

Account Number: _____



Tallahassee Orthopedic Clinic

The Team Behind The Team

Tallahassee Orthopedic Clinic (TOC) uses a variety of professional and allied healthcare providers in order to provide patients with the best and most timely care. Some of these providers include (but are not limited to): orthopedic surgeons (MD), general practice physicians (MD), interventional pain management physicians (MD), physician’s assistants (PA), advanced registered nurse practitioner (ARNP), athletic trainers (ATC), registered nurses (RN), radiology technologists (RT), licensed practical nurses (LPN), certified medical assistants (CMA), and certified orthotics and prosthetic technicians. While all of these individuals may be involved in your care, patient care is always overseen by a medical doctor. These individuals work as a team to improve patient care within each of their individual scopes of practice.

There could be a student/resident following your provider at the time of your visit. Should you be uncomfortable with this, please let your provider know.

Florida Statute 458.348 (5), indicates: “upon initial referral of a patient by another practitioner, the physician receiving the referral must ensure that the patient is informed of the type of license held by the physician and the type of license held by any other practitioner who will be providing services to the patient. When scheduling the initial examination or consultation following such referral, the patient may decide to see the physician or any other licensed practitioner supervised by the physician and, before the initial examination or consultation, shall sign a form indicating the patient’s choice of practitioner”.

TOC employs PA and ARNP practitioners to perform initial evaluations in conjunction with oversight by supervising physicians. By signing below you (the patient) agree to see a PA or ARNP for your initial evaluation or a portion of the initial evaluation, or, if this is a scheduled appointment this confirms the appointment was scheduled with a PA or ARNP.

If you have any questions regarding the education, scope of practice, or expected involvement of any of the care team providers a brochure describing these professions is available.

Patient Printed Name

Date of Birth

Patient Signature or Signature of Legal Guardian
(If patient is under the age of 18 or incompetent)

Date of Signature