 10/01/2011 |
| CURRENT ENDOVASCULAR TREATMENTS FOR VENOUS THROMBOSIS        | INTECH OPEN ACCESS PUBLISHER                       | 01/01/2012 |
| FLUORO GUIDED TRANSHEPATIC PUNCTURE FOR DIFF TIPS            | RADIOGRAPHY                                        | 08/01/2012 |
| DOES MODEN ISCHEMIC STROKE THERAPY IMPROVE OUTCOMES          | JOURNAL OF STROKE AND CEREBROVASCULAR DISEASES     | 09/01/2013 |
| ENDOVASCULAR TREATMENT OF AORTOENTERIC FISTULA               | CHIRURGIA                                          | 12/01/2013 |

## 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 COLLEGE OF RADIOLOGY                        |
| AMERICAN ROENTGEN RAY SOCIETY                        |
| FLORIDA MEDICAL ASSOCIATION                          |
| HILLSBOROUGH COUNTY MEDICAL ASSOCIATION              |
| RADIOLOGICAL SOCIETY OF NORTH AMERICA                |
| SOCIETY OF CARDIOVASCULAR & INTERVENTIONAL RADIOLOGY |

#### Affiliation

TAMPA BAY VASCULAR SOCIETY

WEST COAST FLORIDA RADIOLOGICAL SOCIETY