

## Practitioner Profile

The practitioner has not verified the information contained in this profile.

**MARTIN DAYTON**

LICENSE NUMBER: **OS2971**

Profession: **OSTEOPATHIC PHYSICIAN**

Year Began Practicing: **1/1/1971**

Expiration Date: **3/31/2010**

Status: **CLEAR/ACTIVE**

### Primary Practice Address

MARTIN DAYTON  
18600 COLLINS AVE  
MIAMI, FL 33160-2426

### Medicaid

The practitioner did not indicate if he/she participates in the Medicaid program.

### Staff Privileges

This practitioner does not currently hold staff privileges at any hospital/medical/health institution in Florida.  
**To confirm out-of-state staff privileges please see Other Affiliations.**

### E-Mail Address

Please contact at: Not Provided

### Other State Licensure

This practitioner has not indicated any additional state licensures.

### Education and Training

<b>Institution Name</b>	KIRKSVILLE COLLEGE OF OSTEOPAT
<b>Dates of Attendance</b>	1/1/1966-1/1/1970
<b>Graduation Date</b>	1/1/1970
<b>Degree Title</b>	DO

### Other Health Related Degrees

This practitioner has completed the following other health related degrees:

<b>School/University</b>	ROSS UNIVERSITY
<b>City</b>	
<b>State/Country</b>	
<b>Dates Attended From</b>	7/1/1982
<b>Dates Attended To</b>	6/30/1983
<b>Degree Title</b>	M.D. MEDICAL DOCTOR

<b>School/University</b>	RUTGERS UNIVERSITY COLLEGE OF AGRICULTURE & ENVIRONMENTAL
<b>City</b>	NEW BRUNSWICK
<b>State/Country</b>	NEW JERSEY
<b>Dates Attended From</b>	1/1/1962
<b>Dates Attended To</b>	1/1/1966
<b>Degree Title</b>	

### Professional and Postgraduate Training

This practitioner has completed the following graduate medical education:

<b>Program Name</b>	OSTEOPATHIC GENERAL HOSPITAL
<b>Program Type</b>	INTERNSHIP
<b>Specialty Area</b>	TY - TRANSITIONAL YEAR
<b>Other Specialty Area</b>	
<b>City</b>	NORTH MIAMI BEACH
<b>State or Country</b>	FLORIDA
<b>Dates Attended From</b>	07/01/1970
<b>Dates Attended To</b>	06/30/1971

### Academic Appointments

This practitioner has had the responsibility for graduate medical education within the last 10 years.

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

<b>Title</b>	CLINICAL PRECEPTOR
<b>Institution</b>	NOVA SOUTHEASTERN
<b>City</b>	DAVIE
<b>State</b>	FLORIDA
<b>Title</b>	CLINICAL PRECEPTOR
<b>Institution</b>	UNIVERSITY OF MIAMI SCHOOL OF MEDICINE
<b>City</b>	MIAMI
<b>State</b>	FLORIDA

### 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:

<b>Specialty Board</b>	AMERICAN OSTEOPATHIC BOARD OF FAMILY PHY
<b>Certification</b>	FP - FAMILY PRACTICE

### Financial Responsibility

I have decided not to carry malpractice insurance or otherwise demonstrate financial responsibility; however, I agree to satisfy any adverse judgments pursuant to the terms and conditions contained in s.459.0085(5)(g),FS.I understand that I shall be required to either post notice in the form of a sign prominently displayed in the reception area and clearly noticeable by all patients and provide a written statement to any person to whom medical services are being provided. Such sign and statement shall state that: Under Florida law, osteopathic physicians are generally required to carry medical malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice. YOUR OSTEOPATHIC PHYSICIAN HAS DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE. This is permitted under Florida law subject to certain conditions. Florida law imposes strict penalties against noninsured osteopathic physicians who fail to satisfy adverse judgments arising from claims of medical malpractice. This notice is provided pursuant to Florida law.

### Criminal Offenses

**The criminal history information, if any exists, may be incomplete; federal criminal history information is not available to the public.** This practitioner has indicated the following criminal offenses:

<b>Description of Offense</b>	FLORIDA STATUTE 327.25 (14)
<b>Date</b>	1/1/1976
<b>State or Jurisdiction</b>	FLORIDA
<b>Under Appeal</b>	No
<b>Status</b>	Not Corroborated
<b>Date Of Corroboration</b>	

<b>Description of Offense</b>	18USC 371,1341
<b>Date</b>	1/1/1986
<b>State or Jurisdiction</b>	SD FLORIDA
<b>Under Appeal</b>	No
<b>Status</b>	Not Corroborated
<b>Date Of Corroboration</b>	

### Final Disciplinary Actions (Within last 10 years)

For instructions on how to order copies of final disciplinary actions, please go to [http://www.doh.state.fl.us/mqa/clientserv/records\\_request.htm](http://www.doh.state.fl.us/mqa/clientserv/records_request.htm)

This information is self reported by the practitioner:

#### Final disciplinary action taken by a specialty board within the previous 10 years:

This practitioner has indicated that he/she has NOT had any final disciplinary action taken against him/her within the previous 10 years by a specialty board.

#### Final disciplinary action taken by a licensing agency within the previous 10 years:

This practitioner has indicated that he/she has NOT had any final disciplinary action taken against him/her within the previous 10 years by a licensing agency.

**Disciplinary action taken by a health maintenance organization, pre-paid health clinic, nursing home, hospital or ambulatory surgical center within the previous 10 years:**

This practitioner has indicated that he/she has NOT had any final disciplinary action taken against him/her within the previous 10 years by a health maintenance organization, pre-paid health clinic, nursing home, hospital or ambulatory surgical center.

**Resigned from or had any medical staff privileges restricted or revoked within the previous 10 years by a health maintenance organization, pre-paid health clinic, nursing home, hospital or ambulatory surgical center:**

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 previous 10 years by a health maintenance organization, pre-paid health clinic, nursing home, 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.

**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 not provided any publications that he/she authored in peer-reviewed medical literature within the last ten years.

**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 not provided any national, state, local, county, or professional affiliations.